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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

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

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013 , 2013, and ending 12-31-2013

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) 1275 MAMARONECK AVENUE Suite

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
WHITE PLAINS, NY 10605

D Employer identification number
13-1846366

E Telephone number
(914)428-7100

G Gross receipts $ 229,502,711

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 subordinates? ☐ Yes ☑ No

H(b) Are all subordinates 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**	31
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	31
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	1,667
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)	198,602,163	195,237,139
9	Program service revenue (Part VIII, line 2g)	1,746,635	1,786,401
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,316,222	4,075,480
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,832,667	1,712,900
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	205,497,687	202,811,920
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	28,943,736	28,089,160
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	106,133,799	104,203,416
16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,296,916	1,120,396
b	Total fundraising expenses (Part IX, column (D), line 25) ▶27,613,984		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	81,435,527	79,125,453
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	217,809,978	212,538,425
19	Revenue less expenses Subtract line 18 from line 12	-12,312,291	-9,726,505

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	155,522,247	153,954,900
21	Total liabilities (Part X, line 26)	148,743,417	78,877,204
22	Net assets or fund balances Subtract line 21 from line 20	6,778,830	75,077,696

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 — 2014-05-07 Date

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

4a (Code) (Expenses $ 28,854,863 including grants of $ 22,393,079) (Revenue $)

RESEARCH & MEDICAL SUPPORT THE MARCH OF DIMES FUNDS RESEARCH INTO THE CAUSES OF BIRTH DEFECTS, PREMATURE BIRTH AND OTHER THREATS TO BABIES' HEALTH AS WELL AS WAYS TO PREVENT AND TREAT THEM March of Dimes launched its Prematurity Campaign in 2003 RATES OF PRETERM BIRTH HAVE DECLINED FOR 6 YEARS IN A ROW TO 11 5% AND HAVE REACHED A 15-YEAR LOW SINCE 2006, AN ESTIMATED 176,000 BABIES HAVE BEEN SPARED THE CONSEQUENCES OF AN EARLY BIRTH, AND OUR COUNTRY HAS SAVED AT LEAST $9 BILLION IN EXCESS HEALTH CARE COSTS WE ACHIEVED THESE RESULTS THROUGH SUSTAINED LEADERSHIP AND A VARIETY OF PARTNERSHIPS WE OPENED TWO MARCH OF DIMES PREMATURITY RESEARCH CENTERS, ONE AT STANFORD UNIVERSITY SCHOOL OF MEDICINE IN 2011 AND THE OHIO COLLABORATIVE IN 2013, THAT TAKE A UNIQUE TEAM SCIENCE APPROACH TO SPEEDING UP DISCOVERY OF CAUSES AND PREVENTIONS A TOTAL OF FIVE CENTERS ARE PLANNED WE LED THE DRIVE TO ELIMINATE EARLY ELECTIVE DELIVERIES BEFORE 39 COMPLETED WEEKS OF PREGNANCY THIS WORK INCLUDES QUALITY IMPROVEMENT INITIATIVES WITH OVER 100 PROMINENT HOSPITALS IN 28 STATES, AND A NATIONAL CONSUMER EDUCATION CAMPAIGN CALLED HEALTHY BABIES ARE WORTH THE WAIT IN 2012, THE DEPT OF HEALTH AND HUMAN SERVICES BUILT ON THEIR APPROACH BY LAUNCHING STRONG START, AN INITIATIVE TO IMPROVE BIRTH OUTCOMES THE LEAPFROG GROUP, A NONPROFIT HOSPITAL QUALITY WATCHDOG, RELEASED RESULTS FROM THE 2013 LEAPFROG HOSPITAL SURVEY, WHICH SHOWS THE RATE OF EARLY ELECTIVE DELIVERIES (NON-MEDICALLY NECESSARY C-SECTIONS AND INDUCTIONS BEFORE 39 WEEKS) DROPPED FROM 17% IN 2010 TO 4 6% IN 2013 AT NEARLY 1,000 REPORTING HOSPITALS OUR RESEARCH ADVANCES OVER THE PAST 75 YEARS ARE STILL IMPROVING HEALTH AND SAVING LIVES OF BABIES TODAY POLIO ONCE CRIPPLED TENS OF THOUSANDS OF CHILDREN, BUT THANKS TO VACCINES DEVELOPED WITH MARCH OF DIMES SUPPORT, THIS DISEASE HAS BEEN ELIMINATED IN MOST OF THE WORLD NEWBORN SCREENING TESTS DEVELOPED WITH FUNDING FROM THE MARCH OF DIMES DETECT A RECOMMENDED SET OF 31 SERIOUS BUT TREATABLE DISORDERS AND SAVE LIVES THE MARCH OF DIMES NATIONAL FOLIC ACID CAMPAIGN LED TO FORTIFICATION OF GRAIN PRODUCTS IN 1998 WITH THE B VITAMIN FOLIC ACID, AND SINCE THEN OUR NATION HAS SEEN A 26 PERCENT REDUCTION IN CERTAIN BIRTH DEFECTS OF THE BRAIN AND SPINE

4b (Code) (Expenses $ 79,180,849 including grants of $ 4,168,937) (Revenue $ 1,786,401)

PUBLIC AND PROFESSIONAL EDUCATION THE MARCH OF DIMES SHARES VITAL HEALTH INFORMATION WITH THE GENERAL PUBLIC, WOMEN AND PROFESSIONALS THROUGH THE INTERNET, Pregnancy and Newborn Health Education Centers, EDUCATIONAL BOOKLETS AND PUBLIC SERVICE ADVERTISING, MANY OF WHICH ARE PROVIDED IN BOTH ENGLISH AND SPANISH THROUGH OUR PARTNERSHIP WITH THE ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS (ASTHO), HEALTH DEPARTMENTS IN JUST ABOUT EVERY STATE, PUERTO RICO AND THE DISTRICT OF COLUMBIA HAVE SET GOALS OF REDUCING THEIR RATES OF PREMATURE BIRTH BY 8 PERCENT BY 2014 IN 2013, 6 STATES EARNED AN "A" ON THE MARCH OF DIMES PREMATURE BIRTH REPORT CARD ALASKA, CALIFORNIA, MAINE, NEW HAMPSHIRE, OREGON AND VERMONT WE LED THE PUBLICATION OF BORN TOO SOON THE GLOBAL ACTION REPORT ON PRETERM BIRTH, THE FIRST GLOBAL ESTIMATES OF PREMATURE BIRTH, AND RECOMMENDED PREVENTION AND CARE STRATEGIES FOR THE 15 MILLION BABIES BORN PRETERM EACH YEAR OUR GLOBAL PARTNERS ARE NOW PUSHING FORWARD TO BRING THESE LIFESAVING APPROACHES TO COUNTRIES THROUGHOUT THE WORLD WORLD PREMATURITY DAY CONTINUES TO EXPAND AROUND THE WORLD, RAISING AWARENESS ABOUT THE SERIOUS PROBLEM OF PREMATURE BIRTH BEGUN AS PREMATURITY AWARENESS DAY IN THE UNITED STATES, NOVEMBER 17th IS NOW MARKED BY ACTIVITIES IN MORE THAN 80 COUNTRIES For additional information on the Foundation's Prematurity Campaign, please visit the following websites http //bit ly/1mSggQQ and http //bit ly/1kmBcMw PLEASE SEE LINK TO MORE INFORMATION ON GLOBAL PROGRAMS ON OUR WEB PAGES http //bit ly/1kJ4nIj http //bit ly/1iUdvgn

4c (Code) (Expenses $ 52,007,399 including grants of $ 1,527,144) (Revenue $)

COMMUNITY SERVICES THROUGH ITS CHAPTERS, THE FOUNDATION WORKS IN COMMUNITIES AROUND THE COUNTRY TO PROVIDE INFORMATION AND PROGRAMS TO WOMEN OF CHILDBEARING AGE, SUCH AS SMOKING CESSATION, GROUP PRENATAL CARE AND FAMILIES THROUGH THE NICU FAMILY SUPPORT PROGRAM THE MARCH OF DIMES NICU FAMILY SUPPORT PROGRAM, BEGUN IN 2002 IN THREE PILOT SITES, NOW OFFERS INFORMATION AND COMFORT TO APPROXIMATELY 92,000 FAMILIES IN MORE THAN 130 HOSPITALS NATIONWIDE WHEN A BABY IS BORN TOO SOON OR WITH A BIRTH DEFECT AND HAS TO SPEND TIME IN A NEWBORN INTENSIVE CARE UNIT (NICU), PARENTS ARE THRUST INTO A WORLD OF UNFAMILIAR SOUNDS AND EQUIPMENT, AND THEIR HOPES AND DREAMS CHANGE DRAMATICALLY THE MARCH OF DIMES IS THERE TO EASE PARENTS' FEAR AND HEARTACHE Please see link for further information on local programs on our web page http //bit ly/1iohBY2

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 160,043,111

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 instructions)?	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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, 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, line 10? *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 and XII*	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 and XII 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *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 other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *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 hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government 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 or 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, line 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 through 24d and complete Schedule K. If "No," go to line 25a*	**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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *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, Part II, III, or IV, and Part V, line 1*	**34**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
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 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	910		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	33		
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	1,667		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
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" to line 3b, 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, UK 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 as charitable contributions?	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 or note to any line 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**	31		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	31		
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	Did the organization have members or stockholders?	**6**		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**			No
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	Did the organization have local chapters, branches, or affiliates?	**10a**	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**	Yes	
11a	Has the organization provided a complete 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	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**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, DE, FL, GA, HI, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

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

☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

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

▶ DAVID HORNE 1275 MAMARONECK AVENUE
WHITE PLAINS, NY 10605 (914) 428-7100

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								3,226,948	0	83,474

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 125

			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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
INFOCISION, 325 SPRINGSIDE DRIVE AKRON OH 44333	TELEMARKETING SERVIC	3,949,372
PEP DIRECT, 19 STONEY BROOK DRIVE WILTON NH 03086	MAIL HOUSE	2,381,548
BLACKBAUD, PO BOX 930256 ATLANTA GA 311930256	SOFTWARE DESIGN	1,588,191
MSL GROUP INC, 13273 COLLECTION CENTER DR CHICAGO IL 60693	MARKETING	1,051,848
Paradysz Matera Company Inc, 5 HANOVER SQUARE NEW YORK NY 10004	List Broker	780,146

