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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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

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

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 $ 254,019,847

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) ☐ 501(c) ( ) ◀ (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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	33
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	33
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	1,737
6	Total number of volunteers (estimate if necessary)	**6**	3,000,000
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	204,184,165	201,374,024
9	Program service revenue (Part VIII, line 2g)	1,771,685	1,699,213
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,424,072	4,065,492
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,703,645	1,575,261
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	211,083,567	208,713,990
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	30,953,145	29,356,421
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	99,510,221	95,205,818
16a	Professional fundraising fees (Part IX, column (A), line 11e)	2,400,017	2,175,507
b	Total fundraising expenses (Part IX, column (D), line 25) ▶28,514,908		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	77,495,576	79,355,477
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	210,358,959	206,093,223
19	Revenue less expenses Subtract line 18 from line 12	724,608	2,620,767

Revenue / Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	156,956,237	169,647,882
21	Total liabilities (Part X, line 26)	113,547,202	115,951,662
22	Net assets or fund balances Subtract line 21 from line 20	43,409,035	53,696,220

Net Assets or Fund Balances

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: 2011-05-10

RICHARD E MULLIGAN SR VP & CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶☐	PTIN
Firm's name ▶ KPMG LLP				Firm's EIN ▶
Firm's address ▶ 345 Park Avenue New York, NY 10154				Phone no ▶ (212) 758-9700

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☐

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 $ 28,786,187 including grants of $ 22,849,838) (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 SUBOPTIMAL PREGNANCY OUTCOME MEDICAL SERVICES CONTINUED SUPPORT OF RESPIRATORY EQUIPMENT FOR POST POLIO PATIENTS

4b (Code) (Expenses $ 77,326,138 including grants of $ 4,415,508) (Revenue $ 1,699,213)

PUBLIC AND 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 $ 49,129,049 including grants of $ 2,091,075) (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** ▶ $ 155,241,374

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 (see instruction)?	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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *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	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		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, Parts I and IV*	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, Parts II and IV*	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, Parts III and IV*	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 (see instructions)*	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	
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		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**	Yes	
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 lines 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 (or a family member thereof) was an officer, director, trustee, or direct or indirect 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)?	**35**		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ Yes ☑ 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

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	569		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	55		
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	1,737		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			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 ▶ CJ See instructions for 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?			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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			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			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			14b	

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	33		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	33		
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 governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant 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	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this 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 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	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 E MULLIGAN
1275 MAMRONECK AVENUE
WHITE PLAINS, NY 10605
(914) 428-7100

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☐

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) KENNETH MAY CHAIRMAN	30	X		X				0	0	0
(2) MARK SELCOW TRUSTEE	10	X						0	0	0
(3) DAVID R SMITH MD VICE CHAIRMAN	10	X		X				0	0	0
(4) CAROL EVANS VICE CHAIR	10	X		X				0	0	0
(5) KATHY BEHRENS TRUSTEE	10	X						0	0	0
(6) HARRIS BROOKS TRUSTEE	10	X						0	0	0
(7) JOHN BURBANK TRUSTEE	10	X						0	0	0
(8) AL CHILDS TREASURER	10	X		X				0	0	0
(9) HARVEY COHEN MD PhD TRUSTEE	10	X						0	0	0
(10) JOSE F CORDERO MD MPH TRUSTEE	10	X						0	0	0
(11) MIRIAM AROND TRUSTEE	10	X						0	0	0
(12) LAVERNE H COUNCIL VICE CHAIR	10	X		X				0	0	0
(13) MICHELE FABRIZI TRUSTEE	10	X						0	0	0
(14) VIRGINIA DAVIS FLOYD MD MPH TRUSTEE	10	X						0	0	0
(15) ROBERT FRIEL TRUSTEE	10	X						0	0	0
(16) DON GERMANO TRUSTEE	10	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) TROY RUHANEN TRUSTEE	1 0	X						0	0	0
(18) F ROBERT WOUDSTRA TRUSTEE	1 0	X						0	0	0
(19) G BRENT MINOR TRUSTEE	1 0	X						0	0	0
(20) SHANNON BROWN TRUSTEE	1 0	X						0	0	0
(21) GARY DIXON TRUSTEE	1 0	X						0	0	0
(22) STEVEN FREIBERG TRUSTEE	1 0	X						0	0	0
(23) ALEEM GILLANI TRUSTEE	1 0	X						0	0	0
(24) J JOSEPH HALE JR TRUSTEE	1 0	X						0	0	0
(25) H EDWARD HANWAY TRUSTEE	1 0	X						0	0	0
(26) WILLIAM R HARKER TRUSTEE	1 0	X						0	0	0
(27) ELIZABETH ROOSEVELT JOHNSON TRUSTEE	1 0	X						0	0	0
(28) JUDITH NOLTE TRUSTEE	1 0	X						0	0	0
(29) KIRK PERRY TRUSTEE	1 0	X						0	0	0
(30) JONATHAN SPECTOR SECRETARY	1 0	X		X				0	0	0
(31) FREDERICK W TELLING PhD TRUSTEE	1 0	X						0	0	0
(32) JOSEPH W WOOD TRUSTEE	1 0	X						0	0	0
(33) ROGER CHARLES YOUNG MD PhD TRUSTEE	1 0	X						0	0	0
(34) TIMOTHY KELLY TRUSTEE - TERM ENDED JUNE 2010	1 0	X						0	0	0
(35) MICHAEL MOHNSEN TRUSTEE - TERM ENDED JUNE 2010	1 0	X						0	0	0
(36) BRUCE C VLADECK TRUSTEE - TERM ENDED JUNE 2010	1 0	X						0	0	0
(37) JENNIFER HOWSE PHD PRESIDENT	50 0			X				631,877		8,628
(38) JANE MASSEY EXEC VICE PRESIDENT	50 0			X				395,113		8,745
(39) DR ALAN FLEISCHMAN MEDICAL DIRECTOR	50 0			X				302,790		29,606
(40) RICHARD E MULLIGAN ASSISTANT TREASURER	50 0			X				225,329		22,160
(41) LISA BELLSEY ESQ ASSISTANT SECRETARY	50 0			X				230,784		9,040
(42) MICHAEL KATZ SENIOR V P	50 0					X		309,867		1,116
(43) MARINA WEISS SENIOR V P	50 0					X		268,729		2,616
(44) ALAN KAUFFMAN SENIOR V P	50 0					X		235,654		17,436
(45) JAMES GREEN SENIOR V P	50 0					X		283,259		24,897
(46) PAULA HOWELL SENIOR V P	50 0					X		209,758		23,206
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								3,093,160	0	147,450

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 ▶ 104

			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 or individual 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
INFOCISION 325 SPRINGSIDE DRIVE AKRON, OH 44333	TELEMARKETING SERVIC	3,435,025
HAINES CO PO BOX 2117 NORTH CANTON, OH 44720	TELEMARKETING SERVIC	2,679,901
PEP DIRECT 19 STONEY BROOK DRIVE WILTON, NH 03086	MAIL HOUSE	2,460,768
EPSILON 50 CAMBRIDGE STREET BURLINGTON, MA 01803	DATA PROCESSING	2,068,902
BLACKBAUD PO BOX 930256 ATLANTA, GA 311930256	SOFTWARE DESIGN	1,260,886

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 ▶ 32

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	1,218,217				
	b Membership dues 1b					
	c Fundraising events 1c	127,374,991				
	d Related organizations 1d					
	e Government grants (contributions) 1e	4,340,981				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	68,439,835				
	g Noncash contributions included in lines 1a-1f $	159,197				
	h **Total.** Add lines 1a-1f		201,374,024			
Program Service Revenue		Business Code				
	2a SALE OF EDUCATIONAL MATERIAL	900099	1,139,154	1,139,154		
	b SYMPOSIUM CONFERENCES	900099	352,943	352,943		
	c PROGRAM SPONSORSHIP	900099	207,116	207,116		
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f		1,699,213			
	3 Investment income (including dividends, interest and other similar amounts)		2,610,160			2,610,160
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		923,102			923,102
		(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	32,812,000				
	b Less cost or other basis and sales expenses	31,356,668				
	c Gain or (loss)	1,455,332				
	d Net gain or (loss)		1,455,332			1,455,332
Other Revenue	8a Gross income from fundraising events (not including $ 127,374,991 of contributions reported on line 1c) See Part IV, line 18 a	13,949,189				
	b Less direct expenses b	13,949,189				
	c Net income or (loss) from fundraising events		0			
	9a Gross income from gaming activities See Part IV, line 19 a	345,032				
	b Less direct expenses b					
	c Net income or (loss) from gaming activities		345,032			345,032
	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	900099	272,510			272,510
	b ALL OTHER REVENUE	900099	34,617			34,617
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d		307,127			
	12 **Total revenue.** See Instructions		208,713,990	1,699,213		5,640,753

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	27,689,013	27,689,013		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	10,000	10,000		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	1,657,408	1,657,408		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,785,894	1,364,780	193,234	227,880
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	69,235,559	52,961,666	7,459,683	8,814,210
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,043,978	5,352,882	777,558	913,538
9 Other employee benefits	11,395,538	8,748,176	1,215,840	1,431,522
10 Payroll taxes	5,744,849	4,327,353	658,542	758,954
a Fees for services (non-employees) Management	0			
b Legal	203,039	96,787	67,230	39,022
c Accounting	433,740	211,340	140,715	81,685
d Lobbying	0			
e Professional fundraising services *See Part IV, line 17*	2,175,507			2,175,507
f Investment management fees	0			
g Other	10,325,820	6,709,102	1,417,104	2,199,614
12 Advertising and promotion	0			
13 Office expenses	0			
14 Information technology	0			
15 Royalties	0			
16 Occupancy	8,536,669	6,769,358	787,923	979,388
17 Travel	5,751,876	4,491,119	545,366	715,391
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	2,709,706	2,336,448	178,490	194,768
20 Interest	132,766	82,289	27,801	22,676
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	2,310,636	1,590,836	351,559	368,241
23 Insurance	0			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a PRINTING	22,740,344	13,729,000	3,853,132	5,158,212
b POSTAGE & SHIPPING	11,760,643	6,871,764	2,170,632	2,718,247
c EQUIPMENT RENTAL	2,568,256	1,858,494	362,752	347,010
d TELEMARKETING/DATA FEES	8,529,483	6,117,306	1,547,112	865,065
e TELEPHONE	2,488,105	1,675,698	447,796	364,611
f All other expenses	864,394	590,555	134,472	139,367
25 **Total functional expenses.** Add lines 1 through 24f	206,093,223	155,241,374	22,336,941	28,514,908
26 **Joint costs.** Check here ▶ ☑ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	37,008,000	21,988,000	7,116,000	7,904,000

