

MARCH OF DIMES FOUNDATION
FORM 990
TAX YEAR 2013

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2013, or tax year beginning 01/01, 2013, and ending 12/31, 2013

2013

Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

Name of exempt organization

Employer identification number

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

| | | | |
|--|--|----|-------------|
| 1a Form 990 check here <input checked="" type="checkbox"/> | b Total revenue, if any (Form 990, Part VIII, column (A), line 12) | 1b | 202,811,920 |
| 2a Form 990-EZ check here <input type="checkbox"/> | b Total revenue, if any (Form 990-EZ, line 9) | 2b | |
| 3a Form 1120-POL check here <input type="checkbox"/> | b Total tax (Form 1120-POL, line 22) | 3b | |
| 4a Form 990-PF check here <input type="checkbox"/> | b Tax based on investment income (Form 990-PF, Part VI, line 5) | 4b | |
| 5a Form 8868 check here <input type="checkbox"/> | b Balance due (Form 8868, Part I, line 3c or Part II, line 8c) | 5b | |

Part II Declaration of Officer

- 6 I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here

David Lane
Signature of officer

15/7/2014
Date

Sr. V.P. & C.F.O.
Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

| | | | | | |
|----------------|--|------|--|---|-------------------|
| ERO's Use Only | ERO's signature | Date | Check if also paid preparer <input type="checkbox"/> | Check if self-employed <input type="checkbox"/> | ERO's SSN or PTIN |
| | Firm's name (or yours if self-employed), address, and ZIP code | | | | EIN |
| | | | | | Phone no. |

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

| | | | | | |
|------------------------|--|---------------------------|--------|---|-------------------------|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | Jocelyne C. Miller | <i>Jocelyne C. Miller</i> | 5/7/14 | | P00634378 |
| | Firm's name ▶ KPMG LLP | | | | Firm's EIN ▶ 13-5565207 |
| | Firm's address ▶ 345 Park Avenue, New York, NY 10154 | | | | Phone no. 212-758-9700 |

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

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning , 2013, and ending , 20

| | | | | | |
|---|---|--|---|---|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization MARCH OF DIMES FOUNDATION | | | D Employer identification number 13-1846366 | |
| | Doing Business As | | | E Telephone number (914) 428-7100 | |
| | Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1275 MAMARONECK AVENUE | | G Gross receipts \$ 229,502,711. | | |
| | City or town, state or province, country, and ZIP or foreign postal code WHITE PLAINS, NY 10605 | | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) | |
| F Name and address of principal officer: DR. JENNIFER HOWSE 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605 | | | H(c) Group exemption number ▶ | | |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | | | |
| J Website: ▶ WWW.MARCHOFDIMES.COM | | | | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | | | L Year of formation: 1938 M State of legal domicile: NY | |

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 <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | | |
| | 3 | Number of voting members of the governing body (Part VI, line 1a) | 31. | |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 31. | |
| | 5 | Total number of individuals employed in calendar year 2013 (Part V, line 2a) | 1,667. | |
| | 6 | Total number of volunteers (estimate if necessary) | 3,000,000. | |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 0 | |
| 7b | Net unrelated business taxable income from Form 990-T, line 34 | 0 | | |
| Revenue | | | Prior Year | Current Year |
| | 8 | Contributions and grants (Part VIII, line 1h) | 198,602,163. | 195,237,139. |
| | 9 | Program service revenue (Part VIII, line 2g) | 1,746,635. | 1,786,401. |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 3,316,222. | 4,075,480. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 1,832,667. | 1,712,900. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 205,497,687. | 202,811,920. |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 28,943,736. | 28,089,160. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 106,133,799. | 104,203,416. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 1,296,916. | 1,120,396. |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 27,613,984. | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 81,435,527. | 79,125,453. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 217,809,978. | 212,538,425. |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | -12,312,291. | -9,726,505. | |
| Net Assets or Fund Balances | | | Beginning of Current Year | End of Year |
| | 20 | Total assets (Part X, line 16) | 155,522,247. | 153,954,900. |
| | 21 | Total liabilities (Part X, line 26) | 148,743,417. | 78,877,204. |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 6,778,830. | 75,077,696. | |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| | | | | | |
|------------------------|---|----------------------|------|---|-------------------|
| Sign Here | Signature of officer _____ Date _____ | | | | |
| | Type or print name and title _____ | | | | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN P00634378 |
| | Firm's name ▶ KPMG, LLP | | | Firm's EIN ▶ 13-5565207 | |
| | Firm's address ▶ 345 PARK AVENUE NEW YORK, NY 10154 | | | Phone no. 212-758-9700 | |

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2013)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

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

ATTACHMENT 1

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

ATTACHMENT 2

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

ATTACHMENT 3

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

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

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-20b detailing various organizational requirements and their completion status.

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|---|-----|----|
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | X | |
| 22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> | X | |
| 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> | X | |
| 24 a 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> | | X |
| 24 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| 24 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? | | |
| 24 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> | | X |
| 25 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> | | X |
| 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II. | | X |
| 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> | | X |
| 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): | | |
| 28 a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> | | X |
| 28 b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> | | X |
| 28 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> | | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> | X | |
| 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> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> | | X |
| 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> | | X |
| 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> | | X |
| 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> | | X |
| 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| 35 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> | | |
| 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> | | X |
| 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> | | X |
| 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. | X | |

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 [X]

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 720, and Form 702.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (31), 1b (31), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 5
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: DAVID HORNE 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605 914 428-7100

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

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

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) Name and Title | (B) Average hours per week (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 | 3.00 | X | | X | | | | 0 | 0 | 0 |
| (2) CAROL EVANS TRUSTEE | 1.00 | X | | | | | | 0 | 0 | 0 |
| (3) GARY DIXON VICE CHAIR | 1.00 | X | | X | | | | 0 | 0 | 0 |
| (4) JONATHAN SPECTOR VICE CHAIR | 1.00 | X | | X | | | | 0 | 0 | 0 |
| (5) AL CHILDS TREASURER | 1.00 | X | | X | | | | 0 | 0 | 0 |
| (6) DON GERMANO TRUSTEE | 1.00 | X | | | | | | 0 | 0 | 0 |
| (7) H. EDWARD HANWAY VICE CHAIR | 1.00 | X | | X | | | | 0 | 0 | 0 |
| (8) KENNETH A. MAY TRUSTEE | 1.00 | X | | | | | | 0 | 0 | 0 |
| (9) HARRIS BROOKS TRUSTEE | 1.00 | X | | | | | | 0 | 0 | 0 |
| (10) SHANNON BROWN TRUSTEE | 1.00 | X | | | | | | 0 | 0 | 0 |
| (11) JOHN BURBANK TRUSTEE | 1.00 | X | | | | | | 0 | 0 | 0 |
| (12) HARVEY COHEN, MD, PHD TRUSTEE | 1.00 | X | | | | | | 0 | 0 | 0 |
| (13) JOSE CORDERO, MD, MPH TRUSTEE | 1.00 | X | | | | | | 0 | 0 | 0 |
| (14) VIRGINIA DAVIS FLOYD, MD, MPH TRUSTEE | 1.00 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and title | (B) Average hours per week (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 | | | |
| (15) STEVEN FREIBERG ----- TRUSTEE | 1.00 | X | | | | | 0 | 0 | 0 | |
| (16) ALEEM GILLANI ----- TRUSTEE | 1.00 | X | | | | | 0 | 0 | 0 | |
| (17) DAVID H. LISSY ----- TRUSTEE | 1.00 | X | | | | | 0 | 0 | 0 | |
| (18) G. BRENT MINOR ----- TRUSTEE | 1.00 | X | | | | | 0 | 0 | 0 | |
| (19) KIRK PERRY ----- TRUSTEE | 1.00 | X | | | | | 0 | 0 | 0 | |
| (20) TROY RUHANEN ----- TRUSTEE | 1.00 | X | | | | | 0 | 0 | 0 | |
| (21) F. ROBERT WOULDSTRA ----- TRUSTEE | 1.00 | X | | | | | 0 | 0 | 0 | |
| (22) ROGER CHARLES YOUNG, MD, PHD. ----- TRUSTEE | 1.00 | X | | | | | 0 | 0 | 0 | |
| (23) HARRY JOHNSON, ESQ. ----- TRUSTEE | 1.00 | X | | | | | 0 | 0 | 0 | |
| (24) DEIDRA C. MERRIWETHER ----- TRUSTEE | 1.00 | X | | | | | 0 | 0 | 0 | |
| (25) DANA W. POINTS ----- TRUSTEE | 1.00 | X | | | | | 0 | 0 | 0 | |
| 1b Sub-total | | | | | | | 0 | 0 | 0 | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | 3,226,948. | 0 | 83,474. | |
| d Total (add lines 1b and 1c) | | | | | | | 3,226,948. | 0 | 83,474. | |

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

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 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> | X | |
| 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> | | X |

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 |
|----------------------------------|--------------------------------|---------------------|
| ATTACHMENT 6 | | |
| | | |
| | | |
| | | |
| | | |

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

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 | | | |
| 26) WILL A. SMITH TRUSTEE | 1.00 | X | | | | | | 0 | 0 | 0 |
| 27) F. SESSIONS COLE, III, MD TRUSTEE- *EFF 6/21/13 | 1.00 | X | | | | | | 0 | 0 | 0 |
| 28) JAMES M. CORBETT TRUSTEE - *EFF 3/15/13 | 1.00 | X | | | | | | 0 | 0 | 0 |
| 29) MONICA LUECHTEFELD TRUSTEE - *EFF 6/21/13 | 1.00 | X | | | | | | 0 | 0 | 0 |
| 30) JOHN D. RAINEY TRUSTEE - *EFF 6/21/13 | 1.00 | X | | | | | | 0 | 0 | 0 |
| 31) KATHLEEN ROOSEVELT TRUSTEE - *EFF 12/6/13 | 1.00 | X | | | | | | 0 | 0 | 0 |
| 32) DAVID R. SMITH TERM ENDED 6/21/13 | 1.00 | X | | X | | | | 0 | 0 | 0 |
| 33) MIRIAM AROND TERM ENDED 6/21/13 | 1.00 | X | | | | | | 0 | 0 | 0 |
| 34) WILLIAM R. HARKER, ESQ. TERM ENDED 6/21/13 | 1.00 | X | | | | | | 0 | 0 | 0 |
| 35) ELIZABETH ROOSEVELT JOHNSON TERM ENDED 9/20/13 | 1.00 | X | | | | | | 0 | 0 | 0 |
| 36) DAVID A. TRAVERS TERM ENDED 12/6/13 | 1.00 | X | | | | | | 0 | 0 | 0 |
| 1b Sub-total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | | | |

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

| | Yes | No |
|---|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 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> | X | |
| 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> | | X |

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 |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |

