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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 black lung benefit trust or private foundation)

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
March of Dimes Foundation

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1275 MAMARONECK AVENUE

City or town, state or country, and ZIP + 4
WHITE PLAINS, NY 10605

D Employer identification number
13-1846366

E Telephone number
(914) 428-7100

G Gross receipts $ 299,061,896

F Name and address of principal officer
DR JENNIFER HOWSE
1275 MAMARONECK AVENUE
WHITE PLAINS, NY 10605

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW MARCHOFDIMES COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1938 | **M** State of legal domicile NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE MISSION OF THE MARCH OF DIMES IS TO IMPROVE THE HEALTH OF BABIES BY PREVENTING BIRTH DEFECTS, PREMATURE BIRTH AND INFANT MORTALITY SEE PART III LINE 1 FOR MORE INFORMATION

2 Check this box ▶ ☐ 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**	32
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	32
5	Total number of employees (Part V, line 2a)	**5**	1,785
6	Total number of volunteers (estimate if necessary)	**6**	3,000,000
7a	Total gross 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**	

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	230,314,102	204,184,165
9	Program service revenue (Part VIII, line 2g)	2,302,487	1,771,685
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,623,600	3,424,072
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,817,319	1,703,645
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	236,057,508	211,083,567
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	42,953,816	30,953,145
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)	99,003,031	99,510,221
16a	Professional fundraising fees (Part IX, column (A), line 11e)	2,725,493	2,400,017
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 30,906,121		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	87,762,810	77,495,576
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	232,445,150	210,358,959
19	Revenue less expenses Subtract line 18 from line 12	3,612,358	724,608

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	153,527,157	156,956,237
21	Total liabilities (Part X, line 26)	145,377,613	113,547,202
22	Net assets or fund balances Subtract line 21 from line 20	8,149,544	43,409,035

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: 2010-05-13

Richard Mulligan Sr VP & CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4	KPMG LLP 345 Park Avenue New York, NY 10154	EIN ▶	Phone no ▶

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

THE MISSION OF THE MARCH OF DIMES IS TO IMPROVE THE HEALTH OF BABIES BY PREVENTING BIRTH DEFECTS, PREMATURE BIRTH AND INFANT MORTALITY THE MARCH OF DIMES CARRIES OUT ITS MISSION THROUGH PROGRAMS OF RESEARCH, COMMUNITY SERVICE, EDUCATION AND ADVOCACY TO SAVE BABIES

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 29,662,921 including grants of $ 23,908,303) (Revenue $)

RESEARCH & MEDICAL SUPPORT THE FOUNDATION SPONSORS RESEARCH TO DISCOVER THE CAUSE AND MEANS OF PREVENTION AND AMELIORATION OF BIRTH DEFECTS AND RELATED FORMS OF SUB OPTIMAL PREGNANCY OUTCOME MEDICAL SERVICES CONTINUED SUPPORT OF RESPIRATORY EQUIPMENT FOR POST POLIO PATIENTS

4b (Code) (Expenses $ 78,030,618 including grants of $ 5,008,956) (Revenue $ 1,771,659)

PUBLIC & PROFESSIONAL EDUCATION THE FOUNDATION SUPPORTS MANY EFFORTS TO EDUCATE THE PUBLIC AND PROFESSIONALS THROUGH PUBLICATIONS AND INFORMATION CAMPAIGNS INCLUDING THE PUBLICATIONS OF OVER 1,200 SEPARATE PIECES AVAILABLE TO ANY INTERESTED PARTY

4c (Code) (Expenses $ 50,429,115 including grants of $ 2,035,885) (Revenue $)

COMMUNITY SERVICES THE FOUNDATION WORKS WITH MANY LOCAL COMMUNITIES TO PROVIDE BENEFICIAL EFFECTS ON THE COMMUNITIES THAT IT SERVES THESE PROGRAMS INCLUDE ITEMS THAT WILL IMPROVE THE OUTCOME OF PREGNANCY, SUCH AS SMOKING CESSATION AND NICU FAMILY SUPPORT

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 158,122,654

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)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● 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? *If "Yes," complete Schedule D, Part VII.*			
	● 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? *If "Yes," complete Schedule D, Part VIII.*			
	● 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? *If "Yes," complete Schedule D, Part IX.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● 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? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? **Yes** / **No**			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional — **12A** [ ] No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
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? *If "Yes," complete Schedule G, Part I*	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19	Yes	
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	596		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	42		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	1,785			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	Yes	
b	If "Yes," enter the name of the foreign country ▶ NT , CJ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	Yes	
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . .	1a 32		
b	Enter the number of voting members that are independent . .	1b 32		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL, IN, KS, KY, LA, ME, MD, MA, MI, MN, MS, NE, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, UT, VA, WA, WV, WI

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☑ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

RICHARD MULLIGAN
1275 MAMARONECK AVENUE
WHITE PLAINS, NY 10605
(914) 428-7100

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

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 Use Schedule J-2 if additional space is needed

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	3,058,669	0	146,950

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 98

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
BLACKBAUD PO BOX 930256 ATLANTA, GA 311930256	SOFTWARE DESIGN	4,596,686
PEP DIRECT 19 STONEY BROOK DRIVE WILTON, NH 030860900	MAIL HOUSE	2,794,967
INFOCISION 325 SPRINGSIDE DRIVE AKRON, OH 44333	TELEMARKETING SERVIC	3,247,528
HAINES CO PO BOX 2117 NORTH CANTON, OH 44720	TELEMARKETING SERVIC	2,826,115
EPSILON 50 CAMBRIDGE STREET BURLINGTON, MA 01803	DATA PROCESSING	2,278,069
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 ▶ 38		

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a 1,296,239				
	b	Membership dues	1b				
	c	Fundraising events	1c 124,455,562				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 6,649,729				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 71,782,635				
	g	Noncash contributions included in lines 1a-1f $ 423,309					
	h	**Total.** Add lines 1a-1f		204,184,165			
			Business Code				
Program Service Revenue	2a	PROGRAM SERVICE REVENUE	900,099	1,159,697	1,159,697		
	b	SYMPOSIUM & CONFERENCES	900,099	416,012	416,012		
	c	PROGRAM SPONSORSHIP	900,099	195,976	195,976		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		1,771,685			
	3	Investment income (including dividends, interest and other similar amounts)		2,949,829			2,949,829
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		786,912			786,912
			(i) Real	(ii) Personal			
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	73,939,000				
	b	Less cost or other basis and sales expenses	73,464,757				
	c	Gain or (loss)	474,243				
	d	Net gain or (loss)		474,243			
Other Revenue	8a	Gross income from fundraising events (not including $ 14,513,572 of contributions reported on line 1c) See Part IV, line 18	a 124,455,562				
	b	Less direct expenses	b 14,513,572				
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities See Part IV, line 19	a 308,332				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities		308,332			
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a	GRANT REFUNDS	900,099	426,992	426,992		
	b	ALL OTHER REVENUE	900,099	181,409	181,409		
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		608,401			
	12	**Total revenue.** See Instructions		211,083,567	2,380,086		3,736,741

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	29,763,701	29,763,701		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	1,189,444	1,189,444		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	3,058,669	2,344,776	322,995	390,898
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	68,605,604	52,590,089	7,247,662	8,767,853
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	12,146,317	9,161,864	1,339,671	1,644,782
9 Other employee benefits	9,726,088	7,627,591	930,709	1,167,798
10 Payroll taxes	5,973,543	4,513,027	657,495	803,021
11 Fees for services (non-employees)				
a Management	0			
b Legal	189,921	90,001	61,988	37,932
c Accounting	409,734	194,185	133,720	81,829
d Lobbying	0			
e Professional fundraising *See Part IV, line 17*	2,400,017			2,400,017
f Investment management fees	0			
g Other	9,920,523	6,110,615	1,567,738	2,242,170
12 Advertising and promotion	0			
13 Office expenses	0			
14 Information technology	0			
15 Royalties	0			
16 Occupancy	8,870,604	7,056,601	801,038	1,012,965
17 Travel	5,378,016	4,256,226	477,547	644,243
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	2,589,143	2,233,125	167,862	188,156
20 Interest	147,173	106,027	19,026	22,120
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	2,217,039	1,537,100	314,251	365,688
23 Insurance	0			
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a PRINTING	21,462,437	12,518,351	3,076,964	5,867,122
b POSTAGE & SHIPPING	12,134,700	6,887,232	1,891,759	3,355,709
c EQUIPMENT RENTAL	2,336,095	1,657,516	348,770	329,809
d TELEMARKETING/DATA FEES	8,600,941	6,041,903	1,465,881	1,093,157
e TELEPHONE	2,324,930	1,621,520	369,376	334,034
f All other expenses	914,320	621,760	135,732	156,828
25 **Total functional expenses.** Add lines 1 through 24f	210,358,959	158,122,654	21,330,184	30,906,121
26 **Joint costs.** Check here ▶ ☑ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	35,974,000	20,639,000	6,023,000	9,312,000

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,760,521	1	1,203,817
	2	Savings and temporary cash investments		6,864,252	2	8,710,042
	3	Pledges and grants receivable, net		1,024,756	3	1,093,369
	4	Accounts receivable, net		8,429,320	4	6,885,287
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		5,355,699	8	5,338,053
	9	Prepaid expenses and deferred charges		2,062,554	9	2,183,976
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 48,226,492			
	b	Less accumulated depreciation	10b 32,417,593	12,405,005	10c	15,808,899
	11	Investments—publicly traded securities		92,026,453	11	90,815,311
	12	Investments—other securities See Part IV, line 11		15,138,646	12	15,978,070
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		8,459,951	15	8,939,411
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		153,527,157	16	156,956,237
Liabilities	17	Accounts payable and accrued expenses		16,866,228	17	12,038,021
	18	Grants payable		36,245,527	18	24,923,952
	19	Deferred revenue		3,446,406	19	2,427,713
	20	Tax-exempt bond liabilities		2,960,000	20	2,280,000
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		85,859,452	25	71,877,516
	26	**Total liabilities.** Add lines 17 through 25		145,377,613	26	113,547,202
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		-4,889,106	27	30,083,630
	28	Temporarily restricted net assets		2,027,372	28	2,244,433
	29	Permanently restricted net assets		11,011,278	29	11,080,972
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		8,149,544	33	43,409,035
	34	Total liabilities and net assets/fund balances		153,527,157	34	156,956,237

Part XI Financial Statements and Reporting

			Yes	No
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?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
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?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
March of Dimes Foundation

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 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

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 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)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		No
(ii) a family member of a person described in (i) above? **11g(ii)**		No
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		No

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	217,529,084	227,617,539	236,928,297	230,737,298	204,402,497	1,117,214,715
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	217,529,084	227,617,539	236,928,297	230,737,298	204,402,497	1,117,214,715
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)						
6 **Public Support.** Subtract line 5 from line 4						1,117,214,715

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	217,529,084	41,294,977	236,928,297	230,737,298	204,402,497	1,117,214,715
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,348,052	41,294,977	5,640,900	4,077,443	2,949,829	57,311,201
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	1,776,006	1,683,026	1,458,251	1,394,123	1,395,313	7,706,719
11 **Total support** (Add lines 7 through 10)						1,182,232,635

12	Gross receipts from related activities, etc (See instructions)	12	7,706,719

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

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	94 500 %
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15	97 610 %

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

17a **10%-facts-and-circumstances test—2009.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test—2008.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ☐

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 IV)						
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 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** 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—2008.** 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Explanation
OTHER INCOME IS COMPRISED OF GRANT REFUNDS, ROYALTY AND OTHER MISCELLANEOUS REVENUE

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, 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," to 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," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization	Employer identification number
March of Dimes Foundation	13-1846366

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $

3 Volunteer hours

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 ▶ $ 0

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ 0

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 funtion 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 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made 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-

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

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter the amount from the following table in both columns		

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? ☐ Yes ☑ 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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable 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)).

