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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

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

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014

B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C Name of organization March of Dimes Foundation		D Employer identification number 13-1846366
	% DAVID HORNE Doing business as		
	Number and street (or P O box if mail is not delivered to street address) Room/suite 1275 MAMARONECK AVENUE Suite		E Telephone number (914) 428-7100
	City or town, state or province, country, and ZIP or foreign postal code WHITE PLAINS, NY 10605		G Gross receipts \$ 239,045,161
	F Name and address of principal officer DR JENNIFER HOWSE 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605		
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527		H(a) Is this a group return for subordinates? ☐ Yes ☒ No	
J Website: ▶ WWW.MARCHOFDIMES.ORG		H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list (see instructions)	
		H(c) Group exemption number ▶	

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶	L Year of formation 1938	M State of legal domicile NY
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Part I

Summary

Activities & Governance	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		
Revenue	3 Number of voting members of the governing body (Part VI, line 1a)	3	29
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	29
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	1,638
	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	
	Expenses	8 Contributions and grants (Part VIII, line 1h)	Prior Year
9 Program service revenue (Part VIII, line 2g)		195,237,139	187,516,021
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,786,401	1,840,158
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,075,480	5,023,591
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,712,900	1,506,527
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		202,811,920	195,886,297
14 Benefits paid to or for members (Part IX, column (A), line 4)		28,089,160	29,600,942
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0	0
16a Professional fundraising fees (Part IX, column (A), line 11e)		104,203,416	95,974,780
b Total fundraising expenses (Part IX, column (D), line 25) ▶26,525,690	1,120,396	959,708	
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)			
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	79,125,453	77,258,587	
19 Revenue less expenses Subtract line 18 from line 12	212,538,425	203,794,017	
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	-9,726,505	-7,907,720
	21 Total liabilities (Part X, line 26)		
	22 Net assets or fund balances Subtract line 21 from line 20	153,954,900	139,978,215
		78,877,204	115,360,770
		75,077,696	24,617,445

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	2015-05-13 Date
	David C Horne CFO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Jocelyne C Miller	Preparer's signature Jocelyne C Miller	Date	Check ☐ if self-employed	PTIN P00634378
	Firm's name ▶ KPMG LLP			Firm's EIN ▶	
	Firm's address ▶ 345 Park Avenue New York, NY 10154			Phone no	

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?

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?

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 \$ 31,103,722 including grants of \$ 24,492,031) (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 THE MARCH OF DIMES CONSISTENTLY THROUGHOUT ITS HISTORY HAS SELECTED BOLD PROBLEMS FROM CONQUERING POLIO TO PREVENTING PREMATURITY AND HAS BEEN SUCCESSFUL THROUGH CAREFUL PLANNING AND EXECUTION TO ACHIEVE OUR MISSION THE MARCH OF DIMES ALSO HAS DEVELOPED PARTNERSHIPS TO LEVERAGE ITS EFFORTS TOGETHER WITH THOSE OF OTHER ORGANIZATIONS SINCE THE START OF OUR NATIONAL PREMATURITY CAMPAIGN IN 2003, RATES OF PRETERM BIRTH HAVE DECLINED FOR 7 YEARS IN A ROW TO 11.4% AND HAVE REACHED A 16-YEAR LOW SINCE 2006, AN ESTIMATED 210,000 BABIES HAVE BEEN SPARED THE CONSEQUENCES OF AN EARLY BIRTH, AND OUR COUNTRY HAS SAVED AT LEAST \$11.9 BILLION IN EXCESS HEALTH CARE COSTS WE ACHIEVED THESE RESULTS THROUGH SUSTAINED LEADERSHIP AND A VARIETY OF PARTNERSHIPS WE OPENED FOUR MARCH OF DIMES PREMATURITY RESEARCH CENTERS, THE FIRST ONE AT STANFORD UNIVERSITY IN 2011, THE SECOND AS THE OHIO COLLABORATIVE IN 2013, AND THE THIRD AND FOURTH IN 2014 AT WASHINGTON UNIVERSITY IN ST. LOUIS AND THE UNIVERSITY OF PENNSYLVANIA THESE PREMATURITY RESEARCH CENTERS TAKE A UNIQUE TEAM SCIENCE APPROACH TO SPEEDING UP DISCOVERY OF CAUSES AND PREVENTIONS, DRAWING FACULTY NOT ONLY FROM THE MEDICAL SCHOOLS, BUT FROM ACROSS THE CAMPUSES, INCLUDING, FOR EXAMPLE FROM SCHOOLS OF ENGINEERING A TOTAL OF FIVE CENTERS ARE PLANNED, AND THE FIFTH HAS BEEN APPROVED BY OUR BOARD OF TRUSTEES, BUT NOT YET ANNOUNCED IT WILL BE ANNOUNCED IN Q2 OF 2015 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 A PEER-REVIEWED PUBLICATION, THE RESEARCH FOR WHICH WAS SUPPORTED BY AND THE MAJORITY OF THE AUTHORS WERE FROM THE MARCH OF DIMES, SHOWED AN 83% REDUCTION IN EARLY ELECTIVE DELIVERIES FROM JANUARY THROUGH DECEMBER OF THE SAME YEAR AMONG 25 HOSPITALS IN FIVE STATES THIS WORK ALSO INCLUDES A NATIONAL CONSUMER EDUCATION CAMPAIGN CALLED HEALTHY BABIES ARE WORTH THE WAIT THE DESCRIPTION OF THE HEALTHY BABIES ARE WORTH THE WAIT PILOT IN KENTUCKY IS IN PRESS AS VOLUME 1 OF THE NEW PEER-REVIEWED MARCH OF DIMES SERIES WITH ELSEVIER AS THE PUBLISHER THIS SHOWS THAT THERE WAS A REDUCTION IN EARLY ELECTIVE DELIVERIES IN KENTUCKY COMPARED WITH SURROUNDING STATES, AND REVIEWERS WERE HIGHLY COMPLIMENTARY OF THE MARCH OF DIMES TAKING ON A RESEARCH PROJECT OF this complexity in a "Real World Setting " IN 2012, THE U.S. 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 SHOWED 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 THE JOINT COMMISSION HAS INCLUDED THE REDUCTION OF EARLY ELECTIVE DELIVERIES AS ONE OF ITS FIVE PERINATAL CORE MEASURES, WHICH WILL IMPACT POLICIES AT ALL BIRTHING HOSPITALS IN THE U.S. 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 CONTRIBUTE TO THE DETECTION OF THE 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 36 PERCENT REDUCTION IN SPINA BIFIDA, A BIRTH DEFECT OF THE SPINAL CORD, AND A 17 PERCENT REDUCTION IN ANENCEPHALY, A VERY SERIOUS BIRTH DEFECT OF THE BRAIN THAT UNIFORMLY RESULTS IN DEATH REDUCING PRETERM BIRTH THROUGH OUR PARTNERSHIP WITH THE ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS (ASTHO), HEALTH DEPARTMENTS IN EVERY STATE, PUERTO RICO AND THE DISTRICT OF COLUMBIA HAVE SET GOALS OF REDUCING THEIR RATES OF PREMATURE BIRTH BY 8 PERCENT BY 2014 USING THE DATA FROM THE NATIONAL CENTER ON HEALTH STATISTICS (NCHS) OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), 16 STATES OR TERRITORIES HAVE ACHIEVED THEIR GOALS OF 8% REDUCTION THROUGH THE 2013 DATA ALASKA, ARIZONA, CALIFORNIA, COLORADO, DELAWARE, DISTRICT OF COLUMBIA, INDIANA, MASSACHUSETTS, NEVADA, NEW HAMPSHIRE, NEW YORK, PUERTO RICO, RHODE ISLAND, UTAH, VERMONT, AND WYOMING IN 2014, 5 STATES EARNED AN "A" ON THE MARCH OF DIMES PREMATURE BIRTH REPORT CARD CALIFORNIA, MAINE, NEW HAMPSHIRE, OREGON AND VERMONT

4b

(Code) (Expenses \$ 74,513,673 including grants of \$ 3,402,086) (Revenue \$ 1,840,158)

PUBLIC AND PROFESSIONAL EDUCATION THE MARCH OF DIMES SHARES VITAL HEALTH INFORMATION WITH THE GENERAL PUBLIC, WOMEN AND PROFESSIONALS THROUGH THE INTERNET, EDUCATIONAL BOOKLETS AND PUBLIC SERVICE ADVERTISING, MANY OF WHICH ARE PROVIDED IN BOTH ENGLISH AND SPANISH THE MATERIALS for the public are written in "plain language" and have won numerous awards ALL MARCH OF DIMES EDUCATIONAL MATERIALS ARE STRONGLY EVIDENCE-BASED AND DEPEND ON THE PEER-REVIEWED MEDICAL AND SCIENTIFIC LITERATURE, AS WELL AS ON RELIABLE SOURCES, SUCH AS THE CENTERS FOR DISEASE CONTROL AND PREVENTION, THE AMERICAN ACADEMY OF PEDIATRICS, THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNCOLOGISTS, AND OTHERS 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 IN 2014, WE SIGNED A MEMORANDUM OF UNDERSTANDING WITH THE INTERNATIONAL FEDERATION OF OBSTETRICS AND GYNCOLOGY (FIGO) TO POOL ACTIVITIES AND RESOURCES OF THE MARCH OF DIMES WITH THE ACTIVITIES AND INFRASTRUCTURE OF FIGO IN ORDER TO HELP REDUCE WORLDWIDE THE RATES OF PRETERM BIRTH AS PART OF THIS AGREEMENT, MARCH OF DIMES AND FIGO HAVE CONTRACTED WITH THE BOSTON CONSULTING GROUP ON A STUDY TO UNDERSTAND THE DRIVERS OF differences in preterm birth across and within countries over time, ON THE BASIS OF THESE FINDINGS IDENTIFY opportunities to reduce preterm birth IN HIGH-INCOME COUNTRIES AND, SUBSEQUENTLY, SELECTED MIDDLE-INCOME COUNTRIES AND IDENTIFY GAPS IN KNOWLEDGE AND IMPLICATIONS FOR RESEARCH WE ARE ALSO WORKING WITH THE MARCH OF DIMES GLOBAL NETWORK FOR MATERNAL AND INFANT HEALTH IN LEBANON, MALAWI AND THE PHILIPPINES TO IMPROVE THE HEALTH OF ADOLESCENTS AND YOUNG WOMEN BEFORE THEY BECOME PREGNANT AND ARE PLANNING FOR THE 7TH INTERNATIONAL CONFERENCE ON THE PREVENTION OF BIRTH DEFECTS AND DISABILITY IN THE DEVELOPING WORLD TO BE HELD IN DAR ES SALAAM, TANZANIA IN SEPTEMBER 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 WITH PARENT GROUPS RECRUITED TO LEAD THE EFFORTS IN MANY OF THESE COUNTRIES For additional information on the Foundation's Prematurity Campaign, please visit the following websites <http://bit.ly/1D9INZM> and <http://bit.ly/107XCvc>

4c

(Code) (Expenses \$ 50,052,940 including grants of \$ 1,706,825) (Revenue \$)

