

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

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	C Name of organization MARCH OF DIMES INC % DAVID C DAMOND Doing business as		D Employer identification number 13-1846366
	Number and street (or P O box if mail is not delivered to street address) Room/suite 1550 Crystal Drive Suite STE 1300	E Telephone number (888) 663-4637	
	City or town, state or province, country, and ZIP or foreign postal code ARLINGTON, VA 22202		G Gross receipts \$ 151,484,303
F Name and address of principal officer DAVID C DAMOND 1550 Crystal Drive STE 1300 ARLINGTON, VA 22202		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.MARCHOFDIMES.ORG			
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 1938	M State of legal domicile NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities March of Dimes leads the fight for the health of moms and babies. From advocacy to education to research, we work to reduce premature birth, birth defects, infant & maternal mort.		
	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)	19
	4	Number of independent voting members of the governing body (Part VI, line 1b)	19
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	1,035
	6	Total number of volunteers (estimate if necessary)	2,000,000
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0
7b	Net unrelated business taxable income from Form 990-T, line 34	82,649	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year: 152,799,982 Current Year: 138,512,167
	9	Program service revenue (Part VIII, line 2g)	273,595 / 316,855
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	9,706,558 / 1,137,847
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,428,294 / 1,360,732
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	164,208,429 / 141,327,601
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14		Benefits paid to or for members (Part IX, column (A), line 4)	0 / 0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	69,670,517 / 64,989,587
16a		Professional fundraising fees (Part IX, column (A), line 11e)	2,613,338 / 1,799,392
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 21,867,571	
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	59,273,252 / 53,462,656
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	152,470,269 / 133,464,596	
19	Revenue less expenses Subtract line 18 from line 12	11,738,160 / 7,863,005	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year: 78,011,318 End of Year: 71,786,993
	21	Total liabilities (Part X, line 26)	88,891,675 / 84,218,823
	22	Net assets or fund balances Subtract line 21 from line 20	-10,880,357 / -12,431,830

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	Signature of officer	2019-08-02
	DAVID C DAMOND SR VP & CFO	Date
Type or print name and title		

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date 2019-08-07	Check <input type="checkbox"/> if self-employed	PTIN P01404047
	Firm's name ▶ KPMG LLP		Firm's EIN ▶		
	Firm's address ▶ 1676 INTERNATIONAL DRIVE McLean, VA 22102		Phone no (703) 286-8000		

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

March of Dimes leads the fight for the health of all moms and babies. From advocacy to education to research, we're working to reduce premature birth, birth defects and infant and maternal mortality

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

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 56,777,276 including grants of \$ 979,458) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ 28,055,819 including grants of \$ 10,219,066) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ 15,516,030 including grants of \$ 2,014,437) (Revenue \$ 976,325)
See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 100,349,125

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
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? <i>If "Yes," complete Schedule J</i>	23	Yes
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	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? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
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? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
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)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	564
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	1
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

<p>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</p>	2a	1,035			
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			2b	Yes	
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>			3a	Yes	
<p>b If "Yes," has it filed a Form 990-T for this year?<i>If "No" to line 3b, provide an explanation in Schedule O</i></p>			3b	Yes	
<p>4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?</p>			4a		No
<p>b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>					
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>			5a		No
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			5b		No
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>			5c		
<p>6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?</p>			6a		No
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
<p>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?</p>			7a	Yes	
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>			7b	Yes	
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>			7c		No
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d				
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			7e		No
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>			7f		No
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>			7g		
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>			7h		
8 Sponsoring organizations maintaining donor advised funds.					
<p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>			8		
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>			9a		
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>			9b		
10 Section 501(c)(7) organizations. Enter					
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a				
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b				
11 Section 501(c)(12) organizations. Enter					
<p>a Gross income from members or shareholders</p>	11a				
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O</p>			13a		
<p>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</p>	13b				
<p>c Enter the amount of reserves on hand</p>	13c				
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>			14a		No
<p>b If "Yes," has it filed a Form 720 to report these payments?<i>If "No," provide an explanation in Schedule O</i></p>			14b		
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N</p>			15		No
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p>			16		No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (19); 1b Enter the number of voting members included in line 1a, above, who are independent (19); 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? (No); 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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (Yes); 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? (Yes); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 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 (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (Yes); 10b 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? (Yes); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b 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 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 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? a The organization's CEO, Executive Director, or top management official (Yes); b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b 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?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed: AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [X] 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 financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: DAVID C DAMOND 1550 CRYSTAL DRIVE SUITE 1300 ARLINGTON, VA 22202 (571) 257-2324

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, or 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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

1b Sub-Total	▶			
1c Total from continuation sheets to Part VII, Section A	▶			
1d Total (add lines 1b and 1c)	▶		3,804,776	0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 94

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
BLACKBAUD INC, PO BOX 930256 ATLANTA, GA 31193	SOFTWARE HOSTING	2,063,650
PURPOSE, 115 5TH AVENUE NEW YORK, NY 10003	VIDEO/PHOTO CONSULT	3,057,415
PEP DIRECT, 19 STONEY BROOK DRIVE WILTON, NH 03086	MAIL HOUSE	8,180,369
BLUE STATE DIGITAL INC, 62187 COLLECTIONS CTR DR CHICAGO, IL 606930621	EMAIL SVC CONSULTANT	1,330,635
DIRECT DONOR TV, 16900 SCIENCE DRIVE SUITE 210 BOWIE, MD 20715	DEVELOP & AIR TIME	1,219,033

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 73

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a	537,178				
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c	69,385,805				
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,302,058				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	67,287,126				
	g Noncash contributions included in lines 1a - 1f \$		548,958				
	h Total. Add lines 1a-1f			138,512,167			
Program Service Revenue			Business Code				
	2a SYMPOSIUM CONFERENCE		813219	253,239	253,239		
	b PROGRAM SPONSORSHIP		813219	63,616	63,616		
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			316,855				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,137,847		1,137,847	
	4 Income from investment of tax-exempt bond proceeds			0			
	5 Royalties			439,906		439,906	
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)	0	0			
		d Net rental income or (loss)			0		
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)			0		
	8a Gross income from fundraising events (not including \$ 69,385,805 of contributions reported on line 1c) See Part IV, line 18	a	9,772,328				
		b Less direct expenses	b	9,772,328			
		c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities See Part IV, line 19	a	16,975				
b Less direct expenses		b	0				
c Net income or (loss) from gaming activities				16,975		16,975	
10a Gross sales of inventory, less returns and allowances	a	540,172					
	b Less cost of goods sold	b	384,374				
	c Net income or (loss) from sales of inventory			155,798	155,798		
Miscellaneous Revenue		Business Code					
11a GRANT REFUNDS		813219	503,672	503,672			
b ALL OTHER REVENUE		813219	244,381		244,381		
c							
d All other revenue							
e Total. Add lines 11a-11d			748,053				
12 Total revenue. See Instructions			141,327,601	976,325	1,839,109		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	11,884,461	11,884,461		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	187,000	187,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	1,141,500	1,141,500		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	2,971,144	2,054,505	436,623	480,016
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	55,941,140	38,662,858	8,245,072	9,033,210
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	7,204,527	4,692,859	1,580,976	930,692
9 Other employee benefits	-5,167,455	4,780,102	-12,605,140	2,657,583
10 Payroll taxes	4,040,231	2,006,715	2,033,516	
11 Fees for services (non-employees)				
a Management	0			
b Legal	111,374		111,374	
c Accounting	329,580		329,580	
d Lobbying	575,780	575,780		
e Professional fundraising services. See Part IV, line 17.	1,799,392			1,799,392
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	17,341,972	8,810,227	6,023,382	2,508,363
12 Advertising and promotion	41,724	10,588	24,532	6,604
13 Office expenses	0			
14 Information technology	0			
15 Royalties	0			
16 Occupancy	5,114,433	3,026,132	1,278,537	809,764
17 Travel	3,177,034	2,269,888	431,630	475,516
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	1,319,412	1,266,878	23,877	28,657
20 Interest	63,818	36,171	14,888	12,759
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	992,590	593,529	243,972	155,089
23 Insurance	0			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PRINTING	11,659,876	9,706,181	1,189,104	764,591
b POSTAGE	7,936,810	5,688,640	755,575	1,492,595
c EQUIPMENT RENTAL	2,110,953	1,310,318	383,049	417,586
d TELEMARKETING/DATA FEES	584,141	499,077	22,370	62,694
e All other expenses	2,103,159	1,145,716	724,983	232,460
25 Total functional expenses. Add lines 1 through 24e	133,464,596	100,349,125	11,247,900	21,867,571
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	19,614,449	11,562,718	3,373,685	4,678,046

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	8,716,762	1	8,735,920
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	3,131,173	3	2,371,024
	4 Accounts receivable, net	6,463,827	4	4,595,904
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	1,899,718	8	740,084
	9 Prepaid expenses and deferred charges	1,531,340	9	974,007
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	47,753,877		
	b Less accumulated depreciation	42,766,746		
	11 Investments—publicly traded securities	39,362,141	11	39,717,960
	12 Investments—other securities See Part IV, line 11	0	12	0
	13 Investments—program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	11,098,146	15	9,664,963
16 Total assets. Add lines 1 through 15 (must equal line 34)	78,011,318	16	71,786,993	
Liabilities	17 Accounts payable and accrued expenses	12,563,766	17	9,451,619
	18 Grants payable	12,184,389	18	11,449,595
	19 Deferred revenue	3,416,971	19	1,115,293
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	60,726,549	25	62,202,316
	26 Total liabilities. Add lines 17 through 25	88,891,675	26	84,218,823
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-30,634,572	27	-33,237,942
	28 Temporarily restricted net assets	5,948,390	28	8,233,502
	29 Permanently restricted net assets	13,805,825	29	12,572,610
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	-10,880,357	33	-12,431,830	
34 Total liabilities and net assets/fund balances	78,011,318	34	71,786,993	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	141,327,601
2	Total expenses (must equal Part IX, column (A), line 25)	2	133,464,596
3	Revenue less expenses Subtract line 2 from line 1	3	7,863,005
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-10,880,357
5	Net unrealized gains (losses) on investments	5	-1,902,746
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	463
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-7,512,195
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-12,431,830

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

Additional Data

Software ID:

Software Version:

EIN: 13-1846366

Name: MARCH OF DIMES INC

Form 990 (2018)

Form 990, Part III, Line 4a:

COMMUNITY SERVICES - MARCH OF DIMES STAFF AND VOLUNTEERS INVEST TIME AND RESOURCES IN LOCAL PROGRAMS AND ACTIVITIES IN THE UNITED STATES, WASHINGTON, D C , AND PUERTO RICO, PLAYING A VITAL ROLE IN IMPROVING MATERNAL AND CHILD HEALTH IN THEIR COMMUNITIES, TO ENHANCING AND EXPANDING SERVICES AVAILABLE TO WOMEN AND THEIR FAMILIES SEE SCHEDULE O

Form 990, Part III, Line 4b:

RESEARCH & MEDICAL SUPPORT - SEE SCHEDULE O

Form 990, Part III, Line 4c:

PUBLIC & PROFESSIONAL EDUCATION - SEE SCHEDULE O

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Aleem Gillani TRUSTEE	1 0 0 0	X						0	0	0
Harry Johnson Esq TRUSTEE	1 0 0 0	X						0	0	0
David Lakey MD TRUSTEE	1 0 0 0	X						0	0	0
Charles Lockwood MD TRUSTEE	1 0 0 0	X						0	0	0
Monica Luechtefeld VICE CHAIR/TREASURER	1 0 0 0	X		X				0	0	0
Dana Points TRUSTEE	1 0 0 0	X						0	0	0
John Rainey SECRETARY - LEFT 6/18	1 0 0 0	X						0	0	0
Juan Salgado-Morales MD TRUSTEE	1 0 0 0	X						0	0	0
Sue Schick TRUSTEE	1 0 0 0	X						0	0	0
Jonathan Spector VICE CHAIR - LEFT 6/18	1 0 0 0	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Frank Wall TRUSTEE	1 0 0 0	X						0	0	0
Donald Warne MD TRUSTEE	1 0 0 0	X						0	0	0
Roger C Young MD TRUSTEE - LEFT 6/18	1 0 0 0	X						0	0	0
Gary Dixon CHAIRMAN	1 0 0 0	X						0	0	0
F Sessions Cole MD TRUSTEE	1 0 0 0	X						0	0	0
Bill Fitzgerald TRUSTEE	1 0 0 0	X						0	0	0
Regina Benjamin MD TRUSTEE	1 0 0 0	X						0	0	0
Douglas Hawthorne TRUSTEE	1 0 0 0	X						0	0	0
Gretchen Carlson TRUSTEE	1 0 0 0	X						0	0	0
James Corbett TRUSTEE	1 0 0 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Alfredo Gangotena TRUSTEE	1 0 0 0	X						0	0	0
John Burbank TRUSTEE - LEFT 6/18	1 0 0 0	X						0	0	0
Don Germano VICE CHAIR - LEFT 6/18	1 0 0 0	X						0	0	0
Judy Aschner MD TRUSTEE - BEGAN 9/18	1 0 0 0	X						0	0	0
Harvey Cohen MD TRUSTEE - LEFT 6/18	1 0 0 0	X						0	0	0
Stacey D Stewart PRESIDENT	40 0 0 0			X				521,183	0	17,290
Karen E Andrews EVP & GEN COUNSEL - LEFT 6/18	40 0 0 0			X				260,859	0	16,458
Hilary Stickland VP, CHIEF OF STAFF, INTERIM	40 0 0 0			X				134,357	0	1,498
Frederick A Brogdon SVP, COO, & BOARD OFFICER	40 0 0 0			X				265,211	0	17,290
David C Damond SVP CFO/ASST TREAS BEGAN 5/18	40 0 0 0			X				163,499	0	11,351

