

Form **990****Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2004**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2004 calendar year, or tax year beginning 1/1/2004, and ending 12/31/2004

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

C Name of organization MARCH OF DIMES BIRTH DEFECTS FOUNDATION - TN CHAPTER
 Number and street (or P.O. box if mail is not delivered to street address) 1101 KERMIT DRIVE
 City or town NASHVILLE State or country TENNESSEE ZIP + 4 37217

D Employer identification number 13-1846366
E Telephone number 615-399-3200

F Accounting method: ☐ Cash ☒ Accrual
☐ Other (specify) _____

G Website: WWW.MARCHOFDIMES.COM

J Organization type (check only one) ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 3,928,398

H and **I** are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? ☒ Yes ☐ No
H(b) If "Yes," enter number of affiliates
H(c) Are all affiliates included? ☒ Yes ☐ No
 (If "No," attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No
I Group Exemption Number 9319

M Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Direct public support	1a	3,563,715	
	b	Indirect public support	1b	117,794	
	c	Government contributions (grants)	1c	59,075	
	d	Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	1d	3,740,584	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	335	
	3	Membership dues and assessments	3	0	
	4	Interest on savings and temporary cash investments	4	29,574	
	5	Dividends and interest from securities	5	0	
	6a	Gross rents	6a		
	b	Less: rental expenses	6b		
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	0	
7	Other investment income (describe _____)	7	0		
Expenses	8a	Gross amount from sales of assets other than inventory	(A) Securities	8a	0
	b	Less: cost or other basis and sales expenses	(B) Other	8b	0
	c	Gain or (loss) (attach schedule)	8c	0	
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	0	
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	a	Gross revenue (not including \$ _____ 3,563,715 of contributions reported on line 1a)	9a	0	
	b	Less: direct expenses other than fundraising expenses	9b	0	
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	0	
	10a	Gross sales of inventory, less returns and allowances	10a		
	b	Less: cost of goods sold	10b		
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	0	
	Net Assets	11	Other revenue (from Part VII, line 103)	11	157,905
12		Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	3,928,398	
13		Program services (from line 44, column (B))	13	1,762,784	
14		Management and general (from line 44, column (C))	14	140,228	
15		Fundraising (from line 44, column (D))	15	253,541	
16		Payments to affiliates (attach schedule)	16	1,826,015	
17		Total expenses (add lines 16 and 44, column (A))	17	3,982,568	
18		Excess or (deficit) for the year (subtract line 17 from line 12)	18	-54,170	
19		Net assets or fund balances at beginning of year (from line 73, column (A))	19	620,682	
20		Other changes in net assets or fund balances (attach explanation)	20	0	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	566,512		

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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0)	22 245,414	245,414		
23	Specific assistance to individuals (attach schedule)	23 0			
24	Benefits paid to or for members (attach schedule)	24 0			
25	Compensation of officers, directors, etc.	25 0			
26	Other salaries and wages	26 1,050,568	850,233	81,695	118,640
27	Pension plan contributions	27 0			
28	Other employee benefits	28 222,786	180,147	17,388	25,251
29	Payroll taxes	29 80,369	65,043	6,250	9,076
30	Professional fundraising fees	30 0			
31	Accounting fees	31 0			
32	Legal fees	32 0			
33	Supplies	33 0			
34	Telephone	34 43,185	34,901	3,378	4,906
35	Postage and shipping	35 26,428	19,295	1,860	5,273
36	Occupancy	36 166,884	134,758	13,100	19,026
37	Equipment rental and maintenance	37 17,978	14,615	1,371	1,992
38	Printing and publications	38 144,943	88,178	3,890	52,875
39	Travel	39 103,835	84,804	7,761	11,270
40	Conferences, conventions, and meetings	40 20,280	16,875	1,389	2,016
41	Interest	41 0			
42	Depreciation, depletion, etc. (attach schedule)	42 4,875	3,936	383	556
43	Other expenses not covered above (itemize): a	43a 0			
b	PROFESSIONAL FEES	43b 29,008	24,585	1,763	2,660
c	43c 0			
d	43d 0			
e	43e 0			
f	43f 0			
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 2,156,553	1,762,784	140,228	253,541