COMMUNITY SERVICES March of Dimes chapter staff and volunteers invest time and resources in local programs and activities in all 50 states, Washington, D.C., and Puerto Rico, playing a vital role in improving maternal and child health in their communities, to enhancing and expanding services available to women and their families Chapter staff and volunteers partner with local health agencies, community-based organizations, professional associations, hospitals, and others to determine the most pressing maternal and child health needs and to develop a multi-year strategic plan that will positively impact the health status of communities Staff and volunteers then work to enhance and expand community services, and to improve systems of care for mothers, babies, and their families through advocacy, leadership educational programs and community grants In 2014, March of Dimes chapters awarded 554 community grants Through its community grants and program services, March of Dimes aims to improve the health of mothers and babies through education on healthy pregnancy, prenatal care and other services to reduce the risk of premature birth and other poor birth outcomes, and support for families whose babies need specialized care in the newborn intensive care unit (NICU) Healthy Babies are Worth the Wait community program is a March of Dimes chapter-led partnership focused on decreasing preterm birth by improving the quality of health care delivery, increasing access to prevention services, providing education for pregnant women, prenatal providers and the greater community Program partners work together to integrate clinical and public health interventions that are proven to reduce preterm birth These interventions include patient navigation/care coordination, hospital quality improvement to reduce early elective deliveries, group prenatal care, and smoking cessation, prevention of repeat preterm births and infection diagnosis and treatment The March of Dimes offers information and comfort to families experiencing the hospitalization of their baby and provides training for healthcare professionals in newborn intensive care units (NICUs) through NICU Family Support In 2014, NICU Family Support programs served over 92,000 families experiencing a NICU stay in 132 hospitals across the United States Activities provided include parent-to-parent support, print and online education for families and innovative programs for parents, siblings and grandparents - all with the purpose of providing comfort and critical health care messages to families in crisis To support hospital staff in their role, the program provided professional development trainings and resources for neonatologists, nurses and other clinicians to promote implementation of best practices in family-centered care HISPANIC OUTREACH The increasing number of Hispanic women in the United States, coupled with their higher fertility rates and increased risk of adverse birth outcomes, call for greater attention to their preconception, maternal and newborn health needs To address these needs, the March of Dimes offers numerous education and health promotion resources that reach millions of Spanish-speaking women and families globally In 2014, the March of Dimes relaunched nacersano.org, the Foundations culturally and linguistically relevant source of maternal and baby health information for Spanish-speaking Hispanic community at large The new mobile-ready site features hundreds of health articles, interactive tools, educational videos and other resources, including easy access to social media platforms where health information is also provided The site reached more than 2.4 million users in 2014 and had more than 4 million page views In addition, the nacersano blog (one of the social media platforms) had 3,300 average views per day, a 42 percent increase over 2013 and the highest since its implementation in 2007 Hispanic Advisory Council The March of Dimes created a national Hispanic Advisory Council in 2014 This group of professionals advises the March of Dimes on best practices for improving the health of Hispanic mothers and babies It also helps the organization to communicate the mission with the Hispanic community for long-term engagement and help improve health outcomes Pregnancy and Newborn Health Education Center Since 1997, the Pregnancy & Newborn Health Education Center (The Center) has served women and their families by being the trusted source of accurate, timely information about what women can do to help themselves be healthier, to have a healthy pregnancy and reduce their risk of having a preterm birth Through the Center, March of Dimes health experts offer one-on-one health education and support to women and families from around the world, in English and Spanish In 2014, the Center answered 19,870 emails in English and Spanish on topics ranging from preconception, pregnancy and prematurity to health advocacy, baby care and loss The Center also delivers education through social media platforms The News Moms Need blog averages over 1300 daily views Through daily outreach and monthly chats on the March of Dimes Twitter accounts, the Center engaged over 25 million people with detailed educational content, and answered individual concerns as they arose FDA AND CORN MASA FLOUR The March of Dimes participated in a working group comprised of other health organizations and a company interested in fortifying corn masa flour and its related products (e.g., tortillas and tortilla chips) with folic acid in the U.S. to prepare a food additive petition to the FDA This petition, which would allow voluntary fortification of corn masa flour with folic acid if approved, was submitted to the FDA in April 2012 The March of Dimes has since continued to work with the FDA to address their concerns and questions regarding aspects of the information submitted in the petition The March of Dimes has funded an additional stability study to examine the levels of folic acid present in fortified corn masa flour and its related products over time Such data would allow the FDA to confirm that the folic acid is present at expected or appreciable levels in corn masa flour and its related products sufficient to achieve the intended effect of reducing neural tube defects in the U.S. This study is expected to be finished by end of 2015 PATIENT SAFETY AND QUALITY THE MARCH OF DIMES IS INFUSING PATIENT SAFETY AND QUALITY THROUGHOUT ITS MISSION ACTIVITIES This involves creating a "culture of safety" in these areas, based on the features of high reliability organizations and natural accident theory NBS CULTURE OF SAFETY AND AWARDS IN NOVEMBER 2013, THE MILWAUKEE JOURNAL SENTINEL (MJS) PUBLISHED the first article in a series titled "deadly delays" in newborn screening THIS ARTICLE DESCRIBED DEATH AND DISABILITY THAT COULD HAVE BEEN PREVENTED AMONG BABIES WHOSE NEWBORN SCREENING TESTS HAD BEEN DELAYED, FOR EXAMPLE BY BEING CLOSED ON WEEKENDS AND HOLIDAYS, AND "batching" samples in hospitals over multiple days before sending them to the state LABORATORY WE PUBLISHED AN OP-ED IN THE MJS ONE WEEK LATER AND A PEER-REVIEWED COMMENTARY IN 2014, BOTH CALLING FOR A CULTURE OF SAFETY IN NBS WE CONVENED A NEWBORN SCREENING QUALITY IMPROVEMENT WORK GROUP TO SHARE BEST PRACTICES TO IMPROVE SAMPLE TRANSIT TIMES AND THAT GROUP NOW INCLUDES REPRESENTATIVES FROM 16 ORGANIZATIONS, SUCH AS THE AMERICAN ACADEMY OF PEDIATRICS, AMERICAN COLLEGE OF OBSTETRICS AND GYNCOLOGY, AMERICAN HOSPITAL ASSOCIATION, ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS AND OTHERS THE WORK GROUP MEETS 2-3 TIMES PER YEAR EITHER IN PERSON OR BY CONFERENCE CALL THE MARCH OF DIMES, IN COLLABORATION WITH THE ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS, BEGAN PROVIDING AWARDS IN 2014 TO STATE HEALTH OFFICIALS FOR SPECIFIC POLICIES AND PRACTICES THAT IMPROVE SAMPLE TRANSIT TIMES AND WE HAVE MADE TWO AWARDS TO DATE

4d

Other program services (Describe in Schedule O)

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

4e

Total program service expenses

155,670,335

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 domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	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? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	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	967	
1b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	29	
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	1,638
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? <i>If "No" to line 3b, provide an explanation in Schedule O</i>		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 <u>CJ, UK</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a	
b Did the sponsoring 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? <i>If "No," provide an explanation in Schedule O</i>		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	29	
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			
1b	Enter the number of voting members included in line 1a, above, who are independent	29	
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
7b	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		
8a	The governing body?	8a	Yes
8b	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
10b	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
11b 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
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	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?		
15a	The organization's CEO, Executive Director, or top management official	15a	Yes
15b	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
16b	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, address, and telephone number of the person who possesses the organization's books and records	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)	3,279,323	0	107,657

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization129

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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	2,616,605
PEP DIRECT, 19 STONEY BROOK DRIVE WILTON, NH 03086	MAIL HOUSE	2,547,223
BLACKBAUD, PO BOX 930256 ATLANTA, GA 311930256	Software hosting	1,887,570
MSL GROUP INC, 13273 COLLECTION CENTER DR CHICAGO, IL 60693	MARKETING	683,317
Paradysz Matera Company Inc, 5 HANOVER SQUARE NEW YORK, NY 10004	List Broker	1,049,627

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization60

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	1,109,946			
	b	Membership dues	1b				
	c	Fundraising events	1c	127,606,598			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	2,971,908			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	55,827,569			
	g	Noncash contributions included in lines 1a-1f \$		347,385			
	h	Total. Add lines 1a-1f		187,516,021			
Program Service Revenue	2a	SALE OF EDUCATION MATERIAL	Business Code				
			900099	1,347,981	1,347,981		
	b	SYMPOSIUM CONFERENCE	900099	330,481	330,481		
	c	PROGRAM SPONSORSHIP	900099	161,696	161,696		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		1,840,158			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		1,749,072			1,749,072
	4	Income from investment of tax-exempt bond proceeds . .		0			
	5	Royalties		760,195			760,195
	6a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less rental expenses					
	c	Rental income or (loss)	0	0			
	d	Net rental income or (loss)		0			
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	b	Less cost or other basis and sales expenses	31,798,341				
	c	Gain or (loss)	28,523,822				
	d	Net gain or (loss)	3,274,519	3,274,519			3,274,519
	8a	Gross income from fundraising events (not including \$ 127,606,598 of contributions reported on line 1c) See Part IV, line 18 . . .					
			a	14,635,042			
	b	Less direct expenses	b	14,635,042			
	c	Net income or (loss) from fundraising events . .		0			
	9a	Gross income from gaming activities See Part IV, line 19					
			a	313,463			
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities . .		313,463			313,463
	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	228,889			228,889
	b	ALL OTHER REVENUE	900099	203,980			203,980
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		432,869			
	12	Total revenue. See Instructions		195,886,297	1,840,158		6,530,118

Part IX

Statement of Functional Expenses

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

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

☒

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	28,386,287	28,386,287		
2	Grants and other assistance to domestic individuals See Part IV, line 22	45,000	45,000		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	1,169,655	1,169,655		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,874,800	1,446,989	194,930	232,881
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	77,740,281	60,000,717	8,082,972	9,656,592
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,981,720	3,565,417	686,979	729,324
9	Other employee benefits	5,602,477	4,841,744	264,669	496,064
10	Payroll taxes	6,008,383	4,592,972	652,239	763,172
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	135,990	61,506	45,739	28,745
c	Accounting	255,402	119,677	83,412	52,313
d	Lobbying	0			
e	Professional fundraising services See Part IV, line 17	726,827			726,827
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)	13,851,242	7,830,620	3,532,599	2,488,023
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	8,536,857	6,764,810	783,934	988,113
17	Travel	6,375,720	5,115,681	538,187	721,852
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	2,843,090	2,471,013	162,869	209,208
20	Interest	89,660	40,642	30,091	18,927
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	3,103,849	2,197,813	442,000	464,036
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	19,867,792	12,583,977	2,658,514	4,625,301
b	POSTAGE & SHIPPING	11,175,701	6,809,482	1,667,279	2,698,940
c	EQUIPMENTAL RENTAL	2,155,857	1,499,444	340,728	315,685
d	TELEMARKETING/DATA FEES	6,328,022	4,278,043	1,082,893	967,086
e	All other expenses	2,539,405	1,848,846	347,958	342,601
25	Total functional expenses. Add lines 1 through 24e	203,794,017	155,670,335	21,597,992	26,525,690
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)	30,021,000	18,243,000	4,769,000	7,009,000

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		6,036,354	1	9,156,643
	2	Savings and temporary cash investments		5,608,412	2	4,015,096
	3	Pledges and grants receivable, net		2,328,883	3	2,307,675
	4	Accounts receivable, net		5,553,510	4	5,032,022
	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		4,188,338	8	4,006,307
	9	Prepaid expenses and deferred charges		2,011,928	9	1,843,291
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 55,937,728			
	b	Less: accumulated depreciation	10b 45,440,057	12,982,241	10c	10,497,671
	11	Investments—publicly traded securities		77,730,117	11	70,237,056
	12	Investments—other securities. See Part IV, line 11		26,295,710	12	21,738,612
	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		11,219,407	15	11,143,842
	16	Total assets. Add lines 1 through 15 (must equal line 34)		153,954,900	16	139,978,215
Liabilities	17	Accounts payable and accrued expenses		10,963,792	17	9,905,687
	18	Grants payable		19,331,017	18	19,886,464
	19	Deferred revenue		1,668,665	19	2,043,590
	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	5,000,000
	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		46,913,730	25	78,525,029
	26	Total liabilities. Add lines 17 through 25		78,877,204	26	115,360,770
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		58,125,021	27	6,937,768
	28	Temporarily restricted net assets		3,732,000	28	4,380,000
	29	Permanently restricted net assets		13,220,675	29	13,299,677
	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		75,077,696	33	24,617,445
	34	Total liabilities and net assets/fund balances		153,954,900	34	139,978,215

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	195,886,297
2	Total expenses (must equal Part IX, column (A), line 25)	2	203,794,017
3	Revenue less expenses Subtract line 2 from line 1	3	-7,907,720
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	75,077,696
5	Net unrealized gains (losses) on investments	5	-1,585,666
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	-40,966,865
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	24,617,445

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? 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	2a	No
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	Yes
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes
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

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization March of Dimes Foundation	Employer identification number 13-1846366
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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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations _____

g

Provide the following information about the supported organization(s)

(i)Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	201,374,024	200,078,092	198,602,163	195,237,139	187,516,021	982,807,439
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	201,374,024	200,078,092	198,602,163	195,237,139	187,516,021	982,807,439
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						982,807,439

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	201,374,024	200,078,092	198,602,163	195,237,139	187,516,021	982,807,439
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,533,262	4,292,871	3,345,135	2,702,538	2,509,267	16,383,073
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	307,127	494,623	756,520	638,657	432,869	2,629,796
11 Total support Add lines 7 through 10						1,001,820,308
12 Gross receipts from related activities, etc (see instructions)					12	8,953,459
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	98 102 %
15 Public support percentage for 2013 Schedule A, Part II, line 14	15	97 999 %
16a 33 1/3% support test—2014. 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—2013. 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—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		
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 IIISupport 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15		
16 Public support percentage from 2013 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17		
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2014. 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—2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶			
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶			

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 <u>Parent of Supported Organizations</u> Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

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.**

▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at**

www.irs.gov/form990.