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 54

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 1,194,905				
	b	Membership dues	1b				
	c	Fundraising events	1c 131,213,767				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 3,216,396				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 59,612,071				
	g	Noncash contributions included in lines 1a-1f $	275,180				
	h	**Total.** Add lines 1a-1f	▶	195,237,139			
Program Service Revenue			Business Code				
	2a	SALE OF EDUCATION MATERIAL	900099	1,311,396	1,311,396		
	b	SYMPOSIUM CONFERENCE	900099	283,110	283,110		
	c	PROGRAM SPONSORSHIP	900099	191,895	191,895		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f	▶	1,786,401			
	3	Investment income (including dividends, interest, and other similar amounts)	▶	1,938,659			1,938,659
	4	Income from investment of tax-exempt bond proceeds	▶	0			
	5	Royalties	▶	763,879			763,879
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)	0 / 0				
	d	Net rental income or (loss)	▶	0			
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	14,166,443				
	b	Less cost or other basis and sales expenses	12,029,622				
	c	Gain or (loss)	2,136,821				
	d	Net gain or (loss)	▶	2,136,821			2,136,821
Other Revenue	8a	Gross income from fundraising events (not including $ 131,213,767 of contributions reported on line 1c) See Part IV, line 18	a 14,661,169				
	b	Less direct expenses	b 14,661,169				
	c	Net income or (loss) from fundraising events	▶	0			
	9a	Gross income from gaming activities See Part IV, line 19	a 310,364				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities	▶	310,364			310,364
	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	330,312			330,312
	b	ALL OTHER REVENUE	900099	308,345			308,345
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d	▶	638,657			
	12	**Total revenue.** See Instructions	▶	202,811,920	1,786,401		5,788,380

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	26,224,927	26,224,927		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	285,363	285,363		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	1,578,870	1,578,870		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	1,828,035	1,402,519	202,708	222,808
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	76,288,211	58,530,418	8,459,507	9,298,286
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,769,945	8,176,396	1,255,624	1,337,925
9 Other employee benefits	9,382,180	7,359,313	933,127	1,089,740
10 Payroll taxes	5,935,045	4,511,369	691,488	732,188
11 Fees for services (non-employees)				
a Management	0			
b Legal	140,262	59,609	55,910	24,743
c Accounting	511,876	215,318	206,058	90,500
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	1,120,396			1,120,396
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	14,022,344	7,250,508	4,393,435	2,378,401
12 Advertising and promotion	0			
13 Office expenses	0			
14 Information technology	0			
15 Royalties	0			
16 Occupancy	8,088,569	6,401,780	761,217	925,572
17 Travel	5,795,742	4,644,041	500,599	651,102
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	2,545,355	2,168,104	167,430	209,821
20 Interest	78,734	35,481	29,697	13,556
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	3,141,825	2,186,337	508,870	446,618
23 Insurance	0			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a PRINTING	21,086,937	13,396,936	2,898,863	4,791,138
b POSTAGE & SHIPPING	11,715,809	7,211,954	1,776,128	2,727,727
c EQUIPMENTAL RENTAL	2,380,924	1,632,072	421,909	326,943
d TELEMARKETING/DATA FEES	7,250,559	5,065,541	1,270,963	914,055
e All other expenses	2,366,517	1,706,255	347,797	312,465
25 **Total functional expenses.** Add lines 1 through 24e	212,538,425	160,043,111	24,881,330	27,613,984
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☑ if following SOP 98-2 (ASC 958-720)	33,049,000	20,398,000	5,268,000	7,383,000

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		2,826,731	1	6,036,354
	2	Savings and temporary cash investments		13,050,267	2	5,608,412
	3	Pledges and grants receivable, net		1,818,344	3	2,328,883
	4	Accounts receivable, net		6,291,715	4	5,553,510
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		4,464,506	8	4,188,338
	9	Prepaid expenses and deferred charges		1,701,799	9	2,011,928
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 55,318,011			
	b	Less accumulated depreciation	10b 42,335,770	15,071,505	10c	12,982,241
	11	Investments—publicly traded securities		84,541,652	11	77,730,117
	12	Investments—other securities See Part IV, line 11		15,654,128	12	26,295,710
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		10,101,600	15	11,219,407
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		155,522,247	16	153,954,900
Liabilities	17	Accounts payable and accrued expenses		11,483,916	17	10,963,792
	18	Grants payable		21,421,316	18	19,331,017
	19	Deferred revenue		1,408,403	19	1,668,665
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability Complete Part IV of Schedule D		0	21	0
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		114,429,782	25	46,913,730
	26	**Total liabilities.** Add lines 17 through 25		148,743,417	26	78,877,204
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		-7,753,938	27	58,125,021
	28	Temporarily restricted net assets		2,711,100	28	3,732,000
	29	Permanently restricted net assets		11,821,668	29	13,220,675
		Organizations that do not follow SFAS 117 (ASC 958), 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		6,778,830	33	75,077,696
	34	Total liabilities and net assets/fund balances		155,522,247	34	153,954,900

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	202,811,920
2	Total expenses (must equal Part IX, column (A), line 25)	2	212,538,425
3	Revenue less expenses Subtract line 2 from line 1	3	-9,726,505
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,778,830
5	Net unrealized gains (losses) on investments	5	10,911,043
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	67,114,328
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	75,077,696

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	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	

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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LAVERNE H COUNCIL CHAIRMAN	30	X		X				0	0	0
CAROL EVANS Trustee	10	X						0	0	0
GARY DIXON VICE CHAIR	10	X		X				0	0	0
JONATHAN SPECTOR VICE CHAIR	10	X		X				0	0	0
AL CHILDS TREASURER	10	X		X				0	0	0
DON GERMANO TRUSTEE	10	X						0	0	0
HEDWARD HANWAY VICE CHAIR	10	X		X				0	0	0
KENNETH A MAY TRUSTEE	10	X						0	0	0
HARRIS BROOKS TRUSTEE	10	X						0	0	0
SHANNON BROWN TRUSTEE	10	X						0	0	0
JOHN BURBANK TRUSTEE	10	X						0	0	0
HARVEY COHEN MD PHD TRUSTEE	10	X						0	0	0
JOSE CORDERO MD MPH TRUSTEE	10	X						0	0	0
VIRGINIA DAVIS FLOYD MD MPH TRUSTEE	10	X						0	0	0
STEVEN FREIBERG TRUSTEE	10	X						0	0	0
ALEEM GILLANI TRUSTEE	10	X						0	0	0
DAVID H LISSY TRUSTEE	10	X						0	0	0
G BRENT MINOR TRUSTEE	10	X						0	0	0
KIRK PERRY TRUSTEE	10	X						0	0	0
TROY RUHANEN TRUSTEE	10	X						0	0	0
F ROBERT WOUDSTRA TRUSTEE	10	X						0	0	0
ROGER CHARLES YOUNG MD PHD TRUSTEE	10	X						0	0	0
HARRY JOHNSON ESQ TRUSTEE	10	X						0	0	0
DEIDRA C MERRIWETHER TRUSTEE	10	X						0	0	0
DANA W POINTS 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILL A SMITH TRUSTEE	1.0	X						0	0	0
F Sessions Cole III MD Trustee- *Eff 6/21/13	1.0	X						0	0	0
James M Corbett Trustee - *Eff 3/15/13	1.0	X						0	0	0
Monica Luechtefeld Trustee - *Eff 6/21/13	1.0	X						0	0	0
John D Rainey Trustee - *Eff 6/21/13	1.0	X						0	0	0
Kathleen Roosevelt Trustee - *Eff 12/6/13	1.0	X						0	0	0
David R Smith Term Ended 6/21/13	1.0	X		X				0	0	0
Miriam Arond TERM ENDED 6/21/13	1.0	X						0	0	0
WILLIAM R HARKER ESQ TERM ENDED 6/21/13	1.0	X						0	0	0
ELIZABETH ROOSEVELT JOHNSON TERM ENDED 9/20/13	1.0	X						0	0	0
DAVID A TRAVERS TERM ENDED 12/6/13	1.0	X						0	0	0
JENNIFER HOWSE PHD PRESIDENT	50.0			X				508,707	0	6,552
RICHARD E MULLIGAN EXECUTIVE VICE PRESIDENT	50.0			X				380,231	0	17,896
LISA BELLSEY ESQ ASSISTANT SECRETARY	50.0			X				285,529	0	6,964
DAVID HORNE ASSISTANT TREASURER	50.0			X				221,924	0	17,896
EDWARD MCCABE MD MEDICAL DIRECTOR	50.0			X				382,337	0	0
Joseph L Simpson MD SENIOR V P	50.0					X		400,541	0	6,552
Scott D Berns MD SENIOR V P	50.0					X		270,628	0	1,398
Sandra Hijikata Senior V P	50.0					X		249,525	0	1,000
Alan Kauffman Senior V P	50.0					X		244,436	0	7,320
Paula Ransom Senior V P	50.0					X		283,090	0	17,896

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

OMB No 1545-0047

2013

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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

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

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 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?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of monetary support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	204,402,497	201,374,024	200,078,092	198,602,163	195,237,139	999,693,915
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	204,402,497	201,374,024	200,078,092	198,602,163	195,237,139	999,693,915
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6 **Public support.** Subtract line 5 from line 4						999,693,915

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	204,402,497	201,374,024	200,078,092	198,602,163	195,237,139	999,693,915
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,736,741	3,533,262	4,292,871	3,345,135	2,702,538	17,610,547
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	608,401	307,127	494,623	756,520	638,657	2,805,328
11 **Total support** (Add lines 7 through 10)						1,020,109,790

12	Gross receipts from related activities, etc (see instructions)	12	1,403,115

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 2013 (line 6, column (f) divided by line 11, column (f))	14	97 999 %
15	Public support percentage for 2012 Schedule A, Part II, line 14	15	97 869 %

16a **33 1/3% support test—2013.** 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—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** 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—2012.** 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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.** 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		
Return Reference	Explanation	

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

OMB No 1545-0047

2013

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 35c (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 function activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

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

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

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		3,924
e	Publications, or published or broadcast statements?	Yes		3,549
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		633,027
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		1,447,259
i	Other activities?	Yes		2,750
j	Total Add lines 1c through 1i			2,090,509
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 carry over lobbying and political expenditures from the prior year?	3		

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
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 CHAPTERS

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

(i) 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

	(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,942,563	3,545,416	3,586,883	3,581,383	2,835,859
b Contributions		12,425	12,338	5,500	11,000
c Net investment earnings, gains, and losses	616,899	589,394	-53,805	496,649	992,002
d Grants or scholarships					
e Other expenditures for facilities and programs	225,255	204,672		496,649	257,478
f Administrative expenses					
g End of year balance	4,334,207	3,942,563	3,545,416	3,586,883	3,581,383

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 83 300 %
- c Temporarily restricted endowment ▶ 16 700 %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	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 XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		918,326		918,326
b Buildings		27,906,441	24,675,428	3,231,013
c Leasehold improvements				
d Equipment		26,493,244	17,660,342	8,832,902
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . . . . ▶				12,982,241

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) MULTI STRATEGY HEDGE FUND	14,878,880	F
(B) INTERNATIONAL ALTERNATIVE INV	11,416,830	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	26,295,710	

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

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

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

(a) Description	(b) Book value
(1) FOSHE PARTNERSHIP	50,000
(2) TRUSTS HELD BY OTHERS	11,169,407
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	11,219,407

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

1 (a) Description of liability	(b) Book value
Federal income taxes	0
ACCRUED PENSION LIABILITIES	32,043,435
ACCRUED MEDICAL BENEFITS	14,870,295
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	46,913,730

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	217,303,948
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	10,911,043		
b	Donated services and use of facilities	2b	3,580,985		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	14,492,028
3	Subtract line **2e** from line **1**			3	202,811,920
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 XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	202,811,920

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	216,119,410
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	3,580,985		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	3,580,985
3	Subtract line **2e** from line **1**			3	212,538,425
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 XIII)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	212,538,425

Part XIII Supplemental Information

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

Return Reference	Explanation
#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
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 2010 (NYPMIFA)

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493128003354

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.

▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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 its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

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

3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
	Europe (Including Iceland and Greenland)			Grantmaking	Research & Medical Sup	265,000
	East Asia and the Pacific			Grantmaking	Research & Medical Sup	130,000
	North America			Grantmaking	Research & Medical Sup	1,158,870
	Middle East and North Africa			Grantmaking	Research & Medical Sup	25,000
	Central America and the Caribbean			Investments		26,295,710
3a	Sub-total					27,874,580
b	Total from continuation sheets to Part I					
c	**Totals** (add lines 3a and 3b)					27,874,580

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
See Add'l Data								

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . ▶ 9

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

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

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

Part V Supplemental Information

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

ReturnReference	Explanation
PART I, LINE 2	GRANTEES ARE AWARDED BY COMMITTEES BASED ON VARIOUS FACTORS AND ARE RANKED USING A SCORING SYSTEM THE COMMITTEE MEMBERS CONSIST PRIMARILY OF VOLUNTEERS WHO ARE QUALIFIED TO EVALUATE THE MERITS OF THE GRANT APPLIATIONS ONCE SELECTED, GRANTEES ARE REQUIRED TO SUBMIT INTERIM ACCOUNTING REPORTS AS WELL AS A FINAL ACCOUNTING OF ALL EXPENDITURES, DELIVERABLES AND RESULTS, DURING AND 90 DAYS AFTER THE TERMINATION OF THE GRANT

Additional Data

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

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		North America	research & medical support	407,870	check			
		North America	research & medical support	376,000	check			
		North America	research & medical support	125,000	check			
		North America	research & medical support	250,000	check			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific	research & medical support	25,000	check			
		Middle East and North Africa	research & medical support	25,000	check			
		Europe (Including Iceland and Greenland)	research & medical support	250,000	check			
		East Asia and the Pacific	RESEARCH & MEDICAL SUPPORT	95,000	check			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		East Asia and the Pacific	RESEARCH & MEDICAL SUPPORT	10,000	check			

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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.

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
March of Dimes Foundation

Employer identification number
13-1846366

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

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☑ Mail solicitations
- **b** ☑ Internet and email solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☑ Solicitation of government grants
- **g** ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? 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 325 Springside Drive Akron, OH 44333	TELEMARKETI ng		No	9,493,617	3,949,372	5,544,245
ADVANCED BUSINESS TECHNOLOGY PO BOX 338 TALENT, OR 97540	TELEMARKETI ng		No	804,484	249,710	554,774
HERITAGE COMPANY 2402 WILDWOOD AVENUE SHERWOOD, AR 72120	TELEMARKETI ng		No	160,925	49,951	110,974
ODELL SIMMS LYNCH 1593 SPRING HILL ROAD TYSONS CORNER, VA 22182	FUNDRAISE		No		290,597	
HAYES ASSOCIATES 6849 OLD DOMINION DR MCLEAN, VA 22101	FUNDRAISE		No	927,000	85,500	841,500
THOMPSON HABIB DENISON 80 HAYDEN AVENUE LEXINGTON, MA 02421	FUNDRAISE		No		542,907	
Total . . . . . ▶				11,386,026	5,168,037	7,051,493

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

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

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

		(a) Event #1 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	100,852,704	45,022,232		145,874,936
	2 Less Contributions	94,174,842	37,038,925		131,213,767
	3 Gross income (line 1 minus line 2)	6,677,862	7,983,307		14,661,169
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	3,143,380	3,228,785		6,372,165
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	3,534,482	4,754,522		8,289,004
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(14,661,169)
	11 Net income summary Subtract line 10 from line 3, 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			310,364	310,364
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 Subtract line 7 from line 1, column (d) ▶				310,364

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

Name ▶ DAVID HORNE

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 of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

Return Reference	Explanation
Schedule G, Part I - Fundraising Activities	The amounts paid to each professional fundraiser include telemarketing fees and professional fundraising expense such as envelopes, paper and postage as reported on the Statement of Functional Expense

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	AL,CA,CO,ID,IL,IA,KY,LA,MA,MI,NE,NJ,NY,NC,ND,OH,OR,PA,SC,SD,TX,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**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 269

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 44

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. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) Award for Development Biology Recipient	1	250,000			
(2) Graduate Nursing Scholarshop Award	4	20,000			
(3) Colonel Harland Sanders Award	1	10,000			

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

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

Additional Data

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
ACCESS TO HEALTHCARE NETWORK 4001 S VIRGINIA ST RENO,NV 89502	72-1619489	501 (c)(3)	12,500				public & professional education
ADAMS COUNTY HEALTH DEPARTMENT 330 VERMONT STREET QUINCY,IL 62301	37-6000379	501 (c)(3)	7,000				community services
AGAPE CHILD & FAMILY SERVICES 111 RACINE STREET MEMPHIS,TN 38112	23-7039683	501 (c)(3)	20,000				community services
ALICE PECK DAY HOSPITAL 125 MASCOMA STREET LEBANON,NH 03766	02-0222791	501 (c)(3)	12,000				public & professional education
ALPHA GEORGIA EDUCATION FOUNDATION PO BOX 54452 ATLANTA,GA 30308	16-1755244	501 (c)(3)	15,000				community services
ALPHA PHI ALPHA FRATERNITY PO BOX 354 COLUMBIA,SC 29202	01-0593969	501 (c)(7)	5,001				public & professional education
ALPHA PHI ALPHA FRATERNITY PO BOX 354 COLUMBIA,SC 29202	01-0593969	501 (c)(7)	5,001				community services
AMERICAN ACADEMY OF PEDIATRICS 1400 NPROVIDENCE RD MEDIA,PA 190632043	23-7135840	501 (c)(3)	16,375				community services
AMERICAN ACADEMY OF PEDIATRICS 19 S JACKSON ST MONTGOMERY,AL 36104	63-0798492	501 (c)(3)	6,500				public & professional education
AMERICAN SOCIETY OF GENE & CELL THERAPY 555 E WELLS STREET MILWAUKEE,WI 53202	91-1766321	501 (c)(3)	7,500				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
APPETITE FOR CHANGE COMMUNITY COOKS 2900 FREMONT AVE N MINNEAPOLIS,MN 55411	27-5112040	501 (c)(3)	25,000				public & professional education
ARIZONA PARTNERSHIP FOR IMMUNIZATION 700 E JEFFERSON ST PHOENIX,AZ 85034	45-4185015	501 (c)(3)	14,975				public & professional education
ARKANSAS DEPT OF HEALTH 4815 W MARKHAM ST LITTLE ROCK,AR 72205	71-0847443		20,000				public & professional education
ASHFORD PRESBYTERIAN COMMUNITY PO BOX 9020032 SAN JUAN,PR 00902	66-0177824	501 (c)(3)	6,651				public & professional education
ATRIUM MEDICAL CENTER FOUNDATION ONE MEDICAL CENTER DR MIDDLETOWN,OH 45005	31-1079213	501 (c)(3)	21,731				public & professional education
BALTIMORE WASHINGTON MEDICAL CENTER 301 HOSPITAL DRIVE GLEM BURNIE,MD 21061	52-1813656	501 (c)(3)	25,000				public & professional education
BAPTIST HEALTH MADISONVILLE INC 900 HOSPITAL DRIVE MADISONVILLE,KY 42431	61-0654587		26,000				public & professional education
BAPTIST HOSPITAL OF SOUTHEAST 3080 COLLEGE STREET BEAUMONT,TX 77704	74-1303720	501 (c)(3)	10,000				public & professional education
BARREN RIVER DISTRICT HEALTH DEPT 1109 STATE ST BOWLING GREEN,KY 421021157	61-1010874	501 (c)(3)	10,360				public & professional education
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON,TX 77030	74-1613878	501 (c)(3)	375,000				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
BAYLOR COLLEGE OF MEDICINE-TEEN HEALTH 1504 TAUB LOOP HOUSTON,TX 77030	74-1613878	501 (c) (3)	10,000				public & professional education
ZETA PHI BETA SORORITY PO BOX 91495 WASHINGTON,DC 20090	52-1344959	501 (c) (3)	8,000				public & professional education
BIRTH MATTERS 424 MUSTANG DRIVE SPARTANBURG,SC 29037	45-4900759	501 (c) (3)	8,875				public & professional education
BIRTH MATTERS 424 MUSTANG DRIVE SPARTANBURG,SC 29037	45-4900759	501 (c) (3)	8,498				community services
BIRTH WELL PARTNERS 976 LINWOOD RD BIRMINGHAM,AL 35222	45-2384335	501 (c) (3)	7,000				community services
BIRTHING PROJECT USA 4205 CANAL STREET NEW ORLEANS,LA 70119	80-0228391	501 (c) (3)	10,143				community services
BLANCHFIELD ARMY COMMUNITY HOSPITAL 650 JOEL DRIVE FORT CAMPBELL,KY 42223	31-1575142	501 (c) (3)	20,000				community services
BLANCHFIELD ARMY COMMUNITY HOSPITAL 650 JOEL DRIVE FORT CAMPBELL,KY 42223	31-1575142	501 (c) (3)	15,000				public & professional education
BOARD OF REGENTS OF UNIVESITY OF WISCONSIN 21 N Park Street Madison,WI 53715	39-6006492	501 (c) (3)	23,504				public & professional education
BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS 840 SOUTH WOOD ST CHICAGO,IL 60612	37-6000511	501 (c) (3)	71,570				research & medical support