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,203,817	1	1,216,667
	2	Savings and temporary cash investments		8,710,042	2	18,851,854
	3	Pledges and grants receivable, net		1,093,369	3	1,038,330
	4	Accounts receivable, net		6,885,287	4	6,939,361
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		5,338,053	8	5,158,547
	9	Prepaid expenses and deferred charges		2,183,976	9	1,760,073
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 49,916,317			
	b	Less accumulated depreciation	10b 34,709,488	15,808,899	10c	15,206,829
	11	Investments—publicly traded securities		90,815,311	11	93,710,575
	12	Investments—other securities See Part IV, line 11		15,978,070	12	16,797,873
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		8,939,411	15	8,967,773
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		156,956,237	16	169,647,882
Liabilities	17	Accounts payable and accrued expenses		12,038,021	17	12,967,245
	18	Grants payable		24,923,952	18	23,333,375
	19	Deferred revenue		2,427,713	19	3,111,226
	20	Tax-exempt bond liabilities		2,280,000	20	1,560,000
	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		71,877,516	25	74,979,816
	26	**Total liabilities.** Add lines 17 through 25		113,547,202	26	115,951,662
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		30,083,630	27	40,387,902
	28	Temporarily restricted net assets		2,244,433	28	1,735,918
	29	Permanently restricted net assets		11,080,972	29	11,572,400
		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		43,409,035	33	53,696,220
	34	Total liabilities and net assets/fund balances		156,956,237	34	169,647,882

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	208,713,990
2	Total expenses (must equal Part IX, column (A), line 25)	2	206,093,223
3	Revenue less expenses Subtract line 2 from line 1	3	2,620,767
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	43,409,035
5	Other changes in net assets or fund balances (explain in Schedule O)	5	7,666,418
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	53,696,220

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			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 separate basis, consolidated 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

2010

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 described in **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 331/3% 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 331/3% 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)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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 Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	227,617,539	236,928,297	230,737,298	204,402,497	201,374,024	1,101,059,655
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	227,617,539	236,928,297	230,737,298	204,402,497	201,374,024	1,101,059,655
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						1,101,059,655

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	227,617,539	236,928,297	230,737,298	204,402,497	201,374,024	1,101,059,655
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	42,114,359	6,477,429	4,965,143	3,736,741	3,533,262	60,826,934
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	863,644	621,722	506,423	608,401	307,127	2,907,317
11 **Total support** (Add lines 7 through 10)						1,164,793,906

12	Gross receipts from related activities, etc (See instructions)	12	2,907,317

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 2010 (line 6 column (f) divided by line 11 column (f))	14	94 528 %
15	Public Support Percentage for 2009 Schedule A, Part II, line 14	15	94 500 %

16a **33 1/3% support test—2010.** 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—2009.** 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—2010.** 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—2009.** 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 Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2009 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2010.** 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—2009.** 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 explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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 TRUSTEE	10	X						0	0	0
DAVID R SMITH MD VICE CHAIRMAN	10	X		X				0	0	0
CAROL EVANS VICE CHAIR	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
HARVEY COHEN MD PhD TRUSTEE	10	X						0	0	0
JOSE F CORDERO MD MPH TRUSTEE	10	X						0	0	0
MIRIAM AROND TRUSTEE	10	X						0	0	0
LAVERNE H COUNCIL VICE CHAIR	10	X		X				0	0	0
MICHELE FABRIZI TRUSTEE	10	X						0	0	0
VIRGINIA DAVIS FLOYD MD MPH TRUSTEE	10	X						0	0	0
ROBERT FRIEL TRUSTEE	10	X						0	0	0
DON GERMANO TRUSTEE	10	X						0	0	0
TROY RUHANEN TRUSTEE	10	X						0	0	0
F ROBERT WOUDSTRA TRUSTEE	10	X						0	0	0
G BRENT MINOR TRUSTEE	10	X						0	0	0
SHANNON BROWN TRUSTEE	10	X						0	0	0
GARY DIXON TRUSTEE	10	X						0	0	0
STEVEN FREIBERG TRUSTEE	10	X						0	0	0
ALEEM GILLANI TRUSTEE	10	X						0	0	0
J JOSEPH HALE JR TRUSTEE	10	X						0	0	0
H EDWARD HANWAY 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			
WILLIAM R HARKER TRUSTEE	1 0	X						0	0	0
ELIZABETH ROOSEVELT JOHNSON TRUSTEE	1 0	X						0	0	0
JUDITH NOLTE TRUSTEE	1 0	X						0	0	0
KIRK PERRY TRUSTEE	1 0	X						0	0	0
JONATHAN SPECTOR SECRETARY	1 0	X		X				0	0	0
FREDERICK W TELLING PhD TRUSTEE	1 0	X						0	0	0
JOSEPH W WOOD TRUSTEE	1 0	X						0	0	0
ROGER CHARLES YOUNG MD PhD TRUSTEE	1 0	X						0	0	0
TIMOTHY KELLY TRUSTEE - TERM ENDED JUNE 2010	1 0	X						0	0	0
MICHAEL MOHNSEN TRUSTEE - TERM ENDED JUNE 2010	1 0	X						0	0	0
BRUCE C VLADECK TRUSTEE - TERM ENDED JUNE 2010	1 0	X						0	0	0
JENNIFER HOWSE PHD PRESIDENT	50 0			X				631,877		8,628
JANE MASSEY EXEC VICE PRESIDENT	50 0			X				395,113		8,745
DR ALAN FLEISCHMAN MEDICAL DIRECTOR	50 0			X				302,790		29,606
RICHARD E MULLIGAN ASSISTANT TREASURER	50 0			X				225,329		22,160
LISA BELLSEY ESQ ASSISTANT SECRETARY	50 0			X				230,784		9,040
MICHAEL KATZ SENIOR V P	50 0					X		309,867		1,116
MARINA WEISS SENIOR V P	50 0					X		268,729		2,616
ALAN KAUFFMAN SENIOR V P	50 0					X		235,654		17,436
JAMES GREEN SENIOR V P	50 0					X		283,259		24,897
PAULA HOWELL SENIOR V P	50 0					X		209,758		23,206

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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

2010

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," 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, Part V, line 35a (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 ▶ $ _____

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

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt 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 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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		
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-		

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

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) 2007	(b) 2008	(c) 2009	(d) 2010	(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?	Yes		428
d	Mailings to members, legislators, or the public?	Yes		2,199
e	Publications, or published or broadcast statements?	Yes		180
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		447,695
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		1,470,054
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			1,920,556
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

2010

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	3,581,383	2,835,859	3,570,383		
b Contributions	5,500	11,000			
c Investment earnings or losses	496,649	992,002	-681,387		
d Grants or scholarships					
e Other expenditures for facilities and programs	496,649	257,478	53,137		
f Administrative expenses					
g End of year balance	3,586,883	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		

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	0	1,003,826		1,003,826
b Buildings		25,084,971	22,941,283	2,143,688
c Leasehold improvements				
d Equipment		23,827,520	11,786,724	12,040,796
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				15,188,310

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) REAL ESTATE ALTERNATIVE INVEST	2,209,030	
(B) MULTI STRATEGY HEDGE FUND	14,588,843	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	16,797,873	

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
(1) FOSHE PARTNERSHIP	50,000
(2) TRUSTS HELD BY OTHERS	8,917,773
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	8,967,773

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
DEFINED BENEFIT PENSION	34,734,188
POST RETIREMENT/MEDICAL BENEFIT	40,245,628
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	74,979,816

2. Fin 48 (ASC 740) 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 (ASC740)

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	208,713,990
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	206,093,223
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,620,767
4	Net unrealized gains (losses) on investments	4	9,548,867
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-1,882,450
9	Total adjustments (net) Add lines 4 - 8	9	7,666,417
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	10,287,184

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	220,663,809
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	9,548,867		
b	Donated services and use of facilities	2b	2,400,952		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	11,949,819
3	Subtract line **2e** from line **1**			3	208,713,990
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	208,713,990

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

1	Total expenses and losses per audited financial statements			1	208,494,175
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	2,400,952		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	2,400,952
3	Subtract line **2e** from line **1**			3	206,093,223
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	206,093,223

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/POST RETIREMENT COSTS OTHER THAN THE NET PERIODIC BENEFIT COST
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
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 THE MARCH OF DIMES ADOPTED THE NEW YORK PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT AT THE END OF THE YEAR (NYPMIFA)

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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

2010

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 V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
East Asia and the Pacific	0	0	Grantmaking	RESEARCH & MEDICAL SUP	281,222
South Asia	0	0	Grantmaking	RESEARCH & MEDICAL SUP	42,000
North America	0	0	Grantmaking	RESEARCH & MEDICAL SUP	1,298,686
Middle East and North Africa	0	0	Grantmaking	RESEARCH & MEDICAL SUP	35,500
Central America and the Caribbean	0	0	Investments		14,588,843
3a Sub-total	0	0			16,246,251
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	0			16,246,251

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 Part V 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)
		East Asia/Pacific	RESEARCH AND MEDICAL SUPPORT	250,000	CHECK			
		South Asia	RESEARCH AND MEDICAL SUPPORT	27,000	CHECK			
		East Asia/Pacific	RESEARCH AND MEDICAL SUPPORT	27,222	CHECK			
		South Asia	RESEARCH AND MEDICAL SUPPORT	15,000	CHECK			
		North America	RESEARCH AND MEDICAL SUPPORT	472,780	CHECK			
		North America	RESEARCH AND MEDICAL SUPPORT	338,606	CHECK			
		Middle East/North Africa	RESEARCH AND MEDICAL SUPPORT	35,500	CHECK			
		North America	RESEARCH AND MEDICAL SUPPORT	482,300	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 . . . . . ▶ 10

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 Part V 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 Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☑ No

Part V Supplemental Information

Complete this part to provide the information (see instructions) 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 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

2010

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.

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 services? ☑ **Yes** ☐ **No**

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

(i) Name and address 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
INFOCISION MGMNT GROUP	TELEMARKETI		No	7,696,343	3,435,025	4,261,318
HAINES COMPANY	TELEMARKETI		No	6,005,532	2,679,901	3,325,631
ADVANCED BUSINESS TECHNOLOGY	TELEMARKETI		No	1,512,226	425,859	1,086,367
HERITAGE COMPANY	TELEMARKETI		No	743,144	209,283	533,861
Total . . . . . ▶				15,957,245	6,750,068	9,207,177

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

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, TX, UT, VT, 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/WALK (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	102,709,891	38,959,321		141,669,212
	2 Less Charitable contributions	95,722,590	31,997,433		127,720,023
	3 Gross income (line 1 minus line 2)	6,987,301	6,961,888		13,949,189
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	4,193,351	5,640,976		9,834,327
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	2,793,950	1,320,912		4,114,862
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				13,949,189
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				

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			345,032	345,032
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 and 7 in column (d) ▶				345,032

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? ☑ Yes ☐ No

b If "No," Explain

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

b If "Yes," Explain

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☑ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☑ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	**13a**	100 000 %
b	An outside facility	**13b**	

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

Name ▶ RICHARD E 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? . . . . . ☐ Yes ☑ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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, NM, NY, NC, OH, OK, OR, PA, RI, SC, TX, VT, WA, WI

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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

2010

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. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (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 . . . ▶ 641

3 Enter total number of other organizations . . . ▶

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
(1) NURSING SCHOLARSHIPS	2	10,000		CHECK	

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	PART 1, LINE 2	NURSING SCHOLARSHIPS ARE PROVIDED BASED ON MERIT, MISSION/PROGRAM APPLICATION, ACADEMIC ACHIEVEMENT AND AVAILABILITY OF FUNDS ANNUAL FOLLOW UP IS CONDUCTED TO MAINTAIN ELIGIBILITY, INCLUDING ACADEMIC AND AREA OF INTEREST STATED IN SCHOLARSHIP AWARD

