

Cumulative e-File History 2019

Federal

Tax Return 1961PT	Return Type 990
Taxpayer MARCH OF DIMES INC.	

Submitted Date	2020-09-01 11:24:35
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Acknowledgement Date	2020-09-01 11:56:40
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Status	Accepted
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Submission ID	54681420202455000000
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Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning 01/01, 2019, and ending 12/31, 2019

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879EO for the latest information.**

2019

Name of exempt organization

MARCH OF DIMES INC.

Employer identification number

13-1846366

Name and title of officer

DAVID C. DAMOND, SR. VP & CFO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a**, **2a**, **3a**, **4a**, or **5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b**, **2b**, **3b**, **4b**, or **5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>129607332.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5).	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize GRANT THORNTON LLP to enter my PIN as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ David C. Damond
0410C3E74A76456...

Date ▶ 09/01/2020

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature ▶ Mary O'Yonette

Date ▶ 09/01/2020

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2019)

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the **2019** calendar year, or tax year beginning , **2019**, and ending , **20**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MARCH OF DIMES INC.			D Employer identification number 13-1846366
	Doing Business As			E Telephone number (888) 663-4637
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	
	1550 CRYSTAL DRIVE		STE 1300	
	City or town, state or province, country, and ZIP or foreign postal code ARLINGTON, VA 22202			
F Name and address of principal officer: STACEY D. STEWART, PRES. & CEO SAME AS C ABOVE				G Gross receipts \$ 144,581,267.
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J Website: WWW.MARCHOFDIMES.ORG				H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				H(c) Group exemption number ▶
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 ALL MOMS AND BABIES.	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 19.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 19.
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5 856.
	6 Total number of volunteers (estimate if necessary)	6 1,500,000.
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
b Net unrelated business taxable income from Form 990-T, line 34	7b 0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 138,512,167. Current Year 118,932,932.
	9 Program service revenue (Part VIII, line 2g)	316,855. 152,304.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,137,847. 9,245,569.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,360,732. 1,276,527.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	141,327,601. 129,607,332.
	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)		64,989,587. 64,106,209.
16a Professional fundraising fees (Part IX, column (A), line 11e)		1,799,392. 2,036,258.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 18,277,300.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		53,462,656. 51,874,178.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		133,464,596. 125,705,437.
19 Revenue less expenses. Subtract line 18 from line 12	7,863,005. 3,901,895.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 71,786,948. End of Year 72,557,610.
	21 Total liabilities (Part X, line 26)	84,218,823. 80,447,484.
	22 Net assets or fund balances. Subtract line 21 from line 20.	-12,431,875. -7,889,874.

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	Date			
	DAVID C. DAMOND SR. VP & CFO	09/01/2020			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MARY TORRETTA	<i>Mary Torretta</i>	09/01/2020		P00847851
	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-605558	Phone no. 703-847-7500		

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2019)

Form **8868**

(Rev. January 2020)

Department of the Treasury
Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. MARCH OF DIMES, INC.	Taxpayer identification number (TIN) 13-1846366
	Number, street, and room or suite no. If a P.O. box, see instructions. 1550 CRYSTAL DRIVE STE 1300	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ARLINGTON, VA 22202	

Enter the Return Code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

DAVID C. DAMOND

• The books are in the care of ▶ 1550 CRYSTAL DRIVE STE 1300 ARLINGTON VA 22202

Telephone No. ▶ 571 257-2324 Fax No. ▶

• If the organization does not have an office or place of business in the United States, check this box ▶

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ▶ . If it is for part of the group, check this box ▶ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until 11/16, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 2019 or
▶ tax year beginning _____, 20____, and ending _____, 20____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2020)

Cumulative e-File History 2019	
FED	
Locator:	1961PT
Taxpayer Name:	MARCH OF DIMES INC.
Return Type:	990, 990 & 990T (Corp)
Submitted Date:	05/08/2020 13:21:57
Acknowledgement Date:	05/08/2020 13:56:46
Status:	Accepted
Submission ID:	54681420201295000002

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

ATTACHMENT 1

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 \$ 60,192,142. including grants of \$ 481,012.) (Revenue \$ 26,351.)

COMMUNITY SERVICES - SEE SCHEDULE O

4b (Code:) (Expenses \$ 21,224,095. including grants of \$ 7,202,780.) (Revenue \$ 390,429.)

RESEARCH & MEDICAL SUPPORT - SEE SCHEDULE O.

4c (Code:) (Expenses \$ 13,410,185. including grants of \$ 5,000.) (Revenue \$ 163,591.)

PUBLIC & PROFESSIONAL EDUCATION - SEE SCHEDULE O.

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 94,826,422.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V.</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		X
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?.		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Question text, Yes, No. Rows 22-38 covering various organizational requirements.

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 [X]

Table with 3 columns: Question number, Question text, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable trusts.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (19), 1b (19), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 2
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on 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

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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			
(1) STACEY D. STEWART PRESIDENT & CEO	40.00 0.			X			527,285.	0.	35,648.	
(2) KELLE H. MOLEY SVP CHIEF SCIENTIFIC OFF.	40.00 0.				X		399,581.	0.	19,772.	
(3) RAHUL GUPTAL SVP, CHIEF MEDICAL OFFICER	40.00 0.				X		399,630.	0.	5,560.	
(4) DAVID C. DAMOND SVP CFO/ASST TREAS.	40.00 0.			X			298,742.	0.	37,496.	
(5) FREDERICK A. BROGDON SVP, COO, & BOARD OFFICER	40.00 0.			X			297,942.	0.	38,071.	
(6) DAVID J. HAMPTON II SVP & CHIEF DEV OFFICER	40.00 0.				X		295,170.	0.	15,585.	
(7) ADRIAN P. MOLLO SVP GC/ASST. SEC. (BEG. 3/19)	40.00 0.			X			275,596.	0.	32,330.	
(8) LISA F. WADDELL, M.D. SVP MCH IMP & DEP MED OFFICER	40.00 0.				X		265,232.	0.	32,662.	
(9) NICHOLAS M. DIFRANZA SVP & CHIEF TECH OFFICER	40.00 0.					X	256,326.	0.	29,100.	
(10) DEIRDRE MALONEY VP, HUMAN RESOURCES	40.00 0.					X	232,789.	0.	33,017.	
(11) CYNTHIA H RAHMAN SVP CHIEF MO (BEG 1/19)	40.00 0.				X		249,770.	0.	14,115.	
(12) DARLENE R. SLAUGHTER VP & CHIEF PO (BEG 2/19)	40.00 0.					X	224,570.	0.	29,210.	
(13) KELLY ERNST SVP MARKET IMPACT	40.00 0.				X		216,052.	0.	29,405.	
(14) FLORENDA H. NEWTON VP, CORPORATE ENGAGEMENT	40.00 0.					X	208,986.	0.	28,707.	