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BOONE COUNTY 404 W CAMP ST LEBANON,IN 46052	35-2127378	501 (c)(3)	15,600				public & professional education
BRANDEIS UNIVERSITY 415 South ST Waltham,MA 024549110	04-2103552	501 (c)(3)	346,916				research & medical support
BRANDON NEWBORN ICU MOTT CHILDREN 1540 E Medical Center DR ANN ARBOR,MI 48109	38-6006309	501 (c)(3)	6,500				public & professional education
BRIGHAM & WOMENS HOSPITAL 75 FRANCIS STREET BOSTON,MA 02115	04-2312909	501 (c)(3)	337,000				research & medical support
BRIGHT HORIZONS CHILDREN'S CENTER 200 TALCOTT AVENUE WATERTOWN,MA 02472	80-0188248	501 (c)(3)	7,500				public & professional education
BRONX LEBANON HOSPITAL 1276 FULTON AVENUE BRONX,NY 10456	13-1974191	501 (c)(3)	18,293				public & professional education
CANCER ASSOCIATION OF GREATER NEW ORLEANS 824 ELMWOOD PARK BLVD NEW ORLEANS,LA 70123	72-0517802	501 (c)(3)	12,000				public & professional education
CAPITAL HEALTH SYSTEM 446 BELLEVUE AVE TRENTON,NJ 08618	22-3548695	501 (c)(3)	65,520				public & professional education
CARILION MEDICAL CENTER 7 ALBEMARLE AVE SW ROANOKE,VA 24016	54-0506332	501 (c)(3)	14,406				community services
CARILION NEW RIVER VALLEY MEDICAL CENTER 2900 TYLER RD CHRISTIANSBURG,VA 240736374	54-0553805	501 (c)(3)	13,794				community services

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CASE WESTERN RESERVE UNIVERSITY OF MEDICINE 10900 EUCLID AVENUE CLEVELAND,OH 44106	34-1018992	501 (c)(3)	350,000				research & medical support
CATAWBA VALLEY MEDICAL CENTER 810 FAIRGROVE CHURCH RD HICKORY,NC 28602	56-0789196	501 (c)(3)	45,070				public & professional education
CATHOLIC CHARITIES OF THE DIOCESE 429 WEST 10TH STREET PUEBLO,CO 81003	84-0471001	501 (c)(3)	10,000				public & professional education
CENTER FOR BLACK WOMEN'S WELLNESS 477 WINDSOR STREET ATLANTA,GA 30312	58-2212203	501 (c)(3)	12,500				community services
CENTERING HEALTHCARE INSTITUTE INC 89 SOUTH STREET BOSTON,MA 02111	06-1622668	501 (c)(3)	13,333				community services
CENTERING PREGNANCY & PARENTING ASSOC 89 SOUTH STREET BOSTON,MA 02111	06-1622668	501 (c)(3)	26,280				public & professional education
CENTRAL NEW JERSEY MAT CHILD HEALTH CONSORTIUM 2 KING ARTHUR CT NORTH BRUNSWICK,NJ 08902	22-3197191	501 (c)(3)	66,800				public & professional education
CENTRO CRISTIANO CIUDAD DE REFUGIO INC PO BOX 97 NAGUABO,PR 00718	66-0671551	501 (c)(3)	7,000				public & professional education
CHESHIRE MEDICAL CENTER 590 COURT STREET KEENE,NH 03431	02-0354549	501 (c)(3)	12,000				public & professional education
CHILD ABUSE PREVENTION SERVICE 618 14TH STREET TUSCALOOSA,AL 35401	63-0831717	501 (c)(3)	7,000				community services

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CHILDREN'S HEALTH AND RESEARCH 1 NORTH LEXINGTON AVE WHITE PLAINS,NY 10601	27-2415391	501 (c)(3)	67,968				public & professional education
CHILDREN'S HOME AND AID 403 S STATE ST BLOOMINGTON,IL 61701	36-2167743	501 (c)(3)	7,000				community services
CHILDREN'S HOME SOCIETY OF NJ 635 SOUTH CLINTON AVE TRENTON,NJ 08611	21-0634966	501 (c)(3)	29,000				public & professional education
CHILDREN'S HOSPITAL CORPORATION 300 Longwood Ave BOSTON,MA 02115	04-2774441	501 (c)(3)	619,784				research & medical support
CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVE CINCINNATI,OH 45229	31-0833936	501 (c)(3)	1,219,000				research & medical support
CHILDREN'S MEMORIAL HERMANN HOSPITAL 9301 SW FREWAY 600 HOUSTON,TX 770741425	74-1152587	501 (c)(3)	5,500				public & professional education
CHRISTUS HEALTH FOUNDATION 280 CALDER STREET BEAUMONT,TX 77702	76-0136274	501 (c)(3)	10,000				public & professional education
CINCINNATI CHILDREN'S HOSP RESEARCH FDN 3333 BURNET AVENUE CINCINNATI,OH 45299	31-0833936	501 (c)(3)	150,000				research & medical support
CINCINNATI CHILDREN'S HOSPITAL 3333 BURNET AVENUE CINCINNATI,OH 45229	31-0833936	501 (c)(3)	418,939				research & medical support
CLARK COUNTY HEALTH DEPARTMENT 517 COURT ST NEILLSVILLE,WI 54456	39-6005676		13,651				public & professional education

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CLARK COUNTY PUBLIC HEALTH PO BOX 9825 VANCOUVER,WA 98666	91-6001299		12,000				research & medical support
CLEAR CREEK COUNTY 1531 COLORADO BLVD IDAHO SPRINGS,CO 80452	84-6000751	501 (c)(3)	9,000				public & professional education
CLEVELAND CLINIC FOUNDATION 9500 Euclid Ave CLEVELAND,OH 44195	34-0714585	501 (c)(3)	220,000				research & medical support
CLINICA CAMPESINA 1345 PLAZA COUNT NORTH LAFAYETTE,CO 80026	84-0743432	501 (c)(3)	15,000				public & professional education
CLINICA TEPEYAC INC 5075 LINCOLN STREET DENVER,CO 80216	84-1285505		10,000				public & professional education
COASTAL FAMILY HEALTH CENTER INC 1046 DIVISION STREET BILOXI,MS 39530	64-0592416		50,000				public & professional education
COMMUNITY FOUNDATION OF NE AL PO BOX 2610 ANNISTON,AL 362022610	63-0308398	501 (c)(3)	15,500				community services
COMMUNITY HEALTHNET-CENTERING PREGNANCY 1021 WEST 5TH AVE GARY,IN 46402	35-2048141	501 (c)(3)	23,000				public & professional education
COMMUNITY PERINATAL NETWORK 22875 SAVI RANCH PARK W YORBA LINDA,CA 92887	95-4755467	501 (c)(3)	75,000				community services
CommUnityCare PO BOX 17366 AUSTIN,TX 787607366	55-0853118	501 (c)(3)	10,000				public & professional education

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CONCORDIA UNIVERSITY OF WISCONSIN 12800 N LAKE SHORE DRIVE MEQUON,WI 53097	39-0833608	501 (c)(3)	123,164				research & medical support
CORNER HEALTH CENTER 47 NORTH HURON YPSILANTI,MI 48197	38-2329742		25,000				public & professional education
COUNCIL ON ALCOHOLDRUG ABUSE 1801 S ALAMEDA CORPUS CHRISTI,TX 78404	74-1696491	501 (c)(3)	25,600				public & professional education
DCHNORTHPORT 600 BRYANT DRIVE E TUSCALOOSA,AL 35401	63-6000271	501 (c)(3)	15,000				community services
DELAWARE COUNTY COMMUNITY COLLEGE 901 S MEDIA LINE RD MEDIA,PA 19063	23-2143790	501 (c)(3)	10,000				public & professional education
DENVER HEALTH AND HOSPITAL 777 Bannock Street DENVER,CO 80204	84-1343242	501 (c)(3)	20,000				public & professional education
DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49TH STREET AUSTIN,TX 787149347	32-0113643		10,000				public & professional education
DIVISION OF INDIAN WORK 1001 E LAKE ST MINNEAPOLIS,MN 554070509	41-0693933	501 (c)(3)	12,500				public & professional education
DOULA CONNECTION 722 BROOKS STREET ANN ARBOR,MI 48103	80-0709005	501 (c)(3)	50,000				public & professional education
DOULA FOUNDATION OF MID-AMERICA 2130 N GLENSTONE SPRINGFIELD,MO 65803	30-0046369	501 (c)(3)	25,000				public & professional education

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DUKE UNIVERSITY BOX 3382 DUMC Durham,NC 27710	56-0532129	501 (c)(3)	839,934				research & medical support
DUKE UNIVERSITY MEDICAL CENTER 4026 GSRB11 Research Drive Durham,NC 27710	56-0532129	501 (c)(3)	150,000				research & medical support
EDGERTON WOMEN'S HEALTH CENTER 1510 EAST RUSHOLME ST DAVENPORT,IA 52803	42-1001341	501 (c)(3)	15,275				public & professional education
EL BUEN SAMARITANO 7000 WOODHUE DRIVE AUSTIN,TX 78745	74-2488682	501 (c)(3)	10,000				public & professional education
EL PUEBLO 696 DR MLK BLVD BILOXI,MS 39530	64-0853322	501 (c)(3)	7,300				public & professional education
EMORY UNIVERSITY 1784 NDecatur Rd ATLANTA,GA 30322	15-8056625	501 (c)(3)	341,000				research & medical support
ETA IOTA ZETA EDUCATION FOUNDATION PO BOX 372295 EL PASO,TX 799372295	31-1654901	501 (c)(3)	20,000				public & professional education
FAMILY CONNECTION COLLABORATOR 122 WESTGATE PLAZA BARNESVILLE,GA 30204	58-2549144	501 (c)(3)	15,000				community services
FAMILY HEALTH SERVICES 794 EASTLAND DR TWIN FALLS,ID 83301	82-0371093		12,500				community services
FAMILY INTERVENTION SERVICES 86 S HARRISON STREET EAST ORANGE,NJ 07018	22-2368489	501 (c)(3)	8,000				public & professional education