OMB No 1545-0047

2014

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization March of Dimes Foundation	Employer identification number 13-1846366
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
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															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ 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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(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)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		1,731
e	Publications, or published or broadcast statements?	Yes		210
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		570,789
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		1,392,372
i	Other activities?	Yes		2,720
j	Total. Add lines 1c through 1i.			1,967,822
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, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
SCHEDULE C PART II B	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.

[illegible]

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization March of Dimes Foundation	Employer identification number 13-1846366
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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 value of contributions to (during year)	
3	Aggregate value of 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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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) Revenue 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

Revenue included in Form 990, Part VIII, line 1 ▶ \$ _____

b

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

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

Cat No 52283D

Schedule D (Form 990) 2014

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 |
| 1c | |
| 1d | |
| 1e | |
| 1f | |

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- 2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	4,334,207	3,942,563	3,545,416	3,586,883	3,581,383
b Contributions			12,425	12,338	5,500
c Net investment earnings, gains, and losses	271,581	616,899	589,394	-53,805	496,649
d Grants or scholarships					
e Other expenditures for facilities and programs	228,000	225,255	204,672		496,649
f Administrative expenses					
g End of year balance	4,377,788	4,334,207	3,942,563	3,545,416	3,586,883

- 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 ▶ 82 500 %
- c

Temporarily restricted endowment ▶ 17 500 %
- 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
- (i) unrelated organizations

3a(i)

☐ Yes

☐ No

(ii) related organizations

3a(ii)

☐ Yes

☐ No
- b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

☐ Yes

☐ No
- 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		28,155,960	24,911,711	3,244,249
c Leasehold improvements				
d Equipment		26,863,442	20,528,346	6,335,096
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				10,497,671

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	196,523,883
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-1,585,666
b	Donated services and use of facilities	2b	2,223,252
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	637,586
3	Subtract line 2e from line 1	3	195,886,297
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	195,886,297

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	206,017,269
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	2,223,252
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	2,223,252
3	Subtract line 2e from line 1	3	203,794,017
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	203,794,017

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
SCHEDULE D PART X	THE FOUNDATION RECOGNIZES THE BENEFIT OF TAX POSITIONS WHEN IT IS MORE- LIKELY-THAN-NOT THAT THE POSITION WILL BE SUSTAINABLE BASED ON THE MERITS OF THE POSITION
SCHEDULE D PART V	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 FOLLOWS THE NEW YORK PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT(NYPMIFA)

[illegible]

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

OMB No 1545-0047

2014

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total					22,908,267
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					22,908,267

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)
(1)	See Add'l Data								
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2

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

11

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)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐ Yes

☒ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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; do not file with Form 990)*

☐ Yes

☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☐ Yes

☒ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐ Yes

☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☐ Yes

☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)*

☒ Yes

☐ No

Part V

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F 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 APPLIATIONS ONCE SELECTED, GRANTEES ARE REQUIRED TO SUBMIT AN ANNUAL FINANCIAL ACCOUNTING REPORTS AS WELL AS A FINAL ACCOUNTING OF ALL EXPENDITURES, DELIVERABLES AND FINANCIAL RESULTS, DURING AND 90 DAYS AFTER THE TERMINATION OF THE GRANT Refer to website for further information http //bit ly/1b0R8no

Additional Data

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

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)			Grantmaking	Research & Medical	199,655
Middle East and North Africa			Grantmaking	Research & Medical	30,000
North America			Grantmaking	Research & Medical	900,000

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
East Asia and the Pacific			Grantmaking	Research & Medical	30,000
South Asia			Grantmaking	Research & Medical	10,000
Europe (Including Iceland and Greenland)			Investments		8,645,447

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
Central America and the Caribbean			Investments		13,093,165

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 &	150,000	check			
		North America	REASEARCH &	300,000	check			
		North America	RESEARCH &	300,000	check			
		North America	RESEARCH &	150,000	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)
		Europe (Including Iceland and Greenland)	research &	10,000	check			
		Middle East and North Africa	research &	30,000	ACH			
		East Asia and the Pacific	research &	30,000	ACH			
		South Asia	research &	10,000	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)
		Europe (Including Iceland and Greenland)	Research &	159,655	check			
		Europe (Including Iceland and Greenland)	research &	10,000	check			
		Europe (Including Iceland and Greenland)	research &	20,000	check			

SCHEDULE G
(Form 990 or 990-EZ)

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

OMB No 1545-0047

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 INFOCISION MGMNT GROUP 325 Springside Drive Akron, OH 44333	TELEMARKETI ng		No	7,427,543	3,074,978	4,352,566
2 ADVANCED BUSINESS TECHNOLOGY	TELEMARKETI ng		No	653,912	187,676	466,236
3 ODELL SIMMS LYNCH	FUNDRAISE		No		403,293	
4 HAYES ASSOCIATES	FUNDRAISE		No	805,724	54,409	751,315
5 THOMPSON HABIB DENISON	FUNDRAISE		No		611,948	
6 The Maness Group	Fundraise		No	120,000	28,000	92,000
7						
8						
9						
10						
Total				9,007,179	4,360,304	5,662,117

- 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	(b) Event #2	(c) Other events	(d) Total events
		March/Walk (event type)	Special Events (event type)	0 (total number)	(add col (a) through col (c))
Revenue	1	Gross receipts	97,696,502	44,545,138	142,241,640
	2	Less Contributions . . .	91,012,630	36,593,968	127,606,598
	3	Gross income (line 1 minus line 2)	6,683,872	7,951,170	14,635,042
Direct Expenses	4	Cash prizes			
	5	Noncash prizes . . .			
	6	Rent/facility costs . . .	3,200,355	3,214,046	6,414,401
	7	Food and beverages .			
	8	Entertainment			
	9	Other direct expenses .	3,483,518	4,737,123	8,220,641
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	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		313,463	313,463
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) ▶			

9 Enter the state(s) in which the organization conducts gaming activities See Additional Data Table

a Is the organization licensed to conduct gaming activities in each of these states? ☒ Yes ☐ No

b If "No," explain _____

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

b If "Yes," explain _____

11

Does the organization conduct gaming activities with nonmembers?

☐ Yes

☒ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes

☒ No

13

Indicate the percentage of gaming activities conducted 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 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 expenses such as envelopes, paper and postage as reported on the Statement of Functional Expense

Schedule G (Form 990 or 990-EZ) 2014

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	AK, CA, CO, FL, GA, ID, IL, IA, KS, KY, LA, ME, MD, MI, MO, NE, NJ, NY, NC, ND, OH, OR, PA, SC, TN, TX, WA, WI, WY
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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
March of Dimes Foundation

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

2014

Open to Public
Inspection

Employer identification number
13-1846366

Part I

General Information on Grants and Assistance

1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" 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 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

256

3

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

41

Part III

Grants and Other Assistance to Domestic Individuals. 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) Colonel Sanders Award	2	20,000			
(2) Agenes Higgins Award	1	5,000			
(3) Graduate Nursing Scholarship Award	4	20,000			

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 Refer to website for further information http //bit ly/1b0R8no

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 Domestic Organizations and Domestic Governments.

(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
A WOMAN'S PLACE5640 READ BLVD NEW ORLEANS,LA 70127	80-0186117	501 (c) (3)	5,758				community services

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ADAMS COUNTY HEALTH DEPARTMENT330 VERMONT STREET QUINCY,IL 62301	37-6000379		8,730				community services

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ADENA HEALTH SYSTEM 272 HOSPITAL ROAD CHILLICOTHE,OH 45644	31-4379443		23,121				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ALAMEDA COUNTY PUBLIC HEALTH DEPARTMENT1000 BROADWAY OAKLAND, CA 94607	94-6000501	501 (c) (3)	50,000				community services

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ALAMEDA HEALTH SYSTEM FOUNDATION350 FRANK H OGAWA PLAZA STE900 OAKLAND,CA 94612	94-3103136		49,985				community services

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 Morris Park Ave Bronx, NY 10461	13-1624225	501 (c) (3)	350,000				research & medical

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ALICE PECK DAY HOSPITAL125 MASCOMA STREET LEBANON,NH 03766	02-0222791	501 (c) (3)	6,000				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ALPHA PI ZETA CHAPTER STORK'SPO BOX 34326 SAN ANTONIO,TX 78265	83-0409059	501 (c) (3)	7,050				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN ACADEMY OF PEDIATRICS1400 N PROVIDENCE ROAD MEDIA,PA 19063	36-2275597	501 (c) (7)	20,950				community services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN COLLEGE OF OBGYN409 12TH STREET SW WASHINGTON,DC 20024	36-2217981	501 (c) (3)	8,655				community services

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN COLLEGE OF OBGYN409 12TH STREET SW WASHINGTON,DC 20024	36-2217981	501 (c) (3)	9,905				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN COLLEGE OF OBGYN409 12TH STREET SW WASHINGTON,DC 20024	36-2217981	501 (c) (3)	31,440				research & medical

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN SOCIETY OF GENE & CELL THERAPY555 E WELLS STREET MILWAUKEE, WI 53202	91-1766321	501 (c) (3)	7,500				research & medical

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ARIZONA PARTNERSHIP FOR IMMUNIZATION700 E JEFFERSON ST PHOENIX, AZ 85034	45-4185015	501 (c) (3)	15,000				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BALTIMORE CITY HEALTH DEPARTMENT1001 EAST FAYETTE ST BALTIMORE,MD 21202	52-6000769	501 (c) (3)	20,000				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BALTIMORE WASHINGTON MEDICAL CENTER301 HOSPITAL DRIVE GLEM BURNIE,MD 21061	52-1813656		29,000				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BAPTIST HOSPITAL OF SOUTHEAST3080 COLLEGE STREET BEAUMONT,TX 77704	74-1303720	501 (c) (3)	10,000				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BARREN RIVER DISTRICT HEALTH DEPT1109 STATE STREET BOWLING GREEN, KY 42102	61-1010874	501 (c) (3)	14,000				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BAY AREA COUNCIL ECONOMIC INSTITUTE353 SACRAMENTO ST SAN FRANCISCO,CA 94111	20-1826827	501 (c) (3)	25,000				community services

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 MEDICINEONE BAYLOR PLAZA HOUSTON,TX 77030	74-1613878	501 (c) (3)	200,000				research & medical

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 MEDICINEONE BAYLOR PLAZA HOUSTON,TX 77030	74-1613878	501 (c) (3)	5,250				community services

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 MEDICINEONE BAYLOR PLAZA HOUSTON,TX 77030	74-1613878	501 (c) (3)	18,750				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 MEDICINEONE BAYLOR PLAZA HOUSTON,TX 77030	74-1613878	501 (c) (3)	6,000				research & medical

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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)	7,250				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BIRTH MATTERS424 MUSTANG DRIVE SPARTANBURG, SC 29037	45-4900759	501 (c) (3)	9,750				community services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BIRTH WELL PARTNERS976 LINWOOD RD BIRMINGHAM, AL 35222	45-2384335	501 (c) (3)	7,500				community services