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			
(15) ALISON A. SPERA VP, MARKET IMPACT	40.00 0.					X	189,733.	0.	25,140.	
(16) JUDY L. ASCHNER, MD TRUSTEE	1.00 0.	X					0.	0.	0.	
(17) REGINA BENJAMIN, MD TRUSTEE (LEFT 6/19)	1.00 0.	X					0.	0.	0.	
(18) GRETCHEN CARLSON TRUSTEE	1.00 0.	X					0.	0.	0.	
(19) JAMES COLBERT TRUSTEE (LEFT 4/19)	1.00 0.	X					0.	0.	0.	
(20) F. SESSIONS COLE, III, MD VICE CHAIR	3.00 0.	X		X			0.	0.	0.	
(21) LAVERNE COUNCIL TRUSTEE (BEG. 9/19)	1.00 0.	X					0.	0.	0.	
(22) GARY DIXON CHAIR (LEFT 6/19)	5.00 0.	X		X			0.	0.	0.	
(23) WILLIAM A. FITZGERALD TREASURER	3.00 0.	X		X			0.	0.	0.	
(24) ALFREDO GANGOTENA TRUSTEE (LEFT 6/19)	1.00 0.	X					0.	0.	0.	
(25) DOUGLAS D. HAWTHORNE TRUSTEE	1.00 0.	X					0.	0.	0.	
1b Sub-total							4,337,404.	0.	405,818.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							4,337,404.	0.	405,818.	

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 ► 100

	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>		X
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>	X	
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>		X

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
ATTACHMENT 3		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 30

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			
(26) SHARON MILLS HIGGINS TRUSTEE (BEG. 6/19)	1.00 0.	X						0.	0.	0.
(27) HARRY E. JOHNSON, ESQ. SECRETARY	3.00 0.	X		X				0.	0.	0.
(28) DAVID L. LAKEY, MD TRUSTEE	1.00 0.	X						0.	0.	0.
(29) TONYA LEWIS LEE TRUSTEE (BEG. 12/19)	1.00 0.	X						0.	0.	0.
(30) CHARLES J. LOCKWOOD, MD, MHCM TRUSTEE	1.00 0.	X						0.	0.	0.
(31) MONICA LUECHTEFELD TREASURER/CHAIR AS OF 6/19	5.00 0.	X		X				0.	0.	0.
(32) DANA W. POINTS TRUSTEE	1.00 0.	X						0.	0.	0.
(33) JUAN SALGADO-MORALES, FACOG, MD TRUSTEE	1.00 0.	X						0.	0.	0.
(34) SUE SCHICK VICE CHAIR	3.00 0.	X		X				0.	0.	0.
(35) MUHAMMAD SHAHZAD TRUSTEE (BEG. 9/19)	1.00 0.	X						0.	0.	0.
(36) LORNA STREET TRUSTEE (BEG. 9/19)	1.00 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **▶** 100

	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>		X
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>	X	
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>		X

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

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

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes entries for FRANK WALL and DONALD K. WARNE, MD, MPH.

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 100

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

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.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation.

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

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	296,305.								
	b	Membership dues	1b									
	c	Fundraising events	1c	63,560,033.								
	d	Related organizations	1d									
	e	Government grants (contributions) . .	1e	1,690,815.								
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	53,385,779.								
	g	Noncash contributions included in lines 1a-1f.	1g	\$ 379,773.								
	h	Total. Add lines 1a-1f ▶			118,932,932.							
	Program Service Revenue				Business Code							
2a		SYMPOSIUM CONFERENCE		611430	76,596.	76,596.						
b		PROGRAM SPONSORSHIP		900099	75,708.	75,708.						
c												
d												
e												
f		All other program service revenue										
g		Total. Add lines 2a-2f ▶			152,304.							
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ▶			836,273.		836,273.					
	4	Income from investment of tax-exempt bond proceeds . ▶			0.							
	5	Royalties ▶			407,447.		407,447.					
	6a	Gross rents	6a	(i) Real	(ii) Personal							
	b	Less: rental expenses	6b									
	c	Rental income or (loss)	6c									
	d	Net rental income or (loss) ▶				0.						
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other							
						12,291,667.						
	b	Less: cost or other basis and sales expenses	7b			3,882,371.						
c	Gain or (loss)	7c			8,409,296.							
d	Net gain or (loss) ▶				8,409,296.							
8a	Gross income from fundraising events (not including \$ 63,560,033. of contributions reported on line 1c). See Part IV, line 18	8a			10,928,230.							
			b	Less: direct expenses	8b			10,928,230.				
			c	Net income or (loss) from fundraising events. ▶				0.				
			9a	Gross income from gaming activities. See Part IV, line 19	9a			68,095.				
						b	Less: direct expenses	9b			0.	
						c	Net income or (loss) from gaming activities. ▶				68,095.	
			10a	Gross sales of inventory, less returns and allowances	10a			214,264.				
						b	Less: cost of goods sold	10b			163,334.	
						c	Net income or (loss) from sales of inventory. ▶				50,930.	
			Miscellaneous Revenue				Business Code					
11a	GRANT REFUNDS			900099	377,137.	377,137.						
b	PLEDGE DISCOUNT			900099	239,372.		239,372.					
c	OTHER MISC. REVENUE			900099	133,546.		133,546.					
d	All other revenue											
e	Total. Add lines 11a-11d ▶				750,055.							
12	Total revenue. See instructions ▶				129,607,332.	580,371.	10,094,029.					

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	5,289,328.	5,289,328.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	2,399,464.	2,399,464.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	3,485,644.	2,903,637.	61,652.	520,355.
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	48,934,230.	40,763,551.	865,527.	7,305,152.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	275,984.	138,198.	53,993.	83,793.
9 Other employee benefits	7,590,617.	3,800,983.	1,485,012.	2,304,622.
10 Payroll taxes	3,819,734.	1,912,722.	747,285.	1,159,727.
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	250,327.		250,327.	
c Accounting	519,152.		519,152.	
d Lobbying	412,904.	317,904.	95,000.	
e Professional fundraising services. See Part IV, line 17.	2,036,258.			2,036,258.
f Investment management fees	114,299.		114,299.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) ATCH 4	15,759,723.	12,908,535.	2,707,971.	143,217.
12 Advertising and promotion	0.			
13 Office expenses	14,255,832.	11,109,619.	1,782,554.	1,363,659.
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	6,405,177.	4,072,223.	1,599,880.	733,074.
17 Travel	2,507,488.	2,120,226.	310,244.	77,018.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	874,484.	453,909.	180,672.	239,903.
20 Interest	374.		374.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	775,695.	493,395.	193,924.	88,376.
23 Insurance	645,729.	451,500.	113,357.	80,872.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EQUIPMENT & FURNITURE	3,534,382.	2,271,092.	783,670.	479,620.
b TELECOMMUNICATIONS	997,209.	640,932.	231,839.	124,438.
c OTHER EXPENSES	4,821,403.	2,779,204.	504,983.	1,537,216.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	125,705,437.	94,826,422.	12,601,715.	18,277,300.
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 type="checkbox"/> if following SOP 98-2 (ASC 958-720)	20,255,582.	11,436,255.	3,692,360.	5,126,967.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	8,735,875.	1	4,338,044.
	2 Savings and temporary cash investments	0.	2	0.
	3 Pledges and grants receivable, net	2,371,024.	3	1,615,480.
	4 Accounts receivable, net.	4,595,904.	4	6,757,465.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	740,084.	8	338,350.
	9 Prepaid expenses and deferred charges	974,007.	9	1,778,877.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 19,171,863.		
	b Less: accumulated depreciation	10b 18,537,589.	4,987,131.	10c 634,274.
	11 Investments - publicly traded securities.	39,717,960.	11	46,526,619.
	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	9,664,963.	15	10,568,501.
16 Total assets. Add lines 1 through 15 (must equal line 33)	71,786,948.	16	72,557,610.	
Liabilities	17 Accounts payable and accrued expenses	9,451,619.	17	8,196,660.
	18 Grants payable	11,449,595.	18	4,113,725.
	19 Deferred revenue.	1,115,293.	19	2,349,310.
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	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	62,202,316.	25	65,787,789.
	26 Total liabilities. Add lines 17 through 25.	84,218,823.	26	80,447,484.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	-30,381,972.	27	-27,311,163.
	28 Net assets with donor restrictions.	17,950,097.	28	19,421,289.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund.		30	
	31 Retained earnings, endowment, accumulated income, or other funds.		31	
	32 Total net assets or fund balances	-12,431,875.	32	-7,889,874.
33 Total liabilities and net assets/fund balances.	71,786,948.	33	72,557,610.	