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

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 | | | |
| (37) JENNIFER HOWSE, PHD PRESIDENT | 50.00 | | | X | | | 508,707. | 0 | 6,552. | |
| (38) RICHARD E. MULLIGAN EXECUTIVE VICE PRESIDENT | 50.00 | | | X | | | 380,231. | 0 | 17,896. | |
| (39) LISA BELLSEY, ESQ. ASSISTANT SECRETARY | 50.00 | | | X | | | 285,529. | 0 | 6,964. | |
| (40) DAVID HORNE ASSISTANT TREASURER | 50.00 | | | X | | | 221,924. | 0 | 17,896. | |
| (41) EDWARD MCCABE, M.D. MEDICAL DIRECTOR | 50.00 | | | X | | | 382,337. | 0 | 0 | |
| (42) JOSEPH L. SIMPSON, MD SENIOR V.P. | 50.00 | | | | | X | 400,541. | 0 | 6,552. | |
| (43) SCOTT D. BERNS, MD SENIOR V.P. | 50.00 | | | | | X | 270,628. | 0 | 1,398. | |
| (44) SANDRA HIJIKATA SENIOR V.P. | 50.00 | | | | | X | 249,525. | 0 | 1,000. | |
| (45) ALAN KAUFFMAN SENIOR V.P. | 50.00 | | | | | X | 244,436. | 0 | 7,320. | |
| (46) PAULA RANSOM SENIOR V.P. | 50.00 | | | | | X | 283,090. | 0 | 17,896. | |
| 1b Sub-total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | | | |

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

| | Yes | No |
|--|-----|----|
| 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | | X |
| 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> | X | |
| 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> | | X |

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 |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |

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

Part VIII Statement of Revenue

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

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
|--|--|----------------|---------------|----------------------|--|---|--|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a Federated campaigns | 1a | 1,194,905. | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | 131,213,767. | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) . . | 1e | 3,216,396. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above . | 1f | 59,612,071. | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | 275,180. | | | | |
| | h Total. Add lines 1a-1f | | | 195,237,139. | | | |
| | Program Service Revenue | | | | Business Code | | |
| 2a SALE OF EDUCATION MATERIAL | | | 900099 | 1,311,396. | 1,311,396. | | |
| b SYMPOSIUM CONFERENCE | | | 900099 | 283,110. | 283,110. | | |
| c PROGRAM SPONSORSHIP | | | 900099 | 191,895. | 191,895. | | |
| d _____ | | | | | | | |
| e _____ | | | | | | | |
| f All other program service revenue | | | | | | | |
| g Total. Add lines 2a-2f | | | | 1,786,401. | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 7 | | | 1,938,659. | | | 1,938,659. |
| | 4 Income from investment of tax-exempt bond proceeds . . . | | | 0 | | | |
| | 5 Royalties | | | 763,879. | | | 763,879. |
| | | (i) Real | (ii) Personal | | | | |
| | 6a Gross rents | | | | | | |
| | b Less: rental expenses | | | | | | |
| | c Rental income or (loss) | | | | | | |
| | d Net rental income or (loss) | | | | 0 | | |
| | | (i) Securities | (ii) Other | | | | |
| | 7a Gross amount from sales of assets other than inventory | | | 14,166,443. | | | |
| | b Less: cost or other basis and sales expenses | | | 12,029,622. | | | |
| | c Gain or (loss) | | | 2,136,821. | | | |
| | d Net gain or (loss) | | | | 2,136,821. | | 2,136,821. |
| | 8a Gross income from fundraising events (not including \$ 131,213,767. of contributions reported on line 1c). See Part IV, line 18 | a | ATCH 8 | 14,661,169. | | | |
| | b Less: direct expenses | b | | 14,661,169. | | | |
| c Net income or (loss) from fundraising events | | ATCH 9 | | 0 | | | |
| 9a Gross income from gaming activities. See Part IV, line 19 | a | | 310,364. | | | | |
| b Less: direct expenses | b | | | | | | |
| c Net income or (loss) from gaming activities | | ATCH 10 | | 310,364. | | 310,364. | |
| 10a Gross sales of inventory, less returns and allowances | a | | | | | | |
| b Less: cost of goods sold | b | | | | | | |
| c Net income or (loss) from sales of inventory | | | | 0 | | | |
| Miscellaneous Revenue | | | | Business Code | | | |
| 11a GRANT REFUNDS | | 900099 | 330,312. | | | 330,312. | |
| b ALL OTHER REVENUE | | 900099 | 308,345. | | | 308,345. | |
| c _____ | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | | | 638,657. | | | |
| 12 Total revenue. See instructions | | | | 202,811,920. | 1,786,401. | | 5,788,380. |

Part IX Statement of Functional Expenses

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 . | 26,224,927. | 26,224,927. | | |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 | 285,363. | 285,363. | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 | 1,578,870. | 1,578,870. | | |
| 4 Benefits paid to or for members | 0 | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 1,828,035. | 1,402,519. | 202,708. | 222,808. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0 | | | |
| 7 Other salaries and wages | 76,288,211. | 58,530,418. | 8,459,507. | 9,298,286. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 10,769,945. | 8,176,396. | 1,255,624. | 1,337,925. |
| 9 Other employee benefits | 9,382,180. | 7,359,313. | 933,127. | 1,089,740. |
| 10 Payroll taxes | 5,935,045. | 4,511,369. | 691,488. | 732,188. |
| 11 Fees for services (non-employees): | | | | |
| a Management | 0 | | | |
| b Legal | 140,262. | 59,609. | 55,910. | 24,743. |
| c Accounting | 511,876. | 215,318. | 206,058. | 90,500. |
| d Lobbying | 0 | | | |
| e Professional fundraising services. See Part IV, line 17. | 1,120,396. | | | 1,120,396. |
| f Investment management fees | 0 | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 14,022,344. | 7,250,508. | 4,393,435. | 2,378,401. |
| 12 Advertising and promotion | 0 | | | |
| 13 Office expenses | 0 | | | |
| 14 Information technology | 0 | | | |
| 15 Royalties | 0 | | | |
| 16 Occupancy | 8,088,569. | 6,401,780. | 761,217. | 925,572. |
| 17 Travel | 5,795,742. | 4,644,041. | 500,599. | 651,102. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 Conferences, conventions, and meetings | 2,545,355. | 2,168,104. | 167,430. | 209,821. |
| 20 Interest | 78,734. | 35,481. | 29,697. | 13,556. |
| 21 Payments to affiliates | 0 | | | |
| 22 Depreciation, depletion, and amortization | 3,141,825. | 2,186,337. | 508,870. | 446,618. |
| 23 Insurance | 0 | | | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a <u>PRINTING</u> | 21,086,937. | 13,396,936. | 2,898,863. | 4,791,138. |
| b <u>POSTAGE & SHIPPING</u> | 11,715,809. | 7,211,954. | 1,776,128. | 2,727,727. |
| c <u>EQUIPMENTAL RENTAL</u> | 2,380,924. | 1,632,072. | 421,909. | 326,943. |
| d <u>TELEMARKETING/DATA FEES</u> | 7,250,559. | 5,065,541. | 1,270,963. | 914,055. |
| e All other expenses | 2,366,517. | 1,706,255. | 347,797. | 312,465. |
| 25 Total functional expenses. Add lines 1 through 24e | 212,538,425. | 160,043,111. | 24,881,330. | 27,613,984. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) | 33,049,000. | 20,398,000. | 5,268,000. | 7,383,000. |

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|------------------------|------------------------|
| Assets | 1 Cash - non-interest-bearing | 2,826,731. | 1 | 6,036,354. |
| | 2 Savings and temporary cash investments | 13,050,267. | 2 | 5,608,412. |
| | 3 Pledges and grants receivable, net | 1,818,344. | 3 | 2,328,883. |
| | 4 Accounts receivable, net | 6,291,715. | 4 | 5,553,510. |
| | 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | 0 | 5 | 0 |
| | 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | 0 | 6 | 0 |
| | 7 Notes and loans receivable, net | 0 | 7 | 0 |
| | 8 Inventories for sale or use | 4,464,506. | 8 | 4,188,338. |
| | 9 Prepaid expenses and deferred charges | 1,701,799. | 9 | 2,011,928. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 55,318,011. | | |
| | b Less: accumulated depreciation | 10b 42,335,770. | 15,071,505. | 10c 12,982,241. |
| | 11 Investments - publicly traded securities | ATCH 12 | 84,541,652. | 11 77,730,117. |
| | 12 Investments - other securities. See Part IV, line 11 | | 15,654,128. | 12 26,295,710. |
| | 13 Investments - program-related. See Part IV, line 11 | | 0 | 13 0 |
| | 14 Intangible assets | | 0 | 14 0 |
| | 15 Other assets. See Part IV, line 11 | | 10,101,600. | 15 11,219,407. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | | 155,522,247. | 16 153,954,900. | |
| Liabilities | 17 Accounts payable and accrued expenses | 11,483,916. | 17 | 10,963,792. |
| | 18 Grants payable | 21,421,316. | 18 | 19,331,017. |
| | 19 Deferred revenue | ATCH 13 | 1,408,403. | 19 1,668,665. |
| | 20 Tax-exempt bond liabilities | | 0 | 20 0 |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 0 | 21 0 |
| | 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 0 | 22 0 |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 0 | 23 0 |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 0 | 24 0 |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | 114,429,782. | 25 46,913,730. |
| | 26 Total liabilities. Add lines 17 through 25 | | 148,743,417. | 26 78,877,204. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | -7,753,938. | 27 | 58,125,021. |
| | 28 Temporarily restricted net assets | 2,711,100. | 28 | 3,732,000. |
| | 29 Permanently restricted net assets | 11,821,668. | 29 | 13,220,675. |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 Total net assets or fund balances | 6,778,830. | 33 | 75,077,696. |
| | 34 Total liabilities and net assets/fund balances | 155,522,247. | 34 | 153,954,900. |

Part XI 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 | 202,811,920. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 212,538,425. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -9,726,505. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 6,778,830. |
| 5 | Net unrealized gains (losses) on investments | 5 | 10,911,043. |
| 6 | Donated services and use of facilities | 6 | 0 |
| 7 | Investment expenses | 7 | 0 |
| 8 | Prior period adjustments | 8 | 0 |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 67,114,328. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 75,077,696. |

Part XII Financial Statements and Reporting

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

- 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
- 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
- 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.
- 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?
- 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.

| | Yes | No |
|-----------|-----|----|
| | | |
| 2a | | X |
| | | |
| 2b | X | |
| | | |
| 2c | X | |
| | | |
| 3a | X | |
| | | |
| 3b | X | |

SCHEDULE A
(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **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.**

| | |
|--|---|
| Name of the organization MARCH OF DIMES FOUNDATION | Employer identification number 13-1846366 |
|--|---|

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III-Functionally integrated d Type III-Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

| | | |
|---------------|-----|----|
| | Yes | No |
| 11g(i) | | |
 - (ii) A family member of a person described in (i) above?

| | | |
|----------------|-----|----|
| | Yes | No |
| 11g(ii) | | |
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

| | | |
|-----------------|-----|----|
| | Yes | No |
| 11g(iii) | | |
- h Provide the following information about the supported organization(s).