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOARD OF REGENTS OF UNIVESITY OF WISCONSIN Office for Resaerch Sponsored Dr MILWAUKEE, WI 53278	39-6006492	501 (c) (3)	12,000				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOARD OF REGENTS UNIV OF WISCONSIN750 UNIVERSITY AVENUE MADISON, WI 53706	39-8006492	501 (c) (3)	275,000				research & medical

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOARD OF REGENTS UNIV OF WISCONSIN750 UNIVERSITY AVENUE MADISON, WI 53706	39-8006492	501 (c) (3)	150,000				research & medical

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOARD OF REGENTS UNIV OF WISCONSIN750 UNIVERSITY AVENUE MADISON, WI 53706	39-8006492	501 (c) (3)	150,000				research & medical

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BOONE COUNTY HEALTH DEPT1204 LOGAN AVENUE BELVIDERE,IL 61008	36-6006525	501 (c) (3)	5,944				community services

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BOSTON UNIVERSITY SCHOOL OF MEDICINE72 EAST CONCORD STREET BOSTON,MA 02118	04-2103547		278,000				research & medical

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BRISAK INCORPORADO - MIMA NATURALCALLE JOSE CVAZQUEZ AIBINITO,PR 00705	66-0786955	501 (c) (3)	6,350				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CANCER ASSOCIATION OF GREATER NEW ORLEANS 824 ELMWOOD PARK BLVD NEW ORLEANS,LA 70123	72-0517802	501 (c) (3)	7,202				community services

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CAPITAL HEALTH SYSTEM 446 BELLEVUE AVE TRENTON,NJ 08618	22-3548695	501 (c) (3)	65,500				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CARILION MEDICAL CENTER213 McCLANAHAN ST ROANOKE, VA 24014	54-0506332	501 (c) (3)	10,612				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CARILION NEW RIVER VALLEY MEDICAL CENTER 2900 LAMB CIRCLE CHRISTIANSBURG, VA 24073	54-0553805	501 (c) (3)	6,897				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CASE WESTERN RESERVE UNIVERSITY10900 EUCLID AVENUE CLEVELAND,OH 44106	34-1018992	501 (c) (3)	200,223				research & medical

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CATAWBA VALLEY MEDICAL CENTER810 FAIRGROVE CHURCH RD HICKORY,NC 28602	56-0789196	501 (c) (3)	29,262				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CATHOLIC CHARITIES OF THE DIOCESE429 WEST 10TH STREET PUEBLO, CO 81003	84-0471001	501 (c) (3)	10,000				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CATHOLIC COMMUNITY SERVICESPO BOX 20400 SALEM,OR 97307	93-0903773	501 (c) (3)	14,000				research & medical

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CENTER FOR BLACK WOMEN'S WELLNESS477 WINDSOR STREET ATLANTA,GA 30312	58-2212203	501 (c) (3)	25,000				community services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CENTER FOR COURT INNOVATION300 S STATE STREET SYRACUSE, NY 13202	13-2612524	501 (c) (3)	107,460				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CENTERING HEALTHCARE INSTITUTE89 SOUTH STREET BOSTON, MA 02111	06-1622668	501 (c) (3)	15,500				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CHATTANOOGA-HAMILTON CO HEALTH921 EAST THIRD STREET CHATTANOOGA,TN 37403	62-6000636	501 (c) (3)	20,000				community services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CHESHIRE MEDICAL CENTER590 COURT STREET KEENE, NH 03431	02-0354549	501 (c) (3)	20,040				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CHILDREN'S HEALTH AND RESEARCH1 N LEXINGTON AVE WHITE PLAINS,NY 10601	27-2415391	501 (c) (3)	49,103				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CHILDREN'S HOME AND AID403 S STATE ST BLOOMINGTON,IL 61701	36-2167743	501 (c) (3)	7,000				community services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CHILDREN'S HOSPITAL BOSTONPO BOX 414413 BOSTON,MA 02241	04-2774441	501 (c) (3)	150,000				research & medical

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CINCINNATI CHILDREN'S HOSP RESEARCH FDN3333 BURNET AVENUE CINCINNATI,OH 45299	31-0833936	501 (c) (3)	150,000				research & medical

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CINCINNATI CHILDREN'S HOSPITAL3333 BURNET AVENUE CINCINNATI,OH 45229	31-0833936	501 (c) (3)	2,000,000				research & medical

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CINCINNATI CHILDREN'S HOSPITAL3333 BURNET AVENUE CINCINNATI,OH 45229	31-0833936	501 (c) (3)	375,000				research & medical

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CINCINNATI CHILDREN'S HOSPITAL3333 BURNET AVENUE CINCINNATI,OH 45229	31-0833936	501 (c) (3)	260,000				research & medical

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CINCINNATI CHILDREN'S HOSPITAL3333 BURNET AVENUE CINCINNATI,OH 45229	31-0833936	501 (c) (3)	210,870				research & medical

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CITY OF LONG BEACH DEPT OF HEALTH2525 GRAND AVE LONG BEACH,CA 90815	95-6000733	501 (c) (3)	42,239				community services

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CITY OF PORT ARTHUR TEXAS449 AUSTIN AVE PORT ARTHUR,TX 77640	74-6001885	501 (c) (3)	6,500				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CLARK COUNTY HEALTH DEPARTMENT517 COURT STREET NEILLSVILLE, WI 54456	39-6005679		6,000				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CLAYTON COUNTY BOARD OF HEALTH1117 BATTLECREEK ROAD JONESBORO,GA 30236	58-1108112		20,000				community services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CLEVELAND CLINIC FOUNDATION9500 Euclid Ave CLEVELAND, OH 44195	34-0714585	501 (c) (3)	7,500				research & medical

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CLINICA TEPEYAC INC 5075 LINCOLN STREET DENVER,CO 80216	84-1285505	501 (c) (3)	10,000				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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COASTAL FAMILY HEALTH CENTER INC1046 DIVISION STREET BILOXI,MS 39530	64-0592416		25,000				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
COASTAL FAMILY HEALTH CENTER INC1046 DIVISION STREET BILOXI,MS 39530	64-0592416		12,500				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
COASTAL FAMILY HEALTH CENTER INC1046 DIVISION STREET BILOXI,MS 39530	64-0592416		12,500				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
COLD SPRING HARBOR LABORATORYPO BOX 100 COLD SPRING HARBOR, NY 11724	11-2013303		7,500				research & medical

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
COMMUNITY CONNECTIONS INC215 S WALKER ST PRINCETON,WV 24740	55-0740913		25,366				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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COMMUNITY FOUNDATION OF NE ALABAMAPO BOX 2610 ANNISTON,AL 36202	63-0308398		7,000				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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COMMUNITY HEALTH CENTER INC635 MAIN ST MIDDLETOWN,CT 06457	06-0897105	501 (c) (3)	16,275				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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COMMUNITY HEALTH NETWORK7240 SHADELAND STAT INDIANAPOLIS,IN 46256	51-0181688		10,380				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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COMMUNITY HEALTHNET-CENTERING PREGNANCY 1021 WEST 5TH AVE GARY, IN 46402	35-2048141	501 (c) (3)	12,650				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CommUnityCarePO BOX 17366 AUSTIN,TX 78760	55-0853118	501 (c) (3)	20,000				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CONNECTICUT CHILDRENS MEDICAL CENTER282 WASHINGTON STREET HARTFORD, CT 06106	06-0646755	501 (c) (3)	15,000				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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COUNCIL ON ALCOHOLDRUG ABUSE 1801 S ALAMEDA CORPUS CHRISTI, TX 78404	74-1696491	501 (c) (3)	30,000				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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COVENANT MEDICAL CENTER3421 WEST NINTH ST WATERLOO,IA 50702	42-1264647	501 (c) (3)	22,843				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CRAWFORD COUNTY HEALTH DEPARTMENT410 E ATKINSON PITTSBURGH, KS 66762	48-6042132	501 (c) (3)	20,000				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CROUSE HEALTH FOUNDATION INC736 IRVING AVE SYRACUSE,NY 13210	16-1035427		11,500				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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DAUGHTERS OF CHARITY SERVICESPO BOX 4148 NEW ORLEANS, LA 70178	72-1332678	501 (c) (3)	14,340				community services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
DEACONESS FAMILY PRACTICE CENTER600 MARY STREET EVANSVILLE,IN 47747	35-0593390	501 (c) (3)	20,840				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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DELAWARE COUNTY COMMUNITY COLLEGE901 S MEDIA LINE RD MEDIA,PA 19063	23-2143790	501 (c) (3)	10,000				community services

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
DENVER HEALTH AND HOSPITAL AUTHORITY 12600 ALBROOK DR DENVER, CO 80239	84-1343242	501 (c) (3)	10,000				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
DENVER HEALTH AND HOSPITAL AUTHORITY777 BANNOCK STREET DENVER,CO 80204	84-1343242	501 (c) (3)	8,000				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
DEPARTMENT OF OBSTETRICS AND GYNECOLOGYPO BOX 113201L GAINESVILLE,FL 32611	59-6002052	501 (c) (3)	25,000				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
DEPARTMENT OF STATE HEALTH SERVICES1100 W 49TH STREET AUSTIN,TX 78714	32-0113643	501 (c) (3)	7,000				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
DIGNITY HEALTH DBA CALIFORNIA MEDICAL CENTER1401 S GRAND AVE LOS ANGELES,CA 90015	94-1196203	501 (c) (3)	38,644				community services

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
DIMOCK COMMUNITY HEALTH CENTER1800 COLUMBUS AVENUE ROXBURY,MA 02119	04-3487833	501 (c) (3)	9,000				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
DOULA FOUNDATION OF MID-AMERICA330 N JEFFESON SPRINGFIELD,MO 65806	30-0046369	501 (c) (3)	25,000				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
DUKE UNIVERSITY MEDICAL CENTER4026 GSRB11 Research Drive Durham, NC 27710	56-0532129	501 (c) (3)	463,583				research & medical

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
EAST CAROLINA UNIVERSITY2200 S CHARLES BLVD SUITE 2900 GREENVILLE, NC 27858	56-6000403	501 (c) (3)	150,000				research & medical

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
EL BUEN SAMARITANO 7000 WOODHUE DRIVE AUSTIN,TX 78745	74-2488682	501 (c) (3)	8,000				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
EMORY UNIVERSITYPO BOX 935084 ATLANTA,GA 31193	58-0566256		18,153				community services

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ETA IOTA ZETA EDUCATION FOUNDATION PO BOX 372295 EL PASO,TX 79937	31-1654901	501 (c) (3)	20,000				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
FAIR HAVEN FOUNDATION INCPO BOX 6396 FISHERS,IN 46038	26-0866646	501 (c) (7)	20,562				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
FAMILY ADVOCATES3010 WSTATE STSTE 104 BOISE,ID 83703	82-0344205	501 (c) (3)	10,000				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
FAMILY CONNECTIONS202 N GASRIGHT DRIVE VERSAILLES,IN 47042	35-1595737	501 (c) (3)	18,640				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
FASEB9650 ROCKVILLE PIKE BETHSEDA, MD 208143998	52-0700497	501 (c) (3)	7,000				research & medical

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
FITZGIBBON HOSPITAL 2305 S HIGHWAY 65 MARSHALL,MO 65340	44-0655986		10,086				community services

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
FLORIDA ASSOCIATION OF HEALTHY2600 EAST BAY DRIVE LARGO,FL 33771	59-3306893	501 (c) (3)	81,500				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
FOREST COUNTY POTAWATOMI COMMUNITYPO BOX 340 CRANDON,WI 54520	39-1225059	501 (c) (3)	6,000				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
FORT WORTH INDEPENDENT SCHOOL 3150 MCCART AVENUE FORT WORTH,TX 76110	75-6001613		10,000				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
GEARY COMMUNITY HEALTHCARE FDN1310 W ASH STEB JUNCTION CITY, KS 66441	48-1045423	501 (c) (3)	16,250				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
GENTLE STORK CHILDBIRTH SERVICES34 WOODFIN RD NEWPORT NEWS, VA 23601	31-1790142	501 (c) (3)	8,780				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
GEORGE WASHINGTON UNIVERSITY DC45155 RESEARCH PLACE ASHBURN, VA 20147	53-0196584	501 (c) (3)	300,000				research & medical