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
JACKSON LABORATORY 600 MAIN STREET Bar Harbor, ME 04609	01-0211513	501 c (3)	308,160				RESEARCH AND MEDICAL SUPPORT
GENERAL HOSPITAL CORPORATION50 Staniford ST BOSTON, MA 02114	04-2697983	501 c (3)	463,663				Research & Medical Support
YALE UNIVERSITY155 Whitney Ave PO Box 208250 NEW HAVEN, CT 06520	06-0646973	501 c (3)	418,608				Research & Medical Support
COLD SPRING HARBOR LABORATORYGRANTS AND CONTRACTS PO BOX 100 1 B COLD SPRING HARBOR, NY 11724	11-2013303	501 c (3)	10,000				Research & Medical Support
SLOAN-KETTERING INST CANCER RPO BOX 26338 NEW YORK, NY 10087	13-1624182	501 c (3)	150,000				Research & Medical Support
NEW YORK UNIVERSITY SCHOOL OFSCHOOL OF MEDICINE GBH-SC1-47 550 F NEW YORK, NY 100166481	13-5562308	501 c (3)	254,000				Research & Medical Support
MOUNT SINAI SCHOOL OF MEDICINE1 GUSTAVE LEVY PLACE NEW YORK, NY 10029	13-6171197	501 c (3)	150,000				Research & Medical Support
MT SINAI SCHOOL OF MEDICINEBOX 4500 One Gustave L Levy Pl New York, NY 10029	13-6171197	501 c (3)	37,500				Research & Medical Support
ALBANY MEDICAL COLLEGE47 SCOTLAND AVE ALBANY, NY 12208	14-1338310	501 c (3)	112,161				Research & Medical Support
CHILDRENS HOSPITAL OF PHILADEL9675 CIVIC CENTER BLVD PHILADELPHIA, PA 19104	23-1352166	501 c (3)	150,000				Research & Medical Support
TRUSTEES UNIVERSITY OF PENNSYL3451 Walnut ST PHILADELPHIA, PA 19104	23-1352685	501 c (3)	60,491				Research & Medical Support
PENNSYLVANIA STATE UNIVERSITY227 W Beaver Ave University Park, PA 16801	24-6000376	501 c (3)	187,214				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
UNIVERSITY OF PITTSBURGH3017 Cathedral of Learning Pittsburgh,PA 15260	25-0965591	501 c (3)	239,448				Research & Medical Support
MAGEE WOMEN'S RESEARCH INSTITU FOUNDATION 3339 WARD STREET PITTSBURGH,PA 15213	25-1462312	501 c (3)	202,417				Research & Medical Support
CHILDREN'S HOSPITAL MEDICAL CE3333 BURNET AVE CINCINNATI,OH 45229	31-0833936	501 c (3)	307,231				Research & Medical Support
CINCINNATI CHILDREN'S HOSPITAL3333 BURNET AVENUE MLC 7007 CINCINNATI,OH 45229	31-0833936	501 c (3)	245,957				Research & Medical Support
KENT STATE UNIVERSITY PO BOX 5190 KENT HALL KENT,OH 44242	31-6402079	501 c (3)	10,608				Community Services
KENT STATE UNIVERSITY PO BOX 5190 KENT HALL KENT,OH 44242	31-6402079	501 c (3)	259,500				Research & Medical Support
CASE WESTERN RESERVE UNIVERSITUNIVERSITY OF MEDICINE 10900 EUCLID CLEVELAND,OH 44106	34-1018992	501 c (3)	330,211				Research & Medical Support
INDIANA UNIVERSITY620 UNION DRIVE INDIANAPOLIS,IN 46202	35-6001673	501 c (3)	150,000				Research & Medical Support
NORTHWESTERN UNIVERSITY633 Clark St Rm G-547 Evanston,IL 60208	36-2167817	501 c (3)	269,670				Research & Medical Support
UNIVERSITY OF CHICAGO 5801 South Ellis Ave CHICAGO,IL 60637	36-2177139	501 c (3)	447,535				Research & Medical Support
MICHIGAN STATE UNIVERSITYE FEE HALL EAST LANSING,MI 48824	38-6005984	501 c (3)	35,000				Research & Medical Support
REGENTS OF THE UNIVERSITY OF M UNIVERSITY OF MICHIGAN 3029 BSRB ANN ARBOR,MI 481092200	38-6006309	501 c (3)	357,109				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
BOARD OF REGENTS UNIV OF WISC750 UNIVERSITY AVENUE MADISON,WI 53706	39-8006492	501 c (3)	503,230				Research & Medical Support
IOWA STATE UNIVERSITY A319 ZAFFARANO HALL AMES,IA 50011	42-6004224	501 c (3)	150,000				Research & Medical Support
UNIVERSITY OF IOWA4 Jessup Hall Iowa City,IA 52242	42-6004813	501 c (3)	731,077				Research & Medical Support
WASHINGTON UNIVERSITY 660 SEuclid Ave St Louis,MO 63110	43-0653611	501 c (3)	334,671				Research & Medical Support
FASEB9650 ROCKVILLE PIKE BETHSEDA,MD 208143998	52-0700497	501 c (3)	15,000				Research & Medical Support
TERATOLOGY SOCIETY50 Pegout Ave Ms-6025-B6267 New London,CT 06320	52-0962081	501 c (3)	20,000				Research & Medical Support
AMERICAN COLLEGE OF MEDICAL GE9650 ROCKVILLE PIKE BETHESDA,MD 20814	52-1774227	501 c (3)	40,000				Research & Medical Support
UNIVERSITY OF MARYLAND PO BOX 41428 BALTIMORE,MD 21203	52-6002033	501 c (3)	207,072				Research & Medical Support
UNIVERSITY OF VIRGINIA 1300 Jefferson Park Avenue CHARLOTTESVILLE,VA 22908	54-6001796	501 c (3)	276,475				Research & Medical Support
DUKE UNIVERSITYBOX 3382 DUMC Durham,NC 27710	56-0532129	501 c (3)	1,009,529				Research & Medical Support
UNIVERSITY OF NORTH CAROLINAATTN DIVISION OF SPON 104 AIRPORT CHAPEL HILL,NC 275991350	56-6001393	501 c (3)	24,232				Research & Medical Support
MCG RESEARCH INSTITUTE 1120 15th St AUGUSTA,GA 30912	58-6002053	501 c (3)	233,310				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
UNIVERSITY OF FLORIDA 1600 SW ARCHER ROAD GAINESVILLE,FL 32610	59-6002052	501 c (3)	267,924				Research & Medical Support
VANDERBILT UNIVERSITY MEDICAL3319 West End Avenue NASHVILLE,TN 37203	62-0476822	501 c (3)	441,801				Research & Medical Support
ST JUDES CHILDRENS RESEARCHRESEARCH HOSPITAL 332 NLAUDERDALE MEMPHIS,TN 38105	62-0646012	501 c (3)	295,000				Research & Medical Support
COASTAL FAMILY HEALTH CENTER I1046 DIVISION STREET BILOXI,MS 35903	64-0592416	501 c (3)	100,500				Public and Professional Education
SOUTHWEST LOUISIANA AHEC103 INDEPENDENCE BLVD LAFAYETTE,LA 70506	72-1191867	501 c (3)	90,590				Public and Professional Education
DAUGHTERS OF CHARITY SERVICESPO BOX 970 HARVEY,LA 70059	72-1332678	501 c (3)	118,158				Public and Professional Education
BAYLOR COLLEGE OF MEDICINEONE BAYLOR PLAZA HOUSTON,TX 77030	74-1613878	501 c (3)	5,960				Research & Medical Support
BAYLOR COLLEGE OF MEDICINEONE BAYLOR PLAZA HOUSTON,TX 77030	74-1613878	501 c (3)	33,623				Public and Professional Education
UNIVERSITY OF TEXAS HEALTH SCIHEALTH SCIENCE CENTER 1200 HERMANN HOUSTON,TX 77225	74-1761309	501 c (3)	310,662				Research & Medical Support
UNIVERSITY OF ARIZONA 1007 E LOWELL STREET TUCSON,AZ 85721	74-2852689	501 c (3)	150,000				Research & Medical Support
UNIVERSITY OF TEXAS AT AUSTIN101 EAST 27th STREET AUSTIN,TX 78712	74-6000203	501 c (3)	150,000				Research & Medical Support
UNIVERSITY OF TEXAS SOUTHWESTECENTER AT DALLAS PO BOX 841573 DALLAS,TX 75284	75-6002868	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
UNIVERSITY OF TEXAS SOUTHWESTECENTER AT DALLAS PO BOX 841573 DALLAS,TX 75284	75-6002868	501 c (3)	150,000				Research & Medical Support
CALIFORNIA RESEARCH DIVISION1615 FIFTH ST SUITE A DAVIS,CA 95616	77-0187864	501 c (3)	1,341,331				Research & Medical Support
KEYSTONE SYMPOSIAPO Box 1630 Silverthorne,CO 80498	84-1326605	501 c (3)	10,000				Research & Medical Support
UNIVERSITY OF UTAH15 North 2030 Salt Lake City,UT 84112	87-6000626	501 c (3)	150,000				Research & Medical Support
UNIVERSITY OF UTAH15 North 2030 Salt Lake City,UT 84112	87-6000626	501 c (3)	125,768				Research & Medical Support
UNIVERSITY OF WASHINGTON1959 NE Pacific Street SEATTLE,WA 98195	91-6001537	501 c (3)	150,000				Research & Medical Support
UNIVERSITY OF WASHINGTON1959 NE Pacific Street SEATTLE,WA 98195	91-6001537	501 c (3)	150,000				Research & Medical Support
OREGON HEALTH SCIENCES UNIVERS3181 SW Sam Jackson Park Rd HRC PORTLAND,OR 972393098	93-1176109	501 c (3)	349,507				Research & Medical Support
STANFORD UNIVERSITY 651 Serra St Rm 260 Stanford,CA 943054125	94-1156365	501 c (3)	150,000				Research & Medical Support
STANFORD UNIVERSITY 651 Serra St Rm 260 Stanford,CA 943054125	94-1156365	501 c (3)	297,000				Research & Medical Support
REGENTS OF UNI OF CALIFORNIA481 University Hall BERKELEY,CA 94720	94-6036493	501 c (3)	150,000				Research & Medical Support
REGENTS OF UNIVERSITY OF CALIF1855 Folsom St MCB 425 Box0897 SAN FRANCISCO,CA 941430897	94-6036493	501 c (3)	150,000				Research & Medical Support

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REGENTS OF UNIVERSITY OF CALIF1855 Folsom St MCB 425 Box0897 SAN FRANCISCO,CA 941430897	94-6036493	501 c (3)	150,000				Research & Medical Support
REGENTS OF UNIVERSITY OF CALIF1855 Folsom St MCB 425 Box0897 SAN FRANCISCO,CA 941430897	94-6036493	501 c (3)	150,000				Research & Medical Support
REGENTS OF UNIVERSITY OF CALIF1855 Folsom St MCB 425 Box0897 SAN FRANCISCO,CA 941430897	94-6036493	501 c (3)	150,000				Research & Medical Support
REGENTS OF UNIVERSITY OF CALIF1855 Folsom St MCB 425 Box0897 SAN FRANCISCO,CA 941430897	94-6036493	501 c (3)	14,000				Research & Medical Support
REGENTS OF UNIVERSITY OF CALIF1855 Folsom St MCB 425 Box0897 SAN FRANCISCO,CA 941430897	94-6036493	501 c (3)	36,931				Research & Medical Support
REGENTS OF UNIV OF CA DAVISOne Shields Ave 354 Briggs Hall Davis,CA 95616	94-6036494	501 c (3)	150,000				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
SALK INSTITUTE FOR BIOLOGICAL10010 NORTH TORREY PINES ROAD LA JOLLA,CA 92186	95-2160097	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)	180,674				Research & Medical Support
REGENTS OF THE UNIVERSITY OF C10920 WILSHIRE BLVD 1200 LOS ANGELES,CA 90024	95-6006143	501 c (3)	405,502				Research & Medical Support
REGENTS OF UNI CALIFORNIA LO10920 Wilshire Blvd Suite 1200 LOS ANGELES,CA 90024	95-6006143	501 c (3)	150,000				Research & Medical Support