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	129,607,332.
2	Total expenses (must equal Part IX, column (A), line 25)	2	125,705,437.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,901,895.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-12,431,875.
5	Net unrealized gains (losses) on investments	5	2,248,408.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-1,608,302.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	-7,889,874.

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 on 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 on Schedule O and describe any steps taken to undergo such audits . . .

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

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 **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	181,252,284.	163,557,497.	152,799,982.	138,512,167.	118,932,931.	755,054,861.
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.	181,252,284.	163,557,497.	152,799,982.	138,512,167.	118,932,931.	755,054,861.
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						755,054,861.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4.	181,252,284.	163,557,497.	152,799,982.	138,512,167.	118,932,931.	755,054,861.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,908,232.	1,768,749.	1,482,114.	1,577,753.	1,243,720.	7,980,568.
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.) . ATCH. 1	15,369,386.	15,993,164.	12,320,310.	10,537,356.	11,746,380.	65,966,596.
11 Total support. Add lines 7 through 10						829,002,025.
12 Gross receipts from related activities, etc. (see instructions)					12	1,556,696.
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)).	14	91.08 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	98.51 %
16a 33 1/3% support test - 2019. 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. ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2018. 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 ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test - 2019. 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. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test - 2018. 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 ▶ <input type="checkbox"/>		
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 ▶ <input type="checkbox"/>		

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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)),	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. 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 - 2018. 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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.	Yes	No
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

1 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):			
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 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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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.)

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2015	2016	2017	2018	2019	TOTAL
GAMING ACTIVITIES	261,297.	313,142.	120,178.	16,975.	68,095.	779,687.
FUNDRAISING	14,886,182.	13,879,674.	11,912,816.	9,772,328.	10,928,230.	61,379,230.
PLEDGE DISCOUNT					239,372.	239,372.
GRANT REFUNDS		402,051.	183,608.	503,672.	377,137.	1,466,468.
ALL OTHER REVENUE	221,907.	1,398,297.	103,708.	244,381.	133,546.	2,101,839.
TOTALS	<u>15,369,386.</u>	<u>15,993,164.</u>	<u>12,320,310.</u>	<u>10,537,356.</u>	<u>11,746,380.</u>	<u>65,966,596.</u>

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2019

Department of the Treasury
Internal Revenue Service

▶ **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.**

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 organization MARCH OF DIMES INC.	Employer identification number 13-1846366
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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)				

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

Schedule C (Form 990 or 990-EZ) 2019

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 (grassroots 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%;"> <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) 2016	(b) 2017	(c) 2018	(d) 2019	(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)).

Table with columns (a) Yes/No and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation... a Volunteers? b Paid staff or management... c Media advertisements? d Mailings to members... e Publications... f Grants to other organizations... g Direct contact with legislators... h Rallies, demonstrations... i Other activities? j Total... 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? 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?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with columns Yes/No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

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."

Table with columns 1-5. Rows include: 1 Dues, assessments and similar amounts from members 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 b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. 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? 5 Taxable amount of lobbying and political expenditures (see instructions)

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.

SEE PAGE 4

Part IV Supplemental Information (continued)

LOBBYING ACTIVITIES

SCHEDULE C, PART II-B

AT THE FEDERAL LEVEL AND IN EACH STATE, THE DISTRICT OF COLUMBIA AND PUERTO RICO, MARCH OF DIMES STAFF AND VOLUNTEERS WORK TO INFLUENCE BOTH LEGISLATIVE AND REGULATORY ACTIVITIES, SERVING AS POWERFUL VOICES FOR THE NEEDS OF PREGNANT WOMEN, INFANTS, CHILDREN AND FAMILIES. OUR EFFORTS SPAN THE FULL RANGE OF OUR ANNUAL ADVOCACY AND GOVERNMENT AFFAIRS PRIORITIES, INCLUDING: ACCESS TO QUALITY AND AFFORDABLE HEALTH CARE FOR ALL WOMEN, CHILDREN AND FAMILIES; RESEARCH AND SURVEILLANCE IMPACTING THE HEALTH OF MOMS AND INFANTS; PREVENTION AND EDUCATION; AND ISSUES IMPORTANT TO TAX-EXEMPT ORGANIZATIONS. IN EACH OF THESE AREAS, WE BUILD AND MAINTAIN STRONG BIPARTISAN RELATIONSHIPS WITH MEMBERS OF CONGRESS, ADMINISTRATION OFFICIALS, AND STATE GOVERNMENT OFFICIALS. OUR POLICY PRIORITIES ARE GUIDED BY THE NATIONAL BOARD OF TRUSTEES AND APPROVED ANNUALLY. MARCH OF DIMES PARTICIPATES IN HEALTH-RELATED COALITIONS WITH PARTNERS EMBRACING SIMILAR PRIORITIES, AND UTILIZE CONTRACTUAL CONSULTANTS IN KEY STATES TO ASSIST IN MOVING KEY POLICIES FORWARD. WE PROVIDE PUBLIC POLICY RESEARCH THAT'S EVIDENCE BASED TO DEVELOP POLICY POSITION STATEMENTS, FACTSHEETS, ISSUE BRIEFS AND TESTIMONY WHEN SUPPORTING OR OPPOSING SPECIFIC LEGISLATION. WE MAINTAIN A DIGITAL ADVOCACY ACTION CENTER FOR GRASSROOTS EFFORTS THAT ALLOWS VOLUNTEERS TO ENGAGE WITH ELECTED OFFICIALS AT THE FEDERAL AND STATE LEVEL ON KEY MARCH OF DIMES ISSUES.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

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.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose(s) of conservation easements, total number of easements, acreage, and number of easements on historic structures, and several Yes/No questions regarding monitoring and reporting.

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.

Table with 3 columns: Line number, Description, and Amount. Includes rows for reporting art and historical treasures, and revenue and assets related to these items.

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

Schedule D (Form 990) 2019

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 make 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 program
 - 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 | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 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 on 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	1,222,910.	4,604,170.	4,249,671.	4,082,606.	4,377,788.
b Contributions	3,000.				
c Net investment earnings, gains, and losses	295,825.	-310,565.	595,947.	390,778.	-87,587.
d Grants or scholarships					
e Other expenditures for facilities and programs	75,937.	214,680.	241,448.	223,713.	207,595.
f Administrative expenses					
g End of year balance	1,445,798.	4,078,925.	4,604,170.	4,249,671.	4,082,606.