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DEBRA M CLAWSON VP, CONTROLLER (CFO 1/18-4/18)	40 0 0 0			X				88,685	0	3,005
PAULA R RANSOM SVP & CHIEF VOLUNTEER OFFICER	40 0 0 0				X			314,053	0	17,290
Lisa F Waddell MD SVP MCH IMP & DEP MED OFFICER	40 0 0 0				X			281,018	0	17,290
David J Hampton II SVP & CHIEF DEV OFFICER	40 0 0 0				X			272,644	0	6,804
Kelle H Moley SVP Chief Scientific Off 5/18	40 0 0 0				X			238,304	0	0
Christopher L Maddocks SVP Chief MKT OFF - LEFT 10/18	40 0 0 0				X			203,494	0	14,288
CYNTHIA P JOHNSON SVP PUBLIC POLICY/ GOV AFFAIRS	40 0 0 0					X		227,887	0	1,224
NICHOLAS M DIFRANZA SVP & CHIEF TECH OFFICER	40 0 0 0					X		223,316	0	15,922
DEBORAH A BARGE SVP MARKET LEADERSHIP & DEV	40 0 0 0					X		213,319	0	17,016
DEIRDRE MALONEY VP, HUMAN RESOURCES	40 0 0 0					X		200,395	0	17,290

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JODI S PATKIN VP, BRAND STRATEGY & COMMUN	40 0 0 0					X		196,552	0	17,016

SCHEDULE A
(Form 990 or 990-EZ)

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 the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
MARCH OF DIMES INC

Employer identification number
13-1846366

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

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	187,516,021	181,252,284	163,557,497	152,799,982	138,512,167	823,637,951
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	187,516,021	181,252,284	163,557,497	152,799,982	138,512,167	823,637,951
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6 Public support. Subtract line 5 from line 4						823,637,951

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7 Amounts from line 4	187,516,021	181,252,284	163,557,497	152,799,982	138,512,167	823,637,951
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,509,267	1,908,232	1,768,749	1,482,114	1,577,753	9,246,115
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	517,443	483,204	1,711,439	223,886	261,356	3,197,328
11 Total support. Add lines 7 through 10						836,081,394

12 Gross receipts from related activities, etc (see instructions) **12** 7,694,822

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	98.512%
15 Public support percentage for 2017 Schedule A, Part II, line 14	15	98.443%

16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶

b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	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.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 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.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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		
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		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) 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 despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? 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		
c	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		
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		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
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 .		
	9b		
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 .		
	9c		
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 line 10b below.		
	10a		
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.)		
	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
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	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 13-1846366

Name: MARCH OF DIMES INC

Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2018

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
 ● Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization MARCH OF DIMES INC	Employer identification number 13-1846366
--	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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 each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

	(a)		(b)
	Yes	No	Amount
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			
a Volunteers?	Yes		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	
d Mailings to members, legislators, or the public?	Yes		57,061
e Publications, or published or broadcast statements?	Yes		4,621
f Grants to other organizations for lobbying purposes?	Yes		158
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		690,517
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		108,041
i Other activities?	Yes		99,604
j Total Add lines 1c through 1i			960,002
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 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 expenditures from the prior year?	3	

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

1 Dues, assessments and similar amounts from members	1
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
a Current year	2a
b Carryover from last year	2b
c 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 excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4
5 Taxable amount of lobbying and political expenditures (see instructions)	5

Part IV Supplemental Information

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

Return Reference	Explanation
SCHEDULE C PART II B	ADVOCACY IS ONE OF MARCH OF DIMES FOUR MISSION STRATEGIES MARCH OF DIMES PUBLIC AFFAIRS AGENDA FOCUSES ON FEDERAL AND STATE PUBLIC POLICIES AND PROGRAMS THAT RELATE TO MARCH OF DIMES' MISSION TO FIGHT FOR THE HEALTH OF WOMEN, INFANTS AND FAMILIES KEY PRIORITIES INCLUDE PREVENTING MATERNAL MORTALITY, PRETERM BIRTH, AND THE IMPACT OF OPIOIDS, AS WELL AS ADDRESSING HEALTH EQUITY AND SOCIAL DETERMINANTS OF HEALTH IN ADDITION TO ITS NATIONAL GOVERNMENT AFFAIRS OFFICE IN WASHINGTON, D C , MARCH OF DIMES HAS GOVERNMENT AFFAIRS STAFF AND VOLUNTEERS IN MOST STATES AND PUERTO RICO AS WELL AS CONTRACT CONSULTANTS THAT ASSIST US ON STATE AND LOCAL ISSUES

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 the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
MARCH OF DIMES INC

Employer identification number
13-1846366

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,604,170	4,249,671	4,082,606	4,377,788	4,334,207
b Contributions					
c Net investment earnings, gains, and losses	-310,565	595,947	390,778	-87,587	271,581
d Grants or scholarships					
e Other expenditures for facilities and programs	214,680	241,448	223,713	207,595	228,000
f Administrative expenses					
g End of year balance	4,078,925	4,604,170	4,249,671	4,082,606	4,377,788

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶ 11 380 %
 - c** Temporarily restricted endowment ▶ 88 620 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | | No |
| (ii) related organizations | | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		915,526		915,526
b Buildings		27,689,838	25,004,852	2,684,986
c Leasehold improvements				
d Equipment		19,148,513	17,761,894	1,386,619
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				4,987,131

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

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

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) ASSETS HELD IN TRUSTS BY OTHER	9,664,963
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	9,664,963

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
ACCRUED PENSION LIABILITY	62,202,316
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	62,202,316

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	143,242,877
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-1,902,746
b	Donated services and use of facilities	2b	790,925
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	2,693,555
e	Add lines 2a through 2d	2e	1,581,734
3	Subtract line 2e from line 1	3	141,661,143
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	192,432
b	Other (Describe in Part XIII)	4b	-525,974
c	Add lines 4a and 4b	4c	-333,542
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	141,327,601

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

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

1	Total expenses and losses per audited financial statements	1	134,447,463
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	790,925
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	790,925
3	Subtract line 2e from line 1	3	133,656,538
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	192,432
b	Other (Describe in Part XIII)	4b	-384,374
c	Add lines 4a and 4b	4c	-191,942
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	133,464,596

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 13-1846366
Name: MARCH OF DIMES INC

Supplemental Information

Return Reference	Explanation
Schedule D Part X	<p>Taxes The Tax Cuts and Jobs Act (the Tax Act) was signed into law on December 22, 2017. The Tax Act includes several changes relevant to tax-exempt organizations, primarily related to unrelated business income, net operating losses, certain new excise taxes, and changes affecting the deductibility of certain expenses. Management has determined the primary impact of the Tax Act relates to unrelated business income tax from employee transportation benefits provided. The impact has been deemed immaterial. The Organization recognizes the benefit of tax positions when it is more likely than not that the position will be sustainable based on the merits of the position.</p> <p>SCHEDULE D PART V THE MARCH OF DIMES POLICY IS TO USE THE ENDOWMENT ASSETS TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY THE ENDOWMENT, PRINCIPALLY RESEARCH, WHILE SEEKING TO PROTECT THE ORIGINAL VALUE OF THE GIFT. THE MARCH OF DIMES FOLLOWS THE NEW YORK PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT (NYPMIFA).</p> <p>SCHEDULE D PART XI LINE 2D Investment (loss) return \$ 1,382,902 Net change FV Assets Held in Trust \$ 1,074,429 Loss on Term of Trust \$ 236,224 ----- TOTAL \$ 2,693,555 SCHEDULE D PART XI LINE 4B Cost of goods sold \$ (384,374) PY Pledge write-off \$ (141,600) ----- TOTAL \$(525,974) SCHEDULE D PART XII LINE 2D PENSION COST \$ 7,653,795 Net change FV Assets Held in Trust \$ 1,074,429 ----- TOTAL \$ 8,728,224 SCHEDULE D PART XII LINE 4B COST OF GOODS SOLD \$ (384,374)</p>

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
MARCH OF DIMES INC

Employer identification number

13-1846366

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total					1,141,500
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					1,141,500

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)	See Add'l Data								
(2)									
(3)									
(4)									
(5)								Schedule F (Form 990) 2018	
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____ **6**

3 Enter total number of other organizations or entities ▶ _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F MONITORING GRANTS	GRANTEES ARE AWARDED BY COMMITTEES BASED ON VARIOUS FACTORS AND ARE RANKED USING A SCORING SYSTEM THE COMMITTEE MEMBERS CONSIST PRIMARILY OF VOLUNTEERS WHO ARE QUALIFIED TO EVALUATE THE MERITS OF THE GRANT APPLICATIONS ONCE SELECTED, GRANTEES ARE REQUIRED TO SUBMIT INTERIM ACCOUNTING REPORTS AS WELL AS A FINAL ACCOUNTING OF ALL EXPENDITURES, DELIVERABLES AND RESULTS, DURING AND 90 DAYS AFTER THE TERMINATION OF THE GRANT REFER TO WEBSITE FOR FURTHER INFORMATION HTTP //WWW MARCHOFDIMES ORG/RESEARCH/RESEARCH-GRANTS ASPX#

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F PART I REPORTING	GRANTMAKING IS REPORTED ON THE ACCRUAL METHOD

Additional Data

Software ID:

Software Version:

EIN: 13-1846366

Name: MARCH OF DIMES INC

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America			Grantmaking	RESEARCH & MEDICAL	7,500
Europe (Including Iceland and Greenland)			Grantmaking	RESEARCH & MEDICAL	1,035,000

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific			Grantmaking	RESEARCH & MEDICAL	36,000
Middle East and North Africa			Grantmaking	RESEARCH & MEDICAL	36,000

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Sub-Saharan Africa			Grantmaking	RESEARCH & MEDICAL	24,000
South Asia			Grantmaking	RESEARCH & MEDICAL	3,000

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe (Including Iceland and Greenland)	Research & Medical	1,000,000	WIRE			
		Middle East and North Africa	Research & Medical	36,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific	Research & Medical	36,000	WIRE			
		Europe (Including Iceland and Greenland)	Research & Medical	25,000	WIRE			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Sub-Saharan Africa	Research & Medical	24,000	WIRE			
		North America	Research & Medical	7,500	WIRE			

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
MARCH OF DIMES INC

Employer identification number
13-1846366

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 INFOCISION MGMT CORP PO BOX 74171 CLEVELAND, OH 441944171	TELEMKT		No	2,041,596	556,318	1,485,278
2 THOMPSON HABIB DENISON 80 HAYDEN AVENUE SUITE 300 LEXINGTON, WA 02421	FUNDRAISING CONSULTANT		No	0	776,481	0
3 BLUE STATE DIGITAL INC 62187 COLLECTIONS CENTER DR CHICAGO, IL 606930621	FUNDRAISING CONSULTANT		No	1,362,810	466,593	896,217
4						
5						
6						
7						
8						
9						
10						
Total				3,404,406	1,799,392	2,381,495

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		MARCH/WALK (event type)	SPECIAL EVENTS (event type)	0 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	48,954,434	30,203,699		79,158,133
	2 Less Contributions	44,827,436	24,558,369		69,385,805
	3 Gross income (line 1 minus line 2)	4,126,998	5,645,330		9,772,328
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	1,037,900	1,363,377		2,401,277
	7 Food and beverages	2,369	1,585,551		1,587,920
	8 Entertainment	471,851	189,498		661,349
	9 Other direct expenses	2,614,877	2,506,905		5,121,782
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				9,772,328
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1 Gross revenue			16,975
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 50.000 % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				16,975	

9 Enter the state(s) in which the organization conducts gaming activities See Additional Data Table

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in
- | | | | |
|----------|-----------------------------|------------|-----------|
| a | The organization's facility | 13a | % |
| b | An outside facility | 13b | 100 000 % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ DAVID J HAMPTON II

Address ▶ 1550 CRYSTAL DRIVE SUITE 1300
ARLINGTON, VA 22202

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
SCHEDULE G, PART I - FUNDRAISING ACTIVITIES	THE FOLLOWING FUNDRAISING FEE ARRANGEMENTS WERE MADE BETWEEN THOSE FUNDRAISERS LISTED ON SCHEDULE G, PART I AND THE ORGANIZATION 1 INFOCISION MANAGEMENT CORP - PAID BY THE HOUR AS WELL AS BY THE ACTUAL NUMBER OF DONATIONS RECEIVED 2 BLUE STATE DIGITAL - THE RETAINER THE ORGANIZATION PAYS INCLUDES THE OUTSOURCING OF OUR EMAIL MARKETING PROGRAM AMONG OTHER SERVICES IT ULTIMATELY WORKS OUT TO BE APPROXIMATELY 50% IN GENERATING REVENUE AND 50% IN MISSION RELATED WORK 3 THOMPSON HABIB & DENISON - PAID A CONSULTING FEE AS WELL AS A PASS THROUGH ON THE EXPENSES OF POSTAGE, ENVELOPES, AND OTHER MAILING MATERIALS

Additional Data

Software ID:

Software Version:

EIN: 13-1846366

Name: MARCH OF DIMES INC

Form 990 Schedule G Part III Line 9

Enter the state(s) in which the organization operates gaming activities

AK, AZ, AR, CO, FL, IL, IN, IA, KS, KY, LA, MI, MN, NE, NM, NY, OK, OR, PA, RI, TN, TX, WA, WI, WY

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

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

Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization MARCH OF DIMES INC

Employer identification number

13-1846366

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [] No

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

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

Table with 8 columns: (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 valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 139
3 Enter total number of other organizations listed in the line 1 table 53

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
---------------------------------	--------------------------	--------------------------	----------------------------------	---	---------------------------------------

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

Return Reference	Explanation
SCHEDULE I MONITORING GRANTS	GRANTEES ARE AWARDED BY COMMITTEES BASED ON VARIOUS FACTORS AND ARE RANKED USING A SCORING SYSTEM THE COMMITTEE MEMBERS CONSIST PRIMARILY OF VOLUNTEERS WHO ARE QUALIFIED TO EVALUATE THE MERITS OF THE GRANT APPLICATIONS ONCE SELECTED, GRANTEES ARE REQUIRED TO SUBMIT INTERIM ACCOUNTING REPORTS AS WELL AS A FINAL ACCOUNTING OF ALL EXPENDITURES, DELIVERABLES AND RESULTS, DURING AND, 90 DAYS AFTER THE TERMINATION OF THE GRANT REFER TO WEBSITE FOR FURTHER INFORMATION HTTP //WWW MARCHOFDIMES ORG/RESEARCH/RESEARCH-GRANTS ASPX#

Additional Data

Software ID:
Software Version:
EIN: 13-1846366
Name: MARCH OF DIMES INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
504healthnet 2601 TULANE AVE SUITE 500 NEW ORLEANS, LA 70119	26-2831459	501c3	8,500				Community
ADVOCATE CHARITABLE FOUNDATION 3075 HIGHLAND PKWY STE 60 DOWNERS GROVE, IL 60515	41-3288910	n/a	10,000				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Alpha Georgia Education Foundation Inc 7759 HARPER ROAD ATLANTA, GA 30308	16-1755244	501c3	15,000				Community
American College of Medical Genetics and Genomics 7101 Wisconsin Avenue Suite 1101 Bethesda, MD 20814	52-1774227	501c6	10,000				Research & Medical