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
GEORGIA DEPARTMENT OF PUBLIC HEALTH2 PEACHTREE ST 15TH FL ATLANTA,GA 30303	90-0676388	501 (c) (3)	20,000				community services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
GEORGIA STATE UNIVERSTIY45155 RESEARCH PL ASHBURN, VA 20147	58-6002050	501 (c) (3)	330,000				research & medical

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
GIFT OF LIFE FOUNDATION INC1348 CARMICHAEL WAY MONTGOMERY,AL 36106	63-0978855	501 (c) (3)	15,000				community services

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GOOD SAMARITAN HOSPITAL FOUNDATION 375 DIXMYTH AVENUE CINCINNATI,OH 45220	31-1206047	501 (c) (3)	35,000				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
GOOD SHEPHERD MEDICAL CENTER700 E MARSHALL AVENUE LONGVIEW, TX 75601	75-1041154	501 (c) (3)	7,500				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GORDON RESEARCH CONFERENCESPO BOX 984 WEST KINGSTON,RI 02892	05-0300482	501 (c) (3)	10,000				research & medical

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
GORDON RESEARCH CONFERENCESPO BOX 984 WEST KINGSTON,RI 02892	05-0300482		7,500				research & medical

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
GREATER DELTA ALLIANCE FOR HEALTH INC2729 HIGHWAY 65 82 S LAKE VILLAGE, AR 71653	26-3424681	501 (c) (3)	8,000				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
GREENSPOINT BAPTIST CHURCH11703 WALTERS ROAD HOUSTON,TX 77067	74-2210697		25,000				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GREENVILLE HEALTH SYSTEM701 GROVE RD GREENVILLE, SC 29605	57-6007863	501 (c) (3)	92,340				community services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GREENVILLE HEALTH SYSTEM701 GROVE RD GREENVILLE, SC 29605	57-6007863	501 (c) (3)	10,260				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GUILFORD CO DEPT OF PUBLIC HEALTH1100 E WENDOVER AVE GREENSBORO,NC 27405	56-6000305	501 (c) (3)	37,980				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HEALTHY MOTHERS HEALTHY BABIES500 GULFSTREAM BLVD DELRAY BEACH,FL 33483	59-2657051	501 (c) (3)	28,000				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
HENDRICKS REGIONAL HEALTH1000 E MAIN ST DANVILLE,IN 46122	35-1361243	501 (c) (3)	11,328				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HENRY FORD HEALTH SYSTEMONE FORD PLACE 5A DETROIT,MI 48202	38-1357020	501 (c) (3)	25,000				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
HENRY M JACKSON FOUNDATION6720-A ROCKLEDGE DR SUITE 100 ROCKVILLE,MD 20817	52-1317896	501 (c) (3)	24,800				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HIGH COUNTRY HEALTHCARE OBGYNPO BOX 1292 FRISCO,CO 80443	84-1075506	501 (c) (3)	10,000				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
HIGHLAND UNITED METHODIST CHURCH1808 N DIXIE BLVD ODESSA,TX 79761	75-6003777	501 (c) (3)	20,000				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HILLTOP COMMUNITY RESOURCES1331 HERMOSA AVENUE GRAND JUNCTION,CO 81506	74-2321009	501 (c) (3)	10,000				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HOLY FAMILY SERVICES 5819 NORTH FM88 WESLACO,TX 78596	74-2282624	501 (c) (3)	10,600				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HURLEY FOUNDATION MEDICAL CENTERONE HURLEY PLAZA FLINT,MI 48503	38-3085047	501 (c) (3)	25,000				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
INDEPENDENT HEALTH FOUNDATION777 INTERNATIONAL DRIVE BUFFALO,NY 14221	16-1417199	501 (c) (3)	43,174				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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INSTITUTE FOR FAMILY HEALTH16 EAST 16TH STREET NEW YORK, NY 10003	13-3273402	501 (c) (3)	48,417				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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INTERFAITH PARTNERSHIPS11975 SEAWAY RD GULFPORT,MS 39503	64-0902148	501 (c) (3)	11,600				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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JACKSON LABORATORY 600 MAIN STREET Bar Harbor, ME 04609	01-0211513	501 (c) (3)	20,000				research & medical

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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JOHNS HOPKINS UNI SCHOOL OF MEDICINE725 N WOFFE STREET BALTIMORE,MD 21205	52-0595110		150,000				research & medical

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
KALEIDA HEALTH726 EXCHANGE ST STE2 BUFFALO, NY 14210	16-1533232	501 (c) (3)	10,000				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
KANSAS INFANT DEATH AND SIDS NETWORKINC 1148 S HILLSIDE STE 10 WICHITA,KS 67211	48-1213707	501 (c) (3)	13,500				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
KELSEY RESEARCH FOUNDATION5615 KIRBY DR SUITE 660 HOUSTON,TX 77005	76-0637670		25,000				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
KENT COUNTY HEALTH DEPARTMENT700 GULLER AVE NE GRAND RAPIDS, MI 49503	38-6004862	501 (c) (3)	25,000				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
KEYSTONE SYMPOSIAPO Box 1630 Silverthorne,CO 80498	84-1326605		15,000				research & medical

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
KEYSTONE SYMPOSIAPO Box 1630 Silverthorne,CO 80498	84-1326605		10,000				research & medical

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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KINGS COUNTY MEDICAL CENTER451 CLARKSON AVENUE BROOKLYN, NY 11203	13-2655001		6,000				community services

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
KOKUA KALIHI VALLEY COMP FAMILY SVCS2239 NORTH SCHOOL ST HONOLULU,HI 96819	99-0149797	501 (c) (3)	17,500				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
LAKE CUMBERLAND DISTRICT HEALTH500 BOURNE AVE SOMERSET,KY 42501	61-0999046	501 (c) (3)	6,724				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
LAKEWOOD HEALTH SYSTEM49725 COUNTY 83 STAPLES,MN 56479	41-1842965		20,000				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
LANAI COMMUNITY HEALTH CENTERPO BOX 630142 LANAI CITY,HI 96763	20-2509287	501 (c) (3)	7,500				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
LEGACY COMMUNITY HEALTH SERVICES1415 CALIFORNIA STREET HOUSTON,TX 77006	76-0009637	501 (c) (3)	20,000				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
LEXINGTON FAYETTE COUNTY HEALTH650 NEWTON PIKE LEXINGTON,KY 40508	61-0920825	501 (c) (3)	15,000				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
LIPSCOMB UNIVERSITY ONE UNIVERSITY PARK DR NASHVILLE,TN 37204	62-0485733	501 (c) (3)	10,000				community services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
LOMA LINDA UNIVERSITY 11145 ANDERSON STREET LOMA LINDA, CA 92354	95-1816009	501 (c) (3)	27,852				community services

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
LOS ANGELES BIOMEDICAL RESEARCH 1000 WEST CARSON STREET TORRANCE,CA 90502	95-2138184	501 (c) (3)	250,000				research & medical

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
LOUISVILLE METRO PUBLIC HEALTH650 NEWTOWN PIKE LOUISVILLE, KY 40508	32-0049006	501 (c) (3)	16,040				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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LOWER ELWHA KLALLAM TRIBE2243511 HWY 101 W PORT ANGELES,WA 98363	91-0838085	501 (c) (3)	19,974				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
LUDWIG INSTITUTE FOR CANCER RESEARCH9500 GILMAN DRIVE LA JOLLA,CA 920930660	23-7121131	501 (c) (3)	292,630				research & medical

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MALAMA NA MAKUA A KEIKI388 ANO STREET KAHULUI, HI 96732	99-0293044	501 (c) (3)	17,500				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MARY'S CENTER FOR MATERNAL & CHILD CARE 2333 ONTARIO RD NW WASHINGTON,DC 20009	52-1594116	501 (c) (3)	117,803				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MCCG CENTERING PREGNANCY COMMITTEE 764 PINE ST MACON,GA 31201	58-2149128	501 (c) (3)	11,250				community services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MCLEOD REGIONAL MEDICAL CENTERPO BOX 100551 FLORENCE, SC 29501	57-0270242	501 (c) (3)	9,749				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MEADOWS REGIONAL MEDICAL CENTER1 MEADOWS PARKWAY VIDALIA,GA 30474	58-2044503	501 (c) (3)	5,950				community services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MEMORIAL HERMANN HEALTHCARE SYSTEM6411 FANNIN HOUSTON, TX 77030	74-1152597	501 (c) (3)	5,500				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MEMPHISSHELBY COUNTY HEALTH DEPT814 JEFFERSON AVE MEMPHIS,TN 38105	62-6000841	501 (c) (3)	10,000				community services

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
METROHEALTH FOUNDATION2500 METROHEALTH DR CLEVELAND,OH 44109	34-6607695		35,000				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MID COAST HEALTH SERVICES121 MEDICAL CENTER PKWY BRUNSWICK,ME 04011	01-0215911	501 (c) (3)	26,280				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MILLE LACS BAND OF OJIBWE PUBLIC HEALTH 43408 OODENA DRIVE ONAMIA, MN 56359	41-1661577	501 (c) (3)	5,600				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MINNESOTA BREASTFEEDING COALITION1941 ASHLAND AVENUE ST PAUL,MN 55104	32-0293108	501 (c) (3)	20,000				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MINNESOTA VISITING NURSE AGENCY200 SUMMER ST MINNEAPOLIS,MN 55413	41-0693895	501 (c) (3)	12,525				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MOMSBLOOM INC3292 N EVERGREEN DR GRAND RAPIDS, MI 49525	26-0578009	501 (c) (3)	16,523				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MS STATE DEPARTMENT OF HEALTH570 EAST WOODROW WILSON JACKSON, MS 39215	64-5000775		25,000				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MT SINAI SCHOOL OF MEDICINE1 GUSTAVE LEVY PLACE New York, NY 10029	13-6171197	501 (c) (3)	250,000				research & medical

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MULTNOMAH COUNTY HEALTH426 SW STARK ST PORTLAND, OR 97204	93-6002309	501 (c) (3)	12,000				research & medical

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NATIONAL EYE INSTITUTE 35 CONVENT DRIVE BETHESDA, MD 20892	52-0858115	501 (c) (3)	44,212				research & medical

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NATIONWIDE CHILDREN'S HOSPITAL700 CHILDRENS DRIVE COLUMBUS, OH 43205	31-6056230	501 (c) (3)	270,000				research & medical

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NEOPDX13215 NW 42ND CT VANCOUVER, WA 98685	46-2367150	501 (c) (3)	10,000				research & medical

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NEW MILLENIUM OBYNLLC83 UPPER RIVERDALE RIVERDALE,GA 30274	58-2430877	501 (c) (3)	15,000				community services

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NEW YORK UNIVERSITY 838 Broadway New York, NY 10003	13-5562308	501 (c) (3)	150,000				research & medical

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NEW YORK UNIVERSITY SCHOOL OF MEDICINE550 First Avenue NEW YORK, NY 100166481	13-5562308	501 (c) (3)	200,000				research & medical

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NEW YORK UNIVERSITY SCHOOL OF MEDICINE550 First Avenue NEW YORK, NY 100166481	13-5562308	501 (c) (3)	150,000				research & medical

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NEWARK COMMUNITY HEALTH CENTER741 BROADWAY NEWARK,NJ 07104	22-2747589	501 (c) (3)	47,766				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NH ALCOHOL AND OTHER DRUG SERVICES10 FERRY ST STE308 CONCORD,NH 03301	83-0393316	501 (c) (3)	10,000				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NIAGARA FALLS MEMORIAL MEDICAL621 10TH STREET NIAGARA FALLS,NY 14302	16-0743094	501 (c) (3)	55,000				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NORTH CENTRAL PUBLIC HEALTH DISTRICT419 E 7TH ST THE DALLAS, OR 97058	46-1790232	501 (c) (3)	14,000				research & medical