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013

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

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2013 (98.00%); 15 Public support percentage from 2012 Schedule A, Part II, line 14 (97.87%); 16a 33 1/3% support test - 2013; 16b 33 1/3% support test - 2012; 17a 10%-facts-and-circumstances test - 2013; 17b 10%-facts-and-circumstances test - 2012; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 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

Table with 3 columns: Description, 2013, 2012. Row 15: Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2012 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2013, 2012. Row 17: Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2012 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

19b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

| DESCRIPTION | 2009 | 2010 | 2011 | 2012 | 2013 | TOTAL |
|---------------|-----------------|-----------------|-----------------|-----------------|-----------------|-------------------|
| OTHER INCOME | 608,401. | 307,127. | 494,623. | 756,520. | 638,657. | 2,805,328. |
| TOTALS | <u>608,401.</u> | <u>307,127.</u> | <u>494,623.</u> | <u>756,520.</u> | <u>638,657.</u> | <u>2,805,328.</u> |

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2013

Open to Public Inspection

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

- ▶ **Complete if the organization is described below.** ▶ Attach to Form 990 or Form 990-EZ.
- ▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

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

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

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

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

| | |
|--|---|
| Name of organization MARCH OF DIMES FOUNDATION | Employer identification number 13-1846366 |
|--|---|

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| (1) | ----- | | | |
| (2) | ----- | | | |
| (3) | ----- | | | |
| (4) | ----- | | | |
| (5) | ----- | | | |
| (6) | ----- | | | |

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

Schedule C (Form 990 or 990-EZ) 2013

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 border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <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> </tbody> </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? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|--|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

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

Table with 3 main columns: Question, (a) Yes/No, and (b) Amount. Rows include questions about lobbying activities like influencing legislation, media advertisements, mailings, and other activities.

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

Table with 3 columns: Question, Yes, and No. Rows include questions about dues, in-house lobbying expenditures, and carryover of lobbying and political expenditures.

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."

Table with 3 columns: Question, Yes, and No. Rows include questions about dues, section 162(e) nondeductible lobbying and political expenditures, and taxable amount of lobbying and political expenditures.

Part IV Supplemental Information

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

SEE PAGE 4

Part IV Supplemental Information (continued)

SCHEDULE C PART II B

LINE 1

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2013

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Open to Public Inspection

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

Name of the organization

Employer identification number

MARCH OF DIMES FOUNDATION

13-1846366

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy..., 6 Staff and volunteer hours..., 7 Amount of expenses..., 8 Does each conservation easement..., 9 In Part XIII, describe how the organization reports...

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.

Table with 2 columns: Amounts. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report..., 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report..., 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

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

Schedule D (Form 990) 2013

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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?

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?

b If "Yes," explain the arrangement in Part XIII and complete the following table:

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21?

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.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g (Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, End of year balance).

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

- a Board designated or quasi-endowment %
b Permanent endowment 83.3000 %
c Temporarily restricted endowment 16.7000 %

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
(ii) related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b.

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

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.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | | |

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) FOSHE PARTNERSHIP | 50,000. |
| (2) TRUSTS HELD BY OTHERS | 11,169,407. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ | 11,219,407. |

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) ACCRUED PENSION LIABILITIES | 32,043,435. |
| (3) ACCRUED MEDICAL BENEFITS | 14,870,295. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 46,913,730. |

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

Part XIII Supplemental Information (continued)

SCHEDULE D PART X

#2 FIN 48 FOOTNOTE

THE FOUNDATION RECOGNIZES THE BENEFIT OF TAX POSITIONS WHEN IT IS MORE-LIKELY-THAN-NOT THAT THE POSITION WILL BE SUSTAINABLE BASED ON THE MERITS OF THE POSITION.

SCHEDULE D PART V

LINE 4

THE MARCH OF DIMES POLICY IS TO USE THE ENDOWMENT ASSETS TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY THE ENDOWMENT, PRINCIPALLY RESEARCH, WHILE SEEKING TO PROTECT THE ORIGINAL VALUE OF THE GIFT. THE MARCH OF DIMES ADOPTED THE NEW YORK PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT AT THE END OF 2010 (NYPMIFA).

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

MARCH OF DIMES FOUNDATION

13-1846366

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on 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) EUROPE | | | GRANTMAKING | RESEARCH & MEDICAL SUP | 265,000. |
| (2) EAST ASIA AND THE PACIFIC | | | GRANTMAKING | RESEARCH & MEDICAL SUP | 130,000. |
| (3) NORTH AMERICA | | | GRANTMAKING | RESEARCH & MEDICAL SUP | 1,158,870. |
| (4) MIDDLE EAST AND NORTH AFRICA | | | GRANTMAKING | RESEARCH & MEDICAL SUP | 25,000. |
| (5) CENTRAL AMERICA/CARIBBEAN | | | INVESTMENTS | | 26,295,710. |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |
| (11) | | | | | |
| (12) | | | | | |
| (13) | | | | | |
| (14) | | | | | |
| (15) | | | | | |
| (16) | | | | | |
| (17) | | | | | |
| 3a Sub-total | | | | | 27,874,580. |
| b Total from continuation sheets to Part I | | | | | |
| c Totals (add lines 3a and 3b) | | | | | 27,874,580. |

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

Schedule F (Form 990) 2013

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Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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) | | | NORTH AMERICA | RESEARCH & M EDICAL SUPPO | 407,870. | CHECK | | | |
| (2) | | | NORTH AMERICA | RESEARCH & M EDICAL SUPPO | 376,000. | CHECK | | | |
| (3) | | | NORTH AMERICA | RESEARCH & M EDICAL SUPPO | 125,000. | CHECK | | | |
| (4) | | | NORTH AMERICA | RESEARCH & M EDICAL SUPPO | 250,000. | CHECK | | | |
| (5) | | | EAST ASIA/PACIFIC | RESEARCH & M EDICAL SUPPO | 25,000. | CHECK | | | |
| (6) | | | MIDDLE EAST/NORTH AFRICA | RESEARCH & M EDICAL SUPPO | 25,000. | CHECK | | | |
| (7) | | | EUROPE/ICELAND/GREENLAND | RESEARCH & M EDICAL SUPPO | 250,000. | CHECK | | | |
| (8) | | | EAST ASIA/PACIFIC | RESEARCH & M EDICAL SUPPO | 95,000. | CHECK | | | |
| (9) | | | EAST ASIA/PACIFIC | RESEARCH & M EDICAL SUPPO | 10,000. | CHECK | | | |
| (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. 9.

3 Enter total number of other organizations or entities.

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on 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)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Part V Supplemental Information

Complete this part to 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).

SCHEDULE F MONITORING GRANTS

PART I, LINE 2

GRANTEES ARE AWARDED BY COMMITTEES BASED ON VARIOUS FACTORS AND ARE RANKED USING A SCORING SYSTEM. THE COMMITTEE MEMBERS CONSIST PRIMARILY OF VOLUNTEERS WHO ARE QUALIFIED TO EVALUATE THE MERITS OF THE GRANT APPLIATIONS.

ONCE SELECTED, GRANTEES ARE REQUIRED TO SUBMIT INTERIM ACCOUNTING REPORTS AS WELL AS A FINAL ACCOUNTING OF ALL EXPENDITURES, DELIVERABLES AND RESULTS, DURING AND 90 DAYS AFTER THE TERMINATION OF THE GRANT.

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

Part I

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

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

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

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (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 MGMT GROUP | TELEMARKETING | | X | 9,493,617. | 3,949,372. | 5,544,245. |
| 2 ADVANCED BUSINESS TECHNOLOGY | TELEMARKETING | | X | 804,484. | 249,710. | 554,774. |
| 3 HERITAGE COMPANY | TELEMARKETING | | X | 160,925. | 49,951. | 110,974. |
| 4 ODELL SIMMS & LYNCH | FUNDRAISE | | X | | 290,597. | |
| 5 HAYES & ASSOCIATES | FUNDRAISE | | X | 927,000. | 85,500. | 841,500. |
| 6 THOMPSON HABIB & DENISON | FUNDRAISE | | X | | 542,907. | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Total | | | | ▶ 11,386,026. | 5,168,037. | 7,051,493. |

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

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

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

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

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|---|--|--|--|--|
| | | | | | |
| Revenue | 1 Gross revenue | | | 310,364. | 310,364. |
| Direct Expenses | 2 Cash prizes | | | | |
| | 3 Noncash prizes | | | | |
| | 4 Rent/facility costs | | | | |
| | 5 Other direct expenses | | | | |
| | 6 Volunteer labor | <input checked="" type="checkbox"/> Yes _____% <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes _____% <input checked="" type="checkbox"/> No | <input checked="" type="checkbox"/> Yes _____% <input checked="" type="checkbox"/> No | |
| | 7 Direct expense summary. Add lines 2 through 5 in column (d) ▶ | | | | |
| | 8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶ | | | | 310,364. |

9 Enter the state(s) in which the organization operates gaming activities: SEE SUPPLEMENTAL PAGE

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

| | | |
|-------------------------------|------------|------------|
| a The organization's facility | 13a | 100.0000 % |
| 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

- 15 a 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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

SCHEDULE G, PART I - FUNDRAISING ACTIVITIES

THE AMOUNTS PAID TO EACH PROFESSIONAL FUNDRAISER INCLUDE TELEMARKETING FEES AND PROFESSIONAL FUNDRAISING EXPENSE SUCH AS ENVELOPES, PAPER AND POSTAGE AS REPORTED ON THE STATEMENT OF FUNCTIONAL EXPENSE.