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARIZONA DEPARTMENT OF HEALTH SERVICES 150 N 18TH AVE PHOENIX, AZ 85007	86-6004791	n/a	7,000				Community
Baylor College of Medicine One Baylor Plaza MS BCM206 Houston, TX 770303411	74-1613878	501c3	147,600				Research & Medical

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Bcfs Health and Human Services 1506 BEXAR CROSSING SAN ANTONIO, TX 78232	74-1260710	501c3	7,500				Community
Birthmatters 701 SAXON AVENUE SPARTANBURG, SC 29301	45-4900759	501c3	29,000				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Black Parent Initiative 2915 NE MARTIN LUTHER KING DR PORTLAND, OR 97212	20-5686374	501c3	20,000				Community
Board of Regents Nevada System of Higher Education 4505 S MARYLAND PKWY LAS VEGAS, NV 891542008	88-6000024	501c3	22,190				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Boston Medical Center Corporation ONE BOSTON MEDICAL CENTER BOSTON, MA 02118	04-3314093	501c3	25,000				Community
Bright Coalition Inc PO BOX 1157 BOWLING GREEN, KY 421021157	82-1674077	501c3	17,200				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Burlington County Community Action Program 741 WEST AVENUE BURLINGTON, NJ 08016	22-1804209	501c3	16,000				Community
Caribbean Womens Health Association Inc 3512 CHURCH AVE BROOKLYN, NY 11203	13-3323168	501c3	50,000				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Catholic Health Initiatives Colorado Foundation 11600 W 2ND PLACE LAKEWOOD, CO 80228	84-0902211	501c3	8,783				Community
Central Texas Community Health Centers PO BOX 17366 AUSTIN, TX 787607366	55-0853118	501c3	5,500				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Centro Pediatrico De Lactancia PO BOX 7890 SAN JUAN, PR 009086554	66-0522602	501c3	10,500				Community
CHILD AND FAMILY RESOURCES INC 2800 E BROADWAY BLVD TUCSON, AZ 85716	86-0251985	n/a	15,000				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Childrens Home Society of New Jersey 635 SOUTH CLINTON AVE TRENTON, NJ 08611	21-0634966	501c3	20,000				Community
Childrens Hospital Colorado 13123 EAST 16TH AVENUE AURORA, CO 80045	84-0166760	501c3	50,000				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Childrens Hospital Corporation Research Finance-3rd Floor 1295 Boston Street Boston, MA 02215	04-2774441	501c3	150,000				Research & Medical
Childrens Hospital Medical Center 3333 Burnet Avenue MLC 7030 Cincinnati, OH 452293039	31-0833936	501c3	1,500,000				Research & Medical

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRISTUS HEALTH FOUNDATION OF SOUTHEAST TEXAS 2830 CALDER AVE BEAUMONT, TX 77702	76-0136274	501c3	6,000				Community
CITY OF NORWALK DEPT OF HEALT 137 EAST MAIN STREET NORWALK, CT 06851	06-6011881	n/a	20,000				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Columbia University in the City of New York Trust PO Box 29789 General Post Office New York, NY 100879789	13-5598093	501c3	71,250				Research & Medical
COMMONWEALTH OF KENTUCKY 275 EAST MAIN ST FRANKFORT, KY 40621	61-0600439	n/a	15,000				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Community Advanced Practice Nurses Inc 173 BOULEVARD NE ATLANTA, GA 30312	58-2435328	501c3	21,760				Community
Community Clinic Inc 8630 FENTON ST STE2014 SILVER SPRING, MD 20910	52-0988386	501c3	15,000				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH CENTER OF SOU 1700 N LOCUST BLDGA PITTSBURG, KS 66762	75-4300226	n/a	15,000				Community
Community Healthnet Inc 1021 WEST 5TH AVE GARY, IN 46402	35-2048141	501c3	24,975				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Community Memorial Hospital 1755 N MECKLENBURG SOUTH HILL, VA 23970	54-0551711	501c3	10,000				Community
COMMUNITY SERVICE COUNCIL 16 EAST 16TH STREET TULSA, OK 74119	73-0580282	501c3	27,800				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMPREHENSIVE WOMEN'S CARE OF 1900 10TH AVE SUITE 300 COLUMBUS, GA 319013600	46-5506336	n/a	9,850				Community
Cornell University 373 Pine Tree Road East Hill Plaza Ithaca, NY 148502820	15-0532082	501c3	150,000				Research & Medical

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Corner Health Center 47 NORTH HURON STREET YPSILANTI, MI 48197	38-2329742	501c3	24,826				Community
Corpus Christi Hope House Inc 658 ROBINSON STREET CORPUS CHRISTI, TX 78404	74-2480299	501c3	6,500				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Council on Alcohol and Drug Abuse Coastal Bend 1801 S ALAMEDA CORPUS CHRISTI, TX 78404	74-1696491	501c3	7,500				Community
CURTIS V COOPER HEALTHCARE IN 106 EAST BROAD STREET SAVANNAH, GA 31401	58-1136296	501c3	44,000				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EAST ALABAMA MEDICAL CENTER 2000 PEPPERELL PARKWAY OPELIKA, AL 36801	63-6000526	n/a	40,000				Community
El Centro De Corazon 5001 NAVIGATION HOUSTON, TX 772230209	76-0442781	501c3	7,000				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
El Sol Neighborhood Educational Center PO BOX 449 SAN BERNARDINO, CA 92402	33-0552297	501c3	24,610				Community
EMPOWERXINC 7114 CAMINITO QUINTANA SAN DIEGO, CA 92122	47-3841014	n/a	52,000				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Erie Family Health Center Inc 1701 WEST SUPERIOR STREET CHICAGO, IL 60622	36-3088628	501c3	10,000				Community
ETA IOTA ZETA EDUCATION FOUNDA 8500 DYER SUITE 32A EL PASO, TX 79904	31-1654901	n/a	8,500				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Family Care Connection 6969 PASTOR BAILEY DR SUITE 140 DALLAS, TX 75237	20-1211618	501c3	7,500				Community
Family Health Center of Worcester Inc PO BOX 20205 WORCESTER, MA 01602	04-2485308	501c3	8,000				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY ROAD OF 323 EAST AIRPORT AVENUE BATON ROUGE, LA 70806	72-1440082	501c3	8,500				Community
FORT BEND FAMILY HEALTH CENTER 400 AUSTIN STREET RICHMOND, TX 77469	74-1195147	n/a	5,400				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Foundation for University Hospital A New Jersey No 150 BERGEN STREET SUITE D209C NEWARK, NJ 07103	47-1686351	501c3	17,000				Community
FOUNDATION OF SAINT JOSEPH REGIONAL MEDICAL CENTER 707 EAST CEDAR STREET SUITE 100 SOUTH BEND, IN 46617	35-1654543	501c3	11,123				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Geary Community Healthcare Foundation 1310 WEST ASH ST JUNCTION CITY, KS 66441	48-1045423	501c3	10,300				Community
George Washington University 45155 Research Place 240V Ashburn, VA 20147	53-0196584	501c3	150,000				Research & Medical

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Girls to Pearls Foundation 4932 CASCADE POOLS AVE LAS VEGAS, NV 89131	47-2424900	501c3	8,000				Community
GOOD SAMARITAN HOSPITAL FOUNDATION OF CINCINNATI 375 DIXMYTH AVENUE CINCINNATI, OH 45220	31-1206047	501c3	22,000				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Goodwill of Central and Southern Indiana Inc 1635 W MICHIGAN STREET INDIANAPOLIS, IN 46222	35-0893506	501c3	7,500				Community
Greater Prince William Area Community Health Cente 4379 RIDGEWOOD CENTER WOODBIDGE, VA 22192	83-0435138	501c3	10,000				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREEN RIVER DISTRICT HEALTH DE 1600 BRECKENRIDGE OWENSBORO, KY 42303	61-1010686	n/a	8,800				Community
GREENSPPOINT BAPTIST CHURCH 11703 WALTERS ROAD HOUSTON, TX 77067	74-2210697	n/a	7,500				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Greenville Health Authority 6489 ROSEDALE AVENUE GREENVILLE, SC 29605	57-6007863	501c3	26,000				Community
Harrisonburg Community Health Center Inc 1380 LITTLE SORELL DRIVE HARRISONBURG, VA 22801	02-0813294	501c3	20,000				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTH DEPARTMENT OF NORTHWEST 220 W GARFIELD AVE CHARLEVOIX, MI 49720	30-0168590	n/a	35,000				Community
Healthpoint 955 POWELL AVENUE SW RENTON, WA 98057	91-0884412	501c3	23,000				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Healthy Communities of the Capital 11 MECHANIC STREET SUITE 101 GARDINER, ME 04345	41-2097383	501c3	20,000				Community
Healthy Mothers Healthy Babies Coalition of Palm B 4601 LAKE WORTH ROAD GREENACRES, FL 33463	59-2657051	501c3	16,000				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Healthy Start Coalition of Hardee Highlands and Po INC650 EAST DAVIDSON STREET BARTOW, FL 33830	59-3167649	501c3	16,000				Community
Healthy Start Coalition of Hillsborough County Inc 2806 N ARMENIA AVE TAMPA, FL 33607	59-3127943	501c3	20,000				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Healthy Start Coalition of Orange County Inc 1040 WOODCOCK ROAD SUITE 215 ORLANDO, FL 32803	59-3125675	501c3	18,225				Community
Healthy Start Coalition of Sarasota County Inc 1750 17TH ST BLDG A SARASOTA, FL 34234	31-1591167	501c3	16,000				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Healthy Start of North Central Florida Inc 1785 NW 80TH BLVD GAINESVILLE, FL 32606	59-3118984	501c3	16,000				Community
HENNEPIN HEALTHCARE SYSTEM IN 701 PARK AVENUE LSB3 MINNEAPOLIS, MN 55415	41-0084573	n/a	12,261				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Henry M Jackson Foundation for the Advancement of 6720-A ROCKLEDGE DR ROCKVILLE, MD 20817	52-1317896	501c3	7,000				Community
Indiana Rural Health Association Inc 2901 OHIO BLVD SUITE 240 TERRE HAUTE, IN 47803	35-2026704	501c3	7,500				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Indiana University Dept 78867 PO Box 78000 Detroit, MI 482780867	35-6001673	501c3	80,000				Research & Medical
Indiana University TRATLOCKEFIELD 2232 INDIANAPOLIS, IN 462022915	35-6001673	501c3	32,000				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Inter Tribal Council of Michigan Inc 2956 ASHMAN STREET SAULT SAINTE MARIE, MI 49783	38-1893519	501c3	21,000				Community
Jackson State University 1400 J R LYNCH STREET JACKSON, MS 39217	64-6000507	501c3	20,000				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Jewish Renaissance Medical Center Inc 4806 ROLLWAY AVE PERTH AMBOY, NJ 08861	22-3780067	501c3	30,450				Community
KEARNY COUNTY HOSPITAL 500 EAST THORPE STREET LAKIN, KS 67860	48-0568594	n/a	10,000				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Keystone Symposia on Molecular and Cellular Biolog PO Box 1630 Silverthorne, CO 80498	84-1326605	501c3	10,000				Research & Medical
La Clinica De La Raza Inc PO BOX 22210 OAKLAND, CA 94623	94-1744108	501c3	41,000				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAMBDA ZETA COMMUNITY SERVICES PO BOX 147030 HOUSTON, TX 772214730	76-0349151	n/a	8,500				Community
Lawndale Christian Health Center 3860 WEST OGDEN AVE CHICAGO, IL 60623	36-3308953	501c3	10,000				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Legacy Community Health Services Inc PO BOX 66308 HOUSTON, TX 772666308	76-0009637	501c3	7,500				Community
LIFELONG MEDICAL CARE PO BOX 11247 BERKELEY, CA 94712	12-5958893	n/a	35,000				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOMA LINDA UNIVERSITY CHILDRENS HOSPITAL 11234 ANDERSON ST MC 3410 LOMA LINDA, CA 92354	46-3214504	501c3	14,940				Community
LOMBARD PUBLIC FACILITIES CORPORATION 70 YORKTOWN CENTER LOMBARD, IL 60148	45-0527524	501c4	20,930				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOUISIANA STATE UNIVERSITY HEA 1501 KINGS HIGHWAY SHREVEPORT, LA 71103	72-0702002	n/a	10,000				Community
Lydia Place A Nonprofit Corporation PO BOX 28487 BELLINGHAM, WA 98228	94-3111948	501c3	10,200				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MACON-BIBB COUNTY HEALTH DEPAR 171 EMERY HIGHWAY MACON, GA 31217	58-6000352	n/a	13,390				Community
Mama to Mama Inc 1559 BARDSTOWN ROAD LOUISVILLE, KY 40205	45-4737823	501c3	25,000				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mamatoto Village Inc 311 47TH ST NE WASHINGTON, DC 20019	46-2564702	501c3	14,277				Community
Maple City Health Care Center Inc 213 MIDDLEBURY STREET GOSHEN, IN 46528	35-1749398	501c3	24,938				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Maternal and Child Health Access 1111 W SIXTH 400 LOS ANGELES, CA 900171800	95-4555879	501c3	35,000				Community
METRO PUBLIC HEALTH DEPARTMENT 2500 CHARLOTTE AVENUE NASHVILLE, TN 37209	62-0694743	n/a	25,000				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Midland County Hospital District 400 ROSALIND REDFERN GROVE MIDLAND, TX 797019980	75-1584559	501c3	7,500				Community
MISSISSIPPI DIVISION OF MEDICA 550 HIGH STREET SUITE 1000 JACKSON, MS 39201	64-0476393	n/a	11,050				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mississippi Public Health Institute 829 WILSON DRIVE SUITE C RIDGELAND, MS 39157	45-3005888	501c3	13,911				Community
Missouri Bootheel Regional Consortium Incorporated 903 SOUTH KINGS HIGHWAY SUITE A SIKESTON, MO 63801	83-0361354	501c3	15,000				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Multicare Health Foundation PO BOX 5296 TACOMA, WA 98415	91-1514257	501c3	10,000				Community
National Academy of Sciences 500 Fifth Street NW Keck 1102 Washington, DC 20001	53-0196932	501c3	20,000				Research & Medical