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REGENTS OF UNI CALIFORNIA LO10920 Wilshire Blvd Suite 1200 LOS ANGELES,CA 90024	95-6006143	501 c (3)	150,000				Research & Medical Support
REGENTS OF UNI CALIFORNIA LA9500 Gilman Drive LA JOLLA,CA 92093	95-6006144	501 c (3)	88,000				Research & Medical Support
REGENTS OF UNI CALIFORNIA LA9500 Gilman Drive LA JOLLA,CA 92093	95-6006144	501 c (3)	150,000				Research & Medical Support
BETH ISRAEL DEACONESS MEDICAL330 BROOKLINE AVENUE BOSTON,MA 02215	04-2103881	501 c (3)	276,853				Research & Medical Support
BOARD OF REGENTS UNIV OF NEVAD1664 N VIRGINIA ST RENO,NV 89557	88-6000024	501 c (3)	394,226				Research & Medical Support
CHILDREN'S HOSPITAL CORPORATIO300 Longwood Ave BOSTON,MA 02215	04-2774441	501 c (3)	171,359				Research & Medical Support
CHILDRENS HOSPITAL OF PITTSBURTRANSITIONAL INFANT CARE PROGRAM 56 PITTSBURGH,PA 15232	25-0965591	501 c (3)	145,647				Research & Medical Support
DUKE UNIVERSITY MEDICAL CENTER 4026GSRB11 RESEARCH DRIVE Durham,NC 27710	56-0532129	501 c (3)	330,453				Research & Medical Support
GORDON RESEARCH CONFERENCESPO BOX 984 WEST KINGSTON,RI 02892	05-0300482	501 c (3)	7,500				Community Services
GORDON RESEARCH CONFERENCESPO BOX 984 WEST KINGSTON,RI 02892	05-0300482	501 c (3)	7,500				Community Services
INDIANA UNIVERSITY601 E KIRKWOOD AVE OFFICE OF BURSA BLOOMINGTON,IN 47405	35-6001673	501 c (3)	150,000				Research & Medical Support
MASSACHUSETTS EYE & EAR INFIRM243 CHARLES ST BOSTON,MA 02114	04-2103591	501 c (3)	115,031				Research & Medical Support

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MEDICAL CENTER OF LOUISIANA N1541 TULANE AVENUE NEW ORLEANS,LA 70112	72-6000734	501 c (3)	25,000				Public and Professional Education
MEDICAL COLLEGE OF GEORGIARESEARCH INSTITUTE LANEY WALKER BLV ATLANTA,GA 30912	58-6002053	501 c (3)	150,000				Research & Medical Support
NORTHSHORE UNIVERSITY HEALTHSYRESEARCH INSTITUTE 2650 RIDGE AVENU EVANSTON,IL 60201	36-4191793	501 c (3)	505,663				Research & Medical Support
PEDIATRIC SCIENTIST DEVELOPMENT DEVELOPMENT PROGRAM NEW HAVEN,CT 06520	31-0833936	501 c (3)	210,870				Research & Medical Support
PREBICC/O EMORY UNIVERSITY 1518 CLIFTON A ATLANTA,GA 30322	58-0566256	501 c (3)	50,000				Research & Medical Support
TEMPLE UNIVERSITY1900 N 12TH ST Philadelphia,PA 19122	23-1365971	501 c (3)	127,847				Research & Medical Support
THE RECTOR & VISITORS OF THE UOF VIRGINIA UNIVERSITY OF VIRGINIA CHARLOTTESVILLE,VA 22908	54-6001796	501 c (3)	150,000				Research & Medical Support
THE UNIVERSITY OF TEXAS MEDICAAT GALVESTON 301 UNIVERSITY BLVD GALVESTON,TX 77555	74-6000949	501 c (3)	150,000				Research & Medical Support
TRUSTEES OF BOSTON UNIVERSITY801 Massachusetts Ave Boston,MA 02118	04-2103547	501 c (3)	294,093				Research & Medical Support
UNITED STATES FUND FOR UNICEFUS FUND FOR UNICEF 125 MAIDEN LAN NEW YORK,NY 10038	13-1760110	501 c (3)	100,000				Public and Professional Education
UNIVERSITY OF COLORADO DENVER12801 EAST 17TH AVENUE AURORA,CO 80045	84-6000555	501 c (3)	150,000				Research & Medical Support
UNIVERSITY OF MARYLAND 685 WEST BALTIMORE STREET BALTIMORE,MD 21201	52-6002033	501 c (3)	296,670				Research & Medical Support

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UNIVERSITY OF MARYLAND BALTIM1000 HILLTOP CIRCLE BALTIMORE,MD 21250	52-6002033	501 c (3)	150,000				Research & Medical Support
WASHINGTON STATE UNIVERSITYPO BOX 647520 Pullman,WA 99164	91-1075542	501 c (3)	150,000				Research & Medical Support
WASHINGTON UNIVERSITY IN ST LO660 SOUTH EUCLID AVENUE ST LOUIS,MO 63110	43-0653611	501 c (3)	150,000				Research & Medical Support
WHITEHEAD INSTITUTE FOR BIOMEDNINE CAMBRIDGE CENTER CAMBRIDGE,MA 02142	06-1043412	501 c (3)	150,000				Research & Medical Support
WAIANAE COAST COMPREHENSIVE HE HEALTH CENTER WAIANAE,HI 96792	99-0148164	501 c (3)	20,000				Public and Professional Education
PROJECT SELF SUFFICIENCY127 MILL STREET NEWTON,NJ 07860	22-2727412	501 c (3)	26,770				Public and Professional Education
SOUTHERN JERSEY FAMILY MEDICAL1 WHITE HORSE CENTER HAMMONTON,NJ 08037	22-2159336	501 c (3)	9,130				Community Services
CHILDREN'S HOME SOCIETY OF NJ635 SOUTH CLINTON AVE TRENTON,NJ 08611	21-0634966	501 c (3)	10,000				Public and Professional Education
REGIONAL PERINATAL CONSORTIUMMONMOUTH OCEAN 725 AIRPORT RD SUI LAKEWOOD,NJ 08701	22-3202041	501 c (3)	30,684				Public and Professional Education
JFK MEDICAL CENTER80 JAMES STREET EDISON,NJ 08820	22-2315044	501 c (3)	23,472				Public and Professional Education
FOUNDATION OF UNIVERSITY OF ME DENTISTRY 120 ALBANY STREET TOWER NEW BRUNSWICK,NJ 08901	23-7313160	501 c (3)	75,000				Public and Professional Education
FOUNDATION OF UNIVERSITY OF ME DENTISTRY 120 ALBANY STREET TOWER NEW BRUNSWICK,NJ 08901	23-7313160	501 c (3)	18,370				Public and Professional Education

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CENTRAL NEW JERSEY MAT CHILD HCHILD HEALTH CONSORTIUM 2 KING ARTH NORTH BRUNSWICK, NJ 08902	22-3197191	501 c (3)	65,000				Public and Professional Education
INSTITUTE FOR FAMILY HEALTH16 EAST 16TH STREET NEW YORK, NY 10003	13-3273402	501 c (3)	31,553				Public and Professional Education
INSTITUTE FOR FAMILY HEALTH16 EAST 16TH STREET NEW YORK, NY 10003	13-3273402	501 c (3)	20,000				Public and Professional Education
MOUNT SINAI SCHOOL OF MEDICINE1 GUSTAVE LEVY PLACE NEW YORK, NY 10029	13-6171197	501 c (3)	46,200				Public and Professional Education
COMMUNITY HEALTH ACTION OD STA56 BAY STREET 4TH FLOOR STATEN ISLAND, NY 10301	13-3556132	501 c (3)	48,992				Public and Professional Education
RICHMOND UNIVERSITY MEDICAL CE355 BARD AVENUE STATEN ISLAND, NY 10310	74-3177454	501 c (3)	20,000				Public and Professional Education
RICHMOND UNIVERSITY MEDICAL CE355 BARD AVENUE STATEN ISLAND, NY 10310	74-3177454	501 c (3)	30,000				Public and Professional Education
NORTH COUNTRY HEALTHY HEART NE126 KIWASSA ROAD SARANAC LAKE, NY 12983	10-0000231	501 c (3)	17,175				Public and Professional Education
MOTHERS AND BABIES PERINATAL NSOUTH CENTRAL NY 457 STATE STREET BINGHAMTON, NY 13901	16-1478905	501 c (3)	32,616				Public and Professional Education
MOTHERS AND BABIES PERINATAL NSOUTH CENTRAL NY 457 STATE STREET BINGHAMTON, NY 13901	16-1478905	501 c (3)	32,615				Public and Professional Education
MOTHERS AND BABIES PERINATAL NSOUTH CENTRAL NY 457 STATE STREET BINGHAMTON, NY 13901	16-1478905	501 c (3)	6,000				Community Services
ERIE COUNTY COUNCIL FOR THE PROF ALCOHOL AND SUBSTANCE ABUSE 1625 BUFFALO, NY 14216	16-0743218	501 c (3)	30,000				Public and Professional Education

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UNITY HEALTH SYSTEM89 GENESEE STREET ROCHESTER,NY 14611	11-9627400	501 c (3)	66,410				Public and Professional Education
HAMOT HEALTH FOUNDATION201 STATE STREET ERIE,PA 16550	25-1400999	501 c (3)	23,000				Community Services
PENN STATE COLLEGE OF MEDICINETHE MILTON S HERSHEY 500 UNIVERSIT HERSHEY,PA 17033	25-1854772	501 c (3)	7,000				Community Services
LEHIGH VALLEY HOSPITAL - 99999LVH MATERNAL FETAL MEDICINE CEDAR C ALLENTOWN,PA 18104	23-1689692	501 c (3)	19,000				Community Services
ABINGTON MEMORIAL HOSPITAL1200 OLD YORK ROAD ABINGTON,PA 19001	23-1352152	501 c (3)	28,000				Community Services
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET P22 PHILADELPHIA,PA 19104	23-1353685	501 c (3)	28,000				Community Services
THOMAS JEFFERSON UNIVERSITY125 S 9TH STREET SHERIDAN BLDG 2N PHILADELPHIA,PA 19107	23-1352651	501 c (3)	59,000				Community Services
PERINATAL ADVISORY COUNCIL5530 CORBIN AVE SUITE 323 TARZANA,CA 19356	95-3818791	501 c (3)	15,970				Community Services
BAYHEALTH FOUNDATION 640 SOUTH STATE STREET DOVER,DE 19901	22-2559843	501 c (3)	30,000				Public and Professional Education
MARY'S CENTER FOR MATERNAL2333 ONTARIO RD NW WASHINGTON,DC 20009	52-1594160	501 c (3)	100,000				Public and Professional Education
CHILDREN'S RESEARCH INSTITUTE111 Michigan Ave NW WASHINGTON,DC 20010	52-1654453	501 c (3)	15,000				Public and Professional Education
AMERICAN COLLEGE OF OBSTETRICIANS OBSTETRICIANS GYNECOLOGISTS 409 1 WASHINGTON,CA 20024	36-2217981	501 c (3)	153,150				Community Services