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		1,317
e	Publications, or published or broadcast statements?	Yes		1,687
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		483,288
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		1,486,093
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			1,972,385
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
SCHEDULE C PART II B	Line 1	ADVOCACY IS ONE OF THE MARCH OF DIMES FOUR MISSION STRATEGIES THE MARCH OF DIMES PUBLIC AFFAIRS AGENDA FOCUSES ON FEDERAL, STATE AND LOCAL PUBLIC POLICIES AND PROGRAMS THAT RELATE TO THE FOUNDATION'S MISSION IMPROVING THE HEALTH OF INFANTS AND CHILDREN BY PREVENTING BIRTH DEFECTS, PREMATURE BIRTH AND INFANT MORTALITY--AND ON ISSUES THAT PERTAIN TO TAX-EXEMPT ORGANIZATIONS IN ADDITION TO ITS NATIONAL GOVERNMENT AFFAIRS OFFICE IN WASHINGTON, D C , THE MARCH OF DIMES HAS PUBLIC AFFAIRS STAFF AND VOLUNTEERS IN CERTAIN STATES AND PUERTO RICO AS WELL AS CONTRACT CONSULTANTS THAT WORK WITH THE FOUNDATION'S 51 CHAPTERS

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
March of Dimes Foundation

Employer identification number
13-1846366

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

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

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

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

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" to 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 XIV 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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	2,835,859	3,570,383			
b Contributions	11,000				
c Investment earnings or losses	992,002	-681,387			
d Grants or scholarships					
e Other expenditures for facilities and programs	257,478	53,137			
f Administrative expenses					
g End of year balance	3,581,383	2,835,859			

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ 100 000 % %
- c Term endowment ▶ %

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	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		No

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		918,326		918,326
b Buildings		25,031,826	22,169,592	2,862,234
c Leasehold improvements				
d Equipment		22,276,889	10,248,001	12,028,888
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				15,809,448

Part VII Investments—Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other REAL ESTATE ALTERNATIVE INVEST	2,462,503	
MULTI STRATEGY HEDGE FUND	13,515,567	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	15,978,070	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
FOSHE PARTHERSHIP	50,000
TRUSTS HELD BY OTHERS	8,889,411
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	8,939,411

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
DEFINED BENEFIT PENSION	38,253,194
POST RETIREMENT/MEDICAL BENEFIT	33,624,322
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	71,877,516

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	211,083,567
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	210,358,959
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	724,608
4	Net unrealized gains (losses) on investments	4	15,616,073
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	18,918,810
9	Total adjustments (net) Add lines 4 - 8	9	34,534,883
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	35,259,491

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

1	Total revenue, gains, and other support per audited financial statements			1	228,755,957
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	15,616,073		
b	Donated services and use of facilities	2b	2,056,317		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	17,672,390
3	Subtract line **2e** from line **1**			3	211,083,567
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	211,083,567

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	212,415,276
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	2,056,317		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	2,056,317
3	Subtract line **2e** from line **1**			3	210,358,959
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	210,358,959

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
SCHEDULE D PART XI	LINE 8 - OTHER	THIS AMOUNT IS THE PENSION/POSTRETIREMENT COSTS OTHER THAN THE NET PERIODIC BENEFIT COSTS
SCHEDULE D PART V	LINE 4	THE MARCH OF DIMES POLICY IS TO USE THE ENDOWMENT ASSETS TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY THE ENDOWMENT, PRINCIPALLY RESEARCH, WHILE SEEKING TO PROTECT THE ORIGINAL VALUE OF THE GIFT
SCHEDULE D PART X	#2 FIN 48 FOOTNOTE	THE FOUNDATION RECOGNIZES THE BENEFIT OF TAX POSITIONS WHEN IT IS MORE-LIKELY-THAN-NOT THAT THE POSITION WILL BE SUSTAINABLE BASED ON THE MERITS OF THE POSITION THERE WAS NO MATERIAL IMPACT TO THE FOUNDATION'S FINANCIAL STATEMENTS AS A RESULT OF THE ADOPTION OF FIN 48

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
March of Dimes Foundation

Employer identification number
13-1846366

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

1 **For grantmakers.** 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 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Middle East and North Africa			Grantmaking	PUB&PROFED/RES&MED/COM	274,100
East Asia and the Pacific			Grantmaking	PUB&PROFED/RES&MED/COM	40,000
Europe (Including Iceland and Greenland)			Grantmaking	PUB&PROFED/RES&MED/COM	307,025
South Asia			Grantmaking	PUB&PROFED/RES&MED/COM	68,164
South America			Grantmaking	PUB&PROFED/RES&MED/COM	20,000
North America			Grantmaking	PUB&PROFED/RES&MED/COM	480,155
Central America and the Caribbean			Investments		
Totals . . . . . ►					1,189,444

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Schedule F-1 (Form 990) 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 of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Middle East/North Africa	RESEARCH & MEDICAL SUPPORT	254,100	CHECK			
		Middle East/North Africa	COMMUNITY SERVICES	20,000	CHECK			
		East Asia/Pacific	COMMUNITY SERVICES	20,000	CHECK			
		Europe/Iceland/Greenland	RESEARCH & MEDICAL	100,000	CHECK			
		Europe/Iceland/Greenland	RESEARCH & MEDICAL	200,000	CHECK			
		East Asia/Pacific	COMMUNITY SERVICES	20,000	CHECK			
		South Asia	RESEARCH & MEDICAL SUPPORT	68,137	CHECK			
		South America	COMMUNITY SERVICES	20,000	CHECK			
		North America	RESEARCH & MEDICAL SUPPORT	150,000	CHECK			
		North America	RESEARCH & MEDICAL SUPPORT	330,155	CHECK			

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 . . . . . ▶ 12

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

Identifier	ReturnReference	Explanation
SCHEDULE F MONITORING GRANT FUNDS	PART 1, LINE 2	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 DATE OF THE GRANT

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
March of Dimes Foundation

Employer identification number
13-1846366

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to 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 e-mail 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 activities? ☑ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? **Yes**	**(iii)** **No**	**(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
HAINES COAMERICALIST TELEMARKET			No	6,974,154	2,826,115	4,148,039
INFOCISION TELEMARKETING			No	8,024,027	3,247,528	4,776,499
ADVANCED BUSINESS TECHNOLOGY TELEMA			No	1,843,093	490,114	1,352,979
HERITAGE COMPANY TELEMARKETING			No	867,338	230,179	637,159
Total . . . . . ▶				17,708,612	6,793,936	10,914,676

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

AK,AZ,AR,CA,CO,CT,FL,GA,IL,IN,KS,KY,LA,ME,MD,MA,MI,MN,MS,NE,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" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 MARCH (event type)	(b) Event #2 SPECIAL EVENTS (event type)	(c) Other Events 0 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	100,693,552	38,275,580		138,969,132
	2 Less Charitable contributions	93,022,743	31,432,817		124,455,560
	3 Gross income (line 1 minus line 2)	7,670,809	6,842,763		14,513,572
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	4,709,001	5,881,217		10,590,218
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	2,961,808	961,546		3,923,354
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				14,513,572
	11 Net income summary Combine lines 3, column d, and line 10 ▶				

Part III **Gaming.** Complete if the organization answered "Yes" to 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))
Revenue	1 Gross revenue			308,332	308,332
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☑ No	☐ Yes % ☑ No	☐ Yes % ☑ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1, column d, and line 7 ▶				308,332

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities See Additional Data Table			
a	Is the organization licensed to operate gaming activities in each of these states?	9a	Yes	
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		No
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		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?	12		No

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	**13a** 100 000 %		
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 ▶ RICHARD MULLIGAN			
	Address ▶ 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**		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			
	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?	**17a**		No
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

Additional Data

Software ID:
Software Version:
EIN: 13-1846366
Name: March of Dimes Foundation

Form 990 Schedule G Part III Line 9

Enter the state(s) in which the organization operates gaming activities	AZ, CA, CT, FL, GA, HI, IL, IN, IA, KY, ME, MD, MA, MI, NV, NH, NJ, NY, NC, OH, OK, OR, PA, RI, SC, TX, VT, WA, WI

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493137053070

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
March of Dimes Foundation

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 Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 610

3 Enter total number of other organizations . . . ▶ 6

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) 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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
SCHEDULE I MONITORING GRANT FUNDS	PART 1 LINE 2	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

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 13-1846366
Name: March of Dimes Foundation

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CULLMAN REGIONAL MEDICAL CENTE1912 ALABAMA HIGHWAY 157 CULLMAN,AL 350561108	63-1058174	501 C (3)	10,000				Research & Medical Support
EAST ALABAMA MEDICAL CENTER2000 PEPPERELL PARKWAY OPELIKA,AL 36801	63-6000526	501 C (3)	7,270				Research & Medical Support
GIFT OF LIFE FOUNDATION INC1348 CARMICHAEL WAY MONTGOMERY,AL 36106	63-0978855	501 C (3)	17,230				Community Services
JEFFERSON COUNTY HEALTH DEPT1400 6TH AVENUE SOUTH BIRMINGHAM,AL 35233	63-0475700	501 C (3)	8,000				Research & Medical Support
PACTPO BOX 1247 DECATUR,AL 11201	63-0770591	501 C (3)	15,000				Community Services
UNIVERSITY OF ALABAMA 619th 19th STREET SOUTH BIRMINGHAM,AL 352496922	63-6005396	501 C (3)	12,000				Public and Professional Education
WALKER BAPTIST MEDICAL CENTER3400 HIGHWAY 78 EAST JASPER,AL 35501	63-0375726	501 C (3)	10,000				Research & Medical Support
CENTERS FOR YOUTH & FAMILIES5905 FOREST PLACE STE 200 LITTLE ROCK,AR 15825	71-0415350	501 C (3)	10,000				Public and Professional Education
PACES INC2913 KING STREET SUITE 1 JONESBORO,AR 72401	71-0527976	501 C (3)	9,563				Public and Professional Education
UAMS ANGLES4301 W MARKHAM LITTLE ROCK,AR 75601	71-6046242	501 C (3)	10,000				Public and Professional Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MARICOPA HEALTH FOUNDATION2601 E ROOSEVELT PHOENIX,AZ 908400301	86-0777567	501 C (3)	35,000				Public and Professional Education
TEEN OUTREACH PREGNANCY SERVIC39N TUCSON BLVD TUCSON,AZ 85716	86-1005133	501 C (3)	15,000				Public and Professional Education
CALIFORNIA BIRTH DEFECTS MONITORING PROGRAM1615 FIFTH ST SUITE A DAVIS,CA 95616	77-0187864	501 C (3)	3,591,000				Research & Medical Support
CALIFORNIA FAMILY HEALTH COUNC3600 WILSHIRE BLVD LOS ANGELES,CA 82601	85-2564024	501 C (3)	100,000				Community Services
CALIFORNIA INSTITUTE OF TECHNO1200 E CALIFORNIA BOULEVARD Pasadena,CA 91125	95-1643307	501 C (3)	387,846				Research & Medical Support
HARBOR-UCLA MEDICAL CENTER21480 S NORMANDIO AVE TORRANCE,CA 90502	33-0003558	501 C (3)	62,186				Community Services
HARBOR-UCLA MEDICAL CENTER21480 S NORMANDIO AVE TORRANCE,CA 90502	33-0003558	501 C (3)	17,000				Community Services
LOMA LINDA UNIVERSITY MEDICAL11234 ANDERSON STREET LOMA LINDA,CA 92354	95-3522679	501 C (3)	13,549				Community Services
LOMA LINDA UNIVERSITY MEDICAL11234 ANDERSON STREET LOMA LINDA,CA 92354	95-3522679	501 C (3)	9,549				Community Services
PERINATAL ADVISORY COUNCIL AD13713 VENTURA BLVD SHERMAN,CA 16866	95-3818791	501 C (3)	17,500				Community Services