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEVEDA ACTION COALITION 4300 SOUTH MARYLAND PARKWAY LAS VEGAS, NV 89119	47-4234219	n/a	6,810				Community
New York University School of Medicine PO Box 415026 Boston, MA 022415026	13-5562308	501c3	27,083				Research & Medical

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Newman Hospital Regional Health Foundation 1201 W 12TH AVE EMPORIA, KS 66801	48-1230936	501c3	10,000				Community
Northeast Florida Healthy Start Coalition Inc 644 CESERY BLVD STE210 JACKSONVILLE, FL 32211	59-3139801	501c3	30,075				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Ochsner LSU Health Shreveport 1541 KINGS HIGHWAY SHREVEPORT, LA 71103	80-0944985	n/a	5,143				Community
Ohio Chapter American Academy of Pediatrics 94-A NORTHWOODS BLVD COLUMBUS, OH 43235	31-1700823	501c3	35,000				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIO HOSPITAL ASSOCIATION 155 EAST BROAD ST STE301 COLUMBUS, OH 43215	31-4270340	501c6	10,000				Community
OKLAHOMA CITY INDIAN CLINIC 4913 W RENO AVE OKLAHOMA CITY, OK 73127	70-3955756	n/a	10,000				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Ostara Initiative PO BOX 18603 MINNEAPOLIS, MN 55418	82-4855661	501c3	7,739				Community
Palmetto Health Foundation 1600 MARION STREET COLUMBIA, SC 29201	57-0725699	501c3	6,250				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Parkland Foundation 2777 N STEMMONS FREEWAY DALLAS, TX 75207	75-2089180	501c3	11,000				Community
Peacehealth St Joseph Medical Center Foundation 2901 SQUALICUM PARKWAY BELLINGHAM, WA 98225	72-1545902	501c3	6,000				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEORIA CITYCOUNTY HEALTH DEPA 2116 N SHERIDAN ROAD PEORIA, IL 61604	37-6001763	n/a	10,000				Community
Prevent Child Abuse-New Jersey Chapter Inc 103 CHURCH STREET SUITE 210 NEW BRUNSWICK, NY 08901	22-2314861	501c3	27,000				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Professional Womens Network for Service PO BOX 085643 RACINE, WI 53408	05-0625047	501c3	10,000				Community
Programa Del Adolescente De Naranjito Inc PO BOX 891 64 MARCELINO CRUZ STREET NARANJITO, PR 61719	66-0459355	501c3	10,500				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Public Health Solutions 40 WORTH STREET 5TH FLOOR NEW YORK, NY 10013	13-5669201	501c3	70,787				Community
PUBLIC HEALTH-DAYTON AND MONTG 117 S MAIN ST DAYTON, OH 45422	31-6000172	n/a	11,000				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Regents of the University of California PO Box 989062 West Sacramento, CA 957989062	94-6036494	501c3	150,000				Research & Medical
Regents of the University of Colorado PO Box 910238 Denver, CO 802910238	84-6000555	501c3	77,500				Research & Medical

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RENO COUNTY HEALTH DEPT 209 WEST 2ND HUTCHINSON, KS 67501	48-6015542	n/a	10,000				Community
Renown Health Foundation 1155 MILL ST -02 RENO, NV 89509	94-2972749	501c3	15,000				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RILEY COUNTY HEALTH DEPARTMENT 2030 TECUMSEH ROAD MANHATTAN, KS 66502	48-6023850	n/a	10,000				Community
ROBERTA'S HOUSE INC 2510 ST PAUL STREET BALTIMORE, MD 21218	26-0517450	n/a	15,000				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAINT FRANCIS HOSPITAL AND MEDICAL CENTER 114 WOODLAND STREET HARTFORD, CT 06105	06-0646813	501c3	30,000				Community
SAINT JOSEPH HOSPITAL 1960 N OGEDN STE320 DENVER, CO 80218	84-0417134	501c3	9,750				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Salk Institute for Biological Studies 10010 North Torrey Pines LaJolla, CA 92037	95-2160097	501c3	111,111				Research & Medical
SANFORD 2400 32ND AVE S FARGO, ND 58103	45-0226909	501c3	9,800				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SINAI HOSPITAL OF BALTIMORE 2401 WEST BELVEDERE AVE BALITIMORE, MD 21215	68-5929823	n/a	11,820				Community
Society for Reproductive Investigation 555 East Wells Street Suite 1100 Milwaukee, WI 53202	95-2293816	501c3	10,000				Research & Medical

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Society for the Study of Reproduction 11130 Sunrise Valley Drive Suite 350 Reston, VA 20191	38-6144910	501c3	10,000				Research & Medical
South Arkansas Caring Pregnancy Center 101 W MAIN STREET 201 EL DORADO, AR 71730	71-0828606	501c3	7,000				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH CAROLINA PERINATAL ASSN PO BOX 5247 COLUMBIA, SC 29205	37-2532891	n/a	12,100				Community
South Carolina Research Foundation 901 SUMTER ST 5TH FL COLUMBIA, SC 29208	57-0967350	501c3	31,000				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
South Dakota Urban Indian Health Inc Sduih 711 N LAKE AVE SIOUX FALLS, SD 57104	46-0348571	501c3	8,800				Community
Southeastern Louisiana Area Health Education Cente 1302 J W DAVIS DRIVE HAMMOND, LA 70403	72-1155014	501c3	15,000				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Spirit Lake Nation Sacred Beginnings PO BOX 272 405 2ND ST NORTH FORT TOTTEN, ND 58370	87-2949630	n/a	6,154				Community
St Josephs Foundation 124 W THOMAS ROAD SUITE 250 PHOENIX, AZ 85013	94-2941245	501c3	12,000				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
St Louis Integrated Health Network 1520 MARKET STREET SUITE 4034 ST LOUIS, MO 63103	20-3288245	501c3	15,000				Community
STATE OF TENNESSEE DEPT OF HE 710 JAMES ROBERTSON PARKWAY NASHVILLE, TN 37243	62-6001445	n/a	6,035				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Stowers Institute for Medical Research 1000 E 50th Street Kansas City, MO 64110	20-2993509	501c3	150,000				Research & Medical
Sunrise Community Health 2930 11TH AVENUE EVANS, CO 80620	84-0613289	501c3	16,190				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Swedish Covenant Health 5140 N CALIFORNIA AVENUE CHICAGO, IL 60625	36-2179813	501c3	10,000				Community
T J Samson Community Hospital 1301 N RACE STREET GLASGOW, KY 42141	61-0461767	501c3	12,000				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Texas Childrens Health Plan the Center 700 N SAM HOUSTON PARKWAY HOUSTON, TX 77067	46-1392824	501c3	14,000				Community
TEXAS TECH UNIVERSITY HEALTH S 3601 4TH STREET LUBBOCK, TX 794306271	75-2668014	n/a	35,000				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The American Congress of Obstetricians and Gynecol 409 12th Street SW Washington, DC 20024	36-2217981	501c3	6,000				Research & Medical
The Board of Regents of the University of Wisconsin Drawer 538 Milwaukee, WI 532780538	39-6006492	n/a	150,000				Research & Medical

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Board of Trustees of the Leland Stanford Junio PO Box 44253 San Francisco, CA 94144253	94-1156365	501c3	2,000,000				Research & Medical
The Carle Foundation Hospital 611 W PARK STREET URBANA, IL 61801	37-1119538	501c3	10,000				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Center for Community Solutions 1501 EUCLID AVE SUITE 310 CLEVELAND, OH 44115	34-0714723	501c3	7,050				Community
The Childrens Hospital of Philadelphia 3615 CIVIC CENTER BOULEVAR PHILADELPHIA, PA 19104	23-1352166	501c3	24,855				Res & Med/Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Cleveland Clinic Foundation 9500 EUCLID AVE CLEVELAND, OH 44195	34-0714585	501c3	22,000				Community
The Connecticut Womens Consortium Inc 2321 WHITNEY AVESUITE 4 1 HAMDEN, CT 06518	06-1531384	501c3	15,125				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Denver Health and Hospitals Foundation 601 BROADWAY MC0111 DENVER, CO 80203	84-1085196	501c3	34,277				Community
The Institute for Family Health 2006 MADISON AVENUE NEW YORK, NY 10035	13-3273402	501c3	40,000				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Nemours Foundation 1600 ROCKLAND ROAD WILMINGTON, DE 19803	59-0634433	501c3	10,000				Res & Med/Community
The Partnership for Maternal and Child Health of N SEY 50 PARK PLACE 7TH FL NEWARK, NJ 07102	52-1815234	501c3	15,090				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Regents of the University of Michigan Box 223131 Pittsburgh, PA 152512131	38-6006309	501c3	77,500				Research & Medical
Thomas Jefferson University 833 CHESTNUT STREET PHILADELPHIA, PA 19107	23-1352651	501c3	16,000				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TIDEWATER PHYSICIANS MULTISPEC 860 OMNI BLVD STE 401 NEWPORT NEWS, VA 23606	54-1634477	n/a	5,390				Community
TROIS HEALTHCARE 216 W 10TH AVE SUITE 204 KENNEWICK, WA 99336	91-0595030	n/a	21,000				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Trustees of the University of Pennsylvania 3451 Walnut Street P221 Franklin Building Philadelphia, PA 191046205	23-1352685	501c3	2,000,000				Research & Medical
Trustees of the University of Pennsylvania 3451 Walnut Street P221 Franklin Building Philadelphia, PA 191046205	23-1352685	501c3	27,500				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY HOSPITALS HEALTH SYSTEM INC 11000 EUCLID AVE CLEVELAND, OH 44118	34-1567805	501c3	22,000				Community
University of California San Francisco 1855 Folsom St MCB 425 Box0897 SAN FRANCISCO, CA 941430897	94-6036493	501c3	454,255				Research & Medical

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Chicago 5235 S Harper Court 4th Floor Chicago, IL 60615	36-2177139	501c3	2,000,000				Research & Medical
University of Kentucky Research Foundation 109 KINKEAD HALL LEXINGTON, KY 405060057	61-6033693	501c3	20,000				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Maryland Community Medical Group Inc 7556 TEAGUE RD STE430 HANOVER, MD 21076	52-1874111	501c3	15,000				Community
UNIVERSITY OF MARYLAND MEDICAL 110 S PACE ST 9TH FL BALTIMORE, MD 21201	51-8963387	n/a	11,103				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MIAMI 1320 S DIXIE HIGHWAY-LOCA CORAL GABLES, FL 33146	27-1897537	n/a	27,700				Community
University of North Carolina at Chapel Hill 104 Airport Dr Suite 2200 CB1350 Chapel Hill, NC 275991350	56-6001393	501c3	150,000				Research & Medical

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Rochester 777 S CLINTON AVE ROCHESTER, NY 14620	16-0743209	501c3	50,000				Community
UNIVERSITY OF TEXAS HEALTH CEN 11937 US HWY 271 TYLER, TX 757083154	75-6001354	n/a	10,000				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of Utah 75 SOUTH 2000 EAST SALT LAKE CITY, UT 84112	87-6000525	501c3	8,000				Community
Upson County Hospital Inc 801 W GORDON STREET THOMASTON, GA 30286	58-1734026	501c3	30,000				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA DEPARTMENT OF HEALTH 109 GOVERNOR ST 9TH FLOOR RICHMOND, VA 23218	54-6001775	n/a	40,050				Community
Virginia Garcia Memorial Health Center PO BOX 486 CORNELIUS, OR 97113	93-0717997	501c3	22,000				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WABASH COUNTY TOBACCO FREE COA 41 WEST CANAL STREET WABASH, IN 46992	46-1428561	n/a	13,000				Community
Waianae District Comprehensive Health and Hospital 260 FARRINGTON HWY WAIANAE, HI 96792	99-0148164	501c3	8,920				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Washington University 700 Rosedale Avenue Campus Box 1034 St Louis, MO 63112	43-0653611	501c3	2,600,000				Research & Medical
WELCO LKA INC PRO1869 CAMP ST EXT JAMESTOWN, NY 14701	10-0002541	n/a	5,877				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST ALLIS HEALTH DEPARTMENT 7120 WEST NATIONAL AVE WEST ALLIS, WI 59298	39-6005651	n/a	11,430				Community
West Fresno Health Care Coalition 1802 E CALIFORNIA AVE FRESNO, CA 93706	77-0577093	501c3	50,000				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Whc Foundation 1 110 IRVING STREET NW EAST WASHINGTON, DC 20010	52-1791670	501c3	20,000				Community
WHEATON FRANCISCAN-ST JOSEPH FOUNDATION INC 5000 W CHAMBERS STREET MILWAUKEE, WI 53210	39-1636804	501c3	10,000				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHEELER AVENUE 5C'S INC 3826 WHEELER AVENUE HOUSTON, TX 77004	74-1952631	n/a	7,500				Community
WOMANCARE CENTERS 100 KINGSLEY STE 200 NORFOLK, VA 23505	54-1820401	n/a	10,000				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ZETA CHARITY FUND INC PO BOX 264 MILWAUKEE, WI 53201	43-6149180	n/a	10,000				Community
ZETA PHI BETA SORIORTY INC 237 SWANDALE DRIVE COLUMBIA, SC 29203	57-6029795	n/a	13,000				Community

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ZETA PHI BETA SORORITY INC PO BOX 34326 SAN ANTONIO, TX 78265	23-7206960	501c7	8,500				PUBLIC & PROF

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Nursing Scholar Award	4	10,000			
MOD Biology Recipient	1	150,000			
Graduate Scholar Award	4	10,000			
Col Harland Sanders Award	1	10,000			
Agnes Higgins Award	1	3,000			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Community Grant	1	2,000			
HBWW Grand Rounds	1	1,500			
Honorarium	1	500			

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
MARCH OF DIMES INC

Employer identification number
13-1846366

Part I Questions Regarding Compensation

		Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> First-class or charter travel</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Travel for companions</td> <td style="border: none;"><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Tax indemnification and gross-up payments</td> <td style="border: none;"><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Discretionary spending account</td> <td style="border: none;"><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use										
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence										
<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees										
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)										
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b	Yes									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2	Yes									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> Compensation committee</td> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Independent compensation consultant</td> <td style="border: none;"><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td style="border: none;"><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee					
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract										
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study										
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee										
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p>											
<p>a Receive a severance payment or change-of-control payment?</p>	4a	Yes									
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b		No								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4c		No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>											
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p>											
<p>a The organization?</p>	5a		No								
<p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p>	5b		No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p>											
<p>a The organization?</p>	6a		No								
<p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p>	6b		No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	Yes									
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8		No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9										

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Part I Line 4a	Karen Andrews left the organization in June 2018 and was provided a severance agreement which was executed and returned as part of the agreement. Ms Andrews received 26 weeks of severance pay. These payments were processed on a semi monthly basis in accordance with the previously established payroll schedule and covered the period of June 5th to December 4th, 2018 for a rounded total of \$145,219.
Part I Line 7	Stacey D. Stewart, President, received a discretionary, non-fixed bonus payment of \$50,000.