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NORTH HAWAII COMMMNITY HOSPITAL INC67-1123 MAMALAHOA HWY KAMUELA, HI 96743	99-0260423	501 (c) (3)	7,500				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NORTHEASTERN UNIVERSITY360 HUNTINGTON AVENUE BOSTON,MA 02115	04-1679980		400,000				research & medical

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NORTHERN COUNTIES HEALTH CARE165 SHERMAN DR ST JOHNSBURY, VT 05819	51-0199559	501 (c) (3)	9,000				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NORTHWEST COLORADO VISITING NURSE ASSOC 940 CENTRL PK DR STEAMBOAT SPRINGS,CO 80487	84-0564998	501 (c) (3)	10,000				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NORTHWESTERN UNIVERSITY633 Clark St Evanston, IL 60208	36-2167817	501 (c) (3)	150,000				research & medical

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NORTON MINISTRIES2260 GRAND AVE 248 BALDWIN, NY 11510	46-3283415	501 (c) (3)	40,000				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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OFFICE OF PERINATAL QUALITY IMPROVEMENT 800 NE 15TH ROB 204 OKLAHOMA CITY,OK 73104	73-6017987	501 (c) (3)	28,000				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
OHIO STATE UNIVERSTIY 2400 OLENTANGY RIVER RD COLUMBUS,OH 43210	31-6401599		150,000				research & medical

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
OKLAHOMA CITY-COUNTY HEALTH DEPT921 NE 23 OKLAHOMA CITY,OK 73105	73-1323004	501 (c) (3)	10,000				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
OKLAHOMA MEDICAL RESEARCH FOUNDATION 825 NE 13TH STREET OKLAHOMA CITY,OK 73104	73-0580274		302,377				research & medical

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
OMICRON PHI ZETA CHAPTER OF ZETA PHI BETA SORORITYPO BOX 71335 WASHINGTON,DC 20024	52-1848244	501 (c) (3)	8,000				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
OPTIONS FOR YOUTH5235 S BLACKSTONE CHICAGO,IL 60615	20-1438278	501 (c) (7)	11,007				community services

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
PARKLAND FOUNDATION 2777 N STEMMONS FREEWAY DALLAS,TX 75207	75-2089180	501 (c) (3)	9,500				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
PARKVIEW HOSPITAL FOUNDATION111109 PARKVIEW PLAZA DR FORT WAYNE, IN 46845	23-7220589	501 (c) (3)	10,000				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
PASOS'S PROGRAM901 SUMTER ST 5TH FL COLUMBIA,SC 29208	57-0967350	501 (c) (3)	169,200				community services

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
PEACEHEALTH SW MEDICAL FOUNDATIONPO BOX 1600 VANCOUVER,WA 98668	91-1231436	501 (c) (3)	20,000				research & medical

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
PEAK VISTA COMMUNITY HEALTH CENTER340 PRINTERS PARKWAY COLORADO SPRING, CO 80910	84-0617567	501 (c) (3)	11,770				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PENNSYLVANIA STATE UNIVERSITY227 W Beaver Ave University Park, PA 16801	24-6000376	501 (c) (3)	150,000				research & medical

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
PGDIS2910 MACARTHUR BLVD NORTHBROOK,IL 60062	11-3689109	501 (c) (3)	7,500				research & medical

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
PILLAGER FAMILY COUNCIL305 FIR AVENUE WEST PILLAGER,MN 56473	41-1811057		20,000				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
PREGNANCY SUPPORT CENTER OF JOHNSON617 CROSSROADS DR MOUNTAIN CITY,TN 37683	27-3438026	501 (c) (3)	20,000				community services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
PRESIDENT AND FELLOWS OF HARVARD COLLEGE7 Divinity Ave CAMBRIDGE, MA 02138	04-2103580	501 (c) (3)	350,000				research & medical

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PROVIDENCE HEALTH FOUNDATION1150 VARNUM RD NE WASHINGTON, DC 20017	52-1275583	501 (c) (3)	17,500				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
REACHUP INC2902 N ARMENIA AVE TAMPA, FL 33607	20-8437749	501 (c) (3)	11,966				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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REGENTS OF UNIVERSITY OF MICHIGAN3003 SState Street ANN ARBOR, MI 48109	38-6006309	501 (c) (3)	350,000				research & medical

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGENTS OF UNIVERSITY OF MICHIGAN3003 SState Street ANN ARBOR, MI 48109	38-6006309	501 (c) (3)	315,000				research & medical

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGENTS OF UNIVERSTY OF MINNESOTA200 OAK ST MINNEAPOLIS,MN 55455	41-6007513	501 (c) (3)	400,000				research & medical

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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RENO COUNTY HEALTH DEPTMENT209 WEST 2ND AVE HUTCHINSON,KS 67501	48-6015542	501 (c) (3)	15,000				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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RENSSELAER POLYTECHNIC INSTITUTE 110 8TH STREET CBIS 2147 TROY,NY 12180	14-1340095	501 (c) (3)	150,000				research & medical

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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RESEARCH FOUNDATION OF SUNY750 EAST ADAMS ST SYRACUSE,NY 13210	14-1368361	501 (c) (3)	150,000				research & medical

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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RICHMOND UNIVERSITY MEDICAL CENTER355 BARD AVENUE STATEN ISLAND,NY 10310	74-3177454	501 (c) (3)	9,809				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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RILEY COUNTY HEALTH DEPARTMENT2030 TECUMSEH MANHATTAN,KS 66503	48-6023850	501 (c) (3)	15,000				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ROBESON COUNTY DEPARTMENT OF HEALTH 460 COUNTRY CLUB ROAD LUMBERTON,NC 28360	56-6000335		14,878				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ROWAN UNIVERSITY FOUNDATION40N ACADEMY STREET GLASSBORO,NJ 08028	22-2482802	501 (c) (3)	14,820				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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RUTGERS UNIVERSITY FOUNDATION7 COLLEGE AVENUE NEW BRUNSWICK, NJ 08901	23-7318742	501 (c) (3)	8,000				research & medical

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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RUTLAND REGIONAL MEDICAL CENTER160 ALLEN STREET RUTLAND, VT 05701	03-0183483	501 (c) (3)	10,000				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SAINT LOUIS UNIVERSITY 3839 LINDELL BLVD ST LOUIS,MO 63108	43-0654872	501 (c) (3)	7,500				research & medical

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SAINT THOMAS COMMUNITY HEALTH1020 ST ANDREWS ST NEW ORLEANS, LA 70130	14-1958494	501 (c) (3)	25,000				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SAINT THOMAS COMMUNITY HEALTH1020 ST ANDREWS ST NEW ORLEANS, LA 70130	14-1958494	501 (c) (3)	12,500				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SAINT THOMAS COMMUNITY HEALTH1020 ST ANDREWS ST NEW ORLEANS, LA 70130	14-1958494	501 (c) (3)	12,500				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SALINE COUNTY HEALTH DEPARTMENT125 W ELM SALINA, KS 67401	48-6086715	501 (c) (3)	12,500				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SALK INSTITUTE FOR BIOLOGICAL10010 North Torrey Pines LA JOLLA,CA 92186	95-2160097		1,000,000				research & medical

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SANFORD HEALTH FOUNDATION1305 W 18TH STREET SIOUX FALLS, SD 57117	36-3297853	501 (c) (3)	6,000				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SHENANDOAH WOMEN'S HEALTHCARE240 LUCY DRIVE HARRISONBURG, VA 22801	54-1920395	501 (c) (3)	8,572				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SHUTTER BOOTH SOUTH CAROLINA2131 WOODRUFF ROAD BLOOMINGTON,IL 29607	94-3488229	501 (c) (3)	15,000				community services

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SIMPLY STRATEGY12 ALGONQUIN WOOD PLACE ST LOUIS,MO 63122	26-2845601	501 (c) (3)	25,000				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SISTERHOOD OF FAITH IN ACTION1311 W DONOVAN ST HOUSTON,TX 77091	76-0446282	501 (c) (3)	8,500				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SOCIETY FOR REPRODUCTIVE INVESTIGATION555 EASTWELLS STREET MILWAUKEE, WI 53202	95-2293816	501 (c) (3)	7,500				research & medical

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SOUTH SHORE HOSPITAL CENTERING55 FOGG ROAD SOUTH WEYMOUTH, MA 02191	04-2769210	501 (c) (3)	9,000				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SOUTHEAST HEALTH DISTRICT 9-21115 CHURCH ST SUITE A WAYCROSS,GA 31501	58-6000372	501 (c) (3)	15,000				community services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SOUTHERN ILLINOIS HEALTHCARE FDN8080 STATE STREET EAST ST LOUIS,IL 62203	37-1158318	501 (c) (3)	5,601				community services

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SOUTHWEST LOUISIANA AHEC103 INDEPENDENCE BLVD LAFAYETTE,LA 70506	72-1191867	501 (c) (3)	25,000				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SOUTHWEST PUBLIC HEALTH DISTRICT1710 S SLAPPY BLVD ALBANY,GA 31706	23-7379607	501 (c) (3)	37,652				community services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SPECIAL SERVICE FOR GROUPS905 EAST 8TH ST LOS ANGELES, CA 90021	95-1716914	501 (c) (3)	42,280				community services

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ST JOSEPH MERCY ACADEMIC OB-GYN CLINIC5333 McAULEY DR YPSILANTI,MI 48197	38-3175878	501 (c) (3)	25,000				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ST JOSEPH'S FOUNDATION 350 WEST THOMAS RD PHOENIX,AZ 85013	94-2941245	501 (c) (3)	20,000				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ST JUDE CHILDREN'S RESEARCH HOSPITAL262 DANNY THOMAS PLACE MAILSTOP 320 MEMPHIS,TN 38105	62-0646012	501 (c) (3)	150,000				research & medical

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ST VINCENT FOUNDATION 2800 UNIVERSITY BLVD BIRMINGHAM,AL 35233	63-0868066	501 (c) (3)	7,000				community services

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ST ELIZABETH HEALTHCARE1 MEDICAL VILLAGE DR EDGEWOOD,KY 41017	61-0445850	501 (c) (3)	7,236				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ST ROSE DOMINICAN HEALTH FOUNDATION 3001 ST ROSE PARKWAY HENDERSON,NV 89052	88-0349432	501 (c) (3)	6,500				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ST VINCENT HOSPITAL AND HEALTH CARE8402 HARCOURT RD INDIANAPOLIS,IN 46260	35-0869066	501 (c) (3)	8,150				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
STANFORD UNIVERSITY 450 SERRA MALL STANFORD, CA 943054125	94-1156365	501 (c) (3)	2,000,000				research & medical

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
STE GENEVIEVE COUNTY MEMORIAL800 STE GENEVIEVE DR STE GENEVIEVE, MO 63670	84-1633893	501 (c) (3)	18,000				community services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
STOWERS INSTITUTE FOR MEDICAL RESEARCHPO Box 412411 KANSAS CITY,MO 64141	20-2993509	501 (c) (3)	235,000				research & medical

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SUWANNEE RIVER AHEC 14646 NW 151ST BLVD ALACHUA, FL 32615	59-3112649	501 (c) (3)	17,434				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SYRACUSE UNIVERSITY 113 Browne Hall Syracuse, NY 13244	15-0532081	501 (c) (3)	150,000				research & medical

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
TASC INC1500 N HALSTED ST CHICAGO,IL 60642	36-2870923	501 (c) (3)	7,000				community services

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
TAZEWELL COUNTY HEALTH DEPARTMENT 21306 IL ROUTE 9 TREMONT,IL 61568	37-6002170		6,000				community services

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
TEEN OUTREACH PREGNANCY SERVICE3024 E FT LOWELL RD TUCSON,AZ 85716	86-1005133		17,680				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
TELAMON CORPORATION 5560 MUNFORD RD SUITE 201 RALEIGH, NC 27612	56-1022483	501 (c) (3)	25,000				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
TERATOLOGY SOCIETY50 Pegout Ave New London,CT 06320	52-0962081	501 (c) (3)	10,000				research & medical