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MANASSAS MIDWIFERY AND WOMEN'SCENTER 8424 DORSEY CIRCLE MANASSAS,DC 20110	26-4762497	501 c (3)	20,000				Public and Professional Education
INMED PARTNERSHIPS FOR CHILDRE20110 ASHBROOK PLACE ASHBURN,DC 20147	52-1482339	501 c (3)	20,000				Public and Professional Education
GREATER BADEN MEDICAL SERVICES9440 PENNSYLVANIA AVE SUITE 160 UPPER MARBORO,MD 20772	52-0961414	501 c (3)	12,000				Public and Professional Education
HENRY M JACKSON FOUNDATION FOR ADVANCEMENT FOR MILITARY MEDICINE 1 ROCKVILLE,NC 20852	52-1317896	501 c (3)	17,532				Public and Professional Education
HENRY M JACKSON FOUNDATION FOR ADVANCEMENT FOR MILITARY MEDICINE 1 ROCKVILLE,TX 20852	52-1317896	501 c (3)	6,000				Public and Professional Education
HENRY M JACKSON FOUNDATION FOR ADVANCEMENT FOR MILITARY MEDICINE 1 ROCKVILLE,TX 20852	52-1317896	501 c (3)	6,000				Public and Professional Education
HOLY CROSS HOSPITAL FOUNDATION1500 FOREST GLEN ROAD SILVER SPRING,MD 20910	20-8428452	501 c (3)	7,000				Public and Professional Education
UNIVERSITY OF MARYLAND MEDICAL FOUNDATION 110 SOUTH PACA STREET 9T BALTIMORE,MD 21201	52-2238993	501 c (3)	18,651				Public and Professional Education
BALTIMORE MEDICAL SYSTEM INC3501 SINCLAIR LANE BALTIMORE,MD 21213	52-1358241	501 c (3)	18,651				Public and Professional Education
TOWSON UNIVERSITY COLLEGE OF GSTUDIES RESEARCH FINANCE OFFICE 8 TOWSON,MD 21252	52-6002033	501 c (3)	19,980				Public and Professional Education
MISSION OF MERCY22 SOUTH MARKET STREET SUITE 6D FREDERICK,MD 21701	86-0704883	501 c (3)	10,000				Public and Professional Education
INOVA HEALTH SYSTEM FOUNDATION8110 GATEHOUSE RD SUITE 200E FALLS CHURCH,DC 22042	54-1071867	501 c (3)	14,955				Public and Professional Education

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FAMILY MATERNITY CENTER OF THENORTHERN NECK PO BOX 1866 KILMARNOCK,VA 22482	20-1556342	501 c (3)	29,700				Research & Medical Support
SHENANDOAH WOMEN'S 240 LUCY DRIVE HARRISONBURG,VA 22801	54-1920395	501 c (3)	19,200				Research & Medical Support
RIVERSIDE FAMILY MEDICANE RESIRIVERSIDE BRENTWOOD ME10510 JEFFERS NEWPORT NEWS,VA 23601	52-1245746	501 c (3)	23,000				Research & Medical Support
CHESTERFIELD HEALTH DISTRICT9501 LUCY CORR CIRCLE CHESTERFIELD,VA 23831	54-6001775	501 c (3)	22,885				Research & Medical Support
COMMUNITY CONNECTIONS INC307 FEDERAL ST STE 305 BLUEFIELD,WV 24701	55-0740913	501 c (3)	13,857				Public and Professional Education
NORTH CAROLINA BAPTIST HOSPITAMEDICAL CENTER BOULEVARD 1200 MLK J WINSTONSALEM,NC 27101	56-0552787	501 c (3)	21,929				Public and Professional Education
GUILFORD CO COAL ON INFANT M1203 MAPLE ST 3RD FLOOR GREENSBORO,NC 27405	56-1804884	501 c (3)	37,320				Public and Professional Education
HALIWA-SAPONI TRIBE INCPO BOX 99 HOLLISTER,NC 27844	23-7377602	501 c (3)	27,652				Public and Professional Education
HERTFORD-GATES HEALTH AGENCYATTN BARBARA EARLEY PO BOX 246 WINTON,NC 27986	56-6002528	501 c (3)	50,000				Public and Professional Education
CABARRUS HEALTH ALLIANCE1307 S CANNON BOULEVARD KANNAPOLIS,NC 28025	56-2016594	501 c (3)	16,831				Public and Professional Education
PARDEE MEMORIAL HOSPITAL FOUND800 N JUSTICE STREET HENDERSONVILLE,NC 28791	56-1930028	501 c (3)	8,471				Community Services
CLARENDON MEMORIAL HOSPITALPO BOX 550 MANNING,SC 29102	51-6001305	501 c (3)	49,856				Community Services

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CLARENDON MEMORIAL HOSPITALPO BOX 550 MANNING,SC 29102	51-6001305	501 c (3)	8,124				Community Services
NURTURING CENTER INC THE1332 PICKENS STREET COLUMBIA,SC 29201	57-0875498	501 c (3)	18,860				Community Services
UNIVERSITY OF SOUTH CAROLINA -SCHOOL OF MEDICINE - DEPT OF OB/GYN COLUMBIA,SC 29203	57-0904881	501 c (3)	20,000				Public and Professional Education
ZETA PHI BETA - SC447 C/O BARBARA C MOORE 237 SWANDALE D COLUMBIA,SC 29203	57-6029795	501 c (3)	12,500				Public and Professional Education
ZETA PHI BETA - SC447 C/O BARBARA C MOORE 237 SWANDALE D COLUMBIA,SC 29203	57-6029795	501 c (3)	12,500				Community Services
ACERCAMIENTO HISPANIC DE CAROLSUR/SC HISPANIC OUTREACH 240 STONER COLUMBIA,SC 29210	57-1030805	501 c (3)	30,000				Public and Professional Education
ACERCAMIENTO HISPANIC DE CAROLSUR/SC HISPANIC OUTREACH 240 STONER COLUMBIA,SC 29210	57-1030805	501 c (3)	30,000				Community Services
SOUTH CAROLINA PERINATAL ASSOCPO BOX 5247 COLUMBIA,SC 29250	57-0656784	501 c (3)	10,000				Public and Professional Education
MEDICAL UNIVERSITY OF SOUTH CADEPARTMENT OF OB/GYN 96 JONATHAN LU CHARLESTON,SC 29425	57-6000722	501 c (3)	34,764				Public and Professional Education
MEDICAL UNIVERSITY OF SOUTH CADEPARTMENT OF OB/GYN 96 JONATHAN LU CHARLESTON,SC 29425	57-6000722	501 c (3)	34,764				Public and Professional Education
GREENVILLE HOSPITAL SYSTEM701 GROVE ROAD GREENVILLE,SC 29605	57-6007863	501 c (3)	15,601				Community Services
GREENVILLE HOSPITAL SYSTEM- WOPAVILION 701 GROVE RD GREENVILLE,SC 29605	57-6007863	501 c (3)	65,923				Community Services

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AnMED HEALTH500 NORTH FANT STREET ANDERSON,SC 29621	57-0359174	501 c (3)	30,332				Community Services
CHESTERFIELD COUNTY COORDINATIPO BOX 648 CHESTERFIELD,SC 29709	57-1056130	501 c (3)	31,202				Community Services
ALLENDALE COUNTY HOSPITAL1787 ALLENDALE FAIRFAX FAIRFAX,SC 29827	57-6001334	501 c (3)	9,114				Public and Professional Education
ALLENDALE COUNTY HOSPITAL1787 ALLENDALE FAIRFAX FAIRFAX,SC 29827	57-6001334	501 c (3)	9,114				Community Services
GEORGIA-CAROLINA ASSOCIATION OATTNGAIL CONTRELL 5323 VIRGINIA HI JACKSON,GA 29831	20-4463342	501 c (3)	5,500				Community Services
BEAUFORT JASPER HAMPTON COMPREHEALTH SERVICES INC 721 OKATIE HIG RIDGELAND,SC 29936	57-0523586	501 c (3)	11,275				Public and Professional Education
BEAUFORT JASPER HAMPTON COMPREHEALTH SERVICES INC 721 OKATIE HIG RIDGELAND,SC 29936	57-0523586	501 c (3)	11,275				Public and Professional Education
BEAUFORT JASPER HAMPTON COMPREHEALTH SERVICES INC 721 OKATIE HIG RIDGELAND,SC 29936	57-0523586	501 c (3)	11,275				Community Services
BEAUFORT JASPER HAMPTON COMPREHEALTH SERVICES INC 721 OKATIE HIG RIDGELAND,SC 29936	57-0523586	501 c (3)	11,275				Community Services
HENRY W GRADY HEALTH SYSYTEM50 HURT PLAZA SUITE 803 ATLANTA,GA 30303	58-2130437	501 c (3)	150,000				Public and Professional Education
NORTHSIDE WOMEN'S SPECIALISTS980 JOHNSON FERRY SUITE 620 ATLANTA,GA 30342	58-1361564	501 c (3)	31,000				Community Services
LOWNDES COUNTY BOARD OF HEALTHSOUTH HEALTH DISTRICT 312 N PATTERS VALDOSTA,GA 31603	58-1111978	501 c (3)	50,000				Community Services

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SOUTHWEST PUBLIC HEALTH DISTRI1109 N JACKSON ST ALBANY,GA 31701	23-7379607	501 c (3)	49,991				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
NORTHEAST FLORIDA HEALTHY STAR644 CESERY BLVD STE2 JACKSONVILLE,FL 32211	59-3139801	501 c (3)	99,761				Community Services
FLORIDA DEPARTMENT OF HEALTH4052 BALD CYPRESS WAY BIN A08 TALLAHASSE,FL 32899	59-3502843	501 c (3)	50,000				Public and Professional Education
BREVARD COUNTY HEALTH DEPARTMEATTN BRUCE PIERCE 2575 NORTH COURT MERRITT ISLAND,FL 32953	59-3502843	501 c (3)	6,240				Community Services
HEALTHY MOTHERSHEALTHY BABIES COALITION OF BROWARD COUNTY INC 1 FORT LAUDERDALE,FL 33315	65-0161493	501 c (3)	91,366				Community Services
HEALTHY START COALITION OF HILCOUNTY INC 2806 N ARMENIA AVE SU TAMPA,FL 33607	59-3127943	501 c (3)	88,539				Community Services
UNIVERSITY OF SOUTH FLORIDAATTN REBECCA PUIG DIVISION OF SPON TAMPA,FL 33612	59-3102112	501 c (3)	85,000				Public and Professional Education
HEALTHY START COALITION OF MAN2424 MANATEE AVENUE W SUITE 210 BRADENTON,FL 34205	65-0380065	501 c (3)	13,590				Community Services
BROOKWOOD HEALTH SERVICES2010 BROOKWOOD MEDICAL CENTER DRIVE HOMEWOOD,AL 35209	63-0574010	501 c (3)	7,500				Public and Professional Education
AMERICAN ACADEMY OF PEDIATRICS19 S JACKSON ST MONTGOMERY,AL 36104	63-0798492	501 c (3)	10,500				Public and Professional Education
GIFT OF LIFE FOUNDATION INC1348 CARMICHAEL WAY MONTGOMERY,AL 36106	63-0978855	501 c (3)	15,000				Community Services