Additional Data

Software ID:
Software Version:
EIN: 13-1846366
Name: MARCH OF DIMES INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Stacey D Stewart PRESIDENT	(i)	470,203	50,000	980		17,290	538,473	
	(ii)	-----	-----	-----		-----	-----	-----
1 Karen E Andrews EVP & GEN COUNSEL - LEFT 6/18	(i)	114,370		146,489		16,458	277,317	
	(ii)	-----	-----	-----		-----	-----	-----
2 PAULA R RANSOM SVP & CHIEF VOLUNTEER OFFICER	(i)	312,221		1,832		17,290	331,343	
	(ii)	-----	-----	-----		-----	-----	-----
3 CYNTHIA P JOHNSON SVP PUBLIC POLICY/ GOV AFFAIRS	(i)	227,248		639		1,224	229,111	
	(ii)	-----	-----	-----		-----	-----	-----
4 NICHOLAS M DIFRANZA SVP & CHIEF TECH OFFICER	(i)	222,890		426		15,922	239,238	
	(ii)	-----	-----	-----		-----	-----	-----
5 DEBORAH A BARGE SVP MARKET LEADERSHIP & DEV	(i)	212,680		639		17,016	230,335	
	(ii)	-----	-----	-----		-----	-----	-----
6 DEIRDRE MALONEY VP, HUMAN RESOURCES	(i)	199,756		639		17,290	217,685	
	(ii)	-----	-----	-----		-----	-----	-----
7 JODI S PATKIN VP, BRAND STRATEGY & COMMUN	(i)	187,680		8,872		17,016	213,568	
	(ii)	-----	-----	-----		-----	-----	-----
8 Frederick A Brogdon SVP, COO, & BOARD OFFICER	(i)	264,572		639		17,290	282,501	
	(ii)	-----	-----	-----		-----	-----	-----
9 David C Damond SVP CFO/ASST TREAS BEGAN 5/18	(i)	162,855		644		11,351	174,850	
	(ii)	-----	-----	-----		-----	-----	-----
10 Lisa F Waddell MD SVP MCH IMP & DEP MED OFFICER	(i)	231,686		49,332		17,290	298,308	
	(ii)	-----	-----	-----		-----	-----	-----
11 David J Hampton II SVP & CHIEF DEV OFFICER	(i)	272,260		384		6,804	279,448	
	(ii)	-----	-----	-----		-----	-----	-----
12 Kelle H Moley SVP Chief Scientific Off 5/18	(i)	231,250		7,054			238,304	
	(ii)	-----	-----	-----		-----	-----	-----
13 Christopher L Maddocks SVP Chief MKT OFF - LEFT 10/18	(i)	203,174		320		14,288	217,782	
	(ii)	-----	-----	-----		-----	-----	-----

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2018

▶ **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.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
MARCH OF DIMES INC

Employer identification number
13-1846366

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		548,958	FMV
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 ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

29	
-----------	--

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		No
31	Yes	
32a	Yes	

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II Supplemental Information.

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

Return Reference	Explanation
NONCASH CONTRIBUTIONS	OTHER THAN CONTRIBUTIONS OF MARKETABLE SECURITIES AND VEHICLES, NON-CASH ITEMS ARE NOT INCLUDED IN THE FINANCIAL STATEMENTS OF THE ORGANIZATION UNLESS THEY ARE SIGNIFICANT IN AMOUNT IN 2018, THE ORGANIZATION RECEIVED AUCTION ITEMS, WHICH WERE RECORDED AT ZERO VALUE CAR DONATION PROGRAM THE MARCH OF DIMES ACCEPTS DONATIONS OF CARS, BOATS OR OTHER VEHICLES THROUGH A THIRD PARTY THE FIRM HANDLES ALL ASPECTS OF THE DONATION FROM INITIAL CONTACT WITH THE DONOR, TRANSFER OF THE TITLE, AS WELL AS THE PICK UP AND SALE OF THE VEHICLE THE NUMBER OF CONTRIBUTIONS (RATHER THAN ITEMS) IS REPORTED AT FAIR MARKET VALUE

SCHEDULE O
(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.

2018

Open to Public Inspection

Department of the Treasury

Name of the organization

MARCH OF DIMES INC

Employer identification number

13-1846366

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III LINE 4A COMMUNITY SERVICES	<p>MARCH OF DIMES STAFF AND VOLUNTEERS PARTNER WITH LOCAL HEALTH AGENCIES, COMMUNITY-BASED ORGANIZATIONS, PROFESSIONAL ASSOCIATIONS, HOSPITALS, AND OTHERS TO DETERMINE THE MOST PRESSING MATERNAL AND CHILD HEALTH NEEDS AND TO DEVELOP A MULTI-YEAR STRATEGIC PLAN THAT WILL POSITIVELY IMPACT THE HEALTH STATUS OF COMMUNITIES. STAFF AND VOLUNTEERS THEN WORK TO ENHANCE AND EXPAND COMMUNITY SERVICES, AND TO IMPROVE SYSTEMS OF CARE FOR MOTHERS, BABIES, AND THEIR FAMILIES THROUGH ADVOCACY, LEADERSHIP, EDUCATIONAL PROGRAMS AND COMMUNITY GRANTS. IN 2018, MARCH OF DIMES AWARDED 266 COMMUNITY GRANTS THROUGH ITS COMMUNITY GRANTS AND PROGRAM SERVICES. MARCH OF DIMES AIMS TO IMPROVE THE HEALTH OF MOTHERS AND BABIES THROUGH EDUCATION ON HEALTHY PREGNANCY, PRENATAL CARE AND OTHER SERVICES TO REDUCE THE RISK OF PREMATURE BIRTH AND OTHER POOR BIRTH OUTCOMES, AND SUPPORT FOR FAMILIES WHOSE BABIES NEED SPECIALIZED CARE IN THE NEWBORN INTENSIVE CARE UNIT (NICU). HEALTHY BABIES ARE WORTH THE WAIT (HBWW) COMMUNITY PROGRAM IS A MARCH OF DIMES-LED PARTNERSHIP FOCUSED ON DECREASING PRETERM BIRTH BY IMPROVING THE QUALITY OF HEALTH CARE DELIVERY, INCREASING ACCESS TO PREVENTION SERVICES, PROVIDING EDUCATION FOR PREGNANT WOMEN, PERINATAL PROVIDERS AND THE GREATER COMMUNITY. PROGRAM PARTNERS WORK TOGETHER TO INTEGRATE CLINICAL AND PUBLIC HEALTH INTERVENTIONS THAT ARE PROVEN TO REDUCE PRETERM BIRTH. THESE INTERVENTIONS INCLUDE PATIENT NAVIGATION/CARE COORDINATION, HOSPITAL QUALITY IMPROVEMENT TO REDUCE EARLY ELECTIVE DELIVERIES, GROUP PRENATAL CARE, SMOKING CESSATION, AND BIRTH SPACING. IN 2018, MARCH OF DIMES RECEIVED FUNDING TO PILOT TEST A NEW MODEL OF GROUP PRENATAL CARE, SUPPORTIVE PREGNANCY CARE (SPC), WHERE PREGNANT WOMEN WITH SIMILAR DUE DATES MEET TOGETHER FOR PRENATAL CARE AND EDUCATION WITH THEIR OBSTETRIC PROVIDER. GROUP PRENATAL CARE IS AN EVIDENCE-BASED INTERVENTION THAT PROVIDES AN OPPORTUNITY TO SUPPORT HEALTH EQUITY AND SIGNIFICANTLY REDUCE THE OCCURRENCE OF PRETERM BIRTH. DURING GROUP SESSIONS, WOMEN LEARN HOW TO TAKE AND RECORD THEIR OWN VITAL SIGNS, RECEIVE A PRIVATE PHYSICAL ASSESSMENT WITH THEIR PROVIDER, BECOME A SUPPORT NETWORK FOR ONE ANOTHER, AND GAIN KNOWLEDGE AND SKILLS RELATED TO PREGNANCY, BIRTH, AND INFANT CARE. THE MODEL FOSTERS HEALTH LITERACY AND HEALTH EQUITY BY ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH AND MEDICAL FACTORS IN A CULTURALLY RELEVANT WAY, AND IS AN APPROACH THAT IS FLEXIBLE TO FIT A LOCAL COMMUNITY'S NEEDS AND RESOURCES. MARCH OF DIMES CREATED ALL THE MATERIALS, TOOLS, AND TRAINING TO ASSIST HEALTH CARE SITES TO IMPLEMENT SPC IN HOSPITALS, CLINICS, AND PRIVATE PRACTICE SETTINGS IN URBAN, RURAL, AND SUBURBAN LOCATIONS. SINCE THE PILOT STUDY'S COMPLETION, THE PROGRAM HAS SINCE BEEN EXPANDED TO AN ADDITIONAL FOURTEEN SITES, WITH MORE SCHEDULED FOR LAUNCH THROUGHOUT 2019. SUPPORTING FAMILIES AFFECTED BY OUR MISSION. MARCH OF DIMES HAS A PORTFOLIO OF PRODUCTS AND SERVICES DESIGNED TO EDUCATE AND SUPPORT FAMILIES WHO HAVE A BABY ADMITTED.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>PART III LINE 4A COMMUNITY SERVICES</p>	<p>TO A NEWBORN INTENSIVE CARE UNIT (NICU), AND TO THE STAFF WHO PROVIDE CLINICAL CARE TO THE BABIES MARCH OF DIMES OFFERS EDUCATION AND SERVICES TO OVER 50,000 FAMILIES AND STAFF ANNUALLY THROUGH ITS NICU INNOVATIONS MARCH OF DIMES NICU FAMILY SUPPORT PROGRAM IS OFFERED TO OVER 50,000 FAMILIES ANNUALLY THE SERVICES PROVIDED INCLUDE PARENT EDUCATION THAT IS SHOWN TO IMPROVE PARENTING KNOWLEDGE AND CONFIDENCE, PRINT AND ONLINE MATERIALS WRITTEN IN PLAIN LANGUAGE, AND SUPPORTIVE ACTIVITIES DESIGNED TO IMPROVE THE NICU EXPERIENCE SERVICES ARE PROVIDED DURING THE NICU STAY, THROUGH THE TRANSITION HOME AND IN THE EVENT OF A NEWBORN LOSS THE PROGRAM ALSO PROVIDES EDUCATION TO STAFF ON TOPICS DESIGNED TO ENGAGE THE FAMILY AS PART OF THE CARE TEAM THE PROGRAM HAS A PRESENCE IN OVER 60 HOSPITALS NATIONWIDE, INCLUDING THE DISTRICT OF COLUMBIA AND PUERTO RICO FOR ALMOST 14 YEARS, MARCH OF DIMES ONLINE COMMUNITY SHARE YOUR STORY (WWW.SHAREYOURSTORY.ORG) HAS BEEN AN INVALUABLE RESOURCE FOR FAMILIES TO FIND SUPPORT FROM OTHER MEMBERS WHO ARE LIVING WITH THE EFFECTS OF PREMATURITY, BIRTH DEFECTS, NEWBORN OR PREGNANCY LOSS THIS SUPPORTIVE COMMUNITY PROVIDES FAMILIES WITH A SAFE ENVIRONMENT FOR THEM TO SHARE THEIR STORIES, FIND AND PROVIDE EMOTIONAL/PARENT-TO-PARENT SUPPORT AND ASK QUESTIONS OF OTHER MISSION-AFFECTED FAMILIES AND MARCH OF DIMES HEALTH EDUCATION PROFESSIONALS THERE ARE MORE THAN 90,000 ENGAGED USERS OF THE COMMUNITY AND MORE THAN 89,000 UNIQUE VISITORS MARCH OF DIMES TRAINING INSTITUTE WORKSHOPS PROVIDE CONTACT HOURS FOR NURSES AND CERTIFIED PATIENT EXPERIENCE PROFESSIONALS ON A VARIETY OF TOPICS, INCLUDING SKIN-TO-SKIN HOLDING, COMMUNICATION AND SUPPORTING FAMILIES IN CRISIS, PROVIDING SUPPORT TO SHORTER STAY FAMILIES, AND PARTNERING WITH PARENTS TO IMPROVE PATIENT SAFETY THE WORKSHOPS ARE PRESENTED BY EXPERTS IN THE AREAS OF FAMILY-CENTERED CARE AND PATIENT EXPERIENCE THROUGH HOSPITAL-BASED TRAININGS AND 6 CONFERENCES, EDUCATING OVER 5,300 PROFESSIONALS ANNUALLY MATERNAL AND CHILD HEALTH ADVOCACY MARCH OF DIMES UTILIZES UNRESTRICTED DONATIONS TO FUND EXTENSIVE ADVOCACY EFFORTS AT THE FEDERAL LEVEL AND IN STATES, THE DISTRICT OF COLUMBIA, AND PUERTO RICO TO IMPROVE MATERNAL AND CHILD HEALTH THESE EFFORTS FALL INTO FOUR CATEGORIES ACCESS TO AND QUALITY OF HEALTH CARE, RESEARCH AND SURVEILLANCE, PREVENTION AND EDUCATION, AND ISSUES IMPORTANT TO TAX-EXEMPT ORGANIZATIONS KEY PRIORITIES CURRENTLY INCLUDE PREVENTING MATERNAL MORTALITY, PRETERM BIRTH, AND THE IMPACT OF OPIOIDS, AS WELL AS ADDRESSING HEALTH EQUITY AND SOCIAL DETERMINANTS OF HEALTH MARCH OF DIMES PURSUES A WIDE RANGE OF POLICY CHANGES TO PROMOTE MATERNAL HEALTH AND PREVENT PRETERM BIRTH AND OTHER ADVERSE BIRTH OUTCOMES WE ADVOCATE ON THE FEDERAL AND STATE LEVELS TO IMPROVE ACCESS TO CARE AND QUALITY OF SERVICES BY ADVANCING POLICIES SUCH AS THOSE TO ENSURE ALL HEALTH PLANS COVER MATERNITY CARE, PROTECT COVERAGE FOR PRE-EXISTING CONDITIONS, AND LIMIT COST-SHARING OUR RECENT</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III LINE 4A COMMUNITY SERVICES	<p>VICTORIES HAVE INCLUDED RENEWAL OF THE PREEMIE ACT AND PASSAGE OF THE PREVENTING MATERNAL DEATHS ACT IN CONGRESS AS WELL AS DOZENS OF STATE-LEVEL LAWS TO PROTECT AND EXPAND ACCESS TO CARE FOR PREGNANT WOMEN, WOMEN OF CHILD BEARING AGE, AND CHILDREN. MARCH OF DIMES ALSO ADVOCATES ON OTHER IMPORTANT MATERNAL AND CHILD HEALTH PRIORITIES, SUCH AS PREMATURITY PREVENTION, MATERNAL AND INFANT MORTALITY PREVENTION, OPIOIDS, IMMUNIZATIONS, TOBACCO PREVENTION AND CESSATION, AND NEWBORN SCREENING. OUR VOLUNTEERS AND STAFF HAVE BEEN PART OF SUCCESSFUL EFFORTS TO ENSURE EVERY STATE HAS A PROCESS TO EXAMINE ALL MATERNAL DEATHS AND RECOMMEND POLICY CHANGES TO PREVENT THEM. WE ADVOCATE FOR PREMATURITY PREVENTION MEASURES SUCH AS SUPPORTIVE PREGNANCY CARE AND ACCESS TO THE DRUG 17P. OUR FIELD STAFF LOBBY TO ENSURE THAT EVERY STATE TESTS ALL NEWBORNS FOR ALL CONDITIONS ON THE RECOMMENDED UNIFORM SCREENING PANEL AS THE OPIOIDS EPIDEMIC HAS SPREAD, MARCH OF DIMES HAS ADVOCATED FOR POLICIES AND PROGRAMS TO SUPPORT PREGNANT WOMEN AND TREAT INFANTS BORN EXPOSED TO OPIOIDS. OUR ADVOCACY HAS A STRONG FOCUS ON HEALTH EQUITY AND SOCIAL DETERMINANTS OF HEALTH. PATIENT SAFETY AND QUALITY. MARCH OF DIMES IS INFUSING PATIENT SAFETY AND QUALITY THROUGHOUT ITS MISSION ACTIVITIES. THIS INVOLVES CREATING A "CULTURE OF SAFETY" IN THESE AREAS, BASED ON THE FEATURES OF HIGH RELIABILITY ORGANIZATIONS AND NATURAL ACCIDENT THEORY. GLOBAL PROGRAMS. MARCH OF DIMES CONDUCTS ITS GLOBAL ACTIVITIES THROUGH VARIOUS MEANS, INCLUDING MISSION PARTNERSHIPS AND PROJECTS WITH WORLD-CLASS ORGANIZATIONS IN MIDDLE- AND LOW-INCOME COUNTRIES, THE PUBLISHING OF REPORTS AND PAPERS ON GLOBAL MATERNAL AND CHILD HEALTH ISSUES, THE SPONSORING OF INTERNATIONAL CONFERENCES TO BRING THESE ISSUES TO THE ATTENTION OF INTERNATIONAL POLICYMAKERS AND DONORS, AND STAFF PARTICIPATION ON HIGH-LEVEL, INTERNATIONAL TECHNICAL COMMITTEES AND WORKING GROUPS OF THE UN, WHO, GOVERNMENTAL AND NON-GOVERNMENTAL ORGANIZATIONS. THESE GLOBAL ACTIVITIES HAVE ENABLED MARCH OF DIMES TO BE RECOGNIZED AS THE WORLD'S LEADING ORGANIZATION FOCUSED ON PREVENTION OF BIRTH DEFECTS AND PRETERM BIRTH. ONE EXAMPLE OF OUR MISSION PARTNERSHIPS IS MARCH OF DIMES GLOBAL NETWORK FOR MATERNAL AND INFANT HEALTH (GNMIH). IN 2018, THROUGH THIS NETWORK WE IMPLEMENTED WORKPLACE WELLNESS HEALTH EDUCATION PROGRAMS IN LEBANON AND THE PHILIPPINES IN PARTNERSHIP WITH THE AMERICAN UNIVERSITY OF BEIRUT AND UNIVERSITY OF THE PHILIPPINES, RESPECTIVELY. A NEW PARTNERSHIP WAS ESTABLISHED WITH MAKERERE UNIVERSITY IN UGANDA TO DEVELOP A PROGRAM FOR IMPROVING THE HEALTH OF WOMEN BEFORE AND BETWEEN PREGNANCIES. TO RAISE AWARENESS ABOUT THE IMPORTANCE OF IMPROVING THE HEALTH OF MOTHERS AND BABIES WORLDWIDE, MARCH OF DIMES PLAYED A KEY ROLE IN PLANNING AND IMPLEMENTATION OF WORLD BIRTH DEFECTS DAY AND WORLD PREMATURITY DAY BY ENGAGING MANY GLOBAL PARTNERS, INCLUDING HEALTH POLICY MAKERS, DONOR ORGANIZATIONS, HEALTH CARE PROVIDERS, RESEARCHERS, AND CIVIL SOCIETY ORGANIZATIONS.</p>