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FAMILY MEDICINE EDUCATION CONSORTIUM 7795 RAINTREE RD DAYTON,OH 45459	31-1436038	501 (c)(3)	75,000				community services
FAMILY ROAD OF GREATER BATON ROUGE 323 EAST AIRPORT AVE BATON ROUGE,LA 70806	72-1440082	501 (c)(3)	25,000				community services
FASEB 9650 ROCKVILLE PIKE BETHSEDA,MD 208143998	52-0700497	501 (c)(3)	27,000				research & medical support
FIRST STEP FAMILY SUPPORT CENTER 325 E 6TH STREET PORT ANGELES,WA 98382	91-0897485	501 (c)(3)	16,800				public & professional education
FLORIDA ASSOCIATION OF HEALTHY 2600 EAST BAY DRIVE LARGO,FL 33771	59-3306893	501 (c)(3)	113,000				public & professional education
FORT WORTH INDEPENDENT SCHOOL 3150 MCCART AVENUE FORT WORTH,TX 76110	75-6001613	501 (c)(3)	11,685				public & professional education
FREDERICK CO FAMILY LIFE CENTER 35 E CHURCH ST FREDERICK,MD 21701	52-1389967	501 (c)(3)	20,000				public & professional education
GEARY COMMUNITY HEALTHCARE FDN PO BOX 3015 JUNCTION CITY,KS 66441	48-1045423	501 (c)(3)	17,000				public & professional education
GENERAL HOSPITAL CORPORATION 50 Staniford ST BOSTON,MA 02114	04-2697983	501 (c)(3)	37,500				research & medical support
GENESYS HEALTH FOUNDATION ONE GENESYS PARKWAY GRAND BALANC,MI 48439	38-3591148	501 (c)(3)	18,500				public & professional education

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GEORGIA OBGYN SOCIETY 4485 TENCH ROAD SUWANEE,GA 30024	51-0191684	501 (c)(3)	25,050				community services
GIFT OF LIFE FOUNDATION INC 1348 CARMICHAEL WAY MONTGOMERY,AL 36106	63-0978855	501 (c)(3)	15,000				community services
GOOD SAMARITAN HOSPITAL FOUNDATION 375 DIXMYTH AVENUE CINCINNATI,OH 45220	31-1206047	501 (c)(3)	25,000				public & professional education
GORDON RESEARCH CONFERENCES PO BOX 984 WEST KINGSTON,RI 02892	05-0300482		30,000				research & medical support
GRACE HILL HEALTH CENTER 1717 Biddle Street ST LOUIS,MO 63106	43-0817642		24,965				community services
GRACEMED HEALTH CLINIC 1122 N TOPEKA ST WICHITA,KS 97211	48-1159633		12,000				public & professional education
GREATER PRINCE WILLIAM COMMUNITY 4379 RIDGEWOOD CENTER WOODBRIDGE,VA 22912	83-0435138	501 (c)(3)	20,000				public & professional education
GREENSPOINT BAPTIST CHURCH 11703 WALTERS ROAD HOUSTON,TX 77067	74-2210697	501 (c)(3)	25,000				public & professional education
GREENVILLE HOSPITAL SYSTEM 701 GROVE ROAD GREENVILLE,SC 29605	57-6007863	501 (c)(3)	121,006				public & professional education
HARTFORD HOSPITAL 80 SEYMOUR STREET HARTFORD,CT 061025037	06-0646668	501 (c)(3)	11,000				public & professional education

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HEALTH RESEARCH & EDUCATIONAL 760 ALEXANDER ROAD PRINCETON,NJ 08543	22-6064970	501 (c)(3)	52,426				public & professional education
HEART OF GA HEALTHY START COALITION 912 BELLEVUE AVENUE DUBLIN,GA 31021	58-2294158	501 (c)(3)	12,500				community services
HENRY M JACKSON FOUNDATION 6720-A ROCKLEDGE DR ROCKVILLE,MD 20817	52-1317896	501 (c)(3)	8,200				public & professional education
HIGH COUNTRY HEALTHCARE OBGYN PO BOX 1292 FRISCO,CO 80443	84-1075506	501 (c)(3)	10,000				public & professional education
HIGHLAND UNITED METHODIST CHURCH 1808 N DIXIE BLVD ODESSA,TX 79761	75-6003777	501 (c)(3)	20,000				public & professional education
HILLTOP COMMUNITY RESOURCES 1331 HERMOSA AVE GRAND JUNCTION,CO 81506	74-2321009	501 (c)(3)	10,000				public & professional education
HOLY FAMILY SERVICES 5819 NORTH FM88 WESLACO,TX 78596	74-2282624	501 (c)(3)	7,000				public & professional education
HOSPITAL COUNCIL OF NORTHWEST 3231 CENTRAL PARK WEST TOLEDO,OH 43617	34-1116795	501 (c)(3)	25,000				community services
HOSPITAL OF CENTRAL CONNECTICUT 100 GRAND ST NEW BRITAIN,CT 06050	06-0646768	501 (c)(3)	25,000				public & professional education
HOUSTON HEALTHCARE 233 N HOUSTON ROAD WARNER ROBINS,GA 31093	58-0833515	501 (c)(3)	16,000				community services

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HUDSON RIVER HEALTHCARE 1037 MAIN STREET PEEKSKILL,NY 10566	13-2828349	501 (c)(3)	43,920				community services
HURLEY FOUNDATION MEDICAL CENTER ONE HURLEY PLAZA FLINT,MI 48503	38-3085047	501 (c)(3)	25,000				public & professional education
INSTITUTE FOR FAMILY HEALTH 16 EAST 16TH STREET NEW YORK,NY 10003	13-3273402	501 (c)(3)	35,859				public & professional education
JACKSON COUNTY HEALTH DEPARTMENT 415 HEALTH DEPARTMENT RD MURPHYSBORO,IL 62966	37-6001092	501 (c)(3)	7,000				community services
JACKSON LABORATORY 600 MAIN STREET Bar Harbor,ME 04609	01-0211513	501 (c)(3)	20,000				research & medical support
JAMAICA HOSPITAL MEDICAL CENTER 8900 VAN WYCK EXPRESSWAY JAMAICA,NY 11418	11-1631788	501 (c)(3)	35,200				public & professional education
JOHNS HOPKINS UNIVERSITY 1101 EAST 33RD ST BALTIMORE,MD 212182694	52-0595110	501 (c)(3)	220,000				research & medical support
KEYSTONE SUBSTANCE ABUSE SERVICE 199 S HERLONG AVENUE ROCK HILL,SC 29732	57-0526943	501 (c)(3)	8,300				public & professional education
KIT CARSON COUNTY HEALTH AND HOSPITAL 252 S 14TH STREET BURLINGTON,CO 80807	80-0687151	501 (c)(3)	10,000				public & professional education
KOKUA KALIHI VALLEY COMP FAMILY SVCS 2239 NORTH SCHOOL ST HONOLULU,HI 96819	99-0149797	501 (c)(3)	10,000				public & professional education

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LAWNDALE CHRISTIAN HEALTH CENTER 3860 WEST OGDEN AVE CHICAGO,IL 60623	36-3308953	501 (c)(3)	21,836				community services
LEGACY COMMUNITY HEALTH SERVICES 1415 CALIFORNIA STREET HOUSTON,TX 77006	76-0009637	501 (c)(3)	13,000				public & professional education
LILY'S PLACE INC PO BOX 2 HUNTINGTON,WV 25706	46-2235123	501 (c)(3)	9,422				public & professional education
LOYOLA UNIVERSITY OF CHICAGO 820 N MICHIGAN AVE CHICAGO,IL 60611	36-1408475	501 (c)(3)	190,000				research & medical support
MACON-BIBB COUNTY HEALTH DEPARTMENT 171 EMERY HIGHWAY MACON,GA 31217	58-6000352		11,000				community services
MADISON COUNTY COMMUNITY HEALTH CENTERS INC 1547 OHIO AVENUE ANDERSON,IN 46016	35-2098820		21,825				public & professional education
MALAMA NA MAKUA A KEIKI 388 ANO STREET KAHULUI,HI 96732	99-0293044	501 (c)(3)	20,000				public & professional education
MALHEUR COUNTY HEALTH DEPARTMENT 1108 SW 4TH ST ONTARIO,OR 97914	93-6002306	501 (c)(3)	6,650				research & medical support
MAPLE CITY HEALTH CARE CENTER 213 MIDDLEBURY STREET GOSHEN,IN 46528	35-1749398		5,882				public & professional education
MARATHON COUNTY HEALTH DEPT 1200 LAKEVIEW DRIVE WAUSAU,WI 544036797	39-6005716		5,961				public & professional education

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MARICOPA INTEGRATED HEALTH SYS 2619 E PIERCE STREET PHOENIX,AZ 85008	86-0830701		19,950				public & professional education
MARINE BIOLOGICAL LABORATORY 7 MBL STREET WOODS HOLE,MA 02543	01-2104690		7,500				research & medical support
MARION COUNTY HEALTH 3838 N RURAL STREET INDIANAPOLIS,IN 46205	35-6005697		14,400				public & professional education
MARY HITCHCOCK MEMORIAL HOSPITAL ONE MEDICAL CENTER DR LEBANON,NH 03756	02-0222140	501 (c)(3)	12,000				public & professional education
MARY'S CENTER FOR MATERNAL & CHILD CARE 2333 ONTARIO RD NW WASHINGTON,DC 20009	52-1594116	501 (c)(3)	117,678				public & professional education
MASS GENERAL HOSPITAL RESEARCH PO BOX 414876 BOSTON,MA 02114	04-2697983	501 (c)(3)	262,500				research & medical support
MASSACHUSETTS EYE & EAR INFIRMY 243 CHARLES ST BOSTON,MA 02114	04-2103591	501 (c)(3)	310,000				research & medical support
MATERNAL-INFANT SERVICES NETWORK 10 LITTLE BRITAIN ROAD NEWBURGH,NY 12550	00-1286045	501 (c)(3)	48,584				public & professional education
MEMORIAL HERMANN HOSPITAL SYSTEM 909 FROSTWOOD HOUSTON,TX 77024	74-1152597	501 (c)(3)	15,000				public & professional education
MEMORIAL HOSPITAL AT GULFPORT 4500 13TH STREET GULFPORT,MS 39502	64-6010232	501 (c)(3)	18,628				public & professional education

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MERCY MEDICAL CENTER INC 1320 MERCY DRIVE NW CANTON,OH 44708	34-1893439		6,400				research & medical support
METROHEALTH FOUNDATION 2500 METROHEALTH DR CLEVELAND,OH 441091998	34-6607695	501 (c)(3)	34,893				research & medical support
MIAMI-DADE COUNTY HEALTH DEPT 8600 NW 17TH STREET MIAMI,FL 33126	59-3502843		46,751				community services
MICHIGAN PUBLIC HEALTH INSTITUTE 2436 WOODLAKE CIRCLE OKEMOS,MI 48864	38-2963835		25,000				public & professional education
MIDLAND MEMORIAL HOSPITAL 2200 W ILLINOIS ST MIDLAND,TX 79701	75-1584559	501 (c)(3)	7,900				public & professional education
MISSISSIPPI STATE DEPARTMENT OF HEALTH 1991 LAKELAND DR JACKSON,MS 39216	64-6000775	501 (c)(3)	14,750				public & professional education
MOUNT SINAI SCHOOL OF MEDICINE 1 GUSTAVE LEVY PLACE NEW YORK,NY 10029	13-6171197	501 (c)(3)	350,000				research & medical support
MOUNT SINAI SCHOOL OF MEDICINE 1 GUSTAVE LEVY PLACE NEW YORK,NY 10029	13-6171197	501 (c)(3)	253,036				research & medical support
MTSINAI HOSPITAL 1 GUSTAVE LEVY PLACE NEW YORK,NY 10029	13-1624096	501 (c)(3)	150,000				research & medical support
MULTNOMAH COUNTY HEALTH 426 SW STARK ST PORTLAND,OR 97204	93-6002309		11,000				research & medical support