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BAPTIST HEALTH CARE FOUNDATION301 BROWN SPRINGS ROAD MONTGOMERY,AL 36117	23-7281996	501 c (3)	11,900				Public and Professional Education
EAST ALABAMA MEDICAL CENTER2000 PEPPERELL PARKWAY OPELIKA,AL 36801	63-6000526	501 c (3)	12,900				Public and Professional Education
COMMUNITY HEALTH COLLABORATIVE2000 DUNEDIN COVE OLD HICKORY,TN 37138	26-0264171	501 c (3)	15,000				Community Services
HOPE CLINIC FOR WOMEN 1810 HAYES ST NASHVILLE,TN 37203	62-1164825	501 c (3)	18,621				Community Services
UNIVERSITY COMMUNITY HEALTH SE2410 FRANKLIN ROAD NASHIVILLE,TN 37204	62-1438461	501 c (3)	16,336				Community Services
CHEROKEE HEALTH SYSTEMS2018 WESTERN AVE KNOXVILLE,TN 37921	62-0637925	501 c (3)	20,000				Community Services
LISA ROSS BIRTH & WOMEN'S CENT1925-B AILOR AVE KNOXVILLE,TN 37921	62-1518451	501 c (3)	18,989				Community Services
SHELBY COUNTY HEALTH DEPARTMEN814 JEFFERSON AVE MEMPHIS,TN 38105	62-6000841	501 c (3)	12,031				Community Services
MALLORY HEALTH CARE 1991 LAKELAND DRIVE STE G JACKSON,MS 39216	64-0829371	501 c (3)	15,000				Public and Professional Education
KENTUCKY PERINATAL ASSOCIATIONATTNGARY WALLS PO BOX 577 SHELBYVILLE,KY 40066	61-1164068	501 c (3)	8,800				Public and Professional Education
MEDICAL CENTER AT BOWLING GREE250 PARK ST BOWLING GREEN,KY 42101	61-1362000	501 c (3)	8,800				Public and Professional Education
TROVER HEALTH SYSTEM ATTNLEANN TODD LANGST 200 HOSPITAL MADISONVILLE,KY 42431	61-0654587	501 c (3)	8,800				Public and Professional Education

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UNION COUNTY HEALTH DEPARTMENT940 LONDON AVE STE 1 MARYSVILLE,OH 43040	31-6400087	501 c (3)	14,550				Public and Professional Education
FAMILY HEALTH SERVICES OF EASTOHIO INC 155 McMILLEN DRIVE NEWARK,OH 43055	31-0785627	501 c (3)	7,000				Public and Professional Education
OHIO STATE UNIVERSITY THE2201 FRED TAYLOR DR COLUMBUS,OH 43210	31-6025986	501 c (3)	17,338				Public and Professional Education
UNIVERSITY OF TOLEDO 2801 W BANCROFT TOLEDO,OH 43606	34-6401483	501 c (3)	14,072				Public and Professional Education
COMMUNITY HEALTH PARTNERS3700 KOLBE RD LORAIN,OH 44053	34-1504558	501 c (3)	25,000				Public and Professional Education
HURON HOSPITAL6801 BRECKSVILLE RD RK-85 INDEPENDENCE,OH 44131	34-0714593	501 c (3)	10,000				Public and Professional Education
AULTMAN HOSPITAL2600 6TH ST SW CANTON,OH 44710	34-0714538	501 c (3)	16,998				Public and Professional Education
AULTMAN HOSPITAL2600 6TH ST SW CANTON,OH 44710	34-0714538	501 c (3)	8,750				Public and Professional Education
HAMILTON COUNTY GENERAL HEALTH138 E COURT ST ROOM CINCINNATI,OH 45202	31-6000063	501 c (3)	35,000				Public and Professional Education
FAMILY MEDICINE EDUCATION CONS7795 RAINTREE RD DAYTON,PA 45459	31-1436038	501 c (3)	24,000				Community Services
OHIO UNVERISITY204 HDL CENTER ATHENS,OH 45701	31-6402113	501 c (3)	12,000				Public and Professional Education
HEALTH NET FOUNDATION ATT MARY BLACKBURN 1633 NCAPITOL INDIANAPOLIS,IN 46202	35-1579827		15,558				Public and Professional Education

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WISHARD HEALTH SERVICES - IN33838 N RURAL STREET 610 INDIANAPOLIS,IN 46205	35-6005697	501 c (3)	10,000				Public and Professional Education
HEALTH & HOSPITAL CORP - IN354COUNTY 3838 N RURAL STREET 8 INDIANAPOLIS,IN 46205	35-6005697	501 c (3)	15,000				Public and Professional Education
CHILDREN FIRST CENTER PO BOX 562 AUBURN,IN 46706	35-1305577	501 c (3)	23,000				Public and Professional Education
OPEN DOOR BMH HEALTH 3715 S MADISON ST MUNCIE,IN 47302	35-2018494	501 c (3)	20,000				Public and Professional Education
COMMUNITY HEALTH & WELLNESS CE2415 MITCHELL ROAD BEDFORD,IN 47421	35-6001372	501 c (3)	10,000				Public and Professional Education
UNION HOSPITAL- IN 354 1606 N 7TH ST TERRE HAUTE,IN 47804	35-0876396	501 c (3)	11,500				Public and Professional Education
VERMILLION PARKE COMMUNITY HEA777 MAIN STSUITE 10 CLINTON,IN 47812	20-8998983	501 c (3)	10,532				Public and Professional Education
WAYNE COUNTY REAGIONAL EDUCATI AGENCY 3350 CANBORN RD WAYNE,MI 48184	38-1909530	501 c (3)	19,500				Public and Professional Education
YOUNG ADULTS HEALTH CENTER IN47 NORTH HURON YPSILANTI,MI 48197	38-2329742	501 c (3)	25,000				Public and Professional Education
HURLEY FOUNDATION MEDICAL CENTONE HURLEY PLAZA FLINT,MI 48503	38-3085047	501 c (3)	13,320				Public and Professional Education
SAGINAW COUNTY OFDEPT OF PUBLIC HEALTH 1600 NORTH MI SAGINAW,MI 48602	38-6004887	501 c (3)	16,100				Public and Professional Education
SAGINAW COUNTY OFDEPT OF PUBLIC HEALTH 1600 NORTH MI SAGINAW,MI 48602	38-6004887	501 c (3)	5,793				Public and Professional Education

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MICHIGAN STATE MEDICAL SOCIETY ATTNJODY ROETHELE 120 W SAGINAW ST EAST LANSING,MI 48823	38-6069432	501 c (3)	8,200				Public and Professional Education
MICHIGAN PUBLIC HEALTH INSTITUATTN GREG CLINE PHD 2436 WOODLAKE OKEMOS,MI 48864	38-2963835	501 c (3)	8,200				Public and Professional Education
MICHIGAN HEALTHY MOTHERSHEALTATTNJOAN EHRHARDTMS PO BOX 16268 LANSING,MI 48901	38-2852026	501 c (3)	8,303				Public and Professional Education
BORGESS FOUNDATION 1521 GULL ROAD MSB 405 KALAMAZOO,MI 49048	23-7222558	501 c (3)	25,000				Public and Professional Education
WA FOOTE MEMORIAL HOSPITALJACKSON COUNTY PRENATAL TASK FORCE JACKSON,MI 49201	38-2027689	501 c (3)	25,000				Public and Professional Education
SPECTRUM HEALTH FOUNDATION100 MICHIGAN STREET NE MC4 GRAND RAPIDS,MI 49503	38-2752328	501 c (3)	25,000				Public and Professional Education
SPECTRUM HEALTH FOUNDATION100 MICHIGAN STREET NE MC4 GRAND RAPIDS,MI 49503	38-2752328	501 c (3)	5,793				Public and Professional Education
CHIPPEWA COUNTY HEALTH DEPTATTN NANCY HEYNS RN MS 508 ASHMU SAULT STE MARIE,MI 49783	38-2893870	501 c (3)	18,476				Public and Professional Education
INTER-TRIBAL COUNCIL OF MICHIG2956 ASHMAN STREET SAULT SAINTE MARIE,MI 49783	38-1893519	501 c (3)	25,000				Public and Professional Education
MARION COUNTY PUBLIC HEALTHATTN DIANE ELLIS 104 S 6TH PO BO KNOXVILLE,IA 50138	42-6004844	501 c (3)	8,000				Public and Professional Education
YOUNG PARENTS NETWORK INC IA3ATTN KATHY KAIDEN 205 12TH STREET CEDAR RAPIDS,IA 52401	42-1355480	501 c (3)	12,000				Public and Professional Education
MERCY HEALTHCARE FOUNDATIONATTN SONDRA BRIESE 1410 NORTH 4TH CLINTON,IA 52732	42-1316126	501 c (3)	7,420				Public and Professional Education

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WHEATON FRANCISCAN HEALTHCAREST JOSEPH FOUNDATION 5000 W CHAMBER MILWAUKEE,WI 53210	39-1636804	501 c (3)	16,000				Public and Professional Education
FAMILY RESOURCE CENTER OF FONDDU LAC COUNTY INC 104 S MAIN ST S FOND DU LAC,WI 54935	39-1297284	501 c (3)	7,500				Public and Professional Education
MAYO CLINIC OFFICE OF WOMEN'S200 FIRST STREET SW ATTN Michelle ROCHESTER,MN 55905	41-1937751	501 c (3)	25,000				Public and Professional Education
CASS LAKE INDIAN HEALTH SERVIC425 7TH STREET NW CASS LAKE,MN 56633	46-0282140	501 c (3)	25,000				Public and Professional Education
KANE COUNTY HEALTH DEPARTMENTATTN THERESA HEATON 1240 N HIGHLA AURORA,IL 60506	36-6006585	501 c (3)	8,000				Community Services
ACCESS COMMUNITY HEALTH NETWORATTN MISTY DRAKE 1501 SOUTH CALIFO CHICAGO,IL 60608	36-3317058	501 c (3)	10,000				Community Services
ERIE FAMILY HEALTH CENTER INC1701 WEST SUPERIOR STREET CHICAGO,IL 60622	36-3088628	501 c (3)	6,000				Community Services
LAWNDALE CHRISTIAN HEALTH CENT ATTNELIZABETH WOODSON 3860 WEST OG CHICAGO,IL 60623	36-3308953	501 c (3)	19,179				Community Services
SCHUYLER COUNTY PUBLIC HEALTH127 S LIBERT STREET RUSHVILLE,IL 62681	08-0035911	501 c (3)	11,000				Community Services
ST LOUIS UNIVERSITY 1402 S GRAND BLVD St Louis,MO 63104	43-0654872	501 c (3)	68,914				Community Services
KORNERSTONE INCPO BOX 396 SHELL KNOB,MO 65747	43-1820354	501 c (3)	10,843				Public and Professional Education
DOULA FOUNDATION OF MID-AMERIC2130 N GLENSTONE SPRINGFIELD,MO 65803	30-0046369	501 c (3)	25,083				Public and Professional Education