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PUBLIC HEALTH FOUNDATION ENTER13200 CROSSROADS PARKWAY NORTH STE CITY OF INDUSTRY, CA 91746	95-2557063	501 C (3)	90,978				Community Services
REGENTS OF THE UNIVERSITY OF CUC DAVIS/DEPT OF OB/GYN SACRAMENTO, CA 95817	94-6036494	501 C (3)	150,000				Research & Medical Support
REGENTS OF THE UNIVERSITY OF C10920 WILSHIRE BLVD 1200 LOS ANGELES, CA 90024	95-6006143	501 C (3)	150,000				Research & Medical Support
REGENTS OF THE UNIVERSITY OF C10920 WILSHIRE BLVD 1200 LOS ANGELES, CA 90024	95-6006143	501 C (3)	150,000				Research & Medical Support
REGENTS OF THE UNIVERSITY OF C10920 WILSHIRE BLVD 1200 LOS ANGELES, CA 90024	95-6006143	501 C (3)	215,400				Research & Medical Support
REGENTS OF THE UNIVERSITY OF C10920 WILSHIRE BLVD 1200 LOS ANGELES, CA 90024	95-6006143	501 C (3)	293,388				Research & Medical Support
REGENTS OF UNI CALIFORNIA LA9500 Gilman Drive LA JOLLA, CA 92093	95-6006144	501 C (3)	330,760				Research & Medical Support
REGENTS OF UNI OF CALIFORNIA481 University Hall BERKELEY, CA 94720	94-6036493	501 C (3)	266,020				Research & Medical Support
REGENTS OF UNIV OF CA DAVISOne Shields Ave Davis, CA 95616	94-6036494	501 C (3)	150,000				Research & Medical Support
REGENTS OF UNIVERSITY OF CALIF1855 Folsom St SAN FRANCISCO, CA 941430897	94-6036493	501 C (3)	150,000				Research & Medical Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGENTS OF UNIVERSITY OF CALIF1855 Folsom St SAN FRANCISCO,CA 941430897	94-6036493	501 C (3)	150,000				Research & Medical Support
REGENTS OF UNIVERSITY OF CALIF1855 Folsom St SAN FRANCISCO,CA 941430897	94-6036493	501 C (3)	295,020				Research & Medical Support
SALK INSTITUTE FOR BIOLOGICAL10010 NORTH TORREY PINES ROAD LA JOLLA,CA 92186	95-2160097	501 C (3)	1,000,000				Research & Medical Support
STANFORD UNIVERSITY 651 Serra St Stanford,CA 943054125	94-1156365	501 C (3)	150,000				Research & Medical Support
SUTTER HEALTH SACRAMENTO SIERR2143 HURLEY WAY SACRAMENTO,CA 49656	94-1156621	501 C (3)	66,363				Community Services
UNIVERSITY OF SOUTHERN CALIFOR2250 ALCAZAR ST Los Angeles,CA 90033	95-1642394	501 C (3)	133,650				Research & Medical Support
ARAPOHOE HOUSE INC 8801 LIPAN STREET THORNTON,CO 80260	84-0705495	501 C (3)	8,046				Public and Professional Education
DENVER HEALTH & HOSPITAL AUTHOPO BOX 40401 DENVER,CO 80204	84-1343242	501 C (3)	25,000				Public and Professional Education
ST JOSEPH HOSPITAL FOUNDATION1835 FRANKLIN STREET DENVER,CO 80218	84-0735096	501 C (3)	20,000				Public and Professional Education
UNIVERSITY OF COLORADO HSC12635 E MONTVIEW BLVD AURORA,CO 80045	84-6000555	501 C (3)	150,000				Research & Medical Support

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CENTERING HEALTHCARE INSTITUTE558 MAPLE AVENUE CHESHIRE,CT 39759	06-1622668	501 C (3)	29,000				Community Services
CENTERING HEALTHCARE INSTITUTE558 MAPLE AVENUE CHESHIRE,CT 39759	06-1622668	501 C (3)	26,040				Community Services
CENTERING HEALTHCARE INSTITUTE558 MAPLE AVENUE CHESHIRE,CT 39759	06-1622668	501 C (3)	19,800				Public and Professional Education
COMMUNITY HEALTH CENTER INC635 MAIN ST MIDDLETOWN,CT 16915	06-0897105	501 C (3)	35,000				Public and Professional Education
HOSPITAL OF SAINT RAPHAEL1450 CHAPEL STREET NEW HAVEN,CT 06511	06-0653171	501 C (3)	16,312				Public and Professional Education
PHYSICIANS FOR WOMEN'S HEALTH22 WATERVILLE RD AVON,CT 06001	06-1483728	501 C (3)	12,000				Public and Professional Education
TERATOLOGY SOCIETY50 Pegout Ave New London,CT 06320	52-0962081	501 C (3)	10,000				Research & Medical Support
YALE UNIVERSITY155 Whitney Ave NEW HAVEN,CT 06520	06-0646973	501 C (3)	299,960				Research & Medical Support
YALE UNIVERSITY155 Whitney Ave NEW HAVEN,CT 06520	06-0646973	501 C (3)	295,254				Research & Medical Support
AMERICAN COLLEGE OF OBSTETRICI409 12TH ST SW WASHINGTON,DC 46580	36-2217981	501 C (3)	27,127				Community Services

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN COLLEGE OF OBSTETRICI409 12TH ST SW WASHINGTON,DC 46580	36-2217981	501 C (3)	20,000				Community Services
CHILDREN'S NATIONAL MEDCTR111 MICHIGAN AVE NW WASHINGTON DC,DC 20010	53-0196580	501 C (3)	15,000				Public and Professional Education
GEORGETOWN UNIVERSITY 3900 Reservoir RD NW Washington,DC 20057	53-0196603	501 C (3)	211,147				Research & Medical Support
MARYS CENTER FOR MATERNAL & C2333 ONTARIO RD NW WASHINGTON,DC 20009	52-1594160	501 C (3)	100,000				Public and Professional Education
PROVIDENCE HEALTH FOUNDATION150 VARNUM ST NE WASHINGTION,DC 20017	52-1275583	501 C (3)	18,000				Public and Professional Education
ALACHUA COUNTY HEALTH DEPARTME224 SE 24TH ST GAINESVILLE,FL 46706	59-3502843	501 C (3)	11,285				Public and Professional Education
AMERICAN LUNG ASSN OF FLORIDA6852 BELFORT OAKS PLAC JACKSONVILLE,FL 32216	59-0662271	501 C (3)	5,925				Public and Professional Education
BREVARD COUNTY HEALTH DEPARTME2575 NORTH COURTENAY PARKWAY MERRITT ISLAND,FL 78701	59-3502843	501 C (3)	6,240				Community Services
CHILES ACADEMY THE868 GEORGE W ENGRAM BLVD DAYTONA BEACH,FL 32114	32-0015498	501 C (3)	20,317				Community Services
CLINICA LUZ DEL MUNDO 806 E PROSPECT ROAD FORT LAUDERDALE,FL 61603	65-0266070	501 C (3)	25,000				Public and Professional Education

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COLLIER COUNTY HEALTH DEPARTME419 NORTH FIRST STREET IMMOKALEE, FL 34142	59-3502843	501 C (3)	48,070				Community Services
COMMUNITY HEALTH CENTER OF PIN1344 22ND ST SOUTH ST PETERSBURG, FL 33712	59-2097521	501 C (3)	5,200				Community Services
FLORIDA DEPARTMENT OF HEALTH4052 BALD CYPRESS WAY BIN A-13 TALLAHASSEE, FL 44308	59-3502843	501 C (3)	20,000				Community Services
HEALTHY MOTHERSHEALTHY BABIES 1100 W STATE RD 84 FORT LAUDERDALE, FL 33315	65-0161493	501 C (3)	24,710				Public and Professional Education
HEALTHY MOTHERSHEALTHY BABIES 1100 W STATE RD 84 FORT LAUDERDALE, FL 33315	65-0161493	501 C (3)	67,184				Community Services
HEALTHY START COALITION OF HIL2806 NORTH AMERICA AVE TAMPA, FL 60305	59-3127943	501 C (3)	90,033				Public and Professional Education
HEALTHY START COALITION OF MAN2424 MANATEE AVENUE W BRADENTON, FL 200102970	65-0380065	501 C (3)	13,590				Community Services
HEALTHY START COALITION OF SOU1921 JEFFERSON AVE FORT MYERS, FL 92014	65-0378720	501 C (3)	9,800				Community Services
MARION COUNTY HEALTH DEPARTMEN1801 SE 32ND AVENUE OCALA, FL 34471	59-3502843	501 C (3)	10,789				Public and Professional Education
MIAMI BEACH COMMUNITY HEALTH C710 ALTON ROAD MIAMI BEACH, FL 33139	59-1829984	501 C (3)	22,500				Public and Professional Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MONROE COUNTY EDUCATION FOUNDA241 TRUMBO RD KEY WEST,FL 33040	65-0551178	501 C (3)	22,075				Public and Professional Education
ORANGE COUNTY HEALTHY 600 COURTLAND STREET STE 565 ORLANDO,FL 32804	59-3125675	501 C (3)	15,000				Community Services
SOURCE OF LIGHT & HOPE DEVELOP3903 DR MLK JR BLVVD FORT MYERS,FL 33902	65-0013240	501 C (3)	9,900				Community Services
ST JOHNS COUNTY HEALTH DEPT1955 US 1 SOUTH SUITE 100 ST AUGUSTINE,FL 32086	59-3502843	501 C (3)	10,000				Community Services
UNIVERSITY OF SOUTH FLORIDA3650 SPECTRUM BLVD STE 160 TAMPA,FL 33612	59-3102112	501 C (3)	10,750				Community Services
UNIVERSITY OF SOUTH FLORIDA140 SEVENTH AVE SOUTH ST PETERSBURGH,FL 33701	59-3102112	501 C (3)	314,965				Research & Medical Support
COASTAL COALITION FOR CHILDRENPO BOX 2899 BRUNSWICK,GA 31521	58-1497814	501 C (3)	40,000				Community Services
EMORY UNIVERSITY1784 NORTH DECATUR ROAD ATLANTA,GA 30322	58-0566256	501 C (3)	150,000				Research & Medical Support
EMORY UNOVERSITY2015 UPPERGATE DRIVE ATLANTA,GA 83544	58-0566256	501 C (3)	43,774				Public and Professional Education
LOWNDES COUNTY BOARD OF HEALTH312 N PATTERSON STREET VALDOSTA,GA 31603	58-1111978	501 C (3)	50,000				Community Services