- 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 75.1900 %
 - c** Term endowment 24.8100 %
- 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 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |

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				
b Buildings				
c Leasehold improvements				
d Equipment		19,171,863.	18,537,589.	634,274.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				634,274.

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	10,568,501.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED PENSION & POSTRET. BENEFIT	65,787,789.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part XIII Supplemental Information (continued)

INTENDED USE OF ENDOWMENT

SCHEDULE D, PART V, LINE 4

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. MARCH OF DIMES FOLLOWS THE NEW YORK PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT (NYPMIFA).

LIABILITY FOR UNCERTAIN TAX POSITIONS

SCHEDULE D, PART X, LINE 2

THE ORGANIZATION FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATED TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN ONLY BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED.

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(3), THOUGH IT IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. THE ORGANIZATION HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE

Part XIII Supplemental Information (continued)

CONSIDERED TAX POSITIONS. THE ORGANIZATION HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS WITH RETURN
SCHEDULE D, PART XI, LINE 2D

NET CHANGE FV ASSETS HELD IN TRUST	\$ 1,263,065
PENSION & POST RETIREMENT COSTS	\$ (2,871,367)

TOTAL	\$ (1,608,302)

SCHEDULE D, PART XI, LINE 4B

COST OF GOODS SOLD	\$ (163,334)
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RECONCILIATION OF EXPENSES PER AUDITED FINANCIAL STATEMENTS WITH RETURN
SCHEDULE D, PART XII, LINE 4B

COST OF GOODS SOLD	\$ (163,334)
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**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" on 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.

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" on Form 990, Part IV, line 14b.

- 1 **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**
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 **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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
(1) NORTH AMERICA	0.	0.	GRANTMAKING	RESEARCH & MEDICAL	160,000.
(2) EUROPE	0.	0.	GRANTMAKING	RESEARCH & MEDICAL	2,044,464.
(3) EAST ASIA AND THE PACIFIC	0.	0.	GRANTMAKING	RESEARCH & MEDICAL	77,000.
(4) MIDDLE EAST AND NORTH AFRICA	0.	0.	GRANTMAKING	RESEARCH & MEDICAL	41,000.
(5) SUB-SAHARAN AFRICA	0.	0.	GRANTMAKING	RESEARCH & MEDICAL	24,000.
(6) SOUTH ASIA	0.	0.	GRANTMAKING	RESEARCH & MEDICAL	53,000.
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					2,399,464.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					2,399,464.

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

Schedule F (Form 990) 2019

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MIDDLE EAST/NORTH AFRICA	RESEARCH & MEDICAL	36,000.	WIRE			
(2)			EUROPE/ICELAND/GREENLAND	RESEARCH & MEDICAL	15,000.	WIRE			
(3)			EUROPE/ICELAND/GREENLAND	RESEARCH & MEDICAL	2,000,000.	WIRE			
(4)			SUB-SAHARAN AFRICA	RESEARCH & MEDICAL	24,000.	WIRE			
(5)			EUROPE/ICELAND/GREENLAND	RESEARCH & MEDICAL	11,464.	WIRE			
(6)			EAST ASIA/PACIFIC	RESEARCH & MEDICAL	36,000.	WIRE			
(7)			SOUTH ASIA	RESEARCH & MEDICAL	50,000.	WIRE			
(8)			NORTH AMERICA	RESEARCH & MEDICAL	150,000.	WIRE			
(9)			EAST ASIA/PACIFIC	RESEARCH & MEDICAL	36,000.	WIRE			
(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 **9.**

3 Enter total number of other organizations or entities **9.**

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on 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 noncash assistance	(g) Description of noncash 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).

GRANT MAKING AND GRANT MONITORING PROCEDURES

SCHEDULE F, PART I, LINE 2

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 THE WEBSITE FOR FURTHER INFORMATION:
[HTTPS://WWW.MARCHOFDIMES.ORG/RESEARCH/RESEARCH-GRANTS.ASPX#](https://www.marchofdimes.org/research/research-grants.aspx#)

ACCOUNTING METHOD USED

SCHEDULE F, PART I, LINE 3, COLUMN (F)

GRANT MAKING IS REPORTED ON THE ACCRUAL METHOD.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2019

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

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 10 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 ATTACHMENT 1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				1,930,592.	2,036,258.	1,111,258.

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, AR, CA, CO, CT, DC, FL, GA, HI, IL,
KS, KY, ME, MD, MA, MI, MN, MS, NV, NH, NJ, NM, NY, NC, ND, OH,
OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI,

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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		MARCH/WALK	SPECIAL EVENTS	(total number)	(add col. (a) through col. (c))
		(event type)	(event type)		
Revenue	1 Gross receipts	42,534,847.	31,953,416.		74,488,263.
	2 Less: Contributions	40,497,621.	23,062,412.		63,560,033.
	3 Gross income (line 1 minus line 2)	2,037,226.	8,891,004.		10,928,230.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	927,023.	4,732,691.		5,659,714.
	7 Food and beverages	69,680.	1,294,010.		1,363,690.
	8 Entertainment	165,693.	463,945.		629,638.
	9 Other direct expenses	874,830.	2,400,358.		3,275,188.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				10,928,230.
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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			
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 50.0000% <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) ▶					68,095.

9 Enter the state(s) in which the organization conducts gaming activities: KY, MI, NJ, NM, OH, PA, RI, TX,
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	100.0000 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ DAVID C. DAMOND

Address ▶ 1550 CRYSTAL DRIVE, 1300 ARLINGTON, VA 22202

- 15 a 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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation 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).

FUNDRAISING ACTIVITIES

SCHEDULE G, PART I, LINE 2B

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.

- 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	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a 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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation 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).

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

- 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	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a 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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation 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).

MATERIALS.

4. M&R STRATEGIC SERVICES, INC - REPLACED BLUE STATE DIGITAL, AGREEMENT

PERIOD: 06/01/2019-05/31/2021. THE RETAINER THE ORGANIZATION PAYS

INCLUDES THE OUTSOURCING OF OUR EMAIL MARKETING PROGRAM AMONG OTHER

SERVICES.

- 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	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15 a 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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanation 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).

5. EDGE DIRECT, LLC (DOING BUSINESS AS BARTON COTTON) - REPLACED THOMPSON

HABIB & DENISON, AGREEMENT PERIOD: 07/01/2019-12/31/2022. PAID A

CONSULTING FEE AS WELL AS A PASS THROUGH ON THE EXPENSES OF POSTAGE,

ENVELOPES, AND OTHER MAILING MATERIALS.

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
		YES	NO			
INFOCISION MGMT CORP 325 SPRINGSIDE DRIVE AKRON OH 44333	TELEMKT.		X	623,650.	360,131.	263,519.
THOMPSON HABIB & DENISON 80 HAYDEN AVENUE, SUITE 300 LEXINGTON WA 02421	FUNDRAISING CONSULTANT		X		591,922.	
BLUE STATE DIGITAL INC 101 AVENUE OF THE AMERICAS 12TH FL NEW YORK NY 10013	FUNDRAISING CONSULTANT		X	679,090.	208,174.	470,916.
M&R STRATEGIC SERVICES, I 1101 CONNECTICUT AVE., NW, SUITE 700 WASHINGTON DC 20036	FUNDRAISING CONSULTANT		X	627,852.	251,029.	376,823.
EDGE DIRECT, LLC 3030 WATERVIEW AVENUE BALTIMORE MD 21230	FUNDRAISING CONSULTANT		X		625,002.	