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

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MUSKEGON COMMUNITY HEALTH PROJECT 565 W WESTERN AVE MUSKEGON,MI 49440	91-1932918		25,000				public & professional education
MUSKEGON FAMILY CARE 2201 S GETTY ST MUSKEGON HEIGHTS,MI 49444	38-3324611		10,000				public & professional education
NATIONAL TRAINING INSTITUTE 180 N MICHIGAN AVE CHICAGO,IL 60601	36-4206079	501 (c)(3)	7,000				public & professional education
NEIGHBORHOOD FAMILY PRACTICE 3569 PRIDGE ROAD CLEVELAND,OH 44102	34-1300581	501 (c)(3)	33,130				research & medical support
NEMOURS FOUNDATION THE 833 CHESTNUT STREET WILMINGTON,DE 19107	59-0634433	501 (c)(3)	5,500				community services
NEVADA RURAL HOSPITAL PARTNERS 4600 KIETZKE LANE RENO,NV 89502	88-0345763	501 (c)(3)	5,260				public & professional education
NEW YORK UNIVERSITY 838 Broadway New York,NY 10003	13-5562308	501 (c)(3)	275,000				research & medical support
NEW YORK UNIVERSITY SCHOOL OF MEDICINE 550 First Avenue NEW YORK,NY 100166481	13-5562308	501 (c)(3)	545,484				research & medical support
NEWARK COMMUNITY HEALTH CENTER 741 BROADWAY NEWARK,NJ 07104	22-2747589		12,541				public & professional education
NEWARK COMMUNITY HEALTH CENTER 741 BROADWAY NEWARK,NJ 07104	22-2747589		6,000				public & professional education

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NIAGARA FALLS MEMORIAL MEDICAL 621 10TH STREET NIAGARA FALLS,NY 14302	16-0743094	501 (c)(3)	43,000				public & professional education
NORTH CAROLINA BAPTIST HOSPITAL 1200 MLK JR DRIVE WINSTONSALEM,NC 27101	56-0552787	501 (c)(3)	43,320				public & professional education
NORTH CAROLINA COMMUNITY CARE 2300 REXWOODS DR RALEIGH,NC 27607	20-5408367	501 (c)(3)	20,340				public & professional education
NORTHEAST OHIO NEIGHBORHOOD HEALTH SERVICE 8300 HOUGH AVENUE CLEVELAND,OH 44103	34-1014291	501 (c)(3)	28,130				public & professional education
NORTHERN MANHATTAN PERINATAL PARTNERSHIP 127 WEST 127TH STREET NEW YORK,NY 10027	13-3782555	501 (c)(3)	75,900				public & professional education
NORTHWESTERN UNIVERSITY 633 Clark St Evanston,IL 60208	36-2167817	501 (c)(3)	105,055				research & medical support
OBSTETRIC & GYNECOLOGY THE GROUP 2322 EAST KIMBERLY RD DAVENPORT,IA 52807	42-0996945	501 (c)(3)	16,000				public & professional education
OKLAHOMA CITY INDIAN CLINIC 4913 W RENO AVE OKLAHOMA CITY,OK 73127	73-0955756	501 (c)(3)	10,000				community services
OKLAHOMA HOSPITAL ASSOCIATION DEPT 96-0298 OKLAHOMA CITY,OK 731960298	73-0618552	501 (c)(3)	32,728				public & professional education
OREGON HEALTH SCIENCES UNIVERSITY 3181 SW Sam Jackson Park Rd PORTLAND,OR 97239	93-1176109	501 (c)(3)	7,500				research & medical support

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OUTSIDE-IN 1132 SW 13TH AVENUE PORTLAND,OR 97205	93-0567549	501 (c)(3)	6,650				research & medical support
PALMETTO HEALTH FOUNDATION 9 RICHLAND MEDICAL PA COLUMBIA,SC 29203	57-0725699	501 (c)(3)	5,350				public & professional education
PARKLAND FOUNDATION 2777 N STEMMONS FREEWAY DALLAS,TX 75207	75-2089180	501 (c)(3)	11,500				public & professional education
PARTNERS FOR A HEALTHIER COMMUNITY PO BOX 4895 SPRINGFIELD,MA 01101	04-3342182	501 (c)(3)	8,000				public & professional education
PASOS'S PROGRAM 901 SUMTER STREET COLUMBIA,SC 29208	57-0967350	501 (c)(3)	186,797				public & professional education
PCC COMMUNITY WELLNESS CENTER 14 WEST LAKE STREET OAK PARK,IL 60302	36-3828320	501 (c)(3)	16,268				community services
PEAK VISTA COMMUNITY HEALTH CENTER 340 PRINTERS PARKWAY COLORADO SPRING,CO 809103195	84-0617567	501 (c)(3)	17,000				public & professional education
PILLAGER FAMILY COUNCIL 305 FIR AVENUE WEST PILLAGER,MN 56473	41-1811057	501 (c)(3)	25,000				public & professional education
POMONA VALLEY HOSPITAL MEDICAL 1798 N GAREY AVENUE PONOMA,CA 91767	95-1115230	501 (c)(3)	50,000				community services
PORTER-LEATH CHILDREN'S CENTER 868 N MANASSAS MEMPHIS,TN 38107	58-1409385	501 (c)(3)	20,000				community services

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PREEMIES TODAY PO BOX 523525 SPRINGFIELD,VA 22152	14-1911170	501 (c) (3)	16,057				public & professional education
PREGNANCY AID CENTERS 4809 GREENBELT RD COLLEGE PARK,MD 207402097	23-7418649	501 (c) (3)	20,000				public & professional education
PROVIDENCE HEALTH FOUNDATION 1150 VARNUM RD NE WASHINGTION,DC 20017	52-1275583	501 (c) (3)	15,000				public & professional education
REACH CNY 1010 JAMES STREET SYRACUSE,NY 13208	16-1498021	501 (c) (3)	80,047				public & professional education
REACHUP INC 2902 N ARMENIA AVE TAMPA,FL 33607	20-8437749		48,849				public & professional education
REGENTS OF THE UNIVERSITY OF CALIFORNIA 10920 WILSHIRE BLVD LOS ANGELES,CA 90095	95-6006143	501 (c) (3)	309,737				research & medical support
REGENTS OF THE UNIVERSITY OF CALIFORNIA 339B HILDEBRAND HALL BERKELEY,CA 94720	94-6036494	501 (c) (3)	44,876				research & medical support
REGENTS OF THE UNIVERSITY OF MINNESOTA 200 OAK STREET MINNEAPOLIS,MN 55455	41-6007513	501 (c) (3)	130,000				research & medical support
REGENTS OF UNI CALIFORNIA LA JOLLA 9500 Gilman Drive LA JOLLA,CA 92093	95-6006144	501 (c) (3)	366,000				research & medical support
REGENTS OF UNI CALIFORNIA LOS ANGELES 10920 Wilshire Blvd LOS ANGELES,CA 90024	95-6006143	501 (c) (3)	243,000				research & medical support

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REGENTS OF UNI OF CALIFORNIA 481 University Hall BERKELEY,CA 94720	94-6002123	501 (c)(3)	150,000				research & medical support
REGENTS OF UNIVERSITY CALIFORNIA 111 Academy Way IRVINE,CA 92697	95-2226406	501 (c)(3)	150,000				research & medical support
REGENTS OF UNIVERSITY OF CALIFORNIA 1855 Folsom St SAN FRANCISCO,CA 941430897	94-6036493	501 (c)(3)	419,432				research & medical support
RICE UNIVERSITY PO BOX 1892 Houston,TX 77251	74-1109620	501 (c)(3)	250,000				research & medical support
ROWAN UNIVERSITY FOUNDATION 40N ACADEMY STREET GLASSBORO,NJ 08028	22-2482802	501 (c)(3)	14,820				public & professional education
RURAL ALASKA COMMUNITY ACTION 731 EAST 8TH AVENUE ANCHORAGE,AK 99501	92-0033876	501 (c)(3)	10,000				public & professional education
RUSH UNIVERSITY COLLEGE OF NURSING 600 SOUTH PAULINA CHICAGO,IL 60612	36-2174823	501 (c)(3)	7,000				community services
RUTGERS THE STATE UNIV OF NEW 197 University Ave Newark,NJ 07102	22-6001086	501 (c)(3)	300,000				research & medical support
RUTGERS UNIVERSITY 183 ROCKAFELLER RD PISCATAWAY,NJ 088548053	22-6001086	501 (c)(3)	20,000				public & professional education
SAINT JOSEPH'S MERCY CARE SERV 424 DECATUR STREET ATLANTA,GA 303121848	58-1752700	501 (c)(3)	40,000				community services

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SAINT LOUIS COUNTY DEPARTMENT 4000 JENNING STATION RD ST LOUIS,MO 63121	43-6003242		14,648				community services
SAINT LOUIS UNIVERSITY 1100 SOUTH GRAND BLVD ST LOUIS,MO 63104	43-0654872	501 (c) (3)	375,000				research & medical support
SAINT THOMAS COMMUNITY HEALTH 1020 ST ANDREWS STREET NEW ORLEANS,LA 70130	14-1958494	501 (c) (3)	49,364				public & professional education
SAINT THOMAS HEALTH SERVICES FDN 4220 HARDING ROAD NASHVILLE,TN 37205	58-1663055	501 (c) (3)	15,562				community services
SALINE COUNTY HEALTH DEPARTMENT 125 W ELM SALINA,KS 67401	48-6086715	501 (c) (3)	10,000				public & professional education
SALK INSTITUTE FOR BIOLOGICAL STUDIES 10010 North Torrey Pines LA JOLLA,CA 92186	95-2160097	501 (c) (3)	1,000,000				research & medical support
SANSUM DIABETES RESEARCH INSTITUTE 2219 BATH STREET SANTA BARBARA,CA 93105	95-1684086	501 (c) (3)	41,261				community services
SAWYER COUNTY HEALTH AND HUMAN SERVICES 10610 MAIN STREET HAYWARD,WI 54843	39-6005742	501 (c) (3)	7,811				public & professional education
SCRIPPS HEALTH 4275 CAMPUS POINT COURT SAN DIEGO,CA 92121	95-1684089	501 (c) (3)	45,001				community services
SEMINOLE NATION OF OKLAHOMA PO BOX 1498 WEWOKA,OK 74884	73-0801256	501 (c) (3)	10,000				public & professional education