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHWEST PUBLIC HEALTH DISTRI1109 N JACKSON ST ALBANY,GA 31701	23-7379607	501 C (3)	50,000				Community Services
FAMILY SUPPORT SERVICES OF WES75-127 LUNAPULE ST 11 KAILUAKONA,HI 96740	99-0230341	501 C (3)	15,000				Public and Professional Education
MOLOKAI GENERAL HOSPITALPO BOX 408 KAUNAKAKAI,HI 967480408	99-0251372	501 C (3)	10,000				Public and Professional Education
PATH CLINIC THE845 22ND AVENUE HONOLULU,HI 78934	80-0217549	501 C (3)	10,000				Public and Professional Education
CAMPBELL KEVIN PETER 931 EVERGREEN COURT IOWA CITY,IA 52245	08-1449774	501 C (3)	125,000				Research & Medical Support
CRAWFORD COUNTY113 SOUTH 14TH STREET DENISON,IA 53901	42-6004496	501 C (3)	7,500				Community Services
LUTHERAN SERVICES INC 2801 JACKSON ST SIOUX CITY,IA 51104	42-0698267	501 C (3)	6,000				Public and Professional Education
SOUTHWEST IOWA FAMILIESINC215 E WASHINGTON STRE CLARINDA,IA 51632	37-1451441	501 C (3)	8,597				Public and Professional Education
STEWART MEMORIAL COMMUNITY HOS1301 W MAIN ST LAKE CITY,IA 51449	42-0860039	501 C (3)	9,500				Public and Professional Education
YOUNG PARENTS NETWORK INC IA3205 12TH STREET SE CEDAR RAPIDS,IA 52401	42-1355480	501 C (3)	10,000				Public and Professional Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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YOUTH AND SHELTER SERVICES IN420 KELLOGG AMES,IA 73501	42-1051609	501 C (3)	10,000				Public and Professional Education
FAMILY MEDICINE RESIDENCY OF I77 N RAYMOND ST BOISE,ID 83704	20-5934739	501 C (3)	17,600				Public and Professional Education
ACCESS COMMUNITY HEALTH NETWOR1501 SOUTH CALIFORNIA CHICAGO,IL 60608	36-3317058	501 C (3)	15,000				Community Services
CHILDREN'S MEMORIAL HOSP CHIC2300 CHILDRENS PLAZA CHICAGO,IL 60305	36-2170833	501 C (3)	178,248				Research & Medical Support
CIRCLE FAMILY HEALTHCARE NETWO4909 W DIVISION ST STE 305 CHICAGO,IL 60651	36-2902782	501 C (3)	13,500				Community Services
ERIE FAMILY HEALTH CENTER INC1701 WEST SUPERIOR STREET CHICAGO,IL 60622	36-3088628	501 C (3)	16,025				Community Services
KANE COUNTY HEALTH DEPARTMENT1240 N HIGHLAND AVENUE AURORA,IL 37138	36-6006585	501 C (3)	23,000				Public and Professional Education
LAWNDALE CHRISTIAN HEALTH CENT3517 WEST ARTHINGTON ST CHICAGO,IL 60623	36-3308953	501 C (3)	15,000				Community Services
ROCKFORD HEALTH SYSTEMS2300 N ROCKTON AVE ROCKFORD,IL 19601	36-3197918	501 C (3)	15,000				Community Services
SAGINAW COUNTY OF1600 NORTH MICHIGAN AVE SAGINAW,IL 32204	38-6004887	501 C (3)	16,300				Public and Professional Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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SOUTHERN ILLINOIS UNIVERSITY SPO BOX 19616 SPRINGFIELD,IL 627949616	37-6005961	501 C (3)	45,000				Public and Professional Education
UNIVERSITY OF CHICAGO 5801 South Ellis Ave CHICAGO,IL 60637	36-2177139	501 C (3)	150,000				Research & Medical Support
UNIVERSITY OF ILLINOIS 600 S MATTHEWS DR URBANA,IL 61801	37-6000511	501 C (3)	10,334				Public and Professional Education
UNIVERSITY OF ILLINOIS 600 S MATTHEWS DR URBANA,IL 61801	37-6000511	501 C (3)	150,000				Research & Medical Support
BLOOMINGTON HOSPITAL & HEALTHCPO BOX 1149 BLOOMINGTON,IN 47402	35-1720795	501 C (3)	25,007				Public and Professional Education
DEACONESS FAMILY MEDICINE RESI515 READ ST EVANSVILLE,IN 47710	35-0593390	501 C (3)	24,000				Public and Professional Education
HEALTH & HOSPITAL CORP - IN3543838 N RURAL ST 8TH FLOOR INDIANAPOLIS,IN 46205	35-6005697	501 C (3)	20,000				Public and Professional Education
MAPLE CITY HEALTH CARE CENTER213 MIDDLEBURY STREET GOSHEN,IN 46528	35-1749398	501 C (3)	10,000				Public and Professional Education
ST FRANCIS FAMILY MEDICINE CEN1500 ALBANY ST SUITE 807 BEECH GROVE,IN 46107	35-1927159	501 C (3)	10,519				Public and Professional Education
ST JOSEPH'S MEDICAL CENTER801 E LASALLE AVENUE SOUTH BEND,IN 44617	35-0868157	501 C (3)	11,585				Public and Professional Education

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ST VINCENT HOSPITAL FOUNDATIO8402 HARCOURT ROAD INDIANAPOLIS,IN 46260	35-6088862	501 C (3)	20,000				Public and Professional Education
WOMENS CARE CENTER201 LINOLN WAY WEST MISAWAKA,IN 46544	35-1609945	501 C (3)	20,000				Public and Professional Education
HUNTER HEALTH CLINIC INC2318 E CENTRAL WICHITA,KS 67214	48-0908355	501 C (3)	43,350				Public and Professional Education
BRIGHTON CENTER INC741 CENTRAL AVE NEWPORT,KY 29601	61-0673886	501 C (3)	25,000				Public and Professional Education
COMMONWEALTH OF KENTUCKY275 EAST MAIN ST FRANKFORT,KY 78404	61-0600439	501 C (3)	12,500				Public and Professional Education
COMMONWEALTH OF KENTUCKY275 EAST MAIN ST FRANKFORT,KY 78404	61-0600439	501 C (3)	5,100				Public and Professional Education
TROVER HEALTH SYSTEM 800 HOSPITAL DR MADISONVILLE,KY 50021	61-0654587	501 C (3)	12,500				Public and Professional Education
TROVER HEALTH SYSTEM 800 HOSPITAL DR MADISONVILLE,KY 50021	61-0654587	501 C (3)	5,100				Public and Professional Education
DAUGHTERS OF CHARITY SERVICESPO BOX 970 HARVEY,LA 70059	72-1332678	501 C (3)	122,239				Public and Professional Education
DAUGHTERS OF CHARITY SERVICESPO BOX 970 HARVEY,LA 70059	72-1332678	501 C (3)	125,000				Public and Professional Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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DAUGHTERS OF CHARITY SERVICESPO BOX 970 HARVEY,LA 70059	72-1332678	501 C (3)	125,000				Public and Professional Education
DAUGHTERS OF CHARITY SERVICESPO BOX 970 HARVEY,LA 70059	72-1332678	501 C (3)	40,501				Public and Professional Education
DAUGHTERS OF CHARITY SERVICESPO BOX 970 HARVEY,LA 70059	72-1332678	501 C (3)	124,500				Public and Professional Education
SOUTHWEST LOUISIANA AHEC103 INDEPENDENCE BLVD LAFAYETTE,LA 70506	72-1191867	501 C (3)	15,919				Public and Professional Education
SOUTHWEST LOUISIANA AHEC103 INDEPENDENCE BLVD LAFAYETTE,LA 70506	72-1191867	501 C (3)	14,260				Public and Professional Education
SOUTHWEST LOUISIANA AHEC103 INDEPENDENCE BLVD LAFAYETTE,LA 70506	72-1191867	501 C (3)	34,448				Public and Professional Education
SOUTHWEST LOUISIANA AHEC103 INDEPENDENCE BLVD LAFAYETTE,LA 70506	72-1191867	501 C (3)	34,612				Public and Professional Education
ST CHARLES COMMUNITY CENTER843 MILLING AVENUE LULING,LA 70070	47-0852944	501 C (3)	20,000				Community Services
BRANDEIS UNIVERSITY415 South ST Waltham,MA 02454	04-2103552	501 C (3)	150,000				Research & Medical Support
BRANDEIS UNIVERSITY415 South ST Waltham,MA 02454	04-2103552	501 C (3)	150,000				Research & Medical Support

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BRIGHAM & WOMENS HOSPITAL75 FRANCIS STREET BOSTON,MA 02115	04-2312909	501 C (3)	330,000				Research & Medical Support
CHILDREN'S HOSPITAL BOSTONPO BOX 414413 BOSTON,MA 02241	04-2774441	501 C (3)	150,000				Research & Medical Support
CHILDREN'S HOSPITAL BOSTONPO BOX 414413 BOSTON,MA 02241	04-2774441	501 C (3)	150,000				Research & Medical Support
CHILDREN'S HOSPITAL BOSTONPO BOX 414413 BOSTON,MA 02241	04-2774441	501 C (3)	150,000				Research & Medical Support
CHILDREN'S HOSPITAL BOSTONPO BOX 414413 BOSTON,MA 02241	04-2774441	501 C (3)	150,000				Research & Medical Support
CHILDREN'S HOSPITAL BOSTONPO BOX 414413 BOSTON,MA 02241	04-2774441	501 C (3)	255,658				Research & Medical Support
CHILDREN'S HOSPITAL BOSTONPO BOX 414413 BOSTON,MA 02241	04-2774441	501 C (3)	381,000				Research & Medical Support
GENERAL HOSPITAL CORPORATION50 Staniford ST BOSTON,MA 02114	04-2697983	501 C (3)	150,000				Research & Medical Support
GENERAL HOSPITAL CORPORATION50 Staniford ST BOSTON,MA 02114	04-2697983	501 C (3)	150,000				Research & Medical Support
GREEN RIVER DOULA NETWORK INC10 PINE RIDGE RD MONTGOMERY,MA 01085	41-2150162	501 C (3)	10,000				Public and Professional Education

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INTERNATIONAL SOCIETY OF750 WASHINGTON STREET BOSTON,MA 02111	20-3021146	501 C (3)	10,000				Research & Medical Support
KUNKEL LOUIS M300 LONGWOOD AVENUE BOSTON,MA 02115	12-9408832	501 C (3)	125,000				Research & Medical Support
PRESIDENT AND FELLOWS OF HARVA7 Divinity Ave CAMBRIDGE,MA 02138	04-2103580	501 C (3)	150,000				Research & Medical Support
TRUSTEES OF BOSTON COLLEGE36 COLLEGE RD CHESNUT HILL,MA 02467	04-2103545	501 C (3)	150,000				Research & Medical Support
UNIVERSITY OF MASSACHUSETTES BUTTERFIELD AVE AMHERST,MA 01003	04-3167352	501 C (3)	150,000				Research & Medical Support
ANNE ARUNDEL MEDICAL CENTER2001 MEDICAL PARKWAY ANNAPOLIS,MD 48048	52-1169362	501 C (3)	17,000				Public and Professional Education
BALTIMORE MEDICAL SYSTEM INC3501 SINCLAIR LANE BALTIMORE,MD 16507	52-1358241	501 C (3)	21,000				Public and Professional Education
CARROLL HOSPITAL CENTER FOUNDA200 MEMORIAL AVE WESTMINSTER,MD 21157	52-1115038	501 C (3)	18,000				Public and Professional Education
JOHNS HOPKINS UNIVERSITY1101 EAST 33RD STREET BALTIMORE,MD 212182694	52-0595110	501 C (3)	299,200				Research & Medical Support
JOHNS HOPKINS UNIVERSITY1101 EAST 33RD STREET BALTIMORE,MD 212182694	52-0595110	501 C (3)	150,000				Research & Medical Support