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SEDGWICK COUNTY HEALTH DEPARTM2712 W CENTRAL WICHITA,KS 67203	48-6000798	501 c (3)	32,000				Public and Professional Education
SALINE COUNTY HEALTH DEPARTMEN125 W ELIN SALINA,KS 67401	48-6086715	501 c (3)	30,000				Public and Professional Education
UNITED WAY OF SOUTHWEST LOUISI715 RYAN STREET SUITE 102 LAKE CHARLES,LA 70601	72-0456901	501 c (3)	15,000				Community Services
CHRISRUS SCHUPERT HEALTH SYSTE FOUNDATION ONE SAINT MARY PLACE SHREVEPORT,LA 71101	72-1219280	501 c (3)	10,000				Public and Professional Education
ARKANSAS DEPT OF HEALTH4815 W MARKHAM ST H- LITTLE ROCK,AR 72205	71-0847443	501 c (3)	22,478				Public and Professional Education
SAINT FRANCIS HEALTH SYSTEM6161 S YALE TULSA,OK 74136	73-1501972	501 c (3)	8,039				Community Services
AVANCE DALLAS2816 SWISS AVE DALLAS,TX 75204	74-1769114	501 c (3)	8,000				Public and Professional Education
PARKLAND FOUNDATION TX6522777 N STEMMONS FREEWASUITE1700 DALLAS,TX 75207	75-2089180	501 c (3)	8,000				Community Services
CHRISTIAN STRONGHOLD CHURCH6810 SAMUELL BLVD DALLAS,TX 75228	75-2591359	501 c (3)	15,000				Public and Professional Education
CORNERSTONE BAPTIST CHURCH5415 MATLOCK ROAD ARLINGTON,TX 76018	75-1882212	501 c (3)	18,500				Public and Professional Education
GREATER MOUNT TABOR CHRISTIAN2513 EDGEWOOD TERRANCE FT WORTH,TX 76105	75-1943938	501 c (3)	18,500				Public and Professional Education
WHEELER AVENUE 5C'S INC 3826 WHEELER AVENUE HOUSTON,TX 77004	74-1952632	501 c (3)	34,000				Public and Professional Education

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BAYLOR COLLEGE OF MEDICINE OBMIDWIFERY SECTION 1504 TAUB LOOP 3B HOUSTON,TX 77030	74-1613878	501 c (3)	10,000				Public and Professional Education
WOMANS HOSPITAL OF TEXAS7600 FANNIN ST HOUSTON,TX 77054	62-1810381	501 c (3)	20,000				Public and Professional Education
GREENSPOINT BAPTIST CHURCH11703 WALTERS ROAD HOUSTON,TX 77067	74-2210697	501 c (3)	18,500				Public and Professional Education
WTL -THE WAY TRUTH AND LIFE30443 BETKA RD WALLER,TX 77484	84-1639778	501 c (3)	55,000				Public and Professional Education
GARTH HOUSE MICKEY MEFAFFY CH1895 McFADDIN BEAUMONT,TX 77701	76-0660968	501 c (3)	20,000				Public and Professional Education
GREATER LOVE MISSIONARY BAPTIS1534 PECK AVENUE SAN ANTONIO,TX 78210	74-2487205	501 c (3)	18,500				Public and Professional Education
UNIVERSITY HEALTH SYSTEMBEXAR COUNTY HOSPITAL DISTRICT 4502 SAN ANTONIO,TX 78229	74-6082164	501 c (3)	15,500				Public and Professional Education
ALPHA PI ZETA CHAPTER STORK'SPO BOX 34326 SAN ANTONIO,TX 78265	83-0409059	501 c (3)	7,000				Community Services
FAMILY OUTREACH CORPUS CHRISTI1444 BALDWIN BLVD CORPUS CHRISTI,TX 78404	74-2049746	501 c (3)	20,000				Public and Professional Education
HOLY FAMILY SERVICES 5819 NORTH FM88 WESLACO,TX 78596	74-2282624	501 c (3)	14,000				Public and Professional Education
MIGRANT HEALTH PROMOTIONS INC536 S TEXAS BLVD SUITE 115 WESLACO,TX 78596	38-3092194	501 c (3)	14,000				Public and Professional Education
EL BUEN SAMARITANO 7000 WOODHUE DRIVE AUSTIN,TX 78745	74-2488682	501 c (3)	14,000				Public and Professional Education

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TEXAS TECH UNIVERSITY HEALTH SCENTER 3601 4TH STREET MAIL STOP 62 LUBBOCK,TX 79430	75-2668014	501 c (3)	20,000				Public and Professional Education
TEXAS TECH UNIVERSITY HEALTH SCENTER 3601 4TH STREET MAIL STOP 62 LUBBOCK,TX 79430	75-2668014	501 c (3)	16,750				Public and Professional Education
TEXAS TECH UNIVERSITY HEALTH SCENTER 3601 4TH STREET MAIL STOP 62 LUBBOCK,TX 79430	75-2668014	501 c (3)	20,000				Public and Professional Education
YSLETA INDEPENDENT SCHOOL DIST9600 SIMS DR EL PASO,TX 79925	74-6002473	501 c (3)	14,000				Community Services
REGENTS OF UNIVERSITY OF COATTN PERINATAL DATABADEPARTMENT OF AURORA,CO 80045	84-6000555	501 c (3)	9,098				Public and Professional Education
SALUD FAMILY HEALTH203 SOUTH ROLLIE AVE FORT LUPTON,CO 80621	84-0613540	501 c (3)	8,000				Public and Professional Education
FAMILY MEDICINE RESIDENCE OF I121 EAST FORT ST BOISE,ID 83713	20-5934739	501 c (3)	10,000				Public and Professional Education
ARIZONA FAMILY PLANNING COUNCIL3101 N CENTRAL AVE 1120 PHOENIX,AZ 85012	86-0289607	501 c (3)	22,200				Public and Professional Education
ARIZONA SPINA BIFIDA ASSOCIATI1001 E FAIRMOUNT AVE PHOENIX,AZ 85014	86-0355183	501 c (3)	8,725				Public and Professional Education
CHW FOUNDATION - EAST VALLEY1727 WEST FRYE RD SUITE 230 CHANDLER,AZ 85224	74-2418514	501 c (3)	9,810				Public and Professional Education
NEW MEXICO GRADS RESOURCE CENTPO BOX 1884 SOCORRO,NM 87801	14-1859190	501 c (3)	5,960				Public and Professional Education
SOUTHWEST MEDICAL ASSOCIATESATTN CATHY MATTHEWS BUSINESS OPERA LAS VEGAS,NV 89102	88-0201420	501 c (3)	8,350				Community Services

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UNIVERSITY OF NEVADA SCHOOL OF MULTISPECIALITY GROUP PRACTICE SOUT LAS VEGAS,NV 89102	88-0330858	501 c (3)	6,200				Community Services
NEVADA RURAL HOSPITAL PARTNERSATTN ANN MURDOCH 4600 KIETZKE LANE RENO,NV 89502	88-0345763	501 c (3)	9,471				Public and Professional Education
RENOWN HEALTH FOUNDATION1155 MILL ST -02 RENO,NV 89509	94-2972749	501 c (3)	7,000				Community Services
COMMUNITY PERINATAL NETWORK13601 EWHITTIER BLVD208 WHITTIER,CA 90605	95-4755467	501 c (3)	60,000				Community Services
HOAG MEMORIAL HOSPITAL PRESBYTONE HOAG DRIVE NEWPORT BEACH,CA 92658	95-1643327	501 c (3)	10,000				Community Services
SALEM NURSE MIDWIVES INC1535 STATE ST SALEM,OR 97301	93-1071092	501 c (3)	5,500				Research & Medical Support
SACRED HEART MEDICAL CENTER FOPO BOX 10905 EUGENE,OR 97440	93-6026548	501 c (3)	17,000				Research & Medical Support
YWCA OF SEATTLE1118 FIFTH AVE SEATTLE,WA 98101	91-0482890	501 c (3)	20,000				Public and Professional Education
OPEN ARMS PERINATAL SERVICES2524 16TH AVE 207A SEATTLE,WA 98144	91-1868021	501 c (3)	20,000				Public and Professional Education
UNIVERSITY OF WASHINGTON1959 NE Pacific Street SEATTLE,WA 98195	91-6001537	501 c (3)	25,000				Public and Professional Education
AMERICAN INDIAN HEALTH COMMISSFOR WASHINGTON STATE 808 NORTH 5TH SEQUIM,WA 98382	47-0922046	501 c (3)	10,000				Public and Professional Education
WASHOE TRIBE OF NEVADA 919 HWY 395 SOUTH GARNERVILLE,NV 98410	88-0120754	501 c (3)	5,500				Community Services

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KNOX CO HEALTH DEPT 140 DAMERON AVE ATTN CHARLYANE W KNOXVILLE,TN 379176413	62-6007979	501 c (3)	8,400				Community Services
CORNELL COOPERATIVE EXTENSION423 GRIFFING AVENUE SUITE 100 RIVERHEAD,NY 119013071	11-6081424	501 c (3)	56,461				Public and Professional Education
UNIVERSITY OF NORTH CAROLINAATTN DIVISION OF SPON104 AIRPORT D CHAPEL HILL,NC 275991350	56-6001393	501 c (3)	12,279				Public and Professional Education
UNIVERSITY OF NORTH CAROLINA CMATERNAL AND INFANT CAMPUS BOX 7181 CHAPEL HILL,GA 275997181	56-6001393	501 c (3)	6,000				Community Services
UNIVERSITY OF MISSISSIPPI MEDI2500 NORTH STATE STREET JACKSON,MS 392164505	64-6008520	501 c (3)	24,178				Public and Professional Education
UNIVESITY HOSPITAL OF CLEVELAN11100 EUCLID AVENUE CLEVELAND,OH 441065062	34-1567805	501 c (3)	20,000				Public and Professional Education
HEALTHY BIRTHDAYATTN TIFFIN YAMEN 4300 BEAVER HILL DES MOINES,IA 503106300	26-3998964	501 c (3)	12,780				Public and Professional Education
OKLAHOMA HOSPITAL ASSOCIATIONDEPT 96-0298 OKLAHOMA CITY,OK 731960298	73-0618552	501 c (3)	43,903				Public and Professional Education
METHODIST HEALTH SYSTEM FOUNDA1441 NORTH BECKLEY DALLAS,TX 752655999	74-1578343	501 c (3)	25,000				Public and Professional Education
SISTERHOOD OF FAITH IN ACTIONPO BOX 91238 HOUSTON,TX 772911238	76-0446282	501 c (3)	25,000				Community Services
DAVID CHAPEL COMMUNITY DEVELOP 2211 E MARTIN LUTHER K AUSTIN TX,TX 787021343	74-2807731	501 c (3)	15,000				Public and Professional Education
CommUnityCarePO BOX 17366 AUSTIN,TX 787607366	55-0853118	501 c (3)	10,000				Public and Professional Education