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SGI 7703 FLOYE CURL DRIVE SAN ANTONIO,TX 78229	95-2293816	501 (c)(3)	7,500				research & medical support
SICKLE CELL FOUNDATION OF GEORGIA 2391 BENJAMIN E MAYS DRIVE ATLANTA,GA 30311	58-1122346	501 (c)(3)	18,950				community services
SIDS NETWORK OF KANSAS 1148 S HILLSIDE 10 WICHITA,KS 67211	48-1213707	501 (c)(3)	15,000				public & professional education
SISTERHOOD OF FAITH IN ACTION PO BOX 91238 HOUSTON,TX 772911238	76-0446282	501 (c)(3)	22,750				public & professional education
SOCIETY FOR STUDY OF REPRODUCTION 6900 N LOOP 1604 W SAN ANTONIO,TX 78249	38-6144910	501 (c)(3)	10,000				research & medical support
SOCIETY FOR THE STUDY OF REPRODUCTION 1619 MONROE STREET MADISON,WI 53711	38-6144910	501 (c)(3)	10,000				research & medical support
SOMALI HEALTH BOARD 9421 18TH AVE SW SEATTLE,WA 98106	56-2471205	501 (c)(3)	13,000				public & professional education
SOUTHEAST HEALTH FOUNDATION 60 DOCTORS PARK CAPE GIRARDEAU,MO 63703	43-1122759	501 (c)(3)	13,000				community services
SOUTHEAST HEALTH UNIT 1101 CHURCH STREET WAYCROSS,GA 31501	58-6000372	501 (c)(3)	15,000				public & professional education
SOUTHEAST HEALTH UNIT 1101 CHURCH STREET WAYCROSS,GA 31501	58-6000372	501 (c)(3)	10,000				community services

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SOUTHERN ILLINOIS HEALTHCARE FDN 8080 STATE STREET EAST ST LOUIS,IL 62203	37-1158318	501 (c) (3)	9,628				community services
SOUTHWEST LOUISIANA AHEC 103 INDEPENDENCE BLVD LAFAYETTE,LA 70506	72-1191867	501 (c) (3)	57,052				public & professional education
SOUTHWEST MEDICAL ASSOCIATES 2316 W CHARLESTON BLVD LAS VEGAS,NV 89102	88-0201420	501 (c) (3)	15,000				public & professional education
SOUTHWEST PUBLIC HEALTH DISTRICT 1109 N JACKSON ST ALBANY,GA 31701	23-7379607	501 (c) (3)	15,000				community services
SOUTHWEST PUBLIC HEALTH DISTRICT 1109 N JACKSON ST ALBANY,GA 31701	23-7379607	501 (c) (3)	15,000				public & professional education
ST ANTHONY HOSPITAL FOUNDATION 2875 W 19TH ST CHICAGO,IL 60623	23-7448580	501 (c) (3)	6,930				community services
ST JOSEPH MEDICAL CENTER 1401 ST JOSEPH PARKWAY HOUSTON,TX 77002	20-4835578	501 (c) (3)	15,000				public & professional education
ST MARY'S REGIONAL MEDICAL CENTER 2635 NORTH 7TH ST GRAND JUNCTION,CO 81501	23-7001007	501 (c) (3)	8,000				public & professional education
STANFORD UNIVERSITY 450 SERRA MALL STANFORD,CA 943054125	94-1156365	501 (c) (3)	2,750,000				research & medical support
SUTTER HEALTH SACRAMENTO 5151 F STREET SACRAMENTO,CA 95819	94-1156621	501 (c) (3)	40,680				community services

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TALLER SALUD INC PO BOX 524 LOIZA,PR 00772	66-0494692		7,000				public & professional education
TARRANT COUNTY HOSPITAL DISTRI 1500 SOUTH MAIN STREET FORT WORTH,TX 76104	75-6000439	501 (c)(3)	10,000				public & professional education
TAZEWELL COUNTY HEALTH DEPARTMENT 21306 IL ROUTE 9 TREMONT,IL 61568	37-6002170		9,858				community services
TEEN OUTREACH PREGNANCY SERVICE 3024 E FT LOWELL RD TUCSON,AZ 85716	86-1005133	501 (c)(3)	21,775				public & professional education
TELAMON CORPORATION 5560 MUNFORD RD STE 201 RALEIGH,NC 27612	56-1022483		25,000				public & professional education
TERATOLOGY SOCIETY 50 Pegout Ave New London,CT 06320	52-0962081	501 (c)(3)	10,000				research & medical support
TEXAS TECH UNIVERSITY HEALTH SYSTEM 3601 4TH STREET LUBBOCK,TX 79430	75-2668014	501 (c)(3)	32,000				public & professional education
TEXAS TECH UNIVERSITY HEALTH SYSTEM 3601 4TH STREET LUBBOCK,TX 79430	75-2668014	501 (c)(3)	6,000				community services
THE CENTER AT GREENPOINT 2450 HOLCOMBE STREET HOUSTON,TX 77021	76-0486264	501 (c)(3)	9,000				public & professional education
THE FAMILY PARTNERSHIP 414 S 8TH STREET MINNEAPOLIS,MN 55404	41-0693858	501 (c)(3)	25,000				public & professional education

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THE TINY MIRACLES FOUNDATION 25-13 OLD KING HIGHWAY DARIEN,CT 06820	41-2125069	501 (c) (3)	10,000				public & professional education
THE TRUSTEES OF INDIANA UNIVERSITY PO BOX 66057 INDIANAPOLIS,IN 46266	35-6001673	501 (c) (3)	43,800				public & professional education
TRUSTEES OF THE UNIVERSITY OF PA 3451 WALNUT STREET PHILADELPHIA,PA 19104	23-1353685	501 (c) (3)	16,500				community services
TRUSTEES UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET PHILADELPHIA,PA 19104	23-1352685	501 (c) (3)	350,494				research & medical support
UNC CENTER FOR MATERNAL AND INFANT HEALTH 590 Manning Drive CHAPEL HILL,NC 27599	56-6001393	501 (c) (3)	34,433				public & professional education
UNIFORMED SERVICES UNIVERSITY SCIENCES 4301 JONES BRIDGE ROAD BETHESDA,MD 20814	52-1360807	501 (c) (3)	310,000				research & medical support
UNIVERSITY HEALTH SYSTEM 4502 MEDICAL DRIVE SAN ANTONIO,TX 78229	74-6082164	501 (c) (3)	12,500				public & professional education
UNIVERSITY HOSPITAL 150 BERGEN STREET NEWARK,NJ 07103	22-1775306	501 (c) (3)	5,500				Comm Svc & Research/Medical
UNIVERSITY HOSPITAL 150 BERGEN STREET NEWARK,NJ 07103	22-1775306	501 (c) (3)	7,000				public & professional education
UNIVERSITY OF ALABAMA OBGYN 619 19TH STREET SOUTH BIRMINGHAM,AL 35249	63-6005396	501 (c) (3)	20,000				public & professional education

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UNIVERSITY OF IOWA 4 Jessup Hall Iowa City,IA 52242	42-6004813	501 (c)(3)	450,000				research & medical support
UNIVERSITY OF IOWA 4 Jessup Hall Iowa City,IA 52242	42-6004813	501 (c)(3)	200,000				research & medical support
UNIVERSITY OF IOWA 200 HAWKINS DRIVE IOWA CITY,IA 52242	42-6004813	501 (c)(3)	17,600				public & professional education
UNIVERSITY OF KENTUCKY 800 ROSE ST LEXINGTON,KY 40536	61-6001218	501 (c)(3)	6,000				public & professional education
UNIVERSITY OF MARYLAND MEDICAL 110 SOUTH PACA STREET BALTIMORE,MD 21201	52-2238993	501 (c)(3)	17,400				public & professional education
UNIVERSITY OF MASSACHUSETTS AMHERST 661 NORTH PLEASANT STREET AMHERST,MA 01003	04-3167352	501 (c)(3)	150,000				research & medical support
UNIVERSITY OF MICHIGAN 2047 BSRB ANN ARBOR,MI 48109	38-6006309	501 (c)(3)	150,000				research & medical support
UNIVERSITY OF NORTH TEXAS 3500 Camp Bowie Blvd FORT WORTH,TX 76107	75-6002149	501 (c)(3)	9,000				public & professional education
UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CENTER 3500 CAMP BOWIE BLVD FORT WORTH,TX 761072699	75-6064033	501 (c)(3)	25,000				public & professional education
UNIVERSITY OF PITTSBURGH 3017 Cathedral of Learning Pittsburgh,PA 15260	25-0965591	501 (c)(3)	150,000				research & medical support

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UNIVERSITY OF SOUTH FLORIDA 3650 SPECTRUM BLVD TAMPA,FL 336129446	59-3102112	501 (c)(3)	100,000				public & professional education
UNIVERSITY OF SOUTHERN CALIFORNIA 2250 ALCAZAR ST Los Angeles,CA 900898001	95-1642394	501 (c)(3)	337,358				research & medical support
UNIVERSITY OF TEXAS AT AUSTIN 101 EAST 27th STREET AUSTIN,TX 78712	74-6000203	501 (c)(3)	345,566				research & medical support
UNIVERSITY OF TEXAS SOUTHWESTERN CENTER AT DALLAS PO BOX 841573 DALLAS,TX 75284	75-6002868	501 (c)(3)	605,000				research & medical support
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BLVD DALLAS,TX 75390	75-6002868	501 (c)(3)	600,000				research & medical support
UNIVERSITY OF UTAH 15 North 2030 Salt Lake City,UT 84112	87-6000626	501 (c)(3)	558,276				research & medical support
UPMC PRESBYTERIAN SHADYSIDE 200 LOTHROP STREET PITTSBURGH,PA 15213	25-0965480	501 (c)(3)	30,400				community services
VIDANT MEDICAL CENTER PO BOX 6028 GREENVILLE,NC 278342035	56-0585243	501 (c)(3)	14,342				public & professional education
VIRGINIA COMMONWEALTH UNIVERSITY 327 W MAIN STREET RICHMOND,VA 23284	54-6001758	501 (c)(3)	38,267				community services
VIRGINIA GARCIA MEMORIAL HEALTH CENTER PO BOX 486 CORNELIUS,OR 97113	93-0717997	501 (c)(3)	11,000				research & medical support