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JOHNS HOPKINS UNIVERSITY1101 EAST 33RD STREET BALTIMORE,MD 212182694	52-0595110	501 C (3)	150,000				Research & Medical Support
JOHNS HOPKINS UNIVERSITY1101 EAST 33RD STREET BALTIMORE,MD 212182694	52-0595110	501 C (3)	330,000				Research & Medical Support
KENNEDY KRIEGER RESEARCHINSTITUTE INC BALTIMORE,MD 21205	52-1328369	501 C (3)	303,780				Research & Medical Support
UNIVERSITY OF MARYLAND MEDICAL110 S PACE ST9TH FL BALTIMORE,MD 21201	52-1362793	501 C (3)	18,840				Public and Professional Education
JACKSON LABORATORY 600 MAIN STREET Bar Harbor,ME 04609	01-0211513	501 C (3)	20,000				Research & Medical Support
JACKSON LABORATORY 600 MAIN STREET Bar Harbor,ME 04609	01-0211513	501 C (3)	171,600				Research & Medical Support
ALLEGIANCE HEALTH3031 NW 64TH ST JACKSON,MI 73116	73-0580263	501 C (3)	25,000				Public and Professional Education
BERRIEN COUNTY HEALTH DEPT769 PIPESTONE BENTON HARBOR,MI 49023	38-6000191	501 C (3)	25,000				Public and Professional Education
FAMILY AND CHILDREN'S SERVICE1714 EASTMAN AVENUE MIDLAND,MI 486404216	38-1398840	501 C (3)	7,375				Community Services
FAMILY SERVICE & CHILDREN'S AI330 W MICHIGAN AVENUE JACKSON,MI 49201	33-6088382	501 C (3)	19,074				Public and Professional Education

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INFANT MORTALITY PROGRAM45 CANDLER ST HIGHLAND,MI 48203	38-2262856	501 C (3)	25,000				Public and Professional Education
MICHIGAN DEPT OF COMMUNITY HE201 TOWNSEND ST LANSING,MI 30635	38-6000134	501 C (3)	20,500				Public and Professional Education
MICHIGNA ENVIRONMENTAL COUNCIL 119 PERE MARQUETTE DR SUITE 2 LANSING,MI 48912	38-2517980	501 C (3)	20,000				Public and Professional Education
OAKLAND LIVINGSTON HUMAN SERVI196 CESAR E CHAVEZ PONTIAC,MI 48343	38-1785665	501 C (3)	25,000				Public and Professional Education
PUBLIC HEALTH DELTA & MENONIME2920 COLLEGE AVENUE ESCANABA,MI 49829	38-3082794	501 C (3)	10,790				Public and Professional Education
REGENTS OF THE UNIVERSITY OF M UNIVERSITY OF MICHIGAN ANN ARBOR,MI 481092200	38-6006309	501 C (3)	150,000				Research & Medical Support
SPECTRUM HEALTH FOUNDATION100 MICHIGAN STREET NE GRAND RAPIDS,MI 30322	38-2752328	501 C (3)	23,500				Public and Professional Education
TELAMON CORPORATION 6350 W MICHIGAN AVE LANSING,MI 48917	56-1022483	501 C (3)	25,000				Public and Professional Education
UNIVERSITY OF MICHIGAN HEALTH1500 EAST MEDICAL CENTER DRIVE ANN ARBOR,MI 48109	38-6006309	501 C (3)	150,000				Research & Medical Support
CASS LAKE INDIAN HEALTH SERVIC425 7TH ST NW CASS LAKE,MN 56633	46-0282140	501 C (3)	25,000				Public and Professional Education

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MAYO CLINIC OFFICE OF WOMEN'S200 FIRST STREET SW ROCHESTER,MN 55905	41-1937751	501 C (3)	25,000				Public and Professional Education
OPEN CITIES HEALTH CENTER409 DUNLOP ST ST PAUL,MN 55104	36-3381598	501 C (3)	24,000				Public and Professional Education
UNIVERSITY OF MINNESOTA200 Oak Streett SE MINNEAPOLIS,MN 55455	41-6007513	501 C (3)	150,000				Research & Medical Support
UNIVERSITY OF MINNESOTA200 Oak Streett SE MINNEAPOLIS,MN 55455	41-6007513	501 C (3)	150,000				Research & Medical Support
DOULA FOUNDATION OF MID-AMERIC2130 N GLENSTONE SPRINGFIELD,MO 31061	30-0046369	501 C (3)	8,330				Public and Professional Education
LINN COUNTY HEALTH DEPARTMENT635 S MAIN BROOKFIELD,MO 64628	43-1268666	501 C (3)	21,797				Public and Professional Education
SAINT LUKES WOMENS TEEN CARE C4320 WORNALL MEDICAL PLAZA KANSAS CITY,MO 47240	44-0545297	501 C (3)	8,940				Public and Professional Education
SIDS RESOURCES1120 SOUTH 6TH ST ST LOUIS,MO 58102	43-1344546	501 C (3)	24,701				Public and Professional Education
ST LOUIS UNIVERSITY 1402 S GRAND BLVD ST LOUIS,MO 63104	43-0654872	501 C (3)	67,717				Public and Professional Education
TEEN PREGNANCY PREVENTION PART2433 N GRAND ST LOUIS,MO 63106	47-9949817	501 C (3)	8,000				Public and Professional Education

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WASHINGTON UNIVERSITY 660 SEuclid Ave St Louis, MO 63110	43-0653611	501 C (3)	229,864				Research & Medical Support
WASHINGTON UNIVERSITY 660 SEuclid Ave St Louis, MO 63110	43-0653611	501 C (3)	100,000				Research & Medical Support
WASHINGTON UNIVERSITY 660 SEuclid Ave St Louis, MO 63110	43-0653611	501 C (3)	217,000				Research & Medical Support
AARON E HENRY COMMUNITY HEALTPO BOX 1216 CLARKADALE, MS 45459	64-0624495	501 C (3)	10,000				Public and Professional Education
COASTAL FAMILY HEALTH CENTER I1046 DIVISION STREET BILOXI, MS 35903	64-0592416	501 C (3)	38,000				Public and Professional Education
COASTAL FAMILY HEALTH CENTER I1046 DIVISION STREET BILOXI, MS 35903	64-0592416	501 C (3)	5,261				Public and Professional Education
COASTAL FAMILY HEALTH CENTER I1046 DIVISION STREET BILOXI, MS 35903	64-0592416	501 C (3)	12,872				Public and Professional Education
COASTAL FAMILY HEALTH CENTER I1046 DIVISION STREET BILOXI, MS 35903	64-0592416	501 C (3)	190,000				Public and Professional Education
COASTAL FAMILY HEALTH CENTER I1046 DIVISION STREET BILOXI, MS 35903	64-0592416	501 C (3)	38,000				Public and Professional Education
UNIVERSITY OF MISSISSIPPI MEDI2500 NORTH STATE STREET JACKSON, MS 392164505	64-6008520	501 C (3)	20,000				Public and Professional Education

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DUKE UNIVERSITYBOX 3382 DUMC Durham,NC 27710	56-0532129	501 C (3)	150,000				Research & Medical Support
EAST COAST MIGRANT HEAD START2700 WYCLIFF RD 302 RALEIGH,NC 27607	52-1020023	501 C (3)	43,005				Public and Professional Education
GASTON COUNTY HEALTH DEPT991 W HUDSON BLVD GASTONIA,NC 28052	56-6000300	501 C (3)	12,000				Public and Professional Education
HALIWA-SAPONI TRIBE INCPO BOX 99 HOLLISTER,NC 27844	23-7377602	501 C (3)	27,153				Public and Professional Education
MISSION HEALTHCARE FOUNDATION980 HENDERSONVILLE RD ASHEVILLE,NC 92686	56-1881331	501 C (3)	20,000				Public and Professional Education
MOUNTAIN AREA HEALTH EDUCATION501 BILTMORE AVENUE ASHEVILLE,NC 27858	56-1071426	501 C (3)	10,000				Public and Professional Education
NORTH CAROLINA BAPTIST HOSPITAMEDICAL CENTER BOULEVARD WINSTONSALEM,NC 27157	56-0552787	501 C (3)	19,239				Public and Professional Education
PRESBYTERIAN HOSPITAL FOUNDATIPO BOX 33549 CHARLOTTE,NC 282333549	58-1413074	501 C (3)	9,126				Public and Professional Education
SOUTHSIDE UNITED HEALTHCARE3009 A WAGHTON ST WINSTONSALEM,NC 27107	05-0589120	501 C (3)	38,615				Public and Professional Education
UNC CENTER FOR MATERNAL AND INUNC CHAPEL HILL CHAPEL HILL,NC 59101	56-6001393	501 C (3)	44,715				Public and Professional Education

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UNC CENTER FOR MATERNAL AND INUNC CHAPEL HILL CHAPEL HILL,NC 59101	56-6001393	501 C (3)	10,000				Public and Professional Education
UNIVERSITY OF NORTH CAROLINA104 AIRPORT DRIVE CHAPEL HILL,NC 275991350	56-6001393	501 C (3)	7,532				Public and Professional Education
UNIVERSITY OF NORTH CAROLINA104 AIRPORT DRIVE CHAPEL HILL,NC 275991350	56-6001393	501 C (3)	150,000				Research & Medical Support
UNIVERSITY OF NORTH CAROLINA104 AIRPORT DRIVE CHAPEL HILL,NC 275991350	56-6001393	501 C (3)	150,000				Research & Medical Support
UNIVERSITY OF NORTH CAROLINA104 AIRPORT DRIVE CHAPEL HILL,NC 275991350	56-6001393	501 C (3)	381,070				Research & Medical Support
UNIVERSITY OF NORTH CAROLINA9201 UNIVERSITY CITY BLVD CHARLOTTE,NC 28223	56-6059417	501 C (3)	150,000				Research & Medical Support
VOCES LATINE'S INC202 N 5TH STREET WILMINGTON,NC 44870	20-2393853	501 C (3)	9,300				Public and Professional Education
YWCA OF GREENSBORO1 YWCA PLACE GREENSBORO,NC 27401	56-0529936	501 C (3)	40,086				Public and Professional Education
OMAHA HEALTHY START 2915 GRANT STREET OMAHA,NE 68111	47-0666715	501 C (3)	6,500				Public and Professional Education
UNIVERSITY OF NEBRASKA MEDICAL987834 NEBRASKA MEDICAL CENTER OMAHA,NE 681987835	47-0049123	501 C (3)	6,500				Community Services

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COOS COUNTY FAMILY SERVICES133 PLEASANT ST BERLIN,NH 03570	02-0350051	501 C (3)	7,260				Public and Professional Education
DARTMOUTH MEDICAL SCHOOL1 ROPE FERRY ROAD HANOVER,NH 03755	02-0222111	501 C (3)	7,500				Community Services
DARTMOUTH MEDICAL SCHOOL1 ROPE FERRY ROAD HANOVER,NH 03755	02-0222111	501 C (3)	7,500				Public and Professional Education
CENTRAL NEW JERSEY MAT CHILD H2 KING ARTHUR CT NORTH BRUNSWICK,NJ 08902	22-3197191	501 C (3)	65,000				Public and Professional Education
GATEWAY NORTHWEST MATERNAL381 WOODSIDE AVE NEWARK,NJ 07104	52-1815234	501 C (3)	47,904				Public and Professional Education
NORTHERN NJ MCH CONSORTIUM17 ARCADIAN AVE SUITE 204 PARAMUS,NJ 07652	52-1816613	501 C (3)	25,000				Public and Professional Education
OUR LADY OF LOURDES HEALTH FOU1600 HADDON AVENUE CAMDEN,NJ 12719	22-2351960	501 C (3)	37,366				Public and Professional Education
NEW MEXICO GRADS RESOURCE COUNPO BOX 1884 SOCORRO,NM 87801	14-1859190	501 C (3)	5,940				Public and Professional Education
RENOWN HEALTH FOUNDATION1155 MILL ST 02 RENO,NV 89509	94-2972749	501 C (3)	22,840				Public and Professional Education
UNIVERSITY MEDICAL CENTER OF S1800 W CHARLESTON BOULEVARD LAS VEGAS,NV 89104	88-6000436	501 C (3)	20,000				Public and Professional Education