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
TEXAS CHILDREN'S HEALTH PLAN INC2450 HOLCOMBE BLVD HOUSTON,TX 77021	76-0486264		16,775				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
TEXAS CHILDREN'S HOSPITAL1250 MOURSUND STREET HOUSTON,TX 77030	76-0461578		250,000				research & medical

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
TEXAS TECH UNIVERSITY HEALTH SYSTEM3601 4TH STREET LUBBOCK,TX 79430	75-2668014	501 (c) (3)	35,200				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
THE NEMOURS FOUNDATION1600 ROCKLAND ROAD WILMINGTON,DE 19803	59-0634433	501 (c) (3)	34,000				community services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
THE RECTOR & VISITORS OF THE UNIVERSITY1340 JEFFERSON PARK AVE CHARLOTTESVILLE, VA 22908	54-6001796	501 (c) (3)	200,000				research & medical

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
THE RESEARCH FOUNDATION OF SUNY90 PRESIDENTIAL PLAZA SYRACUSE, NY 13202	14-1368361	501 (c) (3)	10,000				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
THE TINY MIRACLES FOUNDATION25-13 OLD KING HIGHWAY DARIEN, CT 06820	41-2125069	501 (c) (3)	16,000				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
TRUSTEES OF DARTMOUTH COLLEGE11 ROPE FERRY ROAD 6210 HANOVER,NH 03755	02-0222111	501 (c) (3)	150,000				research & medical

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
TRUSTEES OF INDIANA UNIVERSITY635 BARNHILL DRIVE INDIANAPOLIS,IN 46202	35-6001673	501 (c) (3)	300,018				research & medical

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
TRUSTEES OF PRINCETON UNIVERSITY Washington Road PRINCETON, NJ 08544	21-0634501	501 (c) (3)	275,000				research & medical

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
TRUSTEES OF THE UNIVERSITY OF PA3451 WALNUT STREET PHILADELPHIA, PA 19104	23-1353685	501 (c) (3)	16,000				community services

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
UC HEALTH3200 BURNET AVENUE CINCINNATI,OH 45229	31-1435820	501 (c) (3)	35,000				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
UNC CENTER FOR MATERNAL AND INFANT HEALTH590 MANNING DR CHAPEL HILL, NC 27599	56-6001393	501 (c) (3)	28,365				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
UNITED MITOCHONDRIAL DISEASE FOUNDATION 8085 Saltsburg Rd Pittsburgh, PA 15239	25-1767180	501 (c) (3)	7,500				research & medical

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY HEALTH SYSTEM4502 MEDICAL DRIVE SAN ANTONIO, TX 78229	74-6082164	501 (c) (3)	11,500				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY HOSPITAL NJ 150 BERGEN STREET NEWARK,NJ 07103	22-1775306	501 (c) (3)	12,000				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ALABAMA OBGYN619 19TH STREET SOUTH BIRMINGHAM,AL 35249	63-6005396	501 (c) (3)	17,000				community services

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CALIFORNIA AT BERKELEY 142 LSA 3200 BERKELEY,CA 947203200	19-6002123	501 (c) (3)	150,000				research & medical

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CALIFORNIA AT SAN DIEGO9500 GILMAN DRIVE LA JOLLA,CA 92093	95-6006144	501 (c) (3)	225,000				research & medical

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University of California San Francisco513 PARNASSAUS AVE SAN FRANCISCO, CA 94143	94-6036493	501 (c) (3)	200,000				research & medical

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CINCINNATIPO BOX 210641 CINCINNATI,OH 45221	31-6000989	501 (c) (3)	25,000				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF COLORADO AT BOULDER 347 UCB BOULDER, CO 80309	84-6000555	501 (c) (3)	327,055				research & medical

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF GEORGIA 745 MORTH LUMPKIN STREET ATHENS, GA 30602	58-1353149	501 (c) (3)	150,000				research & medical

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF HAWAII 2530 DOLE STREET HONOLULU,HI 96822	99-6000354	501 (c) (3)	150,000				research & medical

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ILLINOIS 600 S MATTHEWS DR URBANA, IL 61801	37-6000511	501 (c) (3)	150,000				research & medical

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ILLINOIS COMMUNITY SERVICE 1603 W TAYLOR ST CHICAGO, IL 606127259	37-6000511	501 (c) (3)	22,000				community services

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF IOWA4 Jessup Hall Iowa City,IA 52242	42-6004813	501 (c) (3)	42,456				research & medical

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MAINE217 HITCHNER HALL ORONO, ME 04469	01-6000769	501 (c) (3)	280,000				research & medical

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MASSACHUSETTS MEDICAL CENTER364 PLANTATION STREET WORCESTER,MA 01605	04-3167352	501 (c) (3)	440,000				research & medical

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MICHIGAN 2047 BSRB ANN ARBOR, MI 48109	38-6006309	501 (c) (3)	150,000				research & medical

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MISSISSIPPI MEDICAL CENTER2500 N STATE ST JACKSON,MS 39216	64-6005820	501 (c) (3)	7,578				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NEW MEXICOMSC01 1300 Suite 2600 Albuquerque, NM 87131	85-6000642	501 (c) (3)	310,000				research & medical

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NORTH CAROLINA104 AIRPORT DRIVE CHAPEL HILL,NC 27599	56-6001393	501 (c) (3)	313,459				research & medical

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF PENNSYLVANIA3451 WALNUT STREET PHILADELPHIA,PA 19104	23-1352685	501 (c) (3)	333,333				research & medical

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF PENNSYLVANIA3451 WALNUT STREET PHILADELPHIA,PA 19104	23-1352685	501 (c) (3)	150,000				research & medical

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF PITTSBURGH3017 Cathedral of Learning Pittsburgh,PA 15260	25-0965591	501 (c) (3)	150,000				research & medical

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF PITTSBURGH3017 Cathedral of Learning Pittsburgh,PA 15260	25-0965591	501 (c) (3)	150,000				research & medical

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ROCHESTER601 ELMWOOD AVENUE Rochester, NY 14627	16-0743209	501 (c) (3)	200,000				research & medical

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ROCHESTER601 ELMWOOD AVENUE Rochester, NY 14627	16-0743209	501 (c) (3)	150,000				research & medical

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF SOUTH ALABAMA307 UNIVERSITY BLVD MOBILE,AL 366880002	63-0477348	501 (c) (3)	7,000				community services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF SOUTH FLORIDA3650 SPECTRUM BLVD TAMPA, FL 33612	59-3102112	501 (c) (3)	150,000				community services

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TEXAS MEDICAL BRANCHPO BOX 660120 DALLAS,TX 75266	74-6000949	501 (c) (3)	22,000				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CTR5323 HARRY HINES BLVD DALLAS,TX 75390	75-6002868	501 (c) (3)	321,675				research & medical

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CTRPO BOX 841573 DALLAS,TX 75284	75-6002868	501 (c) (3)	300,000				research & medical

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CTRPO BOX 841573 DALLAS,TX 75284	75-6002868	501 (c) (3)	300,000				research & medical

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF UTAH15 North 2030 Salt Lake City,UT 84112	87-6000626	501 (c) (3)	310,000				research & medical

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF UTAH15 North 2030 Salt Lake City, UT 84112	87-6000626	501 (c) (3)	150,000				research & medical

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF VERMONT 89 BEAUMONT AVENUE BURLINGTON, VT 05405	03-0179440	501 (c) (3)	150,000				research & medical

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WASHINGTON1959 NE Pacific Street SEATTLE, WA 98195	91-6001537	501 (c) (3)	12,500				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
UPMC PRESBYTERIAN SHADYSIDE200 LOTHROP STREET PITTSBURGH,PA 15213	25-0965480	501 (c) (3)	43,651				community services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
UPR-RECINTO DE CIENCIAS MEDICASPO BOX 365067 SAN JUAN, PR 00936	66-0433762	501 (c) (3)	7,000				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
USA MEDDAC FORT DRUM OBGYN11050 MT BELVEDERE BLVD FT DRUM,NY 13602	30-0507027	501 (c) (3)	31,236				community services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
UTAH WOMEN AND NEWBORN QUALITY670 E 3900 SO SALT LAKE CITY, UT 84107	46-5755162	501 (c) (3)	10,000				community services

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
VIRGINIA COMMONWEALTH UNIVERSITY327 W MAIN STREET RICHMOND,VA 23284	54-6001758	501 (c) (3)	27,501				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
VIRTUA HEALTH SYSTEMS 20 WEST STOWRD MARLTON, NJ 08053	22-3524939	501 (c) (3)	46,000				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
VISITING NURSE ASSOCIATION HEALTH CARE400 N HIGHLAND AVE AURORA,IL 60506	47-0690286	501 (c) (3)	19,300				community services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
WACO CENTER FOR WOMEN'S HEALTH6901 MEDICAL PARKWAY WACO, TX 76710	74-2696970	501 (c) (3)	11,000				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
WAKE FOREST UNIVERSITY HEALTHPO BOX 27157 WINSTONSALEM, NC 27157	22-3849199	501 (c) (3)	29,757				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
WASHINGTON UNIVERSITY 660 SEuclid Ave St Louis, MO 63110	43-0653611	501 (c) (3)	350,000				research & medical

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
WASHINGTON UNIVERSITY 660 SEuclid Ave St Louis, MO 63110	43-0653611	501 (c) (3)	333,333				research & medical

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
WASHINGTON UNIVERSITY 660 SEuclid Ave St Louis, MO 63110	43-0653611	501 (c) (3)	225,000				research & medical

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
WASHINGTON UNIVERSITY SCHOOL OF MEDICINE660 S Euclid Ave St Louis, MO 63110	43-0653611	501 (c) (3)	300,000				research & medical

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
WASHINGTON UNIVERSITY SCHOOL OF MEDICINE660 S Euclid Ave St Louis, MO 63110	43-0653611	501 (c) (3)	80,000				research & medical

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
WAYNE STATE UNIVERSITY5401 CASS AVENUE DETROIT, MI 48202	38-6028429	501 (c) (3)	150,000				research & medical

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY 1300 YORK AVENUE New York, NY 10021	13-1623978	501 (c) (3)	375,000				research & medical

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 SIDE COMMUNITY HEALTH SERVICES153 CESAR CHAVEZ STREET ST PAUL,MN 55107	23-7156236	501 (c) (3)	9,375				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 EDUCATION316 MIDLAND STREET SOMERVILLE,TN 38068	62-1332822	501 (c) (3)	20,000				community services

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
WESTERN CONNECTICUT HOME CARE4 LIBERTY STREET DANBURY, CT 06810	06-0655138	501 (c) (3)	14,000				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
WHEELER AVENUE 5C'S INC3826 WHEELER AVENUE HOUSTON,TX 77004	74-1952632	501 (c) (3)	25,000				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
WISCONSIN GUILD OF MIDWIVES INC428 9TH ST NEEHAN,WI 54956	56-2529144	501 (c) (3)	6,000				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
WOMANS HOSPITAL OF TEXAS7600 FANNIN ST HOUSTON,TX 77054	62-1810381		5,500				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN & INFANTS HOSPITAL OF RHODE ISLAND101 Dudley St PROVIDENCE, RI 02905	05-0258937	501 (c) (3)	400,000				research & medical

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 AND INFANTS HOSPITAL101 DUDLEY STREET PROVIDENCE,RI 02905	05-0258937	501 (c) (3)	8,500				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 HEALTH SPECIALISTS1500 E 2ND STREET RENO, NV 89502	88-0292315	501 (c) (3)	8,350				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
WRIGHT COUNTY HEALTH DEPARTMENT115 1ST ST SE CLARION,IA 50525	42-6004388	501 (c) (3)	25,000				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
YAKIMA VALLEY MEMORIAL HOSPITAL2701 TIETON DRIVE YAKIMA,WA 98902	91-1022358		22,526				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
YMCA OF AUSTIN3208 RED RIVERSTE 100 AUSTIN,TX 78705	74-1193464	501 (c) (3)	10,000				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
YSLETA INDEPENDENT SCHOOL DISTRICT9600 SIMS DR EL PASO, TX 74600	74-6002473	501 (c) (3)	8,000				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
YUKON KUSKOKWIN HEALTH CORPORATIONPO BOX 528 BETHEL,AK 99559	92-0041414	501 (c) (3)	10,000				Pub & Prof Education

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 BETA237 SWANDALE DRIVE COLUMBIA, SC 29203	57-6029795	501 (c) (3)	7,200				Pub & Prof Education

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 INCPO BOX 733 BRONX,NY 10467	59-2650064	501 (c) (7)	10,000				community services

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 STATE OF GAPO BOX 490718 ATLANTA,GA 30349	90-0428225	501 (c) (7)	10,000				community services

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.