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

| | | |
|-------------------------------|------------|---|
| a The organization's facility | 13a | % |
| 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 ▶ _____

Address ▶ _____

- 15 a 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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

SCHEDULE G, PART III-STATES IN WHICH ORG. OPERATES GAMING ACTIVITIES

AL, CA, CO, ID, IL,

IA, KY, LA, MA, MI, NE, NJ, NY, NC, ND, OH, OR, PA, SC, SD, TX, WA, WI,

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (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 |
|---|-----------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) ACCESS TO HEALTHCARE NETWORK 4001 S VIRGINIA ST RENO, NV 89502 | 721619489 | 501 (C) (3) | 12,500. | | | | PUBLIC & PROFESSIONA |
| (2) ADAMS COUNTY HEALTH DEPARTMENT 330 VERMONT STREET QUINCY, IL 62301 | 376000379 | 501 (C) (3) | 7,000. | | | | COMMUNITY SERVICES |
| (3) AGAPE CHILD & FAMILY SERVICES 111 RACINE STREET MEMPHIS, TN 38112 | 237039683 | 501 (C) (3) | 20,000. | | | | COMMUNITY SERVICES |
| (4) ALICE PECK DAY HOSPITAL 125 MASCOMA STREET LEBANON, NH 03766 | 020222791 | 501 (C) (3) | 12,000. | | | | PUBLIC & PROFESSIONA |
| (5) ALPHA GEORGIA EDUCATION FOUNDATION P.O BOX 54452 ATLANTA, GA 30308 | 161755244 | 501 (C) (3) | 15,000. | | | | COMMUNITY SERVICES |
| (6) ALPHA PHI ALPHA FRATERNITY P.O BOX 354 COLUMBIA, SC 29202 | 010593969 | 501 (C)(7) | 5,001. | | | | PUBLIC & PROFESSIONA |
| (7) ALPHA PHI ALPHA FRATERNITY P.O BOX 354 COLUMBIA, SC 29202 | 010593969 | 501 (C)(7) | 5,001. | | | | COMMUNITY SERVICES |
| (8) AMERICAN ACADEMY OF PEDIATRICS 1400 N.PROVIDENCE RD MEDIA, PA 19063-2043 | 237135840 | 501 (C) (3) | 16,375. | | | | COMMUNITY SERVICES |
| (9) AMERICAN ACADEMY OF PEDIATRICS 19 S. JACKSON ST. MONTGOMERY, AL 36104 | 630798492 | 501 (C) (3) | 6,500. | | | | PUBLIC & PROFESSIONA |
| (10) AMERICAN SOCIETY OF GENE & CELL THERAPY 555 E WELLS STREET MILWAUKEE, WI 53202 | 911766321 | 501 (C) (3) | 7,500. | | | | RESEARCH & MEDICAL S UPPORT |
| (11) APPETITE FOR CHANGE : COMMUNITY COOKS 2900 FREMONT AVE N. MINNEAPOLIS, MN 55411 | 275112040 | 501 (C) (3) | 25,000. | | | | PUBLIC & PROFESSIONA |
| (12) ARIZONA PARTNERSHIP FOR IMMUNIZATION 700 E JEFFERSON ST PHOENIX, AZ 85034 | 454185015 | 501 (C) (3) | 14,975. | | | | PUBLIC & PROFESSIONA |

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

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

Schedule I (Form 990) (2013)

JSA

3E1288 1.000

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

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

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.

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (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 |
|---|-----------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) ARKANSAS DEPT OF HEALTH 4815 W MARKHAM ST LITTLE ROCK, AR 72205 | 710847443 | | 20,000. | | | | PUBLIC & PROFESSIONA |
| (2) ASHFORD PRESBYTERIAN COMMUNITY P.O BOX 9020032 SAN JUAN, PR 00902 | 660177824 | 501 (C) (3) | 6,651. | | | | PUBLIC & PROFESSIONA |
| (3) ATRIUM MEDICAL CENTER FOUNDATION ONE MEDICAL CENTER DR MIDDLETOWN, OH 45005 | 311079213 | 501 (C) (3) | 21,731. | | | | PUBLIC & PROFESSIONA |
| (4) BALTIMORE WASHINGTON MEDICAL CENTER 301 HOSPITAL DRIVE GLEM BURNIE, MD 21061 | 521813656 | 501 (C) (3) | 25,000. | | | | PUBLIC & PROFESSIONA |
| (5) BAPTIST HEALTH MADISONVILLE, INC 900 HOSPITAL DRIVE MADISONVILLE, KY 42431 | 610654587 | | 26,000. | | | | PUBLIC & PROFESSIONA |
| (6) BAPTIST HOSPITAL OF SOUTHEAST 3080 COLLEGE STREET BEAUMONT, TX 77704 | 741303720 | 501 (C) (3) | 10,000. | | | | PUBLIC & PROFESSIONA |
| (7) BARREN RIVER DISTRICT HEALTH DEPT 1109 STATE ST BOWLING GREEN, KY 42102-1157 | 611010874 | 501 (C) (3) | 10,360. | | | | PUBLIC & PROFESSIONA |
| (8) BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030 | 741613878 | 501 (C) (3) | 375,000. | | | | RESEARCH & MEDICAL S UPPORT |
| (9) BAYLOR COLLEGE OF MEDICINE-TEEN HEALTH 1504 TAUB LOOP HOUSTON, TX 77030 | 741613878 | 501 (C) (3) | 10,000. | | | | PUBLIC & PROFESSIONA |
| (10) ZETA PHI BETA SORORITY P.O. BOX 91495 WASHINGTON, DC 20090 | 521344959 | 501 (C) (3) | 8,000. | | | | PUBLIC & PROFESSIONA |
| (11) BIRTH MATTERS 424 MUSTANG DRIVE SPARTANBURG, SC 29037 | 454900759 | 501 (C) (3) | 8,875. | | | | PUBLIC & PROFESSIONA |
| (12) BIRTH MATTERS 424 MUSTANG DRIVE SPARTANBURG, SC 29037 | 454900759 | 501 (C) (3) | 8,498. | | | | COMMUNITY SERVICES |

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

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

Schedule I (Form 990) (2013)

JSA

3E1288 1.000

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

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

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

▶ Attach to Form 990.

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Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (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 |
|--|-----------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) BIRTH WELL PARTNERS 976 LINWOOD RD BIRMINGHAM, AL 35222 | 452384335 | 501 (C) (3) | 7,000. | | | | COMMUNITY SERVICES |
| (2) BIRTHING PROJECT USA 4205 CANAL STREET NEW ORLEANS, LA 70119 | 800228391 | 501 (C) (3) | 10,143. | | | | COMMUNITY SERVICES |
| (3) BLANCHFIELD ARMY COMMUNITY HOSPITAL 650 JOEL DRIVE FORT CAMPBELL, KY 42223 | 311575142 | 501 (C) (3) | 20,000. | | | | COMMUNITY SERVICES |
| (4) BLANCHFIELD ARMY COMMUNITY HOSPITAL 650 JOEL DRIVE FORT CAMPBELL, KY 42223 | 311575142 | 501 (C) (3) | 15,000. | | | | PUBLIC & PROFESSIONA |
| (5) BOARD OF REGENTS OF UNIVESITY OF WISCONSIN 21 N PARK STREET MADISON, WI 53715 | 396006492 | 501 (C) (3) | 23,504. | | | | PUBLIC & PROFESSIONA |
| (6) BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLI 840 SOUTH WOOD ST CHICAGO, IL 60612 | 376000511 | 501 (C) (3) | 71,570. | | | | RESEARCH & MEDICAL S UPPORT |
| (7) BOONE COUNTY 404 W CAMP ST LEBANON, IN 46052 | 352127378 | 501 (C) (3) | 15,600. | | | | PUBLIC & PROFESSIONA |
| (8) BRANDEIS UNIVERSITY 415 SOUTH ST WALTHAM, MA 02454-9110 | 042103552 | 501 (C) (3) | 346,916. | | | | RESEARCH & MEDICAL S UPPORT |
| (9) BRANDON NEWBORN ICU, MOTT CHILDREN 1540 E. MEDICAL CENTER DR, ANN ARBOR, MI | 386006309 | 501 (C) (3) | 6,500. | | | | PUBLIC & PROFESSIONA |
| (10) BRIGHAM & WOMENS HOSPITAL 75 FRANCIS STREET BOSTON, MA 02115 | 042312909 | 501 (C) (3) | 337,000. | | | | RESEARCH & MEDICAL S UPPORT |
| (11) BRIGHT HORIZONS CHILDREN'S CENTER 200 TALCOTT AVENUE WATERTOWN, MA 02472 | 800188248 | 501 (C) (3) | 7,500. | | | | PUBLIC & PROFESSIONA |
| (12) BRONX LEBANON HOSPITAL 1276 FULTON AVENUE BRONX, NY 10456 | 131974191 | 501 (C) (3) | 18,293. | | | | PUBLIC & PROFESSIONA |

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

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

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

Schedule I (Form 990) (2013)

JSA

3E1288 1.000

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

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

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.

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (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 |
|--|-----------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) CANCER ASSOCIATION OF GREATER NEW ORLEANS 824 ELMWOOD PARK BLVD NEW ORLEANS, LA 70123 | 720517802 | 501 (C) (3) | 12,000. | | | | PUBLIC & PROFESSIONA |
| (2) CAPITAL HEALTH SYSTEM 446 BELLEVUE AVE. TRENTON, NJ 08618 | 223548695 | 501 (C) (3) | 65,520. | | | | PUBLIC & PROFESSIONA |
| (3) CARILION MEDICAL CENTER 7 ALBEMARLE AVE. SW ROANOKE, VA 24016 | 540506332 | 501 (C) (3) | 14,406. | | | | COMMUNITY SERVICES |
| (4) CARILION NEW RIVER VALLEY MEDICAL CENTER 2900 TYLER RD CHRISTIANSBURG, VA 24073 | 540553805 | 501 (C) (3) | 13,794. | | | | COMMUNITY SERVICES |
| (5) CASE WESTERN RESERVE UNIVERSITY OF MEDICINE 10900 EUCLID AVENUE CLEVELAND, OH 44106 | 341018992 | 501 (C) (3) | 350,000. | | | | RESEARCH & MEDICAL S UPPORT |
| (6) CATAWBA VALLEY MEDICAL CENTER 810 FAIRGROVE CHURCH RD HICKORY, NC 28602 | 560789196 | 501 (C) (3) | 45,070. | | | | PUBLIC & PROFESSIONA |
| (7) CATHOLIC CHARITIES OF THE DIOCESE 429 WEST 10TH STREET PUEBLO, CO 81003 | 840471001 | 501 (C) (3) | 10,000. | | | | PUBLIC & PROFESSIONA |
| (8) CENTER FOR BLACK WOMEN'S WELLNESS 477 WINDSOR STREET ATLANTA, GA 30312 | 582212203 | 501 (C) (3) | 12,500. | | | | COMMUNITY SERVICES |
| (9) CENTERING HEALTHCARE INSTITUTE INC 89 SOUTH STREET BOSTON, MA 02111 | 061622668 | 501 (C) (3) | 13,333. | | | | COMMUNITY SERVICES |
| (10) CENTERING PREGNANCY & PARENTING ASSOC. 89 SOUTH STREET BOSTON, MA 02111 | 061622668 | 501 (C) (3) | 26,280. | | | | PUBLIC & PROFESSIONA |
| (11) CENTRAL NEW JERSEY MAT CHILD HEALTH CONSORT 2 KING ARTHUR CT NORTH BRUNSWICK, NJ 08902 | 223197191 | 501 (C) (3) | 66,800. | | | | PUBLIC & PROFESSIONA |
| (12) CENTRO CRISTIANO CIUDAD DE REFUGIO INC P.O BOX 97 NAGUABO, PR 00718 | 660671551 | 501 (C) (3) | 7,000. | | | | PUBLIC & PROFESSIONA |