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WASHOE TRIBE OF NEVADA 919 HIGHWAY 395 SOUTH GARNERVILLE,NV 98410	88-0120754	501 C (3)	15,000				Public and Professional Education
BROOKLYN HOSPITAL CENTER121 DEKALB AVENUE BROOKLYN,NY 11201	11-1630755	501 C (3)	76,856				Public and Professional Education
CORNELL COOPERATIVE EXTENTION423 GRIFFING AVENUE RIVERHEAD,NY 11901	11-6081424	501 C (3)	58,000				Public and Professional Education
FOUNDATION OF UNIVERSITY OF ME120 ALBANY STREET NEW BRUNSWICK,NY 08901	23-7313160	501 C (3)	27,519				Public and Professional Education
FOUNDATION OF UNIVERSITY OF ME120 ALBANY STREET NEW BRUNSWICK,NY 08901	23-7313160	501 C (3)	63,500				Public and Professional Education
GREATER HUDSON VALLEY FAMILY H3 WASHINGTON AVENUE NEWBURGH,NY 12550	06-1036715	501 C (3)	62,345				Public and Professional Education
INTERNATIONAL RESUCE COMMITTEE122 E 42ND ST NYC,NY 101681289	13-5660870	501 C (3)	38,000				Public and Professional Education
MEMORIAL SLOAN KETTERING CANCE633 THIRD AVENUE NEW YORK,NY 10017	13-1624182	501 C (3)	258,095				Research & Medical Support
NORTHERN ADIRONDACK PLANNED66 BRINKERHOLFF STREET PLATTSBURGH,NY 12901	23-7165566	501 C (3)	10,990				Public and Professional Education
PLANNED PARENTHOOD HUDSON PECO4 SKYLINE DR HAWTHORNE,NY 10532	11-2454790	501 C (3)	61,981				Public and Professional Education

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RENSSELAER POLYTECHNIC INSTITU110 8TH STREET TROY,NY 12180	14-1340095	501 C (3)	150,000				Research & Medical Support
RESEARCH FOUNDATION OF SUNY124 Sherman Hall Buffalo,NY 14214	14-1368361	501 C (3)	150,000				Research & Medical Support
RICHMOND UNIVERSITY MEDICAL CE355 BARD AVENUE STATEN ISLAND,NY 66604	74-3177454	501 C (3)	46,354				Public and Professional Education
SETON HEALTH SYSTEM INC1300 MASSACHUSETTS AVE TROY,NY 12180	14-1776186	501 C (3)	25,000				Public and Professional Education
SLOAN-KETTERING INST CANCER RPO BOX 26338 NEW YORK,NY 10087	13-1624182	501 C (3)	150,000				Research & Medical Support
SOUTHERN TIER HEALTH CARE SYSTONE BLUE BIRD SQUARE OLEAN,NY 14760	16-1469489	501 C (3)	15,284				Public and Professional Education
STATEN ISLAND UNIVERSITY HOSP475 SEAVIEW AVENUE STATEN ISLAND,NY 10305	19-1492000	501 C (3)	40,654				Public and Professional Education
THE RESEARCH FOUNDATION OF SUN90 PRESIDENTIAL PLAZA SYRACUSE,NY 89101	14-1368361	501 C (3)	60,275				Public and Professional Education
WEILL MEDICAL COLLEGE OF CORNE1300 YORK AVENUE New York,NY 10021	13-1623978	501 C (3)	150,000				Research & Medical Support
AULTMAN HOSPITAL2600 6TH ST SW CANTON,OH 12414	34-0714538	501 C (3)	14,824				Public and Professional Education

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AULTMAN HOSPITAL2600 6TH ST SW CANTON,OH 12414	34-0714538	501 C (3)	10,000				Public and Professional Education
CASE WESTERN RESERVE UNIVERSITUNIVERSITY OF MEDICINE CLEVELAND,OH 44106	34-1018992	501 C (3)	150,000				Research & Medical Support
CHILDREN'S HOSPITAL MEDICAL CE3333 BURNET AVE CINCINNATI,OH 45229	31-0833936	501 C (3)	150,000				Research & Medical Support
CHILDREN'S HOSPITAL MEDICAL CE3333 BURNET AVE CINCINNATI,OH 45229	31-0833936	501 C (3)	150,000				Research & Medical Support
CINCINNATI CHILDREN'S HOSPITAL3333 BURNET AVENUE CINCINNATI,OH 45229	31-0833936	501 C (3)	299,196				Research & Medical Support
COMMUNITY HEALTH PARTNERS3700 KOLBE RD LORAIN,OH 50112	34-1504558	501 C (3)	25,000				Public and Professional Education
FAMILY HEALTH SERVICES OF EAST155 McMILLEN DRIVE NEWARK,OH 208144799	31-0785627	501 C (3)	6,545				Community Services
GOOD SAMARITAN HOSPITAL FOUNDA375 DIXMYTH AVENUE CINCINNATI,OH 33612	31-1206047	501 C (3)	24,992				Public and Professional Education
HUMILITY OF MARY HEALTH PARTNE1044 BELMONT AVENUE YOUNGSTOWN,OH 44501	34-0505560	501 C (3)	23,419				Public and Professional Education
NATIONWIDE CHILDREN'S HOSPITAL700 CHILDRENS DRIVE COLUMBUS,OH 43205	31-4379441	501 C (3)	6,386				Public and Professional Education

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OHIO STATE UNIVERSITY RESEARCHRESEARCH FOUNDATION COLUMBUS,OH 432101063	31-6401599	501 C (3)	150,000				Research & Medical Support
PREBLE COUNTY GENERAL HEALTH D615 HILLCRESR DR EATON,OH 47714	31-0000620	501 C (3)	8,000				Public and Professional Education
TOLEDO HOSPITAL2142 NORTH CAVE BLVD TOLEDO,OH 43606	34-4428256	501 C (3)	19,356				Public and Professional Education
TRI-RIVERS CAREER CENTER - OH42222 MARION-MOUNT GILEAD ROAD MARION,OH 43302	31-0843022	501 C (3)	8,498				Public and Professional Education
VARIETY HEALHT CENTER INCPO BOX 2098 OKLAHOMA CITY,OK 191828691	73-0580273	501 C (3)	23,965				Public and Professional Education
COMMUNITY ACTION ORGANIZATION1001 SW BASELINE ST HILLSBORO,OR 97123	93-0554941	501 C (3)	25,000				Research & Medical Support
KLAMATH COUNTY HEALTH DEPT403 PINE ST KLAMATH FALLS,OR 97601	93-6002301	501 C (3)	18,828				Research & Medical Support
LANE COUNTY HEALTH DEPT135 EAST 6TH AVENUE EUGENE,OR 97401	93-6002303	501 C (3)	22,500				Community Services
OREGON HEALTH SCIENCES UNIVERS3181 SW Sam Jackson Park Rd PORTLAND,OR 972393098	93-1176109	501 C (3)	150,000				Research & Medical Support
SACRED HEART MEDICAL CENTER FOPO BOX 10905 EUGENE,OR 97440	93-6026548	501 C (3)	24,000				Research & Medical Support

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DREXEL UNIVERSITY COLLEGE OF M245 N 15TH STREET PHILADELPHIA,PA 19102	23-2979433	501 C (3)	282,000				Research & Medical Support
HAMOT HEALTH FOUNDATION201 STATE STREET ERIE,PA 16550	25-1400999	501 C (3)	20,000				Community Services
LANCASTER GENERAL HOSPITAL555 N DUKE STREET LANCASTER,PA 176043555	23-1365353	501 C (3)	15,875				Community Services
LANKENAU INSTITUTE FOR MEDICAL100 LANCASTER AVENUE WYNNEWOOD,PA 19096	23-2175659	501 C (3)	264,410				Research & Medical Support
MAIN LINE HEALTH SYSTEM - LANK100 LANCASTER AVENUE WYNNEWOOD,PA 19096	23-1352180	501 C (3)	10,000				Community Services
MATERNAL AND CHILD HEALTH CONS30 W BARNARD STREET WEST CHESTER,PA 19382	23-2775806	501 C (3)	15,000				Community Services
MATERNAL AND FAMILY HEALTH SER15 PUBLIC SQUARE SUITE 600 WILKES BARRE,PA 187021700	23-1856766	501 C (3)	23,500				Community Services
PENNSYLVANIA DEPARTMENT OF HEA7TH AND FOSTER STREETS HARRISBURG,PA 17120	23-6003104	501 C (3)	24,920				Community Services
SALVATION ARMY THE217 SYCAMORE STREET OIL CITY,PA 16301	13-5562351	501 C (3)	25,000				Community Services
TEMPLE UNIVERSITY OF THE COMMO3400 N BROAD STREET PHILADELPHIA,PA 67209	23-1365971	501 C (3)	20,000				Community Services

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THOMAS JEFFERSON UNIVERSITY102 Walnut ST PHILADELPHIA,PA 19107	23-1352651	501 C (3)	17,452				Community Services
TITUSVILLE AREA HOSPITAL406 W OAK STREET TITUSVILLE,PA 53913	25-1517854	501 C (3)	21,916				Community Services
TRUSTEES UNIVERSITY OF PENNSYL3451 Walnut ST PHILADELPHIA,PA 19104	23-1352685	501 C (3)	150,000				Research & Medical Support
UNIVERSITY OF PITTSBURGH - CHI3705 FIFTH AVENUE PITTSBURGH,PA 15213	25-0965591	501 C (3)	20,000				Community Services
WISTAR INSTITUTE3601 Spruce St Philadelphia,PA 19104	23-6434390	501 C (3)	258,418				Research & Medical Support
TALLER SALUD INCPO BOX 524 LOIZA,PR 00772	66-0494692	501 C (3)	7,000				Public and Professional Education
CONNECTING FOR CHILDREN & FAMI46 HOPE STREET WOONSOCKET,RI 02895	05-0475365	501 C (3)	9,000				Public and Professional Education
EAST BAY COMMUNITY ACTION PROG100 BULLOCKS POINT AVE EAST PROVIDENCE,RI 08648	05-0310024	501 C (3)	9,000				Public and Professional Education
ACERCAMIENTO HISPANIC DE CAROL240 STONERIDGE DRIVE COLUMBIA,SC 29210	57-1030805	501 C (3)	17,500				Public and Professional Education
ACERCAMIENTO HISPANIC DE CAROL240 STONERIDGE DRIVE COLUMBIA,SC 29210	57-1030805	501 C (3)	17,500				Community Services