Return Reference	Explanation
PART III LINE 4B RESEARCH AND MEDICAL SUPPORT	<p>MARCH OF DIMES FUNDS RESEARCH INTO THE CAUSES OF BIRTH DEFECTS, PREMATURE BIRTH AND OTHER THREATS TO MOMS AND BABIES' HEALTH AS WELL AS WAYS TO PREVENT AND TREAT THEM. MARCH OF DIMES CONSISTENTLY THROUGHOUT ITS HISTORY HAS SELECTED BOLD PROBLEMS - FROM CONQUERING POLIO TO PREVENTING PREMATURITY - AND HAS BEEN SUCCESSFUL THROUGH CAREFUL PLANNING AND EXECUTION TO ACHIEVE OUR MISSION. MARCH OF DIMES ALSO HAS DEVELOPED PARTNERSHIPS TO LEVERAGE ITS EFFORTS TOGETHER WITH THOSE OF OTHER ORGANIZATIONS IN THE U.S. AND GLOBALLY. WE LAUNCHED THE NATIONAL PREMATURITY CAMPAIGN IN 2003, AFTER DECADES OF INCREASING PRETERM BIRTH RATES IN THE UNITED STATES. AFTER HITTING A PEAK IN 2006, PRETERM BIRTH RATES DECLINED FOR SEVERAL YEARS, BEFORE BEGINNING TO RISE AGAIN IN 2015. FROM 2015-2017, THE PRETERM BIRTH RATE ROSE FOR THREE YEARS IN A ROW. BIRTHS OCCURRING AT 34-36 WEEKS GESTATION, OR LATE PRETERM, SHOWED THE LARGEST INCREASE. WOMEN OF COLOR WERE DISPROPORTIONATELY AFFECTED. WE OPENED SIX MARCH OF DIMES PREMATURITY RESEARCH CENTERS, THE FIRST ONE AT STANFORD UNIVERSITY IN 2011, THE SECOND AS THE OHIO COLLABORATIVE (UNIVERSITY OF CINCINNATI, THE OHIO STATE UNIVERSITY AND CASE WESTERN RESERVE UNIVERSITY) IN 2013, THE THIRD AND FOURTH IN 2014 AT WASHINGTON UNIVERSITY IN ST. LOUIS AND THE UNIVERSITY OF PENNSYLVANIA, THE FIFTH INVOLVING THE UNIVERSITY OF CHICAGO, NORTHWESTERN, AND DUKE UNIVERSITY IN 2015, AND THE SIXTH AT IMPERIAL COLLEGE LONDON IN 2018. THESE PREMATURITY RESEARCH CENTERS TAKE A UNIQUE TEAM SCIENCE APPROACH TO SPEED UP THE DISCOVERY OF CAUSES AND PREVENTIONS, DRAWING FACULTY NOT ONLY FROM THE MEDICAL SCHOOLS, BUT FROM ACROSS THE CAMPUSES, INCLUDING, FOR EXAMPLE FROM SCHOOLS OF ENGINEERING. OUR GOALS ARE THREEFOLD: 1) TO DETERMINE THE CAUSES OF PRETERM BIRTH, 2) TO DEVELOP NEW WAYS TO IDENTIFY WOMEN OR PREGNANCIES AT RISK, AND 3) TO TURN KNOWLEDGE INTO EFFECTIVE CLINICAL AND POLICY-BASED SOLUTIONS. THE KEY TO THIS UNIQUE ENDEAVOR IS TRANSDISCIPLINARY COLLABORATION, INTENTIONALLY DESIGNED TO ACCELERATE DISCOVERIES IN PRETERM BIRTH RESEARCH. THE GENERAL MARCH OF DIMES RESEARCH PORTFOLIO FUNDS MANY DIFFERENT AREAS OF RESEARCH ON TOPICS RELATED TO OUR MISSION TO PREVENT BIRTH DEFECTS, PREMATURE BIRTH AND MATERNAL/INFANT MORTALITY AND MORBIDITY. THESE PROCESSES OF DEVELOPMENT, GENETICS, CLINICAL STUDIES, STUDIES OF REPRODUCTIVE HEALTH, ENVIRONMENTAL TOXICOLOGY, AND STUDIES IN SOCIAL AND BEHAVIORAL SCIENCES FOCUS ON FACTORS CONTRIBUTING TO ADVERSE PREGNANCY OUTCOMES, AND ON CONSEQUENCES OF BIRTH DEFECTS AND PREMATURITY. THE BASIL O'CONNOR STARTER SCHOLAR RESEARCH AWARDS ARE FUNDED IN A PROGRAM SPECIFICALLY DESIGNED TO SUPPORT SCIENTISTS JUST EMBARKING ON THEIR INDEPENDENT RESEARCH CAREERS. CREATED IN 1973 AND NAMED FOR THE FIRST MARCH OF DIMES CHAIRMAN AND PRESIDENT, THIS PROGRAM PROVIDES FUNDING TO YOUNG INVESTIGATORS TO START THEIR OWN RESEARCH PROJECTS ON TOPICS RELATED TO THE MARCH OF DIMES MISSION. INVESTIGATOR INITIATED GRANTS ARE ALSO SUPPORTED BY</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III LINE 4B RESEARCH AND MEDICAL SUPPORT	<p>MARCH OF DIMES THESE GRANTS ARE FOR MORE ESTABLISHED INVESTIGATORS DOING RESEARCH FOR 3 OR MORE YEARS IN AREAS ALIGNED WITH THE MARCH OF DIMES MISSION IN ADDITION, MARCH OF DIMES ALSO SUPPORTS A LARGE NUMBER OF CONFERENCES, BOTH NATIONAL AND INTERNATIONAL, ON THE TOP IC OF BIRTH DEFECTS, PREMATURE BIRTH, AND MATERNAL/INFANT MORTALITY AND MORBIDITY WE LED THE DRIVE TO ELIMINATE EARLY ELECTIVE DELIVERIES BEFORE 39 COMPLETED WEEKS OF PREGNANCY T HIS WORK INCLUDED QUALITY IMPROVEMENT INITIATIVES WITH OVER 100 PROMINENT HOSPITALS IN 28 STATES A PEER-REVIEWED PUBLICATION, THE RESEARCH FOR WHICH WAS SUPPORTED BY AND ON WHICH THE MAJORITY OF THE AUTHORS WERE FROM MARCH OF DIMES, SHOWED AN 83% REDUCTION IN EARLY ELE CTIVE DELIVERIES FROM JANUARY THROUGH DECEMBER OF THE SAME YEAR AMONG 25 HOSPITALS IN FIVE STATES THIS WORK ALSO INCLUDES A NATIONAL CONSUMER EDUCATION CAMPAIGN CALLED HEALTHY BAB IES ARE WORTH THE WAIT THE DESCRIPTION OF THE HEALTHY BABIES ARE WORTH THE WAIT PILOT IN KENTUCKY WAS PUBLISHED IN 2015 AS VOLUME 1 OF THE NEW PEER-REVIEWED MARCH OF DIMES SERIES WITH ELSEVIER AS THE PUBLISHER THIS SHOWS THAT THERE WAS A REDUCTION IN EARLY ELECTIVE DE LIVERIES IN KENTUCKY COMPARED WITH SURROUNDING STATES, AND REVIEWERS WERE HIGHLY COMPLIMEN TARY OF MARCH OF DIMES TAKING ON A RESEARCH PROJECT OF THIS COMPLEXITY IN A REAL WORLD SET TING IN 2012, THE U S DEPT OF HEALTH AND HUMAN SERVICES BUILT ON THIS APPROACH BY LAUNC HING STRONG START, AN INITIATIVE TO IMPROVE BIRTH OUTCOMES THE LEAPFROG GROUP, A NONPROFI T HOSPITAL QUALITY WATCHDOG, RELEASED RESULTS FROM THE 2013 LEAPFROG HOSPITAL SURVEY, WHIC H SHOWED THE RATE OF EARLY ELECTIVE DELIVERIES (NON-MEDICALLY NECESSARY C-SECTIONS AND IND UCTIONS BEFORE 39 WEEKS) DROPPED FROM 17% IN 2010 TO 4 6% IN 2013 AT NEARLY 1,000 REPORTIN G HOSPITALS THE JOINT COMMISSION HAS INCLUDED THE REDUCTION OF EARLY ELECTIVE DELIVERIES AS ONE OF ITS FIVE PERINATAL CORE MEASURES, WHICH WILL IMPACT POLICIES AT ALL BIRTHING HOS PITALS IN THE U S RATES OF EARLY ELECTIVE DELIVERIES HAVE CONTINUED TO DECLINE, TO 2% IN 2016 OUR RESEARCH ADVANCES OVER THE PAST 75 YEARS ARE STILL IMPROVING HEALTH AND SAVING L IVES OF BABIES TODAY POLIO ONCE CRIPPLED TENS OF THOUSANDS OF CHILDREN, BUT THANKS TO VAC CINES DEVELOPED WITH MARCH OF DIMES SUPPORT, THIS DISEASE HAS BEEN ELIMINATED IN MOST OF T HE WORLD NEWBORN SCREENING TESTS DEVELOPED WITH FUNDING FROM MARCH OF DIMES CONTRIBUTE TO THE DETECTION OF THE RECOMMENDED SET OF 34 SERIOUS BUT TREATABLE DISORDERS AND SAVE LIVES MARCH OF DIMES NATIONAL FOLIC ACID CAMPAIGN LED TO FORTIFICATION OF GRAIN PRODUCTS IN 19 98 WITH THE B VITAMIN FOLIC ACID, AND SINCE THEN OUR NATION HAS SEEN A 36 PERCENT REDUCTIO N IN SPINA BIFIDA, A BIRTH DEFECT OF THE SPINAL CORD, AND A 17 PERCENT REDUCTION IN ANENCE PHALY, A VERY SERIOUS BIRTH DEFECT OF THE BRAIN THAT UNIFORMLY RESULTS IN DEATH BUILDING UPON THIS PUBLIC HEALTH SUCCESS, MARCH OF DIMES LED EFFORTS TO ALLOW MANUFACTURERS TO FORT IFY CORN MASA FLOUR WITH FOLIC</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III LINE 4B RESEARCH AND MEDICAL SUPPORT	<p>ACID REDUCING PRETERM BIRTH IN 2016, MARCH OF DIMES DEVELOPED A PREMATURE BIRTH CAMPAIGN STRATEGIC MAP AND A PREMATURE BIRTH CAMPAIGN COLLABORATIVE TO ALIGN AND MOBILIZE EFFORTS WITH MANY OTHER ORGANIZATIONS AND INDIVIDUALS THAT WORK TO PREVENT PREMATURE BIRTH AND THE INEQUITY OF ITS IMPACT THROUGH THE COLLABORATIVE, MARCH OF DIMES CONTINUES ITS PARTNERSHIP EFFORTS WITH MANY OTHER ORGANIZATIONS AND STATE HEALTH DEPARTMENTS BEGINNING IN 2012, THROUGH A PARTNERSHIP WITH THE ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS (ASTHO), HEALTH DEPARTMENTS IN EVERY STATE, PUERTO RICO AND THE DISTRICT OF COLUMBIA PLEDGED TO REDUCE THEIR RATES OF PREMATURE BIRTH BY 8 PERCENT BY YEAR 2014 USING THE DATA FROM THE NATIONAL CENTER FOR HEALTH STATISTICS (NCHS) OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), 25 STATES OR TERRITORIES ACHIEVED THEIR 8% BY 2014 REDUCTION GOAL ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, COLORADO, DELAWARE, DISTRICT OF COLUMBIA, GEORGIA, HAWAII, IDAHO, INDIANA, MAINE, MASSACHUSETTS, MISSISSIPPI, NEVADA, NEW HAMPSHIRE, NEW YORK, NORTH DAKOTA, PUERTO RICO, RHODE ISLAND, UTAH, VERMONT, VIRGINIA, AND WYOMING MARCH OF DIMES CONTINUES TO WORK NATIONALLY AND LOCALLY TO ADVANCE 8 PRIORITY PREMATURE BIRTH CAMPAIGN INTERVENTIONS WITH ITS PARTNERS, INCLUDING PROGESTERONE TO PREVENT PRETERM BIRTH RECURRENCE, GROUP PRENATAL CARE, SMOKING CESSATION, BIRTH SPACING AND INTENTIONALITY, AND REDUCING EARLY ELECTIVE DELIVERIES SINCE 2008, MARCH OF DIMES HAS ISSUED PREMATURE BIRTH REPORT CARDS THROUGH STATE REPORT CARDS BASED ON THEIR PROGRESS IN REDUCING PRETERM BIRTH IN 2015, TWO SIGNIFICANT NEW ELEMENTS WERE ADDED TO THE REPORT CARDS AN INDEX OF RACIAL AND ETHNIC DISPARITIES IN EACH STATE, AND GRADES FOR CITIES AND COUNTIES WITH THE HIGHEST BIRTH VOLUME IN EACH STATE THE DISPARITY INDEX, CREATED BY MARCH OF DIMES PERINATAL DATA CENTER, QUANTIFIES RACIAL/ETHNIC DISPARITIES, AND PROVIDES A RELIABLE MEASURE TO TRACK PROGRESS IN REDUCING DISPARITIES IN PRETERM BIRTH OVER TIME FOR THE FIRST TIME, 2015 STATE REPORT CARDS ALSO INCLUDED GRADES FOR UP TO SIX OF THE LARGEST CITIES OR COUNTIES IN EACH STATE IN ADDITION, MARCH OF DIMES ISSUED GRADES FOR THE 100 U.S. CITIES WITH THE GREATEST NUMBERS OF LIVE BIRTHS IN 2017, THE FOCUS ON GEOGRAPHIC AND RACIAL/ETHNIC DISPARITIES CONTINUED WORLD PREMATURE BIRTH DAY CONTINUES TO TAKE PLACE AROUND THE WORLD, RAISING AWARENESS ABOUT THE SERIOUS PROBLEM OF PREMATURE BIRTH BEGUN AS PREMATURE BIRTH AWARENESS DAY IN THE UNITED