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

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? 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.

1 (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
(1) ALAMANCE COUNTY HEALTH DEPARTMENT 319 N. GR.HOPEDALE DR. BURLINGTON, NC 27217	56-6000271	GOVT	22,856.				COMMUNITY
(2) BAYLOR COLLEGE OF MEDICINE 1 BAYLOR PLAZA, HOUSTON, TX 77030-3411	74-1613878	501(C)(3)	10,000.				COMMUNITY
(3) BAYSTATE HEALTH 759 CHESTNUT SPRINGFIELD, MA 01199	04-2790311	501(C)(3)	10,500.				COMMUNITY
(4) BLACK WOMEN FOR WELLNESS PO BOX 292516 LOS ANGELES, CA 90029	95-4624707	501(C)(3)	15,000.				COMMUNITY
(5) BOARD OF REGENTS UNIV. OF WI. SYSTEM 400 A W PETER.S MADISON, WI 53706	39-6006492	501(C)(3)	28,375.				COMMUNITY
(6) BOT OF THE LELAND STANFORD JUNIOR UNIV. 365 LASUEN ST. STANFORD, CA 94305	94-1156365	501(C)(3)	27,000.				COMMUNITY
(7) CENTER FOR WOMEN'S HEALTH RESEARCH 1500 6TH AVE. BIRMINGHAM, AL 35233	63-6005396		20,000.				COMMUNITY
(8) CHEROKEE HEALTH SYSTEMS 2018 WESTERN AVE KNOXVILLE, TN 37921	62-0637925	501(C)(3)	10,000.				COMMUNITY
(9) CHILDREN'S BUREAU, INC. 1575 DR. MLK JR. ST. INDIANAPOLIS, IN 46202	35-1061264	501(C)(3)	15,000.				COMMUNITY
(10) CHILDREN'S HOSPITAL CINCINNATI 240 ALBERT SABIN WAY CINCINNATI, OH 45229	31-0833936	501(C)(3)	1,000,000.				RESEARCH & MEDICAL
(11) CHILDREN'S HOSPITAL OF PHILADELPHIA, THE 2716 S. ST. PHILADELPHIA, PA 19146	23-1352166	501(C)(3)	150,000.				RESEARCH & MEDICAL
(12) CITY OF WEST ALLIS 7525 W GREENFIELD AVE. MILWAUKEE, WI 53214	39-6005651	GOVT	5,715.				COMMUNITY

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

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

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

Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
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Department of the Treasury
Internal Revenue Service

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.

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? 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.

1 (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
(1) COMM. HEALTH COUNCIL OF WYANDOTTE COUNTY 803 ARMSTRONG AVE. STE A KS CITY, KS 66101	01-0674969	501(C)(3)	20,000.				COMMUNITY
(2) COMMUNITY CLINIC OF MAUI 1881 NANI ST. WAILUKU, HI 96793	99-0303304	501(C)(3)	15,300.				COMMUNITY
(3) COMMUNITY OF HOPE 4 ATLANTIC ST SW WASHINGTON, DC 20032	52-1184749	501(C)(3)	5,910.				COMMUNITY
(4) CURATORS OF THE UNIV. OF MISSOURI 115 BL 70 W, MIZZOU N., COL, MO 65211	43-6003859	GOVT	208,831.				RESEARCH & MEDICAL
(5) DIVERSITY UPLIFTS, INC. 6371 HAVEN AVE STE. #3 RANCHO.C, CA 91737	83-3215066	501(C)(3)	10,000.				COMMUNITY
(6) DUKE UNIVERSITY 2200 W MAIN ST. STE. 820 DURHAM, NC 27705	56-0532129	501(C)(3)	7,000.				COMMUNITY
(7) EMORY UNIVERSITY P.O. BOX 935084 ATLANTA, GA 31193-5087	58-0566256	501(C)(3)	54,015.				RESEARCH & MEDICAL
(8) EPSILON RHO LAMBDA FOUNDATION PO BOX 1572 FAYETTEVILLE, NC 28302	38-3796195	501(C)(3)	6,000.				COMMUNITY
(9) GEORGE WASHINGTON UNIVERSITY 2300 EYE ST. NW WASHINGTON, DC 20037	53-0196584	501(C)(3)	10,000.				RESEARCH & MEDICAL
(10) HEALTHY START COALITION OF SARASOTA CO 1750 17TH ST, BLDG A SARASOTA, FL 34234	31-1591167	501(C)(3)	8,000.				COMMUNITY
(11) INDIANA UNIVERSITY RESEARCH PO BOX 78000 DETROIT, MI 48278	35-6001673	501(C)(3)	20,000.				COMMUNITY
(12) INSTITUTE FOR WOMEN'S POLICY RESEARCH 1200 18TH ST. NW, STE. 301 WA., DC 20036	52-1549572	501(C)(3)	94,345.				RESEARCH & MEDICAL

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

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

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

Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

MARCH OF DIMES INC.

Employer identification number

13-1846366

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (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
(1) LEGACY COMMUNITY HEALTH SERVICES P.O. BOX 66308 HOUSTON, TX 77266-6308	76-0009637	501(C)(3)	13,500.				COMMUNITY
(2) LIFELONG MEDICAL CARE 44 MTGMY ST. STE. 1230 SFO, CA 94104	94-2502308	501(C)(3)	17,000.				COMMUNITY
(3) LOMA LINDA UNIV. CHILDRENS HOSPITAL 11234 ANDERSON ST. LOMA LINDA, CA 92354	46-3214504	501(C)(3)	9,960.				COMMUNITY
(4) MAMA TO MAMA 1559 BARDSTOWN RD. LOUISVILLE, KY 40205	45-4737823	501(C)(3)	12,500.				COMMUNITY
(5) MARY HITCHCOCK MEMORIAL HOSPITAL 25 LOWELL ST. STE. 304 MANCHESTER, NH 03101	02-0222140	501(C)(3)	20,000.				COMMUNITY
(6) MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MA. AVE. 68-157 CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	150,000.				RESEARCH & MEDICAL
(7) MICHIGAN STATE UNIVERSITY 426 AUDI.RD., RM. 2 E. LANSING, MI 48824	38-6005984	501(C)(3)	150,000.				RESEARCH & MEDICAL
(8) MOUNTAIN AREA HEALTH EDUCATION 121 HENDERSONVILLE RD. ASHEVILLE, NC 28803	56-1071426	501(C)(3)	11,350.				COMMUNITY
(9) NATIONAL ACADEMY OF SCIENCES 500 5TH ST., NW WASHINGTON, DC 20001	53-0196932	501(C)(3)	75,000.				RESEARCH & MEDICAL
(10) PRESIDENT & FELLOWS OF HARVARD COLLEGE P.O. BOX 415649 BOSTON, MA 02241-5649	04-2103580	501(C)(3)	117,708.				RESEARCH & MEDICAL
(11) REDCROW 129 MILLER AVE. STE 822 M. VALY, CA 94941	47-5386140		10,000.				RESEARCH & MEDICAL
(12) REGENTS OF THE UNIV. OF MICHIGAN BOX 223131 PITTSBURGH, PA 15251-2131	38-6006309	501(C)(3)	74,818.				RESEARCH & MEDICAL

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

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

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Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

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? 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.