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

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Schedule I (Form 990) (2013)

JSA

3E1288 1.000

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

Part I General Information on Grants and Assistance

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) CHESHIRE MEDICAL CENTER 590 COURT STREET KEENE, NH 03431 | 020354549 | 501 (C) (3) | 12,000. | | | | PUBLIC & PROFESSIONA |
| (2) CHILD ABUSE PREVENTION SERVICE 618 14TH STREET TUSCALOOSA, AL 35401 | 630831717 | 501 (C) (3) | 7,000. | | | | COMMUNITY SERVICES |
| (3) CHILDREN'S HEALTH AND RESEARCH 1 NORTH LEXINGTON AVE WHITE PLAINS, NY | 272415391 | 501 (C) (3) | 67,968. | | | | PUBLIC & PROFESSIONA |
| (4) CHILDREN'S HOME AND AID 403 S STATE ST BLOOMINGTON, IL 61701 | 362167743 | 501 (C) (3) | 7,000. | | | | COMMUNITY SERVICES |
| (5) CHILDREN'S HOME SOCIETY OF NJ 635 SOUTH CLINTON AVE TRENTON, NJ 08611 | 210634966 | 501 (C) (3) | 29,000. | | | | PUBLIC & PROFESSIONA |
| (6) CHILDREN'S HOSPITAL CORPORATION 300 LONGWOOD AVE. BOSTON, MA 02115 | 04-2774441 | 501 (C) (3) | 619,784. | | | | RESEARCH & MEDICAL S UPPORT |
| (7) CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVE CINCINNATI, OH 45229 | 310833936 | 501 (C) (3) | 1,219,000. | | | | RESEARCH & MEDICAL S UPPORT |
| (8) CHILDREN'S MEMORIAL HERMANN HOSPITAL 9301 SW FREWAY #600 HOUSTON, TX 77074-1425 | 741152587 | 501 (C) (3) | 5,500. | | | | PUBLIC & PROFESSIONA |
| (9) CHRISTUS HEALTH FOUNDATION 280 CALDER STREET BEAUMONT, TX 77702 | 760136274 | 501 (C) (3) | 10,000. | | | | PUBLIC & PROFESSIONA |
| (10) CINCINNATI CHILDREN'S HOSP RESEARCH FDN 3333 BURNET AVENUE CINCINNATI, OH 45299 | 310833936 | 501 (C) (3) | 150,000. | | | | RESEARCH & MEDICAL S UPPORT |
| (11) CINCINNATI CHILDREN'S HOSPITAL 3333 BURNET AVENUE CINCINNATI, OH 45229 | 310833936 | 501 (C) (3) | 418,939. | | | | RESEARCH & MEDICAL S UPPORT |
| (12) CLARK COUNTY HEALTH DEPARTMENT 517 COURT ST NEILLSVILLE, WI 54456 | 396005676 | | 13,651. | | | | PUBLIC & PROFESSIONA |

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| (1) CLARK COUNTY PUBLIC HEALTH P.O BOX 9825 VANCOUVER, WA 98666 | 916001299 | | 12,000. | | | | RESEARCH & MEDICAL SUPPORT |
| (2) CLEAR CREEK COUNTY 1531 COLORADO BLVD IDAHO SPRINGS, CO 80452 | 846000751 | 501 (C) (3) | 9,000. | | | | PUBLIC & PROFESSIONAL |
| (3) CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVE. CLEVELAND, OH 44195 | 340714585 | 501 (C) (3) | 220,000. | | | | RESEARCH & MEDICAL SUPPORT |
| (4) CLINICA CAMPESINA 1345 PLAZA COUNT NORTH LAFAYETTE, CO 80026 | 840743432 | 501 (C) (3) | 15,000. | | | | PUBLIC & PROFESSIONAL |
| (5) CLINICA TEPEYAC, INC 5075 LINCOLN STREET DENVER, CO 80216 | 841285505 | | 10,000. | | | | PUBLIC & PROFESSIONAL |
| (6) COASTAL FAMILY HEALTH CENTER INC 1046 DIVISION STREET BILOXI, MS 39530 | 640592416 | | 50,000. | | | | PUBLIC & PROFESSIONAL |
| (7) COMMUNITY FOUNDATION OF N.E AL P.O BOX 2610 ANNISTON, AL 36202-2610 | 630308398 | 501 (C) (3) | 15,500. | | | | COMMUNITY SERVICES |
| (8) COMMUNITY HEALTHNET-CENTERING PREGNANCY 1021 WEST 5TH AVE GARY, IN 46402 | 352048141 | 501 (C) (3) | 23,000. | | | | PUBLIC & PROFESSIONAL |
| (9) COMMUNITY PERINATAL NETWORK 22875 SAVI RANCH PARK W YORBA LINDA, CA | 954755467 | 501 (C) (3) | 75,000. | | | | COMMUNITY SERVICES |
| (10) COMMUNITYCARE P.O BOX 17366 AUSTIN, TX 78760-7366 | 550853118 | 501 (C) (3) | 10,000. | | | | PUBLIC & PROFESSIONAL |
| (11) CONCORDIA UNIVERSITY OF WISCONSIN 12800 N LAKE SHORE DRIVE MEQUON, WI 53097 | 390833608 | 501 (C) (3) | 123,164. | | | | RESEARCH & MEDICAL SUPPORT |
| (12) CORNER HEALTH CENTER 47 NORTH HURON YPSILANTI, MI 48197 | 382329742 | | 25,000. | | | | PUBLIC & PROFESSIONAL |

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|---|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) COUNCIL ON ALCOHOL/DRUG ABUSE 1801 S. ALAMEDA CORPUS CHRISTI, TX 78404 | 741696491 | 501 (C) (3) | 25,600. | | | | PUBLIC & PROFESSIONA |
| (2) DCH/NORTHPORT 600 BRYANT DRIVE E TUSCALOOSA, AL 35401 | 636000271 | 501 (C) (3) | 15,000. | | | | COMMUNITY SERVICES |
| (3) DELAWARE COUNTY COMMUNITY COLLEGE 901 S MEDIA LINE RD MEDIA, PA 19063 | 232143790 | 501 (C) (3) | 10,000. | | | | PUBLIC & PROFESSIONA |
| (4) DENVER HEALTH AND HOSPITAL 777 BANNOCK STREET DENVER, CO 80204 | 841343242 | 501 (C) (3) | 20,000. | | | | PUBLIC & PROFESSIONA |
| (5) DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49TH STREET AUSTIN, TX 78714-9347 | 320113643 | | 10,000. | | | | PUBLIC & PROFESSIONA |
| (6) DIVISION OF INDIAN WORK 1001 E LAKE ST MINNEAPOLIS, MN 55407-0509 | 410693933 | 501 (C) (3) | 12,500. | | | | PUBLIC & PROFESSIONA |
| (7) DOULA CONNECTION 722 BROOKS STREET ANN ARBOR, MI 48103 | 800709005 | 501 (C) (3) | 50,000. | | | | PUBLIC & PROFESSIONA |
| (8) DOULA FOUNDATION OF MID-AMERICA 2130 N GLENSTONE SPRINGFIELD, MO 65803 | 30-0046369 | 501 (C) (3) | 25,000. | | | | PUBLIC & PROFESSIONA |
| (9) DUKE UNIVERSITY BOX 3382 DUMC DURHAM, NC 27710 | 560532129 | 501 (C) (3) | 839,934. | | | | RESEARCH & MEDICAL S UPPORT |
| (10) DUKE UNIVERSITY MEDICAL CENTER 4026 GSRB11 RESEARCH DRIVE DURHAM, NC 27710 | 56-0532129 | 501 (C) (3) | 150,000. | | | | RESEARCH & MEDICAL S UPPORT |
| (11) EDGERTON WOMEN'S HEALTH CENTER 1510 EAST RUSHOLME ST DAVENPORT, IA 52803 | 421001341 | 501 (C) (3) | 15,275. | | | | PUBLIC & PROFESSIONA |
| (12) EL BUEN SAMARITANO 7000 WOODHUE DRIVE AUSTIN, TX 78745 | 742488682 | 501 (C) (3) | 10,000. | | | | PUBLIC & PROFESSIONA |

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| (1) EL PUEBLO 696 DR MLK BLVD BILOXI, MS 39530 | 640853322 | 501 (C) (3) | 7,300. | | | | PUBLIC & PROFESSIONA |
| (2) EMORY UNIVERSITY 1784 N.DECATUR RD. ATLANTA, GA 30322 | 158056625 | 501 (C) (3) | 341,000. | | | | RESEARCH & MEDICAL S UPPORT |
| (3) ETA IOTA ZETA EDUCATION FOUNDATION P.O BOX 372295 EL PASO, TX 79937-2295 | 31-1654901 | 501 (C) (3) | 20,000. | | | | PUBLIC & PROFESSIONA |
| (4) FAMILY CONNECTION COLLABORATOR 122 WESTGATE PLAZA BARNESVILLE, GA 30204 | 582549144 | 501 (C) (3) | 15,000. | | | | COMMUNITY SERVICES |
| (5) FAMILY HEALTH SERVICES 794 EASTLAND DR TWIN FALLS, ID 83301 | 820371093 | | 12,500. | | | | COMMUNITY SERVICES |
| (6) FAMILY INTERVENTION SERVICES 86 S HARRISON STREET EAST ORANGE, NJ 07018 | 222368489 | 501 (C) (3) | 8,000. | | | | PUBLIC & PROFESSIONA |
| (7) FAMILY MEDICINE EDUCATION CONSORTIUM 7795 RAINTREE RD. DAYTON, OH 45459 | 311436038 | 501 (C) (3) | 75,000. | | | | COMMUNITY SERVICES |
| (8) FAMILY ROAD OF GREATER BATON ROUGE 323 EAST AIRPORT AVE BATON ROUGE, LA 70806 | 721440082 | 501 (C) (3) | 25,000. | | | | COMMUNITY SERVICES |
| (9) FASEB 9650 ROCKVILLE PIKE BETHSEDA, MD 20814-3998 | 520700497 | 501 (C) (3) | 27,000. | | | | RESEARCH & MEDICAL S UPPORT |
| (10) FIRST STEP FAMILY SUPPORT CENTER 325 E. 6TH STREET PORT ANGELES, WA 98382 | 910897485 | 501 (C) (3) | 16,800. | | | | PUBLIC & PROFESSIONA |
| (11) FLORIDA ASSOCIATION OF HEALTHY 2600 EAST BAY DRIVE LARGO, FL 33771 | 593306893 | 501 (C) (3) | 113,000. | | | | PUBLIC & PROFESSIONA |
| (12) FORT WORTH INDEPENDENT SCHOOL 3150 MCCART AVENUE FORT WORTH, TX 76110 | 756001613 | 501 (C) (3) | 11,685. | | | | PUBLIC & PROFESSIONA |