STATES, NOVEMBER 17TH IS NOW MARKED BY ACTIVITIES IN MORE THAN 100 COUNTRIES WITH PARENT GROUPS RECRUITED TO LEAD THE EFFORTS IN MANY OF THESE COUNTRIES</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PREMATURITY COLLABORATIVE	<p>THE NATIONAL PREMATURITY COLLABORATIVE WAS CONVENED IN 2017 TO DRIVE IMPROVEMENTS IN EQUITY AND PRETERM BIRTH BY LEVERAGING PARTNERSHIPS ACROSS SECTORS USING A COLLECTIVE IMPACT APPROACH, THE COLLABORATIVE WORKS TO A) ADVANCE THE IMPLEMENTATION OF POLICIES, STRATEGIES AND SERVICES TO IMPROVE EQUITY AND REDUCE PRETERM BIRTH, B) ADVANCE THE COLLABORATIVE EFFORTS AND PROJECTS OF MULTIDISCIPLINARY, NATIONAL ORGANIZATIONS COLLECTIVE ACTION, AND C) IMPROVE THE CAPACITY OF PROVIDER GROUPS, COMMUNITY BASED ORGANIZATIONS, AND PUBLIC HEALTH LEADERS TO ADDRESS EQUITY AND PRETERM BIRTH THE PREMATURITY COLLABORATIVE SERVES AS THE NATIONAL PLATFORM TO FACILITATE ALIGNMENT AND TO LEVERAGE THE EFFORTS ACROSS ORGANIZATIONS THE COLLABORATIVE ENGAGES SIX WORKGROUPS FOCUSED ON ACTIVITIES WITHIN CLINICAL PUBLIC HEALTH PRACTICE, HEALTH EQUITY, RESEARCH, POLICY, FUNDING AND RESOURCES AND COMMUNICATIONS THE COLLABORATIVE HAS GROWN QUICKLY TO OVER 500 INDIVIDUALS AND OVER 300 ORGANIZATIONS THE COLLABORATIVE HAS DEMONSTRATED SUCCESS IN CONVENING DIVERSE PARTNERS ACROSS SECTORS TO PRODUCE RESOURCES SUCH AS THE GUIDING PRINCIPLES TO ACHIEVING EQUITY IN PRETERM BIRTH AND IN ENGAGING MEMBERS IN DEEP DIALOGUE AT VIRTUAL MEETINGS AND IN-PERSON AT THE 2018 PREMATURITY PREVENTION SUMMIT BUILDING A BIRTH EQUITY MOVEMENT THE COLLABORATIVE ENGAGES NATIONAL LEADERS AND COMMUNITY ADVOCATES THROUGH QUARTERLY FULL COLLABORATIVE VIRTUAL MEETINGS, BIMONTHLY WORK GROUP MEETINGS AND QUARTERLY STEERING COMMITTEE MEETINGS THE VIRTUAL MEETINGS PROVIDE THE OPPORTUNITY FOR THOUGHT LEADERS TO CONVERGE AND DISCUSS PARTNERSHIPS, COLLABORATIONS AND SOLUTIONS TO IMPROVE EQUITY AND PRETERM BIRTH THE VIRTUAL MEETINGS ALSO PROVIDE THE OPPORTUNITY TO SHARE EVIDENCE BASED PRACTICE, BEST PRACTICES AND TO ADVANCE PRINCIPLES OF EQUITY ACROSS THE WORK GROUPS AND ENTIRE COLLABORATIVE THE PREMATURITY COLLABORATIVE IS DESIGNED TO ACCELERATE DEMONSTRATED IMPROVEMENTS IN PREMATURITY PREVENTION AND HEALTH EQUITY FOR ADDITIONAL INFORMATION ON MARCH OF DIMES PREMATURITY CAMPAIGN COLLABORATIVE, PLEASE VISIT THE FOLLOWING MARCHOFDIMES.ORG/COLLABORATIVE PRECONCEPTION, PREGNANCY AND PREMATURITY TO HEALTH ADVOCACY, BABY CARE AND LOSS WE ALSO DELIVER EDUCATION THROUGH BLOGS AND SOCIAL MEDIA PLATFORMS IN 2018, THE NEW MOMS NEED BLOG HAD ABOUT 175,000 TOTAL VIEWS AND THE NACERSANO BLOG HAD ABOUT 271,000 THROUGH OUR HEALTH-FOCUSED TWITTER ACCOUNTS (@MODHEALTHTALK and @NACERSANO), WE HAD 33 LIVE TWITTER CHATS WITH 519M IMPRESSIONS AND 46M TOTAL ACCOUNT REACHED CHAT TOPICS COVERED INCLUDED BIRTH DEFECTS, DIABETES, FLU, LATINO HEALTH, MATERNAL JUSTICE AND MATERNAL SAFETY, PRECONCEPTION HEALTH, PREMATURITY AWARENESS AND ZIKA THE MARCH OF DIMES HAS PROVIDED EDUCATION SOLUTIONS TO HEALTHCARE PROVIDERS FOR MORE THAN 25 YEARS NOW WE CURRENTLY HAVE RELATIONSHIPS WITH APPROXIMATELY 2,500 CUSTOMERS WHO PLAY A CRITICAL ROLE IN OUR MISSION AND LOOK TO US AS THE TRUSTED SOURCE TO PROVIDE THE MOST ACCURATE AND UP-TO-DATE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>PREMATURITY COLLABORATIVE</p>	<p>information related to preconception, pregnancy, postpartum and baby-care information that they can share with their patients In 2018, almost 1.2 million pieces of education content were purchased for distribution to the women and families that they serve PROFESSIONAL EDUCATION MarchofDimes.org/nursing The March of Dimes has a long, rich history of working with nurses From the 1950s when more than 40,000 nurses participated in the Salk polio vaccine trials through today, the Foundation has always recognized that partnering with nurses is essential to achieve our mission For this reason, the March of Dimes developed an educational program devoted to supporting the work of nurses Components of the program include a series of continuing nursing education (CNE) activities in print and online, scholarships and research awards March of Dimes nursing initiatives are guided by the expertise of its Nurse Advisory Council (NAC), a group of nationally recognized, preeminent perinatal nursing leaders The NAC advises the Foundation on critical nursing issues and provides counsel and direction on education initiatives The March of Dimes also partners with professional nursing organizations, including the American College of Nurse-Midwives, the Association of Women's Health, Obstetric & Neonatal Nurses, and the National Association of Neonatal Nurses In 2018, 22,504 unique users visited marchofdimes.org/nursing We provided continuing education credits to 3,394 nurses PERISTATS AND THE PERINATAL DATA CENTER LAUNCHED MORE THAN 15 YEARS AGO, PERISTATS IS A SOURCE FOR MATERNAL AND INFANT HEALTH STATISTICS DEVELOPED BY MARCH OF DIMES PERINATAL DATA CENTER PERISTATS PROVIDES FREE ACCESS TO MATERNAL AND INFANT HEALTH-RELATED DATA AT THE U.S., STATE, COUNTY AND CITY LEVEL AND WAS DEVELOPED TO ENSURE THAT THE PUBLIC, INCLUDING HEALTH PROFESSIONALS, RESEARCHERS, MEDICAL LIBRARIANS, POLICY MAKERS, STUDENTS, AND THE MEDIA HAVE EASY ACCESS TO THIS INFORMATION DATA IS UPDATED THROUGHOUT THE YEAR, AND IS USED FOR MULTIPLE TASKS, INCLUDING DATA FINDING, HEALTH ASSESSMENTS, GRANT WRITING, POLICY DEVELOPMENT, LECTURES AND PRESENTATIONS PERISTATS PROVIDES ACCESS TO CURRENT MATERNAL AND INFANT HEALTH STATISTICS ON TOPICS SUCH AS PRETERM BIRTH, INFANT MORTALITY, TOBACCO USE, CESAREAN SECTION RATES, AND BIRTH DEFECTS DETAILED INFORMATION BY RACE, ETHNICITY, AND MATERNAL AGE FOR MANY INDICATORS IS ALSO AVAILABLE TO COMMUNICATE THIS INFORMATION, DATA ARE PRESENTED ALONG WITH WRITTEN STATEMENTS FOR EASY INTERPRETATION AND TAKE-AWAY MESSAGES PERISTATS PRODUCES PRINTER-READY GRAPHS, MAPS, AND TABLES THAT CAN ALSO BE DOWNLOADED INTO REPORTS AND PRESENTATIONS THE SITE ALSO PROVIDES COMPARISONS BETWEEN STATES, COUNTIES, CITIES AND TO THE UNITED STATES OVER 100,000 GRAPHS, MAPS, AND TABLES ARE AVAILABLE ON PERISTATS PERISTATS USES DATA COMPILED FROM NUMEROUS GOVERNMENT AGENCIES AND ORGANIZATIONS, INCLUDING CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), NATIONAL CENTER</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PREMATURITY COLLABORATIVE	R FOR HEALTH STATISTICS (NCHS), AND THE U S CENSUS BUREAU AMONG MANY OTHERS MARCH OF DIMES IS GRATEFUL TO THESE ORGANIZATIONS, FOR WITHOUT THEIR DEDICATION AND COOPERATION, IT WO ULD BE IMPOSSIBLE TO PROVIDE A RICH SET OF PERINATAL HEALTH INDICATORS ON A COMMON PLATFOR M PERISTATS INCLUDES DATA FROM THE NATIONAL BIRTH DEFECTS PREVENTION NETWORK (NBDPN) THE NBDPN, IN COLLABORATION WITH THE CDC, COLLECTS AND REPORTS DATA ON MAJOR BIRTH DEFECTS FR OM STATE BIRTH DEFECTS SURVEILLANCE SYSTEMS BIRTH DEFECTS DATA FROM THE NBDPN FOR 2011-20 15 FROM 40 STATES AND 50 CONDITIONS ARE AVAILABLE ON PERISTATS WITH UPDATES EXPECTED ANNUA LLY CONDITION PREVALENCE RATES ARE PROVIDED BY MATERNAL RACE/ETHNICITY AND SELECT CHROMOS OMAL DEFECTS ARE ALSO PROVIDED BY MATERNAL AGE, A KNOWN RISK FACTOR FOR THESE DEFECTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>PART III LINE 4C PUBLIC AND PROFESSIONAL EDUCATION</p>	<p>MARCH OF DIMES CREATES AND DISSEMINATES HEALTH CONTENT ON PRECONCEPTION, PREGNANCY AND NEW BORN HEALTH WE SHARE VITAL HEALTH INFORMATION WITH CONSUMERS (WOMEN AND FAMILIES) AND HEALTH PROFESSIONALS THROUGH VARIOUS COMMUNICATION CHANNELS, INCLUDING WEB, PRINT, VIDEOS, SOCIAL MEDIA, TOOLKITS AND CONTINUING EDUCATION ACTIVITIES ALL MARCH OF DIMES EDUCATION CONTENT IS EVIDENCE-BASED AND REFLECTS PEER-REVIEWED MEDICAL AND SCIENTIFIC LITERATURE SOURCES INCLUDE THE CENTERS FOR DISEASE CONTROL AND PREVENTION, THE AMERICAN ACADEMY OF PEDIATRICS AND THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS MARCH OF DIMES is a trusted source of accurate, timely information that helps women be healthy and have healthy pregnancy and healthy babies March of Dimes MAINTAINS MATERNAL/CHILD HEALTH CONTENT for consumers in English and Spanish ON TWO WEBSITES MARCH OF DIMES.ORG AND NACERSANO.ORG IN 2018, HEALTH CONTENT ON MARCHOFDIMES.ORG WAS VIEWED BY 5.9M users, NACERSANO.ORG HAD 4.8M users BOTH SITES INCLUDE AWARD-WINNING content, including ARTICLES, VIDEOS, INFOGRAPHICS AND INTERACTIVE FEATURES IN 2018, MARCH OF DIMES HEALTH EDUCATION SPECIALISTS ANSWERED 4,000 consumer INQUIRIES IN ENGLISH AND SPANISH ON TOPICS RANGING FROM PRECONCEPTION, PREGNANCY AND PREMATURITY TO HEALTH ADVOCACY, BABY CARE AND LOSS WE ALSO DELIVER EDUCATION THROUGH BLOGS AND SOCIAL MEDIA PLATFORMS IN 2018, THE NEWS THE MOMS NEED BLOG HAD about 175,000 TOTAL VIEWS AND THE NACERSANO BLOG HAD about 271,000 THROUGH OUR HEALTH-FOCUSED