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ETA LOTA ZETA EDUCATION FOUNDAPO BOX 372295 EL PASO,TX 799372295	32-1375826	501 c (3)	20,000				Public and Professional Education
PEAK VISTA COMMUNITY HEALTH CE340 PRINTERS PARKWAY COLORADO SPRING,CO 809103195	84-0617567	501 c (3)	5,674				Public and Professional Education
ZETA PHI BETA SORORITY INCDELTA GAMMA ZETA CHAPTER PO BOX 26 TEMPE,AZ 852856760	52-1345585	501 c (3)	7,645				Public and Professional Education
HUNTSVILLE HOSPITAL FOUNDATION101 SILVEY RD HUNTSVILLE,AL 35801	63-0752604	501 c (3)	11,800				Public and Professional Education
UNIVERSITY OF SOUTH ALABAMA307 UNIVERSITY BLVD MOBILE,AL 366880002	63-6065809	501 c (3)	11,900				Public and Professional Education
CENTERING HEALTHCARE INSTITUTE558 MAPLE AVENUE CHESHIRE,CO 064102100	06-1622668	501 c (3)	51,000				Public and Professional Education
CENTERING HEALTHCARE INSTITUTE558 MAPLE AVENUE CHESHIRE,CT 064102100	06-1622668	501 c (3)	10,000				Public and Professional Education
HOSPITAL OF SAINT RAPHAEL1450 CHAPEL STREET NEW HAVEN,CT 06511	06-0653171	501 c (3)	22,000				Public and Professional Education
PHYSICIANS FOR WOMEN'S HEALTHC/O MANSFIELD OBGYN 22 WATERVILLE R AVON,CT 06001	06-1483728	501 c (3)	17,950				Public and Professional Education
SOURCE OF LIGHT & HOPE DEVELOP3903 DR MLK JR BLVD PO BOX 1892 FORT MYERS,FL 339021892	65-0013240	501 c (3)	9,900				Community Services
MEDICAL COLLEGE OF GEORGIARESEARCH INSTITUTE LANEY WALKER BLV ATLANTA,GA 30912	58-6002053	501 c (3)	15,000				Community Services
CENTERING HEALTHCARE INSTITUTE558 MAPLE AVENUE CHESHIRE,IL 064102100	06-1622668	501 c (3)	33,900				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
JEFFERSON COUNTY HEALTH DEPART1 DOCTORS PARK ROAD SUITE F MT VERNON,IL 62864	01-0632628	501 c (3)	12,000				Community Services
FAMILY HEALTH SERVICES PO BOX 21 RUSHVILLE,IN 46173	35-1651787	501 c (3)	25,000				Public and Professional Education
NORTON HEALTH CARE ATTNLYNNIE MEYER 234 E GRAY ST S LOUISVILLE,KY 40202	61-1028725	501 c (3)	8,800				Public and Professional Education
BOSTON MEDICAL CENTER OFFICE OD DEVELOPMENT ATTN AMY TRA BOSTON,MA 02118	04-3314093	501 c (3)	18,000				Public and Professional Education
MAINE MEDICAL CENTER-ME37622 BRAMHALL STREET PORTLAND,ME 04102	01-0238552	501 c (3)	10,000				Public and Professional Education
PITT COUNTY HEALTH DEPT201 GOVERNMENT CIRCLE GREENVILLE,NC 27834	31-1700735	501 c (3)	18,480				Public and Professional Education
ELLIOT HOSPITAL1 ELLIOT WAY MANCHESTER,NH 03103	02-0232673	501 c (3)	9,250				Public and Professional Education
CENTERING HEALTHCARE INSTITUTE558 MAPLE AVENUE CHESHIRE,NV 064102100	06-1622668	501 c (3)	13,000				Public and Professional Education
MATERNAL-INFANT SERVICES NETWO NETWORK OF ORANGE SULLIVAN USLTE CENTRAL VALLEY,NY 10917	00-1286045	501 c (3)	30,803				Public and Professional Education
CENTERING HEALTHCARE INSTITUTE558 MAPLE AVENUE CHESHIRE,OR 064102100	06-1622668	501 c (3)	40,500				Public and Professional Education
UNIVERSITY OF PENNSYLVANIA1500 MARKET ST 8TH FLOOR PHILADELPHIA,PA 19102	23-2810852	501 c (3)	10,000				Community Services
ASOCIACION PUERTORRIQUENA DELPO BOX 195247 SAN JUAN,PR 00918	66-0191840	501 c (3)	7,000				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
WOMEN & INFANTS HOSPITAL OF RH101 Dudley St PROVIDENCE,RI 02905	05-0258937	501 c (3)	6,000				Public and Professional Education
ALPHA PHI ALPHA FRATERNITY - SPO BOX 354 COLUMBIA,SC 29202	01-0593969	501 c (3)	10,000				Public and Professional Education
ALPHA PHI ALPHA FRATERNITY - SPO BOX 354 COLUMBIA,SC 29202	01-0593969	501 c (3)	10,000				Public and Professional Education
BAYLOR COLLEGE OF MEDICINE-TEEBEN TAUB HOSPITAL 1504 TAUB LOOP HOUSTON,TX 77030	74-1613878	501 c (3)	14,000				Public and Professional Education
CENTRO SAN VICENTE 8061 ALAMEDA AVENUE EL PASO,TX 79915	74-2505561	501 c (3)	14,000				Public and Professional Education
EASTERN VIRGINIA MEDICAL SCHOO721 FAIRFAX AVENUE NORFOLK,VA 23507	54-6055378	501 c (3)	12,826				Public and Professional Education
VA COMMONWEALTH UNIVERSITYPO BOX 980033 RICHMOND,VA 232980033	54-0757884	501 c (3)	18,800				Public and Professional Education
VA COMMONWEALTH UNIVERSITYPO BOX 980033 RICHMOND,VA 232980033	54-0757884	501 c (3)	10,538				Public and Professional Education
AMERICAN ACADEMY OF PEDIATRICS134 MAIN ST PO BOX 1457 MONTPELIER,VT 056011457	03-0316774	501 c (3)	8,300				Public and Professional Education
SUNRISE FAMILY RESOURCE CENTERPO BOX 1517 244 UNION ST BENNINGTON,VT 05201	03-0222789	501 c (3)	6,300				Public and Professional Education
ZETA CHARITY FUND INC ATTNJENNIFER WRIGHT PO BOX 264 MILWAUKEE,WI 53201	04-3614918	501 c (3)	24,480				Public and Professional Education
WVU RESEARCH CORPC/O ILLAMA CHERTOK WVU SCHOOL OF MORGANTOWN,WV 25601	55-0708567	501 c (3)	12,953				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

2010

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 from the organization or a related organization?	**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**	Yes	
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 duplicate copies if additional space is 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				
(1) JENNIFER HOWSE PHD	(i) (ii)	473,327	14,264	144,286		8,628	640,505	
(2) JANE MASSEY	(i) (ii)	337,360	10,189	47,564		8,745	403,858	
(3) DR ALAN FLEISCHMAN	(i) (ii)	291,126	8,892	2,772	9,800	19,806	332,396	
(4) RICHARD E MULLIGAN	(i) (ii)	216,772	6,726	1,831		22,160	247,489	
(5) LISA BELLSEY ESQ	(i) (ii)	223,050	6,768	966		9,040	239,824	
(6) MICHAEL KATZ	(i) (ii)	292,314	8,777	8,776		1,116	310,983	
(7) MARINA WEISS	(i) (ii)	255,598	7,721	5,410		2,616	271,345	
(8) ALAN KAUFFMAN	(i) (ii)	227,456	6,954	1,244		17,436	253,090	
(9) JAMES GREEN	(i) (ii)	250,235	7,800	25,224		24,897	308,156	
(10) PAULA HOWELL	(i) (ii)	201,926	6,000	1,832		23,206	232,964	
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

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 $138,952 JANE MASSEY $44,792 ALAN KAUFFMAN $264 JAMES GREEN $22,412
COMPENSATION NOTE 2010	SCHEDULE J PART I LINE 7	THIS YEAR MARKED A MUCH APPRECIATED YEAR OF FINANCIAL STABILITY FOR THE MARCH OF DIMES FOLLOWING TWO EXTREMELY VOLATILE YEARS IN 2008 AND 2009 DURING THIS THREE YEAR PERIOD BASE PAY HAS BEEN HELD FLAT FOR ALL STAFF, INCLUDING EXECUTIVE COMPENSATION HOWEVER, EXPENSE COSTS FOR BENEFIT COVERAGE HAVE CONTINUED TO INCREASE AND IS REFLECTED IN CHANGES IN THE OTHER COMPENSATION DUE TO THE STABILITY ATTAINED DURING 2010, THE BOARD OF TRUSTEES DETERMINED AND APPROVED THAT ALL STAFF SHOULD RECEIVE A ONE TIME 3% BONUS FOR MEETING CERTAIN PROGRAMMATIC AND REVENUE GOALS

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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

2010

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
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	48	76,136	SELLING PRICE
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	23	83,061	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 ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 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

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
March of Dimes Foundation

Employer identification number
13-1846366

Identifier	Return Reference	Explanation
PART VI, SECTION A	LINES 6 - 7b	THE MARCH OF DIMES HAS A VOLUNTEER BD OF TRUSTEES WHO ARE CONSIDERED MEMBERS BY IRS DEFINITION AND HAVE THE AUTHORITY TO ELECT OTHER MEMBERS AS WELL AS MAKE DECISIONS WHICH ARE SUBJECT TO APPROVAL BY OTHER MEMBERS

Identifier	Return Reference	Explanation
PART V1 - REVIEW OF 990 BY GOVERNING BODY	LINE 11 b	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 THE FINAL FORM 990 IS PROVIDED TO ALL MEMBERS OF THE BOARD PRIOR TO ELECTRONICALLY FILING WITH THE IRS

Identifier	Return Reference	Explanation
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 EMPLOYEES ACCESS THE FOUNDATION'S INTRANET WEBSITE TO REVIEW AND SIGN THE POLICY THE FOUNDATIONS LEGAL COUNSEL FOLLOWS UP TO RESOLVE ANY DISCLOSED CONFLICTS

Identifier	Return Reference	Explanation
PART VI SECTION B POLICIES	LINE 15	THIS YEAR MARKED A MUCH APPRECIATED YEAR OF FINANCIAL STABILITY FOR THE MARCH OF DIMES FOLLOWING TWO EXTREMELY VOLATILE YEARS IN 2008 AND 2009 DURING THIS THREE YEAR PERIOD BASE PAY HAS BEEN HELD FLAT FOR ALL STAFF, INCLUDING EXECUTIVE COMPENSATION HOWEVER, EXPENSE COSTS FOR BENEFIT COVERAGE HAVE CONTINUED TO INCREASE AND IS REFLECTED IN CHANGES IN OTHER COMPENSATION (PART VII, COL F) DUE TO THE STABILITY ATTAINED DURING 2010, THE BOARD OF TRUSTEES DETERMINED AND APPROVED THAT ALL STAFF SHOULD RECEIVE A ONE TIME 3% BONUS FOR MEETING CERTAIN PROGRAMMATIC AND REVENUE GOALS 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 CONTEMPORANEOUSLY TO RECORD THE DISCUSSION AND CONCLUSIONS REACHED, AND ARE KEPT ON FILE THIS PROCESS IS IN KEEPING WITH THE MARCH OF DIMES BY-LAWS AND THE RESPONSIBILITIES OF THE EXECUTIVE COMMITTEE, AND ALSO IS INTENDED TO COMPORT WITH REGULATIONS ON INTERMEDIATE SANCTIONS PROMULGATED BY THE IRS

Identifier	Return Reference	Explanation
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 UPON REQUEST

Identifier	Return Reference	Explanation
PART XI RECONCILIATION OF NET ASSETS	LINE 5 - OTHER CHANGES IN NET ASSETS	THE OTHER CHANGES IN NET ASSETS IS MADE UP PRIMARILY OF UNREALIZED RETURN ON INVESTMENTS AND PENSION COSTS AS OUTLINED BELOW PENSION/POST RETIREMENT COSTS (1,882,450) NET UNREALIZED GAINS 9,548,867