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ALPHA PHI ALPHA FRATERNITY - SPO BOX 354 COLUMBIA,SC 55921	01-0593969	501 C (3)	20,000				Public and Professional Education
AnMED HEALTH500 NORTH FANT STREET STE B ANDERSON,SC 29621	57-0359174	501 C (3)	28,000				Community Services
BEAUFORT JASPER HAMPTON COMPRE721 OKATIE HIGHWAY 170 RIDGELAND,SC 29936	57-0523586	501 C (3)	10,175				Public and Professional Education
BEAUFORT JASPER HAMPTON COMPRE721 OKATIE HIGHWAY 170 RIDGELAND,SC 29936	57-0523586	501 C (3)	10,175				Public and Professional Education
BEAUFORT JASPER HAMPTON COMPRE721 OKATIE HIGHWAY 170 RIDGELAND,SC 29936	57-0523586	501 C (3)	10,175				Community Services
BEAUFORT JASPER HAMPTON COMPRE721 OKATIE HIGHWAY 170 RIDGELAND,SC 29936	57-0523586	501 C (3)	10,175				Community Services
CLARENDON MEMORIAL HOSPITALPO BOX 550 MANNING,SC 32202	51-6001305	501 C (3)	29,149				Community Services
CLARENDON MEMORIAL HOSPITALPO BOX 550 MANNING,SC 32202	51-6001305	501 C (3)	29,149				Community Services
GREENVILLE HOSPITAL SYSTEM- WO701 GROVE RD GREENVILLE,SC 462025167	57-6007863	501 C (3)	62,076				Community Services
MEDICAL UNIVERSITY OF SOUTH CA96 JONATHAN LUCAS ST CHARLESTON,SC 462025251	57-6000722	501 C (3)	44,614				Public and Professional Education

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MEDICAL UNIVERSITY OF SOUTH CA96 JONATHAN LUCAS ST CHARLESTON,SC 462025251	57-6000722	501 C (3)	12,775				Public and Professional Education
NURTURING CENTER INC THE1332 PICKENS STREET COLUMBIA,SC 73112	57-0875498	501 C (3)	21,340				Community Services
SCDHEC REGION I OCONEE COUNTYPOBOX 488 SENECA,SC 30529	57-6000286	501 C (3)	36,422				Public and Professional Education
SOUTH CAROLINA DEPARTMENT OF H1800 ST JULIAN PLACE COLUMBIA,SC 29204	57-6000286	501 C (3)	22,000				Public and Professional Education
SOUTH CAROLINA DEPARTMENT OF H1800 ST JULIAN PLACE COLUMBIA,SC 29204	57-6000286	501 C (3)	22,000				Community Services
SOUTH CAROLINA PERINATAL ASSOCPO BOX 5247 COLUMBIA,SC 29250	57-0656784	501 C (3)	10,000				Public and Professional Education
SPARTANBURG REGIONAL HEALTHCAR101 E WOOD STREET SPARTANBURG,SC 29303	57-6000934	501 C (3)	59,234				Community Services
ZETA PHI BETA SORORITY INC130 WISTERIA DRIVE AIKEN,SC 522441361	57-6029790	501 C (3)	11,575				Community Services
ZETA PHI BETA SORORITY INC130 WISTERIA DRIVE AIKEN,SC 522441361	57-6029790	501 C (3)	11,575				Community Services
JACKSON MADISON COUNTY GENERAL708 WEST FOREST AVENUE JACKSON,TN 38301	62-6010402	501 C (3)	15,000				Public and Professional Education

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METROPOLITAN GOVERNMENT OF NAS311-23RD AVENUE NORTH NASHVILLE,TN 372031511	62-0694743	501 C (3)	14,809				Community Services
MIDDLE TENNESSEE STATE UNIVERIPO BOX 99 MURFREESBORO,TN 49074	62-6005794	501 C (3)	8,704				Community Services
NORTH EAST TENNESSEE REGIONAL400 STATE OF FRANKLIN ROAD JOHNSON CITY,TN 66612	62-0476282	501 C (3)	12,000				Public and Professional Education
ST JUDES CHILDRENS RESEARCH332 NLAUDERDALE MEMPHIS,TN 38105	62-0646012	501 C (3)	150,000				Research & Medical Support
UNIVERSITY OF TENNESSEE920 MADISON AVE MEMPHIS,TN 38163	62-6001636	501 C (3)	171,360				Research & Medical Support
UNIVERSITY OF TENNESSEE MEDICAA-38 1924 ALCOA HIGHWAY KNOXVILLE,TN 96813	62-6001636	501 C (3)	18,790				Community Services
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER MEMPHIS,TN 38163	74-1761309	501 C (3)	103,136				Research & Medical Support
VANDERBILT UNIVERSITY 3319 WEST END AVENUE NASHVILLE,TN 37203	62-0476822	501 C (3)	78,735				Research & Medical Support
VANDERBILT UNIVERSITY MEDICAL3319 West End Avenue NASHVILLE,TN 37203	62-0476822	501 C (3)	466,231				Research & Medical Support
WASHINGTON COUNTY HEALTH DEPT415 STATE OF FRANKLIN RD JOHNSON CITY,TN 37604	62-6000894	501 C (3)	13,000				Community Services

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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WOMEN'S WELLNESS & MATERNITY CPO BOX 115 MADISONVILLE,TN 60560	62-1178892	501 C (3)	19,800				Community Services
AVANCE DALLAS2816 SWISS AVE DALLAS,TX 53140	74-1769114	501 C (3)	8,000				Public and Professional Education
BAYLOR COLLEGE OF MEDICINEONE BAYLOR PLAZA HOUSTON,TX 77030	74-1613878	501 C (3)	271,111				Research & Medical Support
CORNERSTONE BAPTIST CHURCH5415 MATLOCK ROAD ARLINGTON,TX 76018	75-1882212	501 C (3)	18,500				Public and Professional Education
ETA LOTA ZETA EDUCATION FOUNDAPO BOX 372295 EL PASO,TX 57201	32-1375826	501 C (3)	10,000				Public and Professional Education
FAMILY OUTREACH CORPUS CHRISTI1444 BALDWIN BLVD CORPUS CHRISTI,TX 57201	74-2049746	501 C (3)	10,000				Public and Professional Education
GARTH HOUSE MICKEY MEFAFFY CH1895 MCFADDIN BEAUMONT,TX 55616	76-0660968	501 C (3)	10,000				Public and Professional Education
GREATER LOVE MISSIONARY BAPTIS1534 PECK AVENUE SAN ANTONIO,TX 53222	74-2487205	501 C (3)	9,250				Public and Professional Education
GREATER MOUNT TABOR CHRISTIAN2513 EDGEWOOD TERRANCE FT WORTH,TX 151481527	75-1943938	501 C (3)	9,250				Public and Professional Education
GREENSPOINT BAPTIST CHURCH11703 WALTERS ROAD HOUSTON,TX 77067	74-2210697	501 C (3)	18,500				Public and Professional Education

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JUNIOR LEAGUE OF ODESSA INC2707 KERMIT HIGHWAY ODESSA,TX 79764	75-0449533	501 C (3)	20,000				Public and Professional Education
MEMORIAL HERMANN FOUNDATION6411 FANNIN ST HOUSTON,TX 66044	74-1653640	501 C (3)	25,000				Public and Professional Education
METHODIST HEALTH SYSTEM FOUNDA1441 NORTH BECKLEY DALLAS,TX 38305	74-1578343	501 C (3)	50,000				Public and Professional Education
MIGRANT HEALTH PROMOTIONS536 S TEXAS BLVD WESLACO,TX 33914	38-3092194	501 C (3)	16,000				Public and Professional Education
PARKLAND FOUNDATION TX6522777 N STEMMONS FREEWASUITE1700 DALLAS,TX 75207	75-2089180	501 C (3)	8,000				Public and Professional Education
SISTERHOOD OF FAITH IN ACTIONPO BOX 91238 HOUSTON,TX 772911238	76-0446282	501 C (3)	28,000				Public and Professional Education
UNIVERSITY OF TEXAS AT AUSTIN101 EAST 27th STREET AUSTIN,TX 78712	74-6000203	501 C (3)	229,000				Research & Medical Support
UNIVERSITY OF TEXAS HEALTH SCI1200 HERMANN PRESSLER HOUSTON,TX 77225	74-1761309	501 C (3)	15,133				Public and Professional Education
UNIVERSITY OF TEXAS SOUTHWESTEPO BOX 841573 DALLAS,TX 75284	75-6002868	501 C (3)	150,000				Research & Medical Support
UNIVERSITY OF TEXAS SOUTHWESTEPO BOX 841573 DALLAS,TX 75284	75-6002868	501 C (3)	150,000				Research & Medical Support

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UNIVERSITY OF TEXAS SOUTHWESTEPO BOX 841573 DALLAS,TX 75284	75-6002868	501 C (3)	150,000				Research & Medical Support
WHEELER AVENUE 5C'S INC 3826 WHEELER AVENUE HOUSTON,TX 92020	74-1952632	501 C (3)	18,500				Public and Professional Education
WTL -THE WAY TRUTH AND LIFE30443 BETKA RD WALLER,TX 55336	84-1639778	501 C (3)	42,500				Public and Professional Education
WTL -THE WAY TRUTH AND LIFE30443 BETKA RD WALLER,TX 55336	84-1639778	501 C (3)	6,817				Public and Professional Education
YWCA OF LUBBOCK3101 35TH STREET LUBBOCK,TX 79401	75-0939427	501 C (3)	20,000				Community Services
UNIVERSITY OF UTAH15 North 2030 Salt Lake City,UT 84112	87-6000626	501 C (3)	150,000				Research & Medical Support
CHESTERFIELD HEALTH DISTRICT9501 LUCY CORR CIRCLE CHESTERFIELD,VA 834400310	54-6001775	501 C (3)	24,999				Community Services
EASTERN VIRGINIA MEDICAL SCHOO721 FAIR FAX AVENUE NORFOLK,VA 15213	54-6055378	501 C (3)	34,650				Community Services
FAMILY MATERNITY CENTER OF THENORTHERN NECK KILMARNOCK,VA 15213	20-1556342	501 C (3)	29,700				Community Services
HOFFMAN & HOFFMAN PUBLIC RELAT1909 ROCKINGHAMN STREET SUITE MCLEAN,VA 22101	54-1357222	501 C (3)	22,500				Research & Medical Support

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INMED PARTNERSHIPS FOR CHILDRE20110 ASHBROOK PLACE ASHBURN,VA 20147	52-1482339	501 C (3)	20,000				Public and Professional Education
INOVA HELATH SYSTEM FOUNDATION8110 GATE HOUSE RD 20 FALLS CHURCH,VA 22042	54-1071867	501 C (3)	18,000				Public and Professional Education
PREEMIES TODAYPO BOX 523525 SPRINGFIELD,VA 49442	14-1911170	501 C (3)	24,500				Public and Professional Education
RICHMOND CITY HEALTH DISTRICT900 E MARSHALL ST RICHMOND,VA 560028674	54-6001775	501 C (3)	30,098				Community Services
SIDS MID-ATLANTICPO BOX 799 HAYMARKET,VA 20168	01-0638075	501 C (3)	21,500				Public and Professional Education
SOUTHERN DOMINION HEALTHPO BOX 70 VICTORIA,VA 23974	54-1282624	501 C (3)	14,427				Community Services
SOUTHWEST VIRGINIA PERINATAL CPO BOX 1016 ABINGDON,VA 60073	54-0715270	501 C (3)	15,169				Community Services
THE RECTOR & VISITORS OF THE U200 BOWEN LOOP STE 100 CHARLOTTESVILLE,VA 22908	54-6001796	501 C (3)	150,000				Research & Medical Support
THREE RIVERS HEALTH DISTRICTPO BOX 415 SALUDA,VA 23149	54-6001775	501 C (3)	8,278				Community Services
UNIVERSITY OF VIRGINIA 1300 Jefferson Park Avenue CHARLOTTESVILLE,VA 22908	54-6001796	501 C (3)	150,000				Research & Medical Support