TWITTER ACCOUNTS (@MODHEALTHTALK and @NACERSANO), WE HAD 33 live Twitter chats with 519M impressions and 46M total account reached Chat TOPICS COVERED INCLUDED BIRTH DEFECTS, diabetes, flu, Latino health, maternal justice and maternal safety, preconception health, prematurity awareness and Zika The March of Dimes has provided education solutions to healthcare providers for more than 25 years now We currently have relationships with approximately 2,500 customers who play a critical role in our mission and look to us as the trusted source to provide the most accurate and up-to-date information related to preconception, pregnancy, post partum and baby-care information that they can share with their patients In 2018, almost 1.2 million pieces of education content were purchased for distribution to the women and families that they serve PROFESSIONAL EDUCATION Marchofdimes.org/nursing The March of Dimes has a long, rich history of working with nurses From the 1950s when more than 40,000 nurses participated in the Salk polio vaccine trials through today, the Foundation has always recognized that partnering with nurses is essential to achieve our mission For this reason, the March of Dimes developed an educational program devoted to supporting the work of nurses Components of the program include a series of continuing nursing education (CNE) activities in print and online, scholarships and research awards March of Dimes nursing initiatives are guided by the e</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>PART III LINE 4C PUBLIC AND PROFESSIONAL EDUCATION</p>	<p>xpertise of its Nurse Advisory Council (NAC), a group of nationally recognized, preeminent perinatal nursing leaders The NAC advises the Foundation on critical nursing issues and provides counsel and direction on education initiatives The March of Dimes also partners with professional nursing organizations, including the American College of Nurse-Midwives, the Association of Women's Health, Obstetric & Neonatal Nurses, and the National Association of Neonatal Nurses In 2018, 22,504 unique users visited marchofdimes org/nursing We provided continuing education credits to 3,394 nurses PERISTATS AND THE PERINATAL DATA CENTER LAUNCHED MORE THAN 15 YEARS AGO, PERISTATS IS A SOURCE FOR MATERNAL AND INFANT HEALTH STATISTICS DEVELOPED BY MARCH OF DIMES PERINATAL DATA CENTER PERISTATS PROVIDES FREE ACCESS TO MATERNAL AND INFANT HEALTH-RELATED DATA AT THE U.S., STATE, COUNTY AND CITY LEVEL AND WAS DEVELOPED TO ENSURE THAT THE PUBLIC, INCLUDING HEALTH PROFESSIONALS, RESEARCHERS, MEDICAL LIBRARIANS, POLICY MAKERS, STUDENTS, AND THE MEDIA HAVE EASY ACCESS TO THIS INFORMATION DATA IS UPDATED THROUGHOUT THE YEAR, AND IS USEFUL FOR MULTIPLE TASKS, INCLUDING FACT FINDING, HEALTH ASSESSMENTS, GRANT WRITING, POLICY DEVELOPMENT, LECTURES AND PRESENTATIONS PERISTATS PROVIDES ACCESS TO CURRENT MATERNAL AND INFANT HEALTH STATISTICS ON TOPICS SUCH AS PRETERM BIRTH, INFANT MORTALITY, TOBACCO USE, CESAREAN SECTION RATES, AND BIRTH DEFECTS DETAILED INFORMATION BY RACE, ETHNICITY, AND MATERNAL AGE FOR MANY INDICATORS IS ALSO AVAILABLE TO COMMUNICATE THIS INFORMATION, DATA ARE PRESENTED ALONG WITH WRITTEN STATEMENTS FOR EASY INTERPRETATION AND TAKE-AWAY MESSAGES PERISTATS PRODUCES PRINTER-READY GRAPHS, MAPS, AND TABLES THAT CAN ALSO BE DOWNLOADED INTO REPORTS AND PRESENTATIONS THE SITE ALSO PROVIDES COMPARISONS BETWEEN STATES, COUNTIES, CITIES AND TO THE UNITED STATES OVER 100,000 GRAPHS, MAPS, AND TABLES ARE AVAILABLE ON PERISTATS PERISTATS USES DATA COMPILED FROM NUMEROUS GOVERNMENT AGENCIES AND ORGANIZATIONS, INCLUDING CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), NATIONAL CENTER FOR HEALTH STATISTICS (NCHS), AND THE U.S. CENSUS BUREAU AMONG MANY OTHERS MARCH OF DIMES IS GRATEFUL TO THESE ORGANIZATIONS, FOR WITHOUT THEIR DEDICATION AND COOPERATION, IT WOULD BE IMPOSSIBLE TO PROVIDE A RICH SET OF PERINATAL HEALTH INDICATORS ON A COMMON PLATFORM PERISTATS INCLUDES DATA FROM THE NATIONAL BIRTH DEFECTS PREVENTION NETWORK (NBDPN) THE NBDPN, IN COLLABORATION WITH THE CDC, COLLECTS AND REPORTS DATA ON MAJOR BIRTH DEFECTS FROM STATE BIRTH DEFECTS SURVEILLANCE SYSTEMS BIRTH DEFECTS DATA FROM THE NBDPN FOR 2011-2015 FROM 40 STATES AND 50 CONDITIONS ARE AVAILABLE ON PERISTATS WITH UPDATES EXPECTED ANNUALLY CONDITION PREVALENCE RATES ARE PROVIDED BY MATERNAL RACE/ETHNICITY AND SELECT CHROMOSOMAL DEFECTS ARE ALSO PROVIDED BY MATERNAL AGE, A KNOWN RISK FACTOR FOR THESE DEFECTS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART VI SECTION A LINE 6-7B	<p>THE MARCH OF DIMES HAS A VOLUNTEER BOARD OF TRUSTEES WHO ARE CONSIDERED MEMBERS BY THE IRS DEFINITION AND HAVE THE AUTHORITY TO ELECT OTHER MEMBERS AS WELL AS MAKE DECISIONS WHICH ARE SUBJECT TO APPROVAL BY OTHER MEMBERS PART VI REVIEW OF 990 BY GOVERNING BODY LINE 11B THE MARCH OF DIMES IRS FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM BASED ON INFORMATION PROVIDED BY THE ORGANIZATION UPON ITS COMPLETION IT IS THEN REVIEWED BY THE PRESIDENT, AND MARCH OF DIMES' AUDIT COMMITTEE OF THE BOARD OF TRUSTEES PRIOR TO FILING WITH THE IRS THE FINAL FORM 990 IS PROVIDED TO ALL MEMBERS OF THE BOARD PRIOR TO ELECTRONICALLY FILING WITH THE IRS PART VI SECTION B CONFLICT OF INTEREST LINE 12C ANNUALLY THE MARCH OF DIMES ASKS THEIR BOARD MEMBERS AND OFFICERS TO REVIEW AND SIGN A CONFLICT OF INTEREST POLICY VOLUNTEER BOARD MEMBERS ARE GIVEN A HARD COPY TO SIGN EMPLOYEES ACCESS MARCH OF DIMES' INTRANET WEBSITE TO REVIEW AND SIGN THE POLICY MARCH OF DIMES' LEGAL COUNSEL DETERMINES WHETHER A CONFLICT EXISTS AND RESOLVES ANY ACTUAL CONFLICTS ANY BOARD MEMBERS WITH A CONFLICT IN A MATTER REQUIRING ACTION BY THE BOARD ARE PROHIBITED FROM PARTICIPATING IN THE BOARD'S DELIBERATIONS OR DECISIONS REGARDING THE MATTER UNDER CONSIDERATION PART VI SECTION B POLICIES LINE 15 A&B DETERMINATION OF EXECUTIVE COMPENSATION AT THE MARCH OF DIMES IS A THREE STAGE PROCESS, DESIGNED TO ENSURE AN INDEPENDENT AND TRANSPARENT APPROACH TO THE REVIEW OF THE MARCH OF DIMES OFFICERS COMPENSATION AND ENSURE THAT THEIR COMPENSATION REFLECTS FAIR MARKET VALUE THE FIRST STAGE OF THE PROCESS IS PERFORMED BY THE EXECUTIVE COMPENSATION COMMITTEE THE EXECUTIVE COMPENSATION COMMITTEE WAS ORGANIZED TO CLARIFY AND SIMPLIFY THE COMPENSATION REVIEW PROCESS FOR THE PRESIDENT, STAFF OFFICERS AND KEY EXECUTIVE MANAGEMENT THE COMMITTEE IS COMPRISED OF 4 INDEPENDENT TRUSTEES WHO MEET ANNUALLY TO REVIEW AND DISCUSS THE SALARY RANGES FOR THE PRESIDENT, STAFF OFFICERS AND KEY EXECUTIVE MANAGEMENT OF THE MARCH OF DIMES, INCLUDING MERIT, VARIABLE PAY AND BENEFITS THE COMMITTEE TYPICALLY RECEIVES A BENCHMARKING REPORT FROM AN OUTSIDE CONSULTANT, WHICH COMPARES THE COMPENSATION DATA TO OTHER SIMILAR CHARITIES THE COMMITTEE THEN MAKES ITS RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE THE SECOND STAGE OF THE PROCESS IS THE PRESENTATION OF THE EXECUTIVE COMPENSATION COMMITTEE'S FINDINGS AND RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE THE EXECUTIVE COMMITTEE CONSIDERS AND DISCUSSES THE RECOMMENDATIONS, AND THEN TAKES A VOTE ON COMPENSATION THE THIRD STAGE IS WHEN THE FULL BOARD OF DIRECTORS IS BRIEFED ON THE EXECUTIVE COMMITTEE'S FINDINGS AND CONCLUSIONS MINUTES ARE TAKEN CONTEMPORANEOUSLY TO RECORD THE DISCUSSION AND CONCLUSIONS REACHED, AND ARE KEPT ON FILE THIS PROCESS IS IN KEEPING WITH THE MARCH OF DIMES BY-LAWS AND THE RESPONSIBILITIES OF THE EXECUTIVE COMMITTEE, AND ALSO IS INTENDED TO COMPORT WITH REGULATIONS ON INTERMEDIATE SANCTIONS PROMULGATED BY THE IRS</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART XI RECONCILIATION OF NET ASSETS	Part XI LINE 9 OTHER CHANGES IN NET ASSETS PENSION/POST RETIREMENT COSTS \$ (7,653,795) PY PLEDGE WRITE-OFF \$ 141,600 ----- TOTAL \$ (7,512,195) THE PENSION/POST RETIREMENT COSTS ARE THE NET RESULT OF INCREASES IN PREVAILING INTEREST RATES AND OTHER CHANGES IN PLAN ASSUMPTIONS THAT ARE USED TO VALUE PENSION LIABILITIES ARE USED TO VALUE PENSION LIABILITIES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER FEES TOTAL FEES 17341972

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

Open to Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization
MARCH OF DIMES INC

Employer identification number

13-1846366

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) ALVERTA SECHRIST PERPETUAL TRUST	INVESTMENT	CA	NA	TRUST			100 000 %	Yes	
(2) MARGARET WEILER PERPETUAL TRUST	INVESTMENT	CA	NA	TRUST			100 000 %	Yes	
(3) ASHBY REMAINDER TRUST	INVESTMENT	CA	NA	TRUST			60 000 %		No
(4) DONALD & FLORENCE COFFIN REMAINDER TRUST	INVESTMNET	GA	NA	TRUST			100 000 %	Yes	

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII **Supplemental Information**

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

Return Reference	Explanation