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| (1) <u>FREDERICK CO FAMILY LIFE CENTER</u> 35 E CHURCH ST FREDERICK, MD 21701 | 521389967 | 501 (C) (3) | 20,000. | | | | PUBLIC & PROFESSIONA |
| (2) <u>GEARY COMMUNITY HEALTHCARE FDN</u> PO BOX 3015 JUNCTION CITY, KS 66441 | 481045423 | 501 (C) (3) | 17,000. | | | | PUBLIC & PROFESSIONA |
| (3) <u>GENERAL HOSPITAL CORPORATION</u> 50 STANIFORD ST. BOSTON, MA 02114 | 042697983 | 501 (C) (3) | 37,500. | | | | RESEARCH & MEDICAL S UPPORT |
| (4) <u>GENESYS HEALTH FOUNDATION</u> ONE GENESYS PARKWAY GRAND BALANC, MI 48439 | 383591148 | 501 (C) (3) | 18,500. | | | | PUBLIC & PROFESSIONA |
| (5) <u>GEORGIA OB/GYN SOCIETY</u> 4485 TENCH ROAD SUWANEE, GA 30024 | 510191684 | 501 (C) (3) | 25,050. | | | | COMMUNITY SERVICES |
| (6) <u>GIFT OF LIFE FOUNDATION, INC.</u> 1348 CARMICHAEL WAY MONTGOMERY, AL 36106 | 630978855 | 501 (C) (3) | 15,000. | | | | COMMUNITY SERVICES |
| (7) <u>GOOD SAMARITAN HOSPITAL FOUNDATION</u> 375 DIXMYTH AVENUE CINCINNATI, OH 45220 | 311206047 | 501 (C) (3) | 25,000. | | | | PUBLIC & PROFESSIONA |
| (8) <u>GORDON RESEARCH CONFERENCES</u> P.O. BOX 984 WEST KINGSTON, RI 02892 | 050300482 | | 30,000. | | | | RESEARCH & MEDICAL S UPPORT |
| (9) <u>GRACE HILL HEALTH CENTER</u> 1717 BIDDLE STREET ST LOUIS, MO 63106 | 430817642 | | 24,965. | | | | COMMUNITY SERVICES |
| (10) <u>GRACEMED HEALTH CLINIC</u> 1122 N TOPEKA ST WICHITA, KS 97211 | 481159633 | | 12,000. | | | | PUBLIC & PROFESSIONA |
| (11) <u>GREATER PRINCE WILLIAM COMMUNITY</u> 4379 RIDGEWOOD CENTER WOODBRIDGE, VA 22912 | 830435138 | 501 (C) (3) | 20,000. | | | | PUBLIC & PROFESSIONA |
| (12) <u>GREENSPOINT BAPTIST CHURCH</u> 11703 WALTERS ROAD HOUSTON, TX 77067 | 742210697 | 501 (C) (3) | 25,000. | | | | PUBLIC & PROFESSIONA |

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| (1) GREENVILLE HOSPITAL SYSTEM 701 GROVE ROAD GREENVILLE, SC 29605 | 576007863 | 501 (C) (3) | 121,006. | | | | PUBLIC & PROFESSIONA |
| (2) HARTFORD HOSPITAL 80 SEYMOUR STREET HARTFORD, CT 06102-5037 | 060646668 | 501 (C) (3) | 11,000. | | | | PUBLIC & PROFESSIONA |
| (3) HEALTH RESEARCH & EDUCATIONAL 760 ALEXANDER ROAD PRINCETON, NJ 08543 | 226064970 | 501 (C) (3) | 52,426. | | | | PUBLIC & PROFESSIONA |
| (4) HEART OF GA HEALTHY START COALITION 912 BELLEVUE AVENUE DUBLIN, GA 31021 | 582294158 | 501 (C) (3) | 12,500. | | | | COMMUNITY SERVICES |
| (5) HENRY M JACKSON FOUNDATION 6720-A ROCKLEDGE DR ROCKVILLE, MD 20817 | 521317896 | 501 (C) (3) | 8,200. | | | | PUBLIC & PROFESSIONA |
| (6) HIGH COUNTRY HEALTHCARE OBGYN P.O. BOX 1292 FRISCO, CO 80443 | 841075506 | 501 (C) (3) | 10,000. | | | | PUBLIC & PROFESSIONA |
| (7) HIGHLAND UNITED METHODIST CHURCH 1808 N DIXIE BLVD ODESSA, TX 79761 | 756003777 | 501 (C) (3) | 20,000. | | | | PUBLIC & PROFESSIONA |
| (8) HILLTOP COMMUNITY RESOURCES 1331 HERMOSA AVE GRAND JUNCTION, CO 81506 | 74-2321009 | 501 (C) (3) | 10,000. | | | | PUBLIC & PROFESSIONA |
| (9) HOLY FAMILY SERVICES 5819 NORTH FM88 WESLACO, TX 78596 | 742282624 | 501 (C) (3) | 7,000. | | | | PUBLIC & PROFESSIONA |
| (10) HOSPITAL COUNCIL OF NORTHWEST 3231 CENTRAL PARK WEST TOLEDO, OH 43617 | 341116795 | 501 (C) (3) | 25,000. | | | | COMMUNITY SERVICES |
| (11) HOSPITAL OF CENTRAL CONNECTICUT 100 GRAND ST NEW BRITAIN, CT 06050 | 060646768 | 501 (C) (3) | 25,000. | | | | PUBLIC & PROFESSIONA |
| (12) HOUSTON HEALTHCARE 233 N. HOUSTON ROAD WARNER ROBINS, GA 31093 | 580833515 | 501 (C) (3) | 16,000. | | | | COMMUNITY SERVICES |

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

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

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Schedule I (Form 990) (2013)

JSA

3E1288 1.000

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (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 |
|--|-----------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) HUDSON RIVER HEALTHCARE 1037 MAIN STREET PEEKSKILL, NY 10566 | 132828349 | 501 (C) (3) | 43,920. | | | | COMMUNITY SERVICES |
| (2) HURLEY FOUNDATION MEDICAL CENTER ONE HURLEY PLAZA FLINT, MI 48503 | 383085047 | 501 (C) (3) | 25,000. | | | | PUBLIC & PROFESSIONA |
| (3) INSTITUTE FOR FAMILY HEALTH 16 EAST 16TH STREET NEW YORK, NY 10003 | 133273402 | 501 (C) (3) | 35,859. | | | | PUBLIC & PROFESSIONA |
| (4) JACKSON COUNTY HEALTH DEPARTMENT 415 HEALTH DEPARTMENT RD MURPHYSBORO, IL | 376001092 | 501 (C) (3) | 7,000. | | | | COMMUNITY SERVICES |
| (5) JACKSON LABORATORY 600 MAIN STREET BAR HARBOR, ME 04609 | 010211513 | 501 (C) (3) | 20,000. | | | | RESEARCH & MEDICAL S UPPORT |
| (6) JAMAICA HOSPITAL MEDICAL CENTER 8900 VAN WYCK EXPRESSWAY JAMAICA, NY 11418 | 111631788 | 501 (C) (3) | 35,200. | | | | PUBLIC & PROFESSIONA |
| (7) JOHNS HOPKINS UNIVERSITY 1101 EAST 33RD ST BALTIMORE, MD 21218-2694 | 520595110 | 501 (C) (3) | 220,000. | | | | RESEARCH & MEDICAL S UPPORT |
| (8) KEYSTONE SUBSTANCE ABUSE SERVICE 199 S. HERLONG AVENUE ROCK HILL, SC 29732 | 570526943 | 501 (C) (3) | 8,300. | | | | PUBLIC & PROFESSIONA |
| (9) KIT CARSON COUNTY HEALTH AND HOSPITAL 252 S. 14TH STREET BURLINGTON, CO 80807 | 800687151 | 501 (C) (3) | 10,000. | | | | PUBLIC & PROFESSIONA |
| (10) KOKUA KALIHI VALLEY COMP FAMILY SVCS 2239 NORTH SCHOOL ST HONOLULU, HI 96819 | 990149797 | 501 (C) (3) | 10,000. | | | | PUBLIC & PROFESSIONA |
| (11) LAWNSDALE CHRISTIAN HEALTH CENTER 3860 WEST OGDEN AVE. CHICAGO, IL 60623 | 363308953 | 501 (C) (3) | 21,836. | | | | COMMUNITY SERVICES |
| (12) LEGACY COMMUNITY HEALTH SERVICES 1415 CALIFORNIA STREET HOUSTON, TX 77006 | 760009637 | 501 (C) (3) | 13,000. | | | | PUBLIC & PROFESSIONA |

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| (1) LILY'S PLACE, INC P.O BOX 2 HUNTINGTON, WV 25706 | 462235123 | 501 (C) (3) | 9,422. | | | | PUBLIC & PROFESSIONA |
| (2) LOYOLA UNIVERSITY OF CHICAGO 820 N MICHIGAN AVE CHICAGO, IL 60611 | 361408475 | 501 (C) (3) | 190,000. | | | | RESEARCH & MEDICAL S UPPORT |
| (3) MACON-BIBB COUNTY HEALTH DEPARTMENT 171 EMERY HIGHWAY MACON, GA 31217 | 586000352 | | 11,000. | | | | COMMUNITY SERVICES |
| (4) MADISON COUNTY COMMUNITY HEALTH CENTERS, IN 1547 OHIO AVENUE ANDERSON, IN 46016 | 352098820 | | 21,825. | | | | PUBLIC & PROFESSIONA |
| (5) MALAMA NA MAKUA A KEIKI 388 ANO STREET KAHULUI, HI 96732 | 990293044 | 501 (C) (3) | 20,000. | | | | PUBLIC & PROFESSIONA |
| (6) MALHEUR COUNTY HEALTH DEPARTMENT 1108 SW 4TH ST ONTARIO, OR 97914 | 936002306 | 501 (C) (3) | 6,650. | | | | RESEARCH & MEDICAL S UPPORT |
| (7) MAPLE CITY HEALTH CARE CENTER 213 MIDDLEBURY STREET GOSHEN, IN 46528 | 351749398 | | 5,882. | | | | PUBLIC & PROFESSIONA |
| (8) MARATHON COUNTY HEALTH DEPT 1200 LAKEVIEW DRIVE WAUSAU, WI 54403-6797 | 396005716 | | 5,961. | | | | PUBLIC & PROFESSIONA |
| (9) MARICOPA INTEGRATED HEALTH SYS 2619 E PIERCE STREET PHOENIX, AZ 85008 | 860830701 | | 19,950. | | | | PUBLIC & PROFESSIONA |
| (10) MARINE BIOLOGICAL LABORATORY 7 MBL STREET WOODS HOLE, MA 02543 | 012104690 | | 7,500. | | | | RESEARCH & MEDICAL S UPPORT |
| (11) MARION COUNTY HEALTH 3838 N. RURAL STREET INDIANAPOLIS, IN 46205 | 356005697 | | 14,400. | | | | PUBLIC & PROFESSIONA |
| (12) MARY HITCHCOCK MEMORIAL HOSPITAL ONE MEDICAL CENTER DR LEBANON, NH 03756 | 020222140 | 501 (C) (3) | 12,000. | | | | PUBLIC & PROFESSIONA |