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☐ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ 0; (ii) the amount allocated to Program services \$; (iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)What is the organization's primary exempt purpose? ☐

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a PUBLIC COMMUNITY SERVICE	
(Grants and allocations \$ 245,414)	1,762,784
b	
(Grants and allocations \$)	
c	
(Grants and allocations \$)	
d	
(Grants and allocations \$)	
e Other program services (attach schedule) (Grants and allocations \$)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,762,784

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Part IV Balance Sheets (See page 25 of the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.			(A) Beginning of year		(B) End of year
Assets	45	Cash—non-interest-bearing		108,296	45 26,545
	46	Savings and temporary cash investments			46
	47 a	Accounts receivable	47a 469,730		
	b	Less: allowance for doubtful accounts	47b 14,906	485,578	47c 454,824
	48 a	Pledges receivable	48a 0		
	b	Less: allowance for doubtful accounts	48b 0	0	48c 0
	49	Grants receivable			49
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		0	50 0
	51 a	Other notes and loans receivable (attach schedule)	51a 0		
	b	Less: allowance for doubtful accounts	51b 0	0	51c 0
	52	Inventories for sale or use			52
	53	Prepaid expenses and deferred charges		34,962	53 35,742
	54	Investments—securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54 0
	55 a	Investments—land, buildings, and equipment: basis	55a 71,188		
	b	Less: accumulated depreciation (attach schedule)	55b 45,797	24,292	55c 25,391
56	Investments—other (attach schedule)		0	56 0	
57 a	Land, buildings, and equipment: basis	57a 0			
b	Less: accumulated depreciation (attach schedule)	57b 0	0	57c 0	
58	Other assets (describe <input type="checkbox"/>)		0	58 0	
59	Total assets (add lines 45 through 58) (must equal line 74)		653,128	59 542,502	
Liabilities	60	Accounts payable and accrued expenses		42,038	60 102,624
	61	Grants payable			61 500
	62	Deferred revenue		75,500	62 10,200
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		0	63 0
	64 a	Tax-exempt bond liabilities (attach schedule)		0	64a 0
	b	Mortgages and other notes payable (attach schedule)		0	64b 0
65	Other liabilities (describe <input type="checkbox"/>)		-85,092	65 -137,334	
66	Total liabilities (add lines 60 through 65)		32,446	66 -24,010	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted		627,076	67 539,222
	68	Temporarily restricted		27,292	68 27,292
	69	Permanently restricted			69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds			70
	71	Paid-in or capital surplus, or land, building, and equipment fund			71
	72	Retained earnings, endowment, accumulated income, or other funds			72
	73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		620,682	73 566,512
	74	Total liabilities and net assets / fund balances (add lines 66 and 73)		653,128	74 542,502

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

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Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)

a	Total revenue, gains, and other support per audited financial statements . . . ▶	a	4,228,848
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments . . . \$		
(2)	Donated services and use of facilities . . . \$	300,450	
(3)	Recoveries of prior year grants . . . \$		
(4)	Other (specify):		
	----- \$		
	----- \$		
	Add amounts on lines (1) through (4) ▶	b	300,450
c	Line a minus line b . . . ▶	c	3,928,398
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 . . . \$		
(2)	Other (specify):		
	----- \$		
	----- \$		
	Add amounts on lines (1) and (2) . . . ▶	d	0
e	Total revenue per line 12, Form 990 (line c plus line d) . . . ▶	e	3,928,398

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements . . . ▶	a	4,283,018
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities . . . \$	300,450	
(2)	Prior year adjustments reported on line 20, Form 990 . . . \$		
(3)	Losses reported on line 20, Form 990 . . . \$		
(4)	Other (specify):		
	----- \$		
	----- \$		
	Add amounts on lines (1) through (4) ▶	b	300,450
c	Line a minus line b . . . ▶	c	3,982,568
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 . . . \$		
(2)	Other (specify):		
	----- \$		
	----- \$		
	Add amounts on lines (1) and (2) . . . ▶	d	0
e	Total expenses per line 17, Form 990 (line c plus line d) . . . ▶	e	3,982,568

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions.)