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VIRGINIA LEAGUE FOR PLANNED PARENTHOOD 201 N HAMILTON STREET RICHMOND,VA 23221	54-0505973	501 (c)(3)	24,360				community services
VIRTUA HEALTH SYSTEMS 20 WEST STOW RD MARLTON,NJ 08053	22-3524939	501 (c)(3)	10,200				public & professional education
WVU RESEARCH CORP PO BOX 6845 MORGANTOWN,WV 26506	55-0665758		19,678				public & professional education
WAIKIKI HEALTH CENTER 277 OHUA AVENUE HONOLULU,HI 96815	99-0159253	501 (c)(3)	10,000				public & professional education
WAKE FOREST UNIVERSITY HEALTH PO BOX 27157 WINSTONSALEM,NC 27157	22-3849199	501 (c)(3)	17,659				public & professional education
WASHINGTON HOSPITAL CENTER FDN 110 IRVING STREET NW WASHINGTON,DC 20010	52-1791670	501 (c)(3)	20,000				public & professional education
WASHINGTON UNIVERSITY 660 SEuclid Ave St Louis,MO 63110	43-0653611	501 (c)(3)	967,518				research & medical support
WASHINGTON UNIVERSITY SCHOOL OF MEDICINE 660 S Euclid Ave St Louis,MO 63110	43-0653611	501 (c)(3)	180,268				research & medical support
WASHINTON STATE UNIVERSITY PO BOX 1495 SPOKANE,WA 99210	91-6001108	501 (c)(3)	17,843				public & professional education
WELLHEALTH MEDICAL GROUP 9260 W SUNSET RD LAS VEGAS,NV 89148	46-0766041	501 (c)(3)	6,500				public & 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
WEST TENNESSEE AREA HEALTH EDUCATION 316 MIDLAND STREET SOMERVILLE,TN 38068	62-1332822	501 (c) (3)	20,000				community services
WESTERN CONNECTICUT HOME CARE 4 LIBERTY STREET DANBURY,CT 06810	06-0655138		11,000				public & professional education
WHEATON FRANCISCAN-STJOSEPH FOUNDATION 5000 W CHAMBERS STREET MILWAUKEE,WI 53212	39-1636804	501 (c) (3)	15,063				public & professional education
WHEELER AVENUE 5C'S INC 3826 WHEELER AVENUE HOUSTON,TX 77004	74-1952632		25,000				public & professional education
WHITEHEAD INSTITUTE FOR BIOMEDICAL RESEARCH NINE CAMBRIDGE CENTER CAMBRIDGE,MA 02142	06-1043412	501 (c) (3)	150,000				research & medical support
WHITESIDE COUNTY HEALTH DEPT 1300 WEST 2ND STREET ROCK FALLS,IL 61071	36-6006657	501 (c) (3)	6,500				community services
WINTHROP UNIVERSITY HOSPITAL 259 FIRST STREET MINCOLA,NY 11501	11-1633486	501 (c) (3)	200,000				research & medical support
WOMANS HOSPITAL OF TEXAS 7600 FANNIN ST HOUSTON,TX 77054	62-1810381	501 (c) (3)	24,500				public & professional education
WOMEN'S CARE INC 407 EAST AVE PAWTUCKET,RI 02860	05-0501178		14,379				public & professional education
WOMEN'S HEALTH SPECIALISTS 1500 E 2ND STREET RENO,NV 89502	88-0292315	501 (c) (3)	10,000				public & 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'S HEALTHCARE ASSOCIATION PO BOX 2885 PORTLAND,OR 97208	93-1271596	501 (c)(3)	10,000				research & medical support
YAKIMA VALLEY MEMORIAL HOSPITAL 2701 TIETON DRIVE YAKIMA,WA 98902	91-1022358	501 (c)(3)	10,000				public & professional education
YALE UNIVERSITY 155 Whitney Ave NEW HAVEN,CT 06520	06-0646973	501 (c)(3)	300,000				research & medical support
YMCA OF HIGH POINT 112 GATEWOOD AVENUE HIGH POINT,NC 27262	56-0579600	501 (c)(3)	15,700				public & professional education
YOUNG ADULTS HEALTH CENTER Inc 47 NORTH HURON YPSILANTI,MI 48197	38-2329742	501 (c)(3)	25,000				public & professional education
YOUTH SERVICES INC PO BOX 6008 BRATTLEBORO,VT 05302	03-0287694		6,000				public & professional education
YSLETA INDEPENDENT SCHOOL DISTRICT 9600 SIMS DR EL PASO,TX 746002473	74-6002473	501 (c)(3)	10,000				public & professional education
YWCA OF KAUAI 2855 HOOLAKO STREET LIHUE,HI 96766	99-0073504	501 (c)(3)	10,000				public & professional education
ZETA PHI BETA 237 SWANDALE DRIVE COLUMBIA,SC 29203	57-6029795	501 (c)(7)	5,382				public & professional education
ZETA PHI BETA 237 SWANDALE DRIVE COLUMBIA,SC 29203	57-6029795	501 (c)(7)	5,001				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
ZETA PHI BETA SORORITY INC PO BOX 34326 SAN ANTONIO,TX 78265	23-7206960	501 (c)(7)	9,200				public & professional education Medical Support
ZETA PHI BETA SORORITY INC PO BOX 733 BRONX,NY 10467	59-2650064	501 (c)(7)	5,987				community services medical support
ZETA PHI BETA SORORITY INC PO BOX 71335 WASHINGTON,DC 20024	52-1848244	501 (c)(7)	7,000				public & professional education MEDICAL SUPPORT

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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, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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 or provision of all of 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 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☐ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☑ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations 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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

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

Part III Supplemental Information

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

Return Reference	Explanation
PART 1, #4B	JENNIFER HOWSE, PHD $7,857, RICHARD MULLIGAN $46,395, Lisa Bellsey, ESQ $7,538, SCOTT BERNS, MD $1,177, PAULA RANSOM $4,406

Additional Data

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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 compensation				
JENNIFER HOWSE PHD PRESIDENT	(I) (II)	495,516 0	0 0	13,191 0	0 0	0 0	508,707 0	0 0
RICHARD E MULLIGAN EXECUTIVE VICE PRESIDENT	(I) (II)	332,004 0	0 0	48,227 0	0 0	0 0	380,231 0	0 0
LISA BELLSEY ESQ ASSISTANT SECRETARY	(I) (II)	276,185 0	0 0	9,344 0	0 0	0 0	285,529 0	0 0
DAVID HORNE ASSISTANT TREASURER	(I) (II)	221,504 0	0 0	420 0	0 0	0 0	221,924 0	0 0
EDWARD MCCABE MD MEDICAL DIRECTOR	(I) (II)	353,500 0	0 0	28,837 0	0 0	0 0	382,337 0	0 0
Joseph L Simpson MD SENIOR V P	(I) (II)	358,016 0	0 0	42,525 0	0 0	0 0	400,541 0	0 0
Scott D Berns MD SENIOR V P	(I) (II)	268,812 0	0 0	1,816 0	0 0	0 0	270,628 0	0 0
Sandra Hijikata Senior V P	(I) (II)	244,417 0	0 0	5,108 0	0 0	0 0	249,525 0	0 0
Alan Kauffman Senior V P	(I) (II)	242,604 0	0 0	1,832 0	0 0	0 0	244,436 0	0 0
Paula Ransom Senior V P	(I) (II)	277,704 0	0 0	5,386 0	0 0	0 0	283,090 0	0 0

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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 noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	120	65,847	SELLING PRICE
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	30	209,333	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 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		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?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	Yes	
b	If "Yes," describe in Part II		
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

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

Return Reference	Explanation
SCHEDULE M #32A	THE MARCH OF DIMES ACCEPTS DONATIONS OF CARS, BOATS OR OTHER VEHICLES THROUGH A THIRD PARTY THE FIRM HANDLES ALL ASPECTS OF THE DONATION FROM INITIAL CONTACT WITH THE DONOR, TRANSFER OF THE TITLE, AS WELL AS THE PICK UP AND SALE OF THE VEHICLE

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
March of Dimes Foundation

Employer identification number
13-1846366

Return Reference	Explanation
LINE 6-7B	THE MARCH OF DIMES HAS A VOLUNTEER BOARD OF TRUSTEES WHO ARE CONSIDERED MEMBERS BY THE IRS DEFINITION AND HAVE THE AUTHORITY TO ELECT OTHER MEMBERS AS WELL AS MAKE DECISIONS WHICH ARE SUBJECT TO APPROVAL BY OTHER MEMBERS

Return Reference	Explanation
LINE 11B	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 FOUNDATION'S AUDIT COMMITTEE OF THE BOARD 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

Return Reference	Explanation
LINE 12C	ANNUALLY THE MARCH OF DIMES ASKS THEIR BOARD MEMBERS AND OFFICERS (BOTH NATIONAL AND CHAPTER) TO REVIEW AND SIGN A CONFLICT OF INTEREST POLICY VOLUNTEER BOARD MEMBERS ARE GIVEN A HARD COPY TO SIGN EMPLOYEES ACCESS THE FOUNDATION'S INTRANET WEBSITE TO REVIEW AND SIGN THE POLICY THE FOUNDATION'S LEGAL COUNSEL DETERMINES WHETHER A CONFLICT EXISTS AND RESOLVES ANY ACTUAL CONFLICTS ANY BOARD MEMBERS WITH A CONFLICT IN A MATTER REQUIRING ACTION BY THE BOARD ARE PROHIBITED FROM PARTICIPATING IN THE BOARD'S DELIBERATIONS OR DECISIONS REGARDING THE MATTER UNDER CONSIDERATION

Return Reference	Explanation
LINE 15	DETERMINATION OF EXECUTIVE COMPENSATION AT THE MARCH OF DIMES IS A THREE STAGE PROCESS, DESIGNED TO ENSURE AN INDEPENDENT AND TRANSPARENT APPROACH TO THE REVIEW OF THE MARCH OF DIMES OFFICERS 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 4 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

Return Reference	Explanation
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

Return Reference	Explanation
LINE 9 OTHER CHANGES IN NET ASSETS	THE OTHER CHANGES IN NET ASSETS IS MADE UP OF PENSION/POST RETIREMENT COSTS of $67,114,328 THE OTHER CHANGES IN NET ASSETS IS MADE UP OF PENSION/POST RETIREMENT COSTS OF $67,114,328 THIS AMOUNT IS THE NET RESULT OF INCREASES IN PREVAILING INTEREST RATES USED TO VALUE PENSION LIABILITIES AND INVESTMENT GAINS THAT EXCEEDED ACTUARIAL ASSUMPTIONS FURTHER, A PLAN AMENDMENT ELIMINATED CERTAIN BENEFITS FOR ACTIVE AND RETIRED EMPLOYEES WHO DID NOT MEET CERTAIN ELIGIBILITY REQUIREMENTS THE IMPACT ON EXPENSE WILL BE RECOGNIZED OVER THE NEXT SEVERAL YEARS