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Employer identification number

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| (1) MARY'S CENTER FOR MATERNAL & CHILD CARE 2333 ONTARIO RD. N.W. WASHINGTON, DC 20009 | 521594116 | 501 (C) (3) | 117,678. | | | | PUBLIC & PROFESSIONA |
| (2) MASS GENERAL HOSPITAL RESEARCH PO BOX 414876 BOSTON, MA 02114 | 042697983 | 501 (C) (3) | 262,500. | | | | RESEARCH & MEDICAL S UPPORT |
| (3) MASSACHUSETTS EYE & EAR INFIRMARY 243 CHARLES ST BOSTON, MA 02114 | 042103591 | 501 (C) (3) | 310,000. | | | | RESEARCH & MEDICAL S UPPORT |
| (4) MATERNAL-INFANT SERVICES NETWORK 10 LITTLE BRITAIN ROAD NEWBURGH, NY 12550 | 001286045 | 501 (C) (3) | 48,584. | | | | PUBLIC & PROFESSIONA |
| (5) MEMORIAL HERMANN HOSPITAL SYSTEM 909 FROSTWOOD HOUSTON, TX 77024 | 741152597 | 501 (C) (3) | 15,000. | | | | PUBLIC & PROFESSIONA |
| (6) MEMORIAL HOSPITAL AT GULFPORT 4500 13TH STREET GULFPORT, MS 39502 | 646010232 | 501 (C) (3) | 18,628. | | | | PUBLIC & PROFESSIONA |
| (7) MERCY MEDICAL CENTER, INC 1320 MERCY DRIVE NW CANTON, OH 44708 | 341893439 | | 6,400. | | | | RESEARCH & MEDICAL S UPPORT |
| (8) METROHEALTH FOUNDATION 2500 METROHEALTH DR. CLEVELAND, OH 44109 | 346607695 | 501 (C) (3) | 34,893. | | | | RESEARCH & MEDICAL S UPPORT |
| (9) MIAMI-DADE COUNTY HEALTH DEPT 8600 NW 17TH STREET MIAMI, FL 33126 | 593502843 | | 46,751. | | | | COMMUNITY SERVICES |
| (10) MICHIGAN PUBLIC HEALTH INSTITUTE 2436 WOODLAKE CIRCLE OKEMOS, MI 48864 | 382963835 | | 25,000. | | | | PUBLIC & PROFESSIONA |
| (11) MIDLAND MEMORIAL HOSPITAL 2200 W ILLINOIS ST MIDLAND, TX 79701 | 75-1584559 | 501 (C) (3) | 7,900. | | | | PUBLIC & PROFESSIONA |
| (12) MISSISSIPPI STATE DEPARTMENT OF HEALTH 1991 LAKELAND DR JACKSON, MS 39216 | 64-6000775 | 501 (C) (3) | 14,750. | | | | PUBLIC & PROFESSIONA |

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|---|-----------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) MOUNT SINAI SCHOOL OF MEDICINE 1 GUSTAVE LEVY PLACE NEW YORK, NY 10029 | 136171197 | 501 (C) (3) | 350,000. | | | | RESEARCH & MEDICAL SUPPORT |
| (2) MOUNT SINAI SCHOOL OF MEDICINE 1 GUSTAVE LEVY PLACE NEW YORK, NY 10029 | 136171197 | 501 (C) (3) | 253,036. | | | | RESEARCH & MEDICAL SUPPORT |
| (3) MT.SINAI HOSPITAL 1 GUSTAVE LEVY PLACE NEW YORK, NY 10029 | 131624096 | 501 (C) (3) | 150,000. | | | | RESEARCH & MEDICAL SUPPORT |
| (4) MULTNOMAH COUNTY HEALTH 426 SW STARK ST PORTLAND, OR 97204 | 936002309 | | 11,000. | | | | RESEARCH & MEDICAL SUPPORT |
| (5) MUSKEGON COMMUNITY HEALTH PROJECT 565 W. WESTERN AVE MUSKEGON, MI 49440 | 911932918 | | 25,000. | | | | PUBLIC & PROFESSIONAL |
| (6) MUSKEGON FAMILY CARE 2201 S GETTY ST MUSKEGON HEIGHTS, MI 49444 | 383324611 | | 10,000. | | | | PUBLIC & PROFESSIONAL |
| (7) NATIONAL TRAINING INSTITUTE 180 N MICHIGAN AVE CHICAGO, IL 60601 | 364206079 | 501 (C) (3) | 7,000. | | | | PUBLIC & PROFESSIONAL |
| (8) NEIGHBORHOOD FAMILY PRACTICE 3569 PRIDGE ROAD CLEVELAND, OH 44102 | 341300581 | 501 (C) (3) | 33,130. | | | | RESEARCH & MEDICAL SUPPORT |
| (9) NEMOURS FOUNDATION, THE 833 CHESTNUT STREET WILMINGTON, DE 19107 | 590634433 | 501 (C) (3) | 5,500. | | | | COMMUNITY SERVICES |
| (10) NEVADA RURAL HOSPITAL PARTNERS 4600 KIETZKE LANE RENO, NV 89502 | 880345763 | 501 (C) (3) | 5,260. | | | | PUBLIC & PROFESSIONAL |
| (11) NEW YORK UNIVERSITY 838 BROADWAY NEW YORK, NY 10003 | 135562308 | 501 (C) (3) | 275,000. | | | | RESEARCH & MEDICAL SUPPORT |
| (12) NEW YORK UNIVERSITY SCHOOL OF MEDICINE 550 FIRST AVENUE NEW YORK, NY 10016-6481 | 135562308 | 501 (C) (3) | 545,484. | | | | RESEARCH & MEDICAL SUPPORT |

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|--|-----------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) NEWARK COMMUNITY HEALTH CENTER 741 BROADWAY NEWARK, NJ 07104 | 222747589 | | 12,541. | | | | PUBLIC & PROFESSIONA |
| (2) NEWARK COMMUNITY HEALTH CENTER 741 BROADWAY NEWARK, NJ 07104 | 222747589 | | 6,000. | | | | PUBLIC & PROFESSIONA |
| (3) NIAGARA FALLS MEMORIAL MEDICAL 621 10TH STREET NIAGARA FALLS, NY 14302 | 160743094 | 501 (C) (3) | 43,000. | | | | PUBLIC & PROFESSIONA |
| (4) NORTH CAROLINA BAPTIST HOSPITAL 1200 MLK JR DRIVE WINSTON-SALEM, NC 27101 | 560552787 | 501 (C) (3) | 43,320. | | | | PUBLIC & PROFESSIONA |
| (5) NORTH CAROLINA COMMUNITY CARE 2300 REXWOODS DR RALEIGH, NC 27607 | 205408367 | 501 (C) (3) | 20,340. | | | | PUBLIC & PROFESSIONA |
| (6) NORTHEAST OHIO NEIGHBORHOOD HEALTH SERVICE 8300 HOUGH AVENUE CLEVELAND, OH 44103 | 341014291 | 501 (C) (3) | 28,130. | | | | PUBLIC & PROFESSIONA |
| (7) NORTHERN MANHATTAN PERINATAL PARTNERSHIP 127 WEST 127TH STREET NEW YORK, NY 10027 | 133782555 | 501 (C) (3) | 75,900. | | | | PUBLIC & PROFESSIONA |
| (8) NORTHWESTERN UNIVERSITY 633 CLARK ST. EVANSTON, IL 60208 | 362167817 | 501 (C) (3) | 105,055. | | | | RESEARCH & MEDICAL S UPPORT |
| (9) OBSTETRIC & GYNECOLOGY, THE GROUP 2322 EAST KIMBERLY RD DAVENPORT, IA 52807 | 420996945 | 501 (C) (3) | 16,000. | | | | PUBLIC & PROFESSIONA |
| (10) OKLAHOMA CITY INDIAN CLINIC 4913 W RENO AVE OKLAHOMA CITY, OK 73127 | 730955756 | 501 (C) (3) | 10,000. | | | | COMMUNITY SERVICES |
| (11) OKLAHOMA HOSPITAL ASSOCIATION DEPT #96-0298 OKLAHOMA CITY, OK 73196-0298 | 730618552 | 501 (C) (3) | 32,728. | | | | PUBLIC & PROFESSIONA |
| (12) OREGON HEALTH SCIENCES UNIVERSITY 3181 SW SAM JACKSON PARK RD, PORTLAND, OR | 931176109 | 501 (C) (3) | 7,500. | | | | RESEARCH & MEDICAL S UPPORT |