1 (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
(1) REGIONAL ONE HEALTH 880 MADISON AVE. MEMPHIS, TN 38103	58-1737037	501(C)(3)	22,500.				COMMUNITY
(2) RICHMOND COUNTY BOARD OF HEALTH 1916 N. LEG RD. AUGUSTA, GA 30909-4437	58-6000369	GOVT	6,000.				COMMUNITY
(3) RIVERSIDE PEDIATRICS 435 MARINA DR. GEORGETOWN, SC 29210	47-3718945		12,150.				COMMUNITY
(4) SOCY. FOR REPRODUCTIVE INVESTIGATION FDN. 555 E. WELLS ST. STE. 1100 MKE, WI 53202	95-2293816	501(C)(3)	40,000.				RESEARCH & MEDICAL
(5) ST. VINCENT JOSHUA MAX SIMON P 8414 NAAB RD. STE. 150 IND, IN 46260	35-0869066	501(C)(3)	18,300.				COMMUNITY
(6) STANFORD UNIV. SCHOOL OF MEDICINE PO BOX 44253 SAN FRANCISCO, CA 94144-4253	94-1156365	501(C)(3)	650,000.				RESEARCH & MEDICAL
(7) SWEDISH ADDICTION RECOVERY SERVICE 747 BDWY. SEATTLE, WA 98122	91-0433740	501(C)(3)	12,800.				COMMUNITY
(8) TETON COUNTY HEALTH DEPARTMENT P.O BOX 937 JACKSON, WY 83001	83-6000127	GOVT	8,000.				COMMUNITY
(9) TEXAS TECH UNIV. HEALTH SCIENCE CENTER 3601 4TH ST. LUBBOCK, TX 79424	75-2668014	GOVT	11,000.				COMMUNITY
(10) TRUSTEES UNIV. OF PENNSYLVANIA 3451 WALNUT ST., PHILA., PA 19104-6205	23-1352685	501(C)(3)	1,500,000.				RESEARCH & MEDICAL
(11) UC HEALTH 3200 BURNET AVE. CINCINNATI, OH 45219	31-1435820	501(C)(3)	11,950.				COMMUNITY
(12) UMASS MEMORIAL MEDICAL GROUP 365 PLANTATION ST. WORCESTER, MA 01605	04-2911067	501(C)(3)	10,000.				COMMUNITY

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

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

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

Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

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? 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.

1 (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
(1) UNIV. OF ALABAMA AT BIRMINGHAM (19TH ST) 619 19TH ST. S., JT 130 BHAM, AL 35249-7333	63-6005396	501(C)(3)	20,000.				COMMUNITY
(2) UNIV. OF KENTUCKY RESEARCH FDN. 109 KINKEAD HALL LEXINGTON, KY 40506-0057	61-6033693	501(C)(3)	10,000.				COMMUNITY
(3) UNIVERSITY OF TENNESSEE 320 STDNT SVCS. BLDG. KNOXVILLE, TN 37996	62-6001636	501(C)(3)	10,000.				COMMUNITY
(4) UNIVERSITY OF UTAH 201 S. PREZ. CIR., RM. 406 SLC, UT 84112	87-6000525	501(C)(3)	33,000.				RESEARCH & MEDICAL
(5) VANDERBILT UNIVERSITY MEDICAL CENTER 2215B GARLAND AVE. NASHVILLE, TN 37232	35-2528741	501(C)(3)	11,890.				COMMUNITY
(6) WABASH COUNTY TOBACCO FREE COALITION 41 W. CANAL ST. WABASH, IN 46992	46-1428561	GOVT	6,787.				COMMUNITY
(7) WASHINGTON UNIVERSITY 700 ROSEDALE AVE. ST. LOUIS, MO 63112	43-0653611	501(C)(3)	1,500,000.				RESEARCH & MEDICAL
(8) WOMEN'S HEALTHCARE OFFICE OF OB/GYN 2900 KIRBY PKY. STE 11 MEMPHIS, TN 38119	62-1874702		7,045.				COMMUNITY
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 45.

3 Enter total number of other organizations listed in the line 1 table ▶ 11.

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

Schedule I (Form 990) (2019)

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

GRANT MONITORING PROCEDURES

SCHEDULE I, PART I, LINE 2

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 THE WEBSITE FOR FURTHER INFORMATION:

[HTTPS://WWW.MARCHOFDIMES.ORG/RESEARCH/RESEARCH-GRANTS.ASPX#](https://www.marchofdimes.org/research/research-grants.aspx#)

**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

2019

Open to Public Inspection

Name of the organization

MARCH OF DIMES INC.

Employer identification number

13-1846366

Part I Questions Regarding Compensation

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.

- | | |
|---|--|
| <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 (such as maid, chauffeur, chef) |

b If any of the boxes on 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the 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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input 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 |

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:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - 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.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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:

- a** The organization?
 - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

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.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a	X	
2	X	
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2019

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 aren't 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					
1	STACEY D. STEWART PRESIDENT & CEO	(i)	520,781.	0.	6,504.	7,891.	27,757.	562,933.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
2	KELLE H. MOLEY SVP CHIEF SCIENTIFIC OFF.	(i)	397,775.	0.	1,806.	6,395.	13,377.	419,353.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
3	RAHUL GUPTAL SVP, CHIEF MEDICAL OFFICER	(i)	399,000.	0.	630.	3,646.	1,914.	405,190.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
4	DAVID C. DAMOND SVP CFO/ASST TREAS.	(i)	296,475.	0.	2,267.	5,592.	31,904.	336,238.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
5	FREDERICK A. BROGDON SVP, COO, & BOARD OFFICER	(i)	295,402.	0.	2,540.	2,597.	35,474.	336,013.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
6	DAVID J. HAMPTON II SVP & CHIEF DEV OFFICER	(i)	294,744.	0.	426.	5,553.	10,032.	310,755.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
7	ADRIAN P. MOLLO SVP GC/ASST. SEC. (BEG. 3/19)	(i)	273,790.	0.	1,806.	5,075.	27,255.	307,926.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
8	LISA F. WADDELL, M.D. SVP MCH IMP & DEP MED OFFICER	(i)	263,400.	0.	1,832.	4,908.	27,754.	297,894.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
9	NICHOLAS M. DIFRANZA SVP & CHIEF TECH OFFICER	(i)	255,900.	0.	426.	4,738.	24,362.	285,426.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
10	DEIRDRE MALONEY VP, HUMAN RESOURCES	(i)	232,150.	0.	639.	4,263.	28,754.	265,806.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
11	CYNTHIA H RAHMAN SVP CHIEF MO (BEG 1/19)	(i)	249,418.	0.	352.	4,400.	9,715.	263,885.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
12	DARLENE R. SLAUGHTER VP & CHIEF PO (BEG 2/19)	(i)	210,453.	0.	14,117.	3,815.	25,395.	253,780.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
13	KELLY ERNST SVP MARKET IMPACT	(i)	214,715.	0.	1,337.	3,291.	26,114.	245,457.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
14	FLORENDA H. NEWTON VP, CORPORATE ENGAGEMENT	(i)	206,275.	0.	2,711.	3,885.	24,822.	237,693.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
15	ALISON A. SPERA VP, MARKET IMPACT	(i)	189,333.	0.	400.	0.	25,140.	214,873.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
16		(i)							
		(ii)							

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.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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		379,773.	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**

	Yes	No
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 isn't required to be used for exempt purposes for the entire holding period?		X
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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't 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.