(A) Name and address			(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Name	Str		Title			
City	ST	ZIP	Hr/WK			
Name	Str		Title			
City	ST	ZIP	Hr/WK			
Name	Str		Title			
City	ST	ZIP	Hr/WK			
Name	Str		Title			
City	ST	ZIP	Hr/WK			
Name	Str		Title			
City	ST	ZIP	Hr/WK			
Name	Str		Title			
City	ST	ZIP	Hr/WK			
Name	Str		Title			
City	ST	ZIP	Hr/WK			
Name	Str		Title			
City	ST	ZIP	Hr/WK			
Name	Str		Title			
City	ST	ZIP	Hr/WK			

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ☐ Yes ☐ No
If "Yes," attach schedule—see page 28 of the instructions.

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Part VI Other Information (See page 28 of the instructions.)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct and indirect political expenditures. See line 81 instructions	81a	NONE
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	N/A
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	X
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	X
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	X
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	X
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12.	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> N/A ; section 4912 <input type="checkbox"/> N/A ; section 4955 <input type="checkbox"/> N/A		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		N/A
90 a	List the states with which a copy of this return is filed		
b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	90b	
91	The books are in care of <input type="checkbox"/> Name RICHARD E MULLIGAN Telephone no. <input type="checkbox"/> 914-428-7100 Located at <input type="checkbox"/> 1275 MAMARONECK AVENUE City WHITE PLAINS ST NY ZIP + 4 <input type="checkbox"/> 10605		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

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Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a PROGRAM SERVICE REVENUE					335
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	29,574	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a GRANT REFUNDS					3,933
b MISC. OTHER REVENUE					5,972
c TRANSFER FROM NATIONAL					148,000
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		29,574	158,240
105 Total (add line 104, columns (B), (D), and (E))					187,814

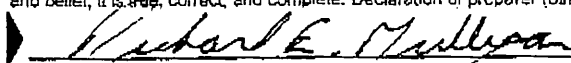
Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%		0	0
	%		0	0
	%		0	0
	%		0	0

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here	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.			
	 Signature of officer		Date	
Paid Preparer's Use Only	RICHARD E MULLIGAN Type or print name and title.		CHIEF FINANCIAL OFFICER	
	Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4	Date	Check if self- employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W)
			EIN	Phone no.

Department/ Chapter/ Area December
 Chapter Code/JDE COST CENTER

Weekly Time Report For Full-Time Personnel



Week Ending <u>TW452</u>		Sub Code	Status (E or N)	Sun. In - Out	Mon. In - Out	Tues. In - Out	Wed. In - Out	Thurs. In - Out	Fri. In - Out	Sat. In - Out	Total Hours	Sick	Vac.	Other	Per.	Holiday	Employee's Signature	Superv. Initial
1. Name: <u>Todd Murphy</u>	JDE #: <u>1-3</u>	<u>A</u>																
2. Name: <u>4-10</u>	JDE #: <u>A</u>																	
3. Name: <u>11-17</u>	JDE #: <u>A</u>																	
4. Name: <u>18-24</u>	JDE #: <u>A</u>																	
5. Name: <u>25-31</u>	JDE #: <u>A</u>																	
6. Name: <u></u>	JDE #: <u>A</u>																	
7. Name: <u></u>	JDE #: <u>A</u>																	

JDE # = Employee Address # on JD Edwards

Status
 N = Non Exempt
 E = Exempt
 For Non Exempt employees, show hours worked each day.
 For Exempt employees, place an "X" in lieu of showing

S = Sick
 ST = Short Term Disability
 H = Holiday
 V = Vacation
 J = Jury Duty
 P = Personal

D = Death in Family
 M = Military Leave
 LA = Leave without pay
 A = Absent without notification
 C = Compensatory time for Non-exempt employees only.

Recorder

Signature of Department Head/Executive Director/Area Director

AttendRptWkly.doc