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UNIVERSITY OF VIRGINIA 1300 Jefferson Park Avenue CHARLOTTESVILLE,VA 22908	54-6001796	501 C (3)	150,000				Research & Medical Support
VIRGINIA COMMONWEALTH UNIVERSIPO BOX 980163 RICHMOND,VA 23298	54-6001758	501 C (3)	287,020				Research & Medical Support
AMERICAN ACADEMY OF PEDIATRICS134 MAIN STREET MONTPELIER,VT 05601	03-0316774	501 C (3)	6,500				Public and Professional Education
BENTON-FRANKLIN HEALTH DISTRIC7102 W OKANOGAN PLACE KENNEWICK,WA 99336	91-1018182	501 C (3)	12,500				Public and Professional Education
FAMILY PLANNING OF CLALLAM COUPO BOX 927 PORT ANGELES,WA 49855	91-0872258	501 C (3)	20,000				Public and Professional Education
FIRST STEP FAMILY SUPPORT CENT325 E 6TH STREET PORT ANGELES,WA 98382	91-0897485	501 C (3)	10,750				Public and Professional Education
FRANCISCAN FOUNDATION 1149 MARKET STREET TACOMA,WA 98402	91-1145592	501 C (3)	20,594				Public and Professional Education
REFUGEE WOMEN'S ALLIANCE4008 MARTIN LUTHER KING WAY S SEATTLE,WA 98108	91-1296964	501 C (3)	13,682				Public and Professional Education
UNIVERSITY OF WASHINGTON1959 NE Pacific Street SEATTLE,WA 98195	91-6001537	501 C (3)	46,054				Public and Professional Education
UNIVERSITY OF WASHINGTON1959 NE Pacific Street SEATTLE,WA 98195	91-6001537	501 C (3)	150,000				Research & Medical Support

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AMERICAN SOCIETY OF GENE THERA555 E Well St Milwaukee, WI 53202	91-1766321	501 C (3)	10,000				Research & Medical Support
BOARD OF REGENTS UNIV OF WISC750 UNIVERSITY AVENUE MADISON, WI 53706	39-8006492	501 C (3)	365,046				Research & Medical Support
BOARD OF REGENTS UNIV OF WISC400 A W PETERSON BUILDING MADISON, WI 53706	39-8006492	501 C (3)	150,000				Research & Medical Support
COLUMBIA ST MARY'S FOUNDATION4425 N PORT WASHINGTON RD GLENDALE, WI 92705	39-1494981	501 C (3)	20,746				Public and Professional Education
FAMILY RESOURCE CENTER OF FOND104 S MAIN STREET FOND DU LAC, WI 54935	39-1297284	501 C (3)	12,000				Public and Professional Education
MEDICAL COLLEGE OF WISCONSIN8701 WATERTOWN Plank Rd MILWAUKEE, WI 53226	39-0806261	501 C (3)	150,000				Research & Medical Support
POLK COUNTY HEALTH DEPT - WI65100 POLK COUNTY PLAZA BALSAM LAKE, WI 54810	39-6005730	501 C (3)	12,000				Public and Professional Education
SHEBOYGAN COUNTY HHS DEPARTMEN1011 N 8TH STREET SHEBOYGAN, WI 83081	39-6005744	501 C (3)	8,500				Public and Professional Education
WHEATON FRANCISCAN HEALTHCARE5000 W CHAMBERS STREET MILWAUKEE, WI 47904	39-1636804	501 C (3)	12,000				Public and Professional Education
CHEYENNE REGIONAL MEDICAL CENT214 E 23RD ST CHEYENNE, WY 42101	83-6001940	501 C (3)	5,740				Public and Professional Education

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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" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
March of Dimes Foundation

Employer identification number
13-1846366

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☑ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☐ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in 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?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in 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?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(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 reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Jennifer Howse PhD	(i) (ii)	476,099 0		157,033		8,628	641,760 0	
Jane Massey	(i) (ii)	340,132 0		62,624		8,745	411,501 0	
Dr Alan Fleischman	(i) (ii)	293,898 0			12,650	16,956	323,504 0	
Richard E Mulligan	(i) (ii)	219,003 0				22,160	241,163 0	
Lisa Bellsey Esq	(i) (ii)	224,016 0				9,040	233,056 0	
Michael Katz	(i) (ii)	301,090 0		13,561		1,116	315,767 0	
Marina Weiss	(i) (ii)	261,008 0		6,563		2,616	270,187 0	
Alan Kauffman	(i) (ii)	228,436 0		118		17,436	245,990 0	
James Green	(i) (ii)	253,547 0		12,783		24,397	290,727 0	
Paula Howell	(i) (ii)	208,758 0				23,206	231,964 0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
Supplemental Nonqualified Retirement including related tax gross up pmnts	Part 1, #4b	Jennifer Howse, Ph D $157,033 Jane Massey $62,624 Marina Weiss $6,563 Alan Kauffman $118 Michael Katz $13,561 James Green $12,783
COMPENSATION NOTE 2009		NO INCREASES IN OFFICER BASE PAY WERE APPROVED FOR 2009 AND NO BASE PAY INCREASES FOR OTHER STAFF WERE APPROVED WITH THE EXCEPTION OF PROMOTIONS

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
March of Dimes Foundation

Employer identification number
13-1846366

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles	X	148	43,186	Selling Price
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X		72,623	Selling Price
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 ▶ (Airfare)	X	0	155,000	Fair Market value
26	Other ▶ (Print)	X	0	152,500	Fair Market value
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 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a	Yes	
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
Car Donation Program	Schedule M, #32a	The March of Dimes accepts donation 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 title, as well as the pick up and sale of the vehicle

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
March of Dimes Foundation

Employer identification number
13-1846366

Identifier	Return Reference	Explanation
PART VI	LINE 1	THE MARCH OF DIMES FOUNDATION HAS 32 VOTING MEMBERS OF THE GOVERNING BODY,WHICH ARE ALL VOLUNTEER BD MEMBERS THERE ARE 5 BOARD OFFICERS WHO DO NOT VOTE
PART VI SECTION B POLICIES	LINE 15	NOTE NO INCREASES IN OFFICER BASE PAY WERE APPROVED FOR 2009 AND NO BASE PAY INCREASES FOR OTHER STAFF WERE APPROVED WITH THE EXCEPTION OF PROMOTIONS Executive Compensation at the March of Dimes is a three stage process, designed to ensure an independent and transparent approach to the review of the March of Dimes Officers 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 and Staff Officers The Committee is comprised of 3 independent Trustees who meet annually to review and discuss the salary ranges for the President and Staff Officers of the 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 recommendations to the Executive Committee The Executive Committee considers and discusses the recommendations, and then takes a vote on compensation The third stage is when the full Board of Directors is briefed on the executive committee's findings and conclusions Minutes are taken to record the discussion and conclusions reached, and are kept on file This process is in keeping with the March of Dimes By-Laws and the responsibilities of the Executive Committee, and also is intended to comport with the regulations on Intermediate Sanctions promulgated by the IRS
PART VI SECTION C DISCLOSURE	LINE 19	The March of Dimes Foundation makes its Annual Report and IRS Form 990 accessible via our website, www marchofdimes com and via request from the general public
PART VI - REVIEW OF 990 BY GOVERNING BODY	LINE 10	The March of Dimes IRS Form 990, is prepared by staff and reviewed by Management, upon it's completion it is then reviewed by a paid preparer, the President and the Foundations Audit Committee of the Bd of Trustees prior to electronically filing with the IRS
PART VI SECTION B CONFLICT OF INTEREST	LINE 12C	Annually the March of Dimes asks their employees and Bd Members (both National and Chapter) to review and sign a Conflict of Interest Policy Volunteer Bd members are given a hard copy to sign where employees access the Foundation's intranet website to review and sign the policy The Foundations Legal Counsel follows up to resolve any disclosed conflicts

Additional Data

Software ID:
Software Version:
EIN: 13-1846366
Name: March of Dimes Foundation

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
Kenneth May CHAIRMAN	30	X		X				0	0	0
Mark Selcow VICE CHAIRMAN	10	X		X				0	0	0
David R Smith MD VICE CHAIRMAN	10	X		X				0	0	0
Carol Evans SECRETARY	10	X		X				0	0	0
Kathy Behrens TRUSTEE	10	X						0	0	0
Harris Brooks TRUSTEE	10	X						0	0	0
John Burbank TRUSTEE	10	X						0	0	0
Al Childs TREASURER	10	X		X				0	0	0
Dr Harvey Cohen TRUSTEE	10	X						0	0	0
Dr Jose F Cordero TRUSTEE	10	X						0	0	0
Miriam Arond TRUSTEE	10	X						0	0	0
LaVerne H Council TRUSTEE	10	X						0	0	0
Michele Fabrizi TRUSTEE	10	X						0	0	0
Dr Virginia Davis Floyd MPH TRUSTEE	10	X						0	0	0
Robert F Friel TRUSTEE	10	X						0	0	0
Don Germano TRUSTEE	10	X						0	0	0
JJospeh Hale Jr TRUSTEE	10	X						0	0	0
Elizabeth Roosevelt Johnson TRUSTEE	10	X						0	0	0
Timothy Kelly TRUSTEE	10	X						0	0	0
Michael M Mohnsen TRUSTEE	10	X						0	0	0
Judith Nolte TRUSTEE	10	X						0	0	0
Jonathan Spector TRUSTEE	10	X						0	0	0
Frederick W Telling PhD TRUSTEE	10	X						0	0	0
Bruce C Vladeck PhD TRUSTEE	10	X						0	0	0
Joseph W Wood TRUSTEE	10	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
Dr Roger Charles Young TRUSTEE	1 0	X						0	0	0
Shannon Brown TRUSTEE	1 0	X						0	0	0
Gary Dixon TRUSTEE	1 0	X						0	0	0
Steven Frieberg TRUSTEE	1 0	X						0	0	0
Troy Ruhanen TRUSTEE	1 0	X						0	0	0
FRobert Woudstra TRUSTEE	1 0	X						0	0	0
G BRENT MINOR TRUSTEE	1 0	X						0	0	0
Jennifer Howse PhD PRESIDENT	50 0			X				633,132	0	8,628
Jane Massey EXEC VICE PRESIDENT	50 0			X				402,756	0	8,745
Dr Alan Fleischman Medical Director	50 0			X				293,898	0	29,606
Richard E Mulligan ASSISTANT TREASURER	50 0			X				219,003	0	22,160
Lisa Bellsey Esq ASSISTANT SECRETARY	50 0			X				224,016	0	9,040
Michael Katz SENIOR V P	50 0					X		314,651	0	1,116
Marina Weiss SENIOR V P	50 0					X		267,571	0	2,616
Alan Kauffman SENIOR V P	50 0					X		228,554	0	17,436
James Green SENIOR V P	50 0					X		266,330	0	24,397
Paula Howell SENIOR VP	50 0					X		208,758	0	23,206

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
PRINTING	21,462,437	12,518,351	3,076,964	5,867,122
POSTAGE & SHIPPING	12,134,700	6,887,232	1,891,759	3,355,709
EQUIPMENT RENTAL	2,336,095	1,657,516	348,770	329,809
TELEMARKETING/DATA FEES	8,600,941	6,041,903	1,465,881	1,093,157
TELEPHONE	2,324,930	1,621,520	369,376	334,034