NONCASH CONTRIBUTIONS

SCHEDULE M, PART I

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 2019, THE ORGANIZATION RECEIVED AUCTION ITEMS, WHICH WERE RECORDED AT ZERO VALUE.

USE OF THIRD PARTIES

SCHEDULE M, PART I, LINE 32A

CAR DONATION PROGRAM

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 TITLES, AS WELL AS THE PICKUP 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)**

Department of the Treasury
Internal Revenue Service

Name of the organization

MARCH OF DIMES INC.

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Employer identification number

13-1846366

COMMUNITY SERVICES

FORM 990, PART III, LINE 4A

MARCH OF DIMES STAFF AND VOLUNTEERS PARTNER WITH LOCAL HEALTH AGENCIES, COMMUNITY-BASED ORGANIZATIONS, PROFESSIONAL ASSOCIATIONS, HOSPITALS AND OTHER STAKEHOLDERS TO DETERMINE THE MOST PRESSING MATERNAL AND CHILD HEALTH NEEDS IN A COMMUNITY. STAFF AND VOLUNTEERS WORK TO IMPROVE OUTCOMES FOR MOMS, BABIES AND THEIR FAMILIES THROUGH LEADERSHIP, ADVOCACY, EDUCATION AND COMMUNITY ENGAGEMENT. KEY PRIORITIES INCLUDE PREVENTING MATERNAL MORTALITY, PRETERM BIRTH AND ADDRESSING HEALTH EQUITY AND SOCIAL DETERMINANTS OF HEALTH.

RESEARCH AND MEDICAL SUPPORT

FORM 990, PART III, LINE 4B

MARCH OF DIMES IS INVESTING IN TRANSLATIONAL AND ACTIONABLE SCIENCE THAT TURNS OBSERVATIONS FROM THE LABORATORY, CLINIC AND COMMUNITIES INTO INTERVENTIONS, DRUGS AND DEVICES THAT IMPROVE THE HEALTH OF MOMS AND BABIES. THE RESEARCH PRIORITY AREAS INCLUDE PREGNANCY-RELATED DISORDERS, DEVELOPMENTAL ORIGINS OF INFANT HEALTH, MATERNAL AND NEONATAL MORBIDITY AND MORTALITY, AND HEALTH DISPARITIES IN MATERNAL-CHILD HEALTH.

PUBLIC AND PROFESSIONAL EDUCATION

FORM 990, PART III, LINE 4C

AS PART OF PROVIDING PUBLIC EDUCATION, MARCH OF DIMES RELEASES TWO ANNUAL REPORTS THAT MONITOR THE HEALTH AND SOCIO-ECONOMIC STATUS OF MOMS AND

Name of the organization MARCH OF DIMES INC.	Employer identification number 13-1846366
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BABIES IN EACH STATE. THE MARCH OF DIMES REPORT CARD ASSIGNS LETTER GRADES TO STATES BASED ON THEIR RATE OF PRETERM BIRTHS, HIGHLIGHTS DISPARITIES IN PRETERM BIRTH RATES BY RACE/ETHNICITY, AND PROVIDES INFORMATION ON SOCIAL DETERMINANTS OF HEALTH, COST OF CARE, ACCESS TO CARE AND ACTIONS AVAILABLE TO STATES TO HELP IMPROVE MATERNAL AND INFANT HEALTH. THE SECOND ANNUAL REPORT, THE MARCH OF DIMES MATERNITY CARE DESERT "NO-WHERE TO GO" REPORT, HIGHLIGHTS GEOGRAPHIC DISPARITIES AROUND KEY FACTORS IN ACCESS TO MATERNITY CARE, INCLUDING DISTANCE TO CARE, ACCESS TO HOSPITALS AS WELL AS PROVIDERS, AND HEALTH INSURANCE.

MARCH OF DIMES ALSO OPERATES AND MAINTAINS PERISTATS, A RESOURCE OF NATIONAL MATERNAL AND CHILD HEALTH DATA, INCLUDING CDC NATALITY AND MORTALITY, THE AMERICAN COMMUNITY SURVEY, AND THE PREGNANCY RISK ASSESSMENT MONITORING SYSTEM (PRAMS) AMONG OTHERS. THESE ARE CONSTANTLY UPDATED AND CURATED SO THAT CUSTOM REPORTS CAN BE DOWNLOADED FROM THE WEB. AMONG THE REPORTS MANY USES, STATE GOVERNMENT, ACADEMIC AND ADVOCACY ORGANIZATIONS COME TO PERISTATS FOR DATA TO INFORM DECISIONS AND SEEK SUPPORT FOR POLICIES AND PROGRAMS DESIGNED TO IMPROVE THE HEALTH OF MOMS AND BABIES.

IN ADDITION, WE OFFER A RANGE OF EDUCATIONAL OPPORTUNITIES FOR HEALTH CARE PROFESSIONALS, INCLUDING CONTINUING EDUCATION CREDITS. WE PROVIDE RESOURCES ON OUR WEBSITE, ONLINE NURSING MODULES, LIVE TRAININGS AND MORE. WE EDUCATE OUR CONSUMERS HAVING A HEALTHY PREGNANCY, CHILDBIRTH, PRETERM BIRTH, PREGNANCY COMPLICATIONS AND NUMEROUS MATERNAL AND INFANT

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

BOARD OF TRUSTEES

FORM 990, PART VI, SECTION A, LINE 1A

MARCH OF DIMES' BOARD OF TRUSTEES HAVE DELEGATED AUTHORITY TO THE EXECUTIVE COMMITTEE TO ACT ON BEHALF OF THE GOVERNING BODY DURING 2019.

MEMBERS' POWER TO ELECT

FORM 990, PART VI, LINES 6 AND 7A

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.

REVIEW OF 990 GOVERNING BODY

FORM 990, PART VI, LINE 11B

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 THE REVIEWED BY THE PRESIDENT & CEO, SVP & CHIEF FINANCIAL OFFICER, 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.

CONFLICT OF INTEREST POLICY

FORM 990, PART VI, SECTION B, LINE 12C

ANNUALLY MARCH OF DIMES ASKS THEIR BOARD OF TRUSTEES MEMBERS TO REVIEW AND SIGN A CONFLICT OF INTEREST POLICY. EMPLOYEES AGREE AND ARE OBLIGED

Name of the organization MARCH OF DIMES INC.	Employer identification number 13-1846366
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TO ABIDE BY THE EMPLOYEE HANDBOOK WHICH HAS POLICIES REGARDING REPORTING AND AVOIDING CONFLICTS OF INTEREST. 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.