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

OMB No 1545-0047

2014

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 appropriate 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 ☐ Travel for companions ☒ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ 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	1bYes	
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?	2Yes	
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 ☒ Independent compensation consultant ☒ Form 990 of other organizations ☐ Written employment contract ☒ Compensation survey or study ☒ 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?	4bYes	
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations 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? If "Yes," to line 5a or 5b, describe in Part III	5b	No
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? If "Yes," to line 6a or 6b, describe in Part III	6b	No
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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	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 in column(B) 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
SUPPLEMENTAL NONQUALIFIED RETIREMENT INCLUDING RELATED TAX GROSS UP PMTS	JENNIFER HOWSE, PHD \$2,890, RICHARD MULLIGAN \$53,930, Lisa Bellsey, ESQ \$10,868, SCOTT BERNS, MD \$2,699, PAULA RANSOM \$11,838
First Class Travel	Due to the high demands and changes in travel itineraries, Foundation policy permits the President of the Foundation to use unrestricted flights and or fly business class on all flights to minimize flight change fees. However, in some instances domestic business class flights are not available. In these cases, a domestic first class fare may be purchased. None of this benefit was treated as taxable compensation.

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 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)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
	(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JENNIFER HOWSE PHD, PRESIDENT	(i) 495,468 (ii) 0	(i) 0 (ii) 0	(i) 8,224 (ii) 0	(i) 0 (ii) 0	(i) 6,684 (ii) 0	(i) 510,376 (ii) 0	(i) 0 (ii) 0
1 RICHARD E MULLIGAN, EXECUTIVE VICE PRESIDENT	(i) 342,105 (ii) 0	(i) 0 (ii) 0	(i) 56,742 (ii) 0	(i) 0 (ii) 0	(i) 18,184 (ii) 0	(i) 417,031 (ii) 0	(i) 0 (ii) 0
2 LISA BELLSEY ESQ, ASSISTANT SECRETARY	(i) 287,298 (ii) 0	(i) 0 (ii) 0	(i) 12,674 (ii) 0	(i) 0 (ii) 0	(i) 7,098 (ii) 0	(i) 307,070 (ii) 0	(i) 0 (ii) 0
3 DAVID HORNE, ASSISTANT TREASURER	(i) 244,896 (ii) 0	(i) 0 (ii) 0	(i) 630 (ii) 0	(i) 0 (ii) 0	(i) 18,184 (ii) 0	(i) 263,710 (ii) 0	(i) 0 (ii) 0
4 EDWARD MCCABE MD, MEDICAL DIRECTOR	(i) 371,280 (ii) 0	(i) 0 (ii) 0	(i) 5,334 (ii) 0	(i) 0 (ii) 0	(i) 0 (ii) 0	(i) 376,614 (ii) 0	(i) 0 (ii) 0
5 Joseph L Simpson MD, Senior V P	(i) 357,968 (ii) 0	(i) 0 (ii) 0	(i) 8,652 (ii) 0	(i) 0 (ii) 0	(i) 6,684 (ii) 0	(i) 373,304 (ii) 0	(i) 0 (ii) 0
6 Scott D Berns MD, Senior V P	(i) 275,533 (ii) 0	(i) 0 (ii) 0	(i) 3,679 (ii) 0	(i) 0 (ii) 0	(i) 1,463 (ii) 0	(i) 280,675 (ii) 0	(i) 0 (ii) 0
7 Paula R Ransom, Senior V P	(i) 306,196 (ii) 0	(i) 0 (ii) 0	(i) 13,670 (ii) 0	(i) 0 (ii) 0	(i) 18,184 (ii) 0	(i) 338,050 (ii) 0	(i) 0 (ii) 0
8 Alan D Kauffman, Senior V P	(i) 247,466 (ii) 0	(i) 0 (ii) 0	(i) 1,832 (ii) 0	(i) 0 (ii) 0	(i) 15,684 (ii) 0	(i) 264,982 (ii) 0	(i) 0 (ii) 0
9 Douglas Staples, Senior V P	(i) 238,696 (ii) 0	(i) 0 (ii) 0	(i) 980 (ii) 0	(i) 0 (ii) 0	(i) 15,492 (ii) 0	(i) 255,168 (ii) 0	(i) 0 (ii) 0

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

2014

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	150	95,514	SELLING PRICE
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	36	251,871	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

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?

30a

Yes

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

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

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

Cat No 51227J

Schedule M (Form 990) (2014)

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
CAR DONATION PROGRAM	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

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 990-EZ or to provide any additional information.**

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization
March of Dimes Foundation

Employer identification number

13-1846366

Return Reference	Explanation
PART VI SECTION A 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
PART VI REVIEW OF 990 BY GOVERNING BODY 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
PART VI SECTION B CONFLICT OF INTEREST 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
PART PART VI SECTION B POLICIES 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 3 INDEPENDENT TRUSTEES WHO MEET ANNUALLY TO REVIEW AND DISCUSS THE SALARY RANGES FOR THE PRESIDENT AND STAFF OFFICERS OF THE MARCH OF DIMES, INCLUDING MERIT, VARIABLE PAY AND BENEFITS. IT TYPICALLY RECEIVES A BENCHMARKING REPORT FROM AN OUTSIDE CONSULTANT, WHICH COMPARES THE COMPENSATION DATA TO OTHER SIMILAR CHARITIES. THE COMMITTEE THEN MAKES ITS RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE. THE SECOND STAGE OF THE PROCESS IS THE PRESENTATION OF THE EXECUTIVE COMPENSATION COMMITTEE'S FINDINGS AND RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE CONSIDERS AND DISCUSSES THE RECOMMENDATIONS, AND THEN TAKES A VOTE ON COMPENSATION. THE THIRD STAGE IS WHEN THE FULL BOARD OF DIRECTORS IS BRIEFED ON THE EXECUTIVE COMMITTEE'S FINDINGS AND CONCLUSIONS. MINUTES ARE TAKEN CONTEMPORANEOUSLY TO RECORD THE DISCUSSION AND CONCLUSIONS REACHED, AND ARE KEPT ON FILE. THIS PROCESS IS IN KEEPING WITH THE MARCH OF DIMES BY-LAWS AND THE RESPONSIBILITIES OF THE EXECUTIVE COMMITTEE, AND ALSO IS INTENDED TO COMPORT WITH REGULATIONS ON INTERMEDIATE SANCTIONS PROMULGATED BY THE IRS.

Return Reference	Explanation
PART VI SECTION C DISCLOSURES LINE 19	THE MARCH OF DIMES FOUNDATION MAKES ITS ANNUAL REPORT AND IRS FORM 990 ACCESSIBLE VIA OUR WEBSITE, WWW.MARCHOFDIMES.ORG AND UPON REQUEST

Return Reference	Explanation
PART XI RECONCILIATION OF NET ASSETS	LINE 9 OTHER CHANGES IN NET ASSETS THE OTHER CHANGES IN NET ASSETS IS MADE UP OF PENSION/POST RETIREMENT COSTS of \$40,966,865 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 2013 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 In 2014, the Foundation used the Society of Actuaries Base RP Mortality Table with a Generational Mortality Improvement Projection scale to value its pension and postretirement obligation The updated mortality table increased the projected benefit obligation for the pension and postretirement plan

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			
(1) LAVERNE H COUNCIL CHAIRMAN	3 0 0 0	X		X				0	0	0
(1) GARY DIXON VICE CHAIR	1 0 0 0	X		X				0	0	0
(2) JONATHAN SPECTOR VICE CHAIR	1 0 0 0	X		X				0	0	0
(3) DON GERMANO TRUSTEE	1 0 0 0	X						0	0	0
(4) HEDWARD HANWAY VICE CHAIR	1 0 0 0	X		X				0	0	0
(5) HARRIS BROOKS TRUSTEE	1 0 0 0	X						0	0	0
(6) JOHN BURBANK TRUSTEE	1 0 0 0	X						0	0	0
(7) HARVEY COHEN MD PHD TRUSTEE	1 0 0 0	X						0	0	0
(8) JOSE CORDERO MD MPH TRUSTEE	1 0 0 0	X						0	0	0
(9) VIRGINIA DAVIS FLOYD MD MPH TRUSTEE	1 0 0 0	X						0	0	0
(10) STEVEN FREIBERG TRUSTEE	1 0 0 0	X						0	0	0
(11) ALEEM GILLANI TRUSTEE	1 0 0 0	X						0	0	0
(12) DAVID H LISSY TRUSTEE	1 0 0 0	X						0	0	0
(13) KIRK PERRY TRUSTEE	1 0 0 0	X						0	0	0
(14) TROY RUHANEN TRUSTEE	1 0 0 0	X						0	0	0
(15) ROGER CHARLES YOUNG MD PHD TRUSTEE	1 0 0 0	X						0	0	0
(16) HARRY JOHNSON ESQ TRUSTEE	1 0 0 0	X						0	0	0
(17) DEIDRA C MERRIWETHER Treasurer	1 0 0 0	X		X				0	0	0
(18) DANA W POINTS TRUSTEE	1 0 0 0	X						0	0	0
(19) WILL A SMITH TRUSTEE	1 0 0 0	X						0	0	0
(20) F Sessions Cole III MD Trustee	1 0 0 0	X						0	0	0
(21) James M Corbett Trustee	1 0 0 0	X						0	0	0
(22) Monica Luechtefeld Secretary	1 0 0 0	X		X				0	0	0
(23) John D Rainey Trustee	1 0 0 0	X						0	0	0
(24) Kathleen Roosevelt Trustee	1 0 0 0	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	Instiutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) Lisa Belkin Trustee *Eff 6/20/14	1 0 0 0	X						0	0	0
(1) Dr Regina Benjamin Trustee *EFF 6/20/14	1 0 0 0	X						0	0	0
(2) Gretchen Carlson Trustee *EFF 6/20/14	1 0 0 0	X						0	0	0
(3) Alfredo Gangotena Trustee *EFF 6/20/14	1 0 0 0	X						0	0	0
(4) G Brent Minor Term Ended 6/20/14	1 0 0 0	X						0	0	0
(5) F Robert Woudstra Term Ended 6/20/14	1 0 0 0	X						0	0	0
(6) Shannon Brown Term Ended 6/20/14	1 0 0 0	X						0	0	0
(7) Al Childs Term Ended 6/20/14	1 0 0 0	X		X				0	0	0
(8) Carol Evans Term Ended 6/20/14	1 0 0 0	X						0	0	0
(9) Kenneth A May Term Ended 6/20/14	1 0 0 0	X						0	0	0
(10) JENNIFER HOWSE PHD PRESIDENT	50 0 0 0			X				503,692	0	6,684
(11) RICHARD E MULLIGAN EXECUTIVE VICE PRESIDENT	50 0 0 0			X				398,847	0	18,184
(12) LISA BELLSEY ESQ ASSISTANT SECRETARY	50 0 0 0			X				299,972	0	7,098
(13) DAVID HORNE ASSISTANT TREASURER	50 0 0 0			X				245,526	0	18,184
(14) EDWARD MCCABE MD MEDICAL DIRECTOR	50 0 0 0			X				376,614	0	0
(15) Joseph L Simpson MD Senior V P	50 0 0 0					X		366,620	0	6,684
(16) Scott D Berns MD Senior V P	50 0 0 0					X		279,212	0	1,463
(17) Paula R Ransom Senior V P	50 0 0 0					X		319,866	0	18,184
(18) Alan D Kauffman Senior V P	50 0 0 0					X		249,298	0	15,684
(19) Douglas Staples Senior V P	50 0 0 0					X		239,676	0	15,492