DETERMINATION OF COMPENSATION

FORM 990, PART VI, SECTION B, LINES 15 A&B

DETERMINATION OF EXECUTIVE COMPENSATION AT MARCH OF DIMES IS A THREE STAGE PROCESS, DESIGNED TO ENSURE AN INDEPENDENT AND TRANSPARENT APPROACH TO THE REVIEW OF MARCH OF DIMES OFFICERS 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 FOUR INDEPENDENT TRUSTEES WHO MEET ANNUALLY TO REVIEW AND DISCUSS THE SALARY RANGES FOR THE PRESIDENT & CEO, STAFF OFFICERS, AND KEY EXECUTIVE MANAGEMENT OF MARCH OF DIMES, INCLUDING MERIT, VARIABLE PAY AND BENEFITS. IT 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 RECOMMENDATION TO THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE CONSIDERS AND DISCUSSES THE RECOMMENDATIONS, AND THEN TAKES A

Name of the organization MARCH OF DIMES INC.	Employer identification number 13-1846366
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VOTE ON COMPENSATION. THE THIRD STAGE IS WHEN THE FULL BOARD OF TRUSTEES 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 MARCH OF DIMES BY-LAWS AND THE RESPONSIBILITIES OF THE EXECUTIVE COMMITTEE, AND ALSO INTENDED TO COMPORT WITH REGULATIONS ON INTERMEDIATE SANCTIONS PROMULGATED BY THE IRS.

DISCLOSURES

FORM 990, PART VI, SECTION C, LINE 19

MARCH OF DIMES MAKES ITS ANNUAL REPORT AND IRS FORM 990 ACCESSIBLE VIA OUR WEBSITE, WWW.MARCHOFDIMES.ORG AND UPON REQUEST.

NET ASSET CLASSIFICATIONS

FORM 990, PART X, LINES 27 & 28

DURING 2019, MANAGEMENT IDENTIFIED A NET ASSET CLASSIFICATION ERROR AFFECTING THE 2018 FINANCIAL STATEMENTS AS PREVIOUSLY PRESENTED.

MANAGEMENT SUBSEQUENTLY COMPLETED A REVIEW OF ALL ENDOWMENT FUNDS TO ENSURE APPROPRIATE NET ASSET CLASSIFICATION. MANAGEMENT DETERMINED THAT CERTAIN AMOUNTS PREVIOUSLY RECORDED AS WITH DONOR RESTRICTIONS SHOULD HAVE BEEN RECORDED AS WITHOUT DONOR RESTRICTIONS DUE TO THE ABSENCE OF EXPLICIT DONOR INTENTIONS. ACCORDINGLY, THE FOLLOWING NET ASSET CLASSIFICATION ADJUSTMENTS WERE MADE AS OF JANUARY 1, 2019: \$2,856,000 RECLASSIFICATION FROM NET ASSETS WITH DONOR RESTRICTIONS TO NET ASSETS WITHOUT DONOR RESTRICTIONS RELATED TO ENDOWMENT FUNDS. THERE WAS NO EFFECT ON THE CHANGE IN NET ASSETS FOR THE YEAR ENDED DECEMBER 31, 2018.

Name of the organization MARCH OF DIMES INC.	Employer identification number 13-1846366
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OTHER CHANGES IN NET ASSETS

FORM 990, PART XI, LINE 9

NET CHANGE FV ASSETS HELD IN TRUST \$ 1,263,065

PENSION & POST RETIREMENT COSTS \$(2,871,367)

TOTAL \$(1,608,302)ATTACHMENT 1FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

MARCH OF DIMES LEADS THE FIGHT FOR THE HEALTH OF ALL MOMS AND BABIES.

WE'RE ADVOCATING FOR POLICIES TO PROTECT THEM. WE SUPPORT RESEARCH,

LEAD PROGRAMS AND PROVIDE EDUCATION AND ADVOCACY SO THAT EVERY MOM

AND BABY CAN HAVE THE BEST POSSIBLE START. BUILDING ON A SUCCESSFUL

80-YEAR LEGACY OF IMPACT AND INNOVATION, WE EMPOWER EVERY MOM AND

EVERY FAMILY.

ATTACHMENT 2FORM 990, PART VI, LINE 17 - STATES

AL, AK, AR, CA, CO, CT,

DC, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI,

MN, MS, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,

RI, SC, TN, UT, VA, WA, WV, WI,

ATTACHMENT 3990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
DIRECT DONOR TV	DEVELOP. & AIR TIME	2,105,451.

Name of the organization MARCH OF DIMES INC.	Employer identification number 13-1846366
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ATTACHMENT 3 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
16900 SCIENCE DRIVE BOWIE, MD 20715		
TRUE NORTH, INC 630 THIRD AVENUE, 12TH FLOOR NEW YORK, NY 10017	ADVERTISING	1,844,321.
STANTON BLACKWELL 3825 N. DITTMAR ROAD ARLINGTON, VA 22207	MGMT. CONSULTING	1,172,168.
HOME FRONT COMMUNICATION 1201 NEW YORK AVENUE, NW, SUITE 900 WASHINGTON, DC 20005	COMMUNICATIONS	1,108,260.
PURPOSE CAMPAIGNS, LLC 115 5TH AVENUE, 6TH FLOOR NEW YORK, NY 10003	VIDEO/PHOTO CONSULT.	875,991.

ATTACHMENT 4FORM 990, PART IX - OTHER FEES

<u>DESCRIPTION</u>	(A) <u>TOTAL FEES</u>	(B) <u>PROGRAM SERVICE EXP.</u>	(C) <u>MANAGEMENT AND GENERAL</u>	(D) <u>FUNDRAISING EXPENSES</u>
CONTRACTED SERVICES	14,324,892.	12,826,824.	1,498,068.	0.
ADVERTISING SERVICES	1,434,831.	81,711.	1,209,903.	143,217.
TOTALS	<u>15,759,723.</u>	<u>12,908,535.</u>	<u>2,707,971.</u>	<u>143,217.</u>

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

**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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2019

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	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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 200 PARK AVENUE NEW YORK, NY 10166	INVESTMENT	CA	N/A	TRUST			100.0000	X	
(2) MARGARET WEILER PERPETUAL TRUST 100 N. MAIN STREET, 6TH FLOOR WINSTOM-SALEM, NC 27101	INVESTMENT	CA	N/A	TRUST			100.0000	X	
(3) CHARITABLE REMAINDER TRUST (1) 4550 LINDEN HILL ROAD, SUITE200 WLIMINGTON, DE 19808	INVESTMENT	CA	N/A						X
(4) CHARITABLE REMAINDER TRUST (1) 4550 LINDEN HILL ROAD, SUITE200 WLIMINGTON, DE 19808	INVESTMENT	GA	N/A						X
(5)									
(6)									
(7)									

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	X
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c	X
d Loans or loan guarantees to or for related organization(s)	1d	X
e Loans or loan guarantees by related organization(s)	1e	X
f Dividends from related organization(s)	1f	X
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j	X
k Lease of facilities, equipment, or other assets from related organization(s)	1k	X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
o Sharing of paid employees with related organization(s)	1o	X
p Reimbursement paid to related organization(s) for expenses	1p	X
q Reimbursement paid by related organization(s) for expenses	1q	X
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X

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
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.