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| (1) OUTSIDE-IN 1132 SW 13TH AVENUE PORTLAND, OR 97205 | 930567549 | 501 (C) (3) | 6,650. | | | | RESEARCH & MEDICAL SUPPORT |
| (2) PALMETTO HEALTH FOUNDATION 9 RICHLAND MEDICAL PA COLUMBIA, SC 29203 | 570725699 | 501 (C) (3) | 5,350. | | | | PUBLIC & PROFESSIONAL |
| (3) PARKLAND FOUNDATION 2777 N STEMMONS FREEWAY DALLAS, TX 75207 | 752089180 | 501 (C) (3) | 11,500. | | | | PUBLIC & PROFESSIONAL |
| (4) PARTNERS FOR A HEALTHIER COMMUNITY PO BOX 4895 SPRINGFIELD, MA 01101 | 043342182 | 501 (C) (3) | 8,000. | | | | PUBLIC & PROFESSIONAL |
| (5) PASOS'S PROGRAM 901 SUMTER STREET COLUMBIA, SC 29208 | 570967350 | 501 (C) (3) | 186,797. | | | | PUBLIC & PROFESSIONAL |
| (6) PCC COMMUNITY WELLNESS CENTER 14 WEST LAKE STREET OAK PARK, IL 60302 | 363828320 | 501 (C) (3) | 16,268. | | | | COMMUNITY SERVICES |
| (7) PEAK VISTA COMMUNITY HEALTH CENTER 340 PRINTERS PARKWAY, COLORADO SPRING, CO | 840617567 | 501 (C) (3) | 17,000. | | | | PUBLIC & PROFESSIONAL |
| (8) PILLAGER FAMILY COUNCIL 305 FIR AVENUE WEST PILLAGER, MN 56473 | 411811057 | 501 (C) (3) | 25,000. | | | | PUBLIC & PROFESSIONAL |
| (9) POMONA VALLEY HOSPITAL MEDICAL 1798 N. GAREY AVENUE PONOMA, CA 91767 | 951115230 | 501 (C) (3) | 50,000. | | | | COMMUNITY SERVICES |
| (10) PORTER-LEATH CHILDREN'S CENTER 868 N. MANASSAS MEMPHIS, TN 38107 | 581409385 | 501 (C) (3) | 20,000. | | | | COMMUNITY SERVICES |
| (11) PREEMIES TODAY P.O BOX 523525 SPRINGFIELD, VA 22152 | 141911170 | 501 (C) (3) | 16,057. | | | | PUBLIC & PROFESSIONAL |
| (12) PREGNANCY AID CENTERS 4809 GREENBELT RD, COLLEGE PARK, MD 20740 | 237418649 | 501 (C) (3) | 20,000. | | | | PUBLIC & PROFESSIONAL |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) PROVIDENCE HEALTH FOUNDATION 1150 VARNUM RD, NE WASHINGTON, DC 20017 | 521275583 | 501 (C) (3) | 15,000. | | | | PUBLIC & PROFESSIONA |
| (2) REACH CNY 1010 JAMES STREET SYRACUSE, NY 13208 | 161498021 | 501 (C) (3) | 80,047. | | | | PUBLIC & PROFESSIONA |
| (3) REACHUP INC. 2902 N. ARMENIA AVE TAMPA, FL 33607 | 208437749 | | 48,849. | | | | PUBLIC & PROFESSIONA |
| (4) REGENTS OF THE UNIVERSITY OF CALIFORNIA 10920 WILSHIRE BLVD LOS ANGELES, CA 90095 | 956006143 | 501 (C) (3) | 309,737. | | | | RESEARCH & MEDICAL S UPPORT |
| (5) REGENTS OF THE UNIVERSITY OF CALIFORNIA 339B HILDEBRAND HALL BERKELEY, CA 94720 | 94-6036494 | 501 (C) (3) | 44,876. | | | | RESEARCH & MEDICAL S UPPORT |
| (6) REGENTS OF THE UNIVERSITY OF MINNESOTA 200 OAK STREET MINNEAPOLIS, MN 55455 | 416007513 | 501 (C) (3) | 130,000. | | | | RESEARCH & MEDICAL S UPPORT |
| (7) REGENTS OF UNI. CALIFORNIA LA JOLLA 9500 GILMAN DRIVE LA JOLLA, CA 92093 | 956006144 | 501 (C) (3) | 366,000. | | | | RESEARCH & MEDICAL S UPPORT |
| (8) REGENTS OF UNI. CALIFORNIA, LOS ANGELES 10920 WILSHIRE BLVD LOS ANGELES, CA 90024 | 956006143 | 501 (C) (3) | 243,000. | | | | RESEARCH & MEDICAL S UPPORT |
| (9) REGENTS OF UNI. OF CALIFORNIA 481 UNIVERSITY HALL BERKELEY, CA 94720 | 94-6002123 | 501 (C) (3) | 150,000. | | | | RESEARCH & MEDICAL S UPPORT |
| (10) REGENTS OF UNIVERSITY CALIFORNIA 111 ACADEMY WAY IRVINE, CA 92697 | 952226406 | 501 (C) (3) | 150,000. | | | | RESEARCH & MEDICAL S UPPORT |
| (11) REGENTS OF UNIVERSITY OF CALIFORNIA 1855 FOLSOM ST SAN FRANCISCO, CA 94143 0897 | 946036493 | 501 (C) (3) | 419,432. | | | | RESEARCH & MEDICAL S UPPORT |
| (12) RICE UNIVERSITY PO BOX 1892 HOUSTON, TX 77251 | 741109620 | 501 (C) (3) | 250,000. | | | | RESEARCH & MEDICAL S UPPORT |

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

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

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

Schedule I (Form 990) (2013)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (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 |
|---|-----------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) ROWAN UNIVERSITY FOUNDATION 40N. ACADEMY STREET GLASSBORO, NJ 08028 | 222482802 | 501 (C) (3) | 14,820. | | | | PUBLIC & PROFESSIONA |
| (2) RURAL ALASKA COMMUNITY ACTION 731 EAST 8TH AVENUE ANCHORAGE, AK 99501 | 920033876 | 501 (C) (3) | 10,000. | | | | PUBLIC & PROFESSIONA |
| (3) RUSH UNIVERSITY COLLEGE OF NURSING 600 SOUTH PAULINA CHICAGO, IL 60612 | 362174823 | 501 (C) (3) | 7,000. | | | | COMMUNITY SERVICES |
| (4) RUTGERS THE STATE UNIV. OF NEW 197 UNIVERSITY AVE. NEWARK, NJ 07102 | 226001086 | 501 (C) (3) | 300,000. | | | | RESEARCH & MEDICAL S UPPORT |
| (5) RUTGERS UNIVERSITY 183 ROCKAFELLER RD,PISCATAWAY, NJ 08854 | 226001086 | 501 (C) (3) | 20,000. | | | | PUBLIC & PROFESSIONA |
| (6) SAINT JOSEPH'S MERCY CARE SERV 424 DECATUR STREET ATLANTA, GA 30312-1848 | 581752700 | 501 (C) (3) | 40,000. | | | | COMMUNITY SERVICES |
| (7) SAINT LOUIS COUNTY DEPARTMENT 4000 JENNING STATION RD ST LOUIS, MO 63121 | 436003242 | | 14,648. | | | | COMMUNITY SERVICES |
| (8) SAINT LOUIS UNIVERSITY 1100 SOUTH GRAND BLVD ST. LOUIS, MO 63104 | 430654872 | 501 (C) (3) | 375,000. | | | | RESEARCH & MEDICAL S UPPORT |
| (9) SAINT THOMAS COMMUNITY HEALTH 1020 ST ANDREWS STREET, NEW ORLEANS, LA | 141958494 | 501 (C) (3) | 49,364. | | | | PUBLIC & PROFESSIONA |
| (10) SAINT THOMAS HEALTH SERVICES FDN 4220 HARDING ROAD NASHVILLE, TN 37205 | 581663055 | 501 (C) (3) | 15,562. | | | | COMMUNITY SERVICES |
| (11) SALINE COUNTY HEALTH DEPARTMENT 125 W. ELM SALINA, KS 67401 | 486086715 | 501 (C) (3) | 10,000. | | | | PUBLIC & PROFESSIONA |
| (12) SALK INSTITUTE FOR BIOLOGICAL STUDIES 10010 NORTH TORREY PINES LA JOLLA, CA 92186 | 952160097 | 501 (C) (3) | 1,000,000. | | | | RESEARCH & MEDICAL S UPPORT |

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

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Schedule I (Form 990) (2013)

JSA

3E1288 1.000

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2013

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Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

Part I General Information on Grants and Assistance

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) SANSUM DIABETES RESEARCH INSTITUTE 2219 BATH STREET SANTA BARBARA, CA 93105 | 951684086 | 501 (C) (3) | 41,261. | | | | COMMUNITY SERVICES |
| (2) SAWYER COUNTY HEALTH AND HUMAN SERVICES 10610 MAIN STREET HAYWARD, WI 54843 | 396005742 | 501 (C) (3) | 7,811. | | | | PUBLIC & PROFESSIONA |
| (3) SCRIPPS HEALTH 4275 CAMPUS POINT COURT SAN DIEGO, CA 92121 | 951684089 | 501 (C) (3) | 45,001. | | | | COMMUNITY SERVICES |
| (4) SEMINOLE NATION OF OKLAHOMA P.O BOX 1498 WEWOKA, OK 74884 | 730801256 | 501 (C) (3) | 10,000. | | | | PUBLIC & PROFESSIONA |
| (5) SGI 7703 FLOYE CURL DRIVE SAN ANTONIO, TX 78229 | 952293816 | 501 (C) (3) | 7,500. | | | | RESEARCH & MEDICAL S UPPORT |
| (6) SICKLE CELL FOUNDATION OF GEORGIA 2391 BENJAMIN E. MAYS DRIVE, ATLANTA, GA | 581122346 | 501 (C) (3) | 18,950. | | | | COMMUNITY SERVICES |
| (7) SIDS NETWORK OF KANSAS 1148 S HILLSIDE #10 WICHITA, KS 67211 | 481213707 | 501 (C) (3) | 15,000. | | | | PUBLIC & PROFESSIONA |
| (8) SISTERHOOD OF FAITH IN ACTION P.O. BOX 91238 HOUSTON, TX 77291-1238 | 760446282 | 501 (C) (3) | 22,750. | | | | PUBLIC & PROFESSIONA |
| (9) SOCIETY FOR STUDY OF REPRODUCTION 6900 N LOOP 1604 W SAN ANTONIO, TX 78249 | 386144910 | 501 (C) (3) | 10,000. | | | | RESEARCH & MEDICAL S UPPORT |
| (10) SOCIETY FOR THE STUDY OF REPRODUCTION 1619 MONROE STREET MADISON, WI 53711 | 38-6144910 | 501 (C) (3) | 10,000. | | | | RESEARCH & MEDICAL S UPPORT |
| (11) SOMALI HEALTH BOARD 9421 18TH AVE SW SEATTLE, WA 98106 | 562471205 | 501 (C) (3) | 13,000. | | | | PUBLIC & PROFESSIONA |
| (12) SOUTHEAST HEALTH FOUNDATION 60 DOCTORS PARK CAPE GIRARDEAU, MO 63703 | 431122759 | 501 (C) (3) | 13,000. | | | | COMMUNITY SERVICES |

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**SCHEDULE I
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**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

2013

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Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (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 |
|--|-----------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) SOUTHEAST HEALTH UNIT 1101 CHURCH STREET WAYCROSS, GA 31501 | 586000372 | 501 (C) (3) | 15,000. | | | | PUBLIC & PROFESSIONA |
| (2) SOUTHEAST HEALTH UNIT 1101 CHURCH STREET WAYCROSS, GA 31501 | 586000372 | 501 (C) (3) | 10,000. | | | | COMMUNITY SERVICES |
| (3) SOUTHERN ILLINOIS HEALTHCARE FDN 8080 STATE STREET EAST ST. LOUIS, IL 62203 | 371158318 | 501 (C) (3) | 9,628. | | | | COMMUNITY SERVICES |
| (4) SOUTHWEST LOUISIANA AHEC 103 INDEPENDENCE BLVD. LAFAYETTE, LA 70506 | 721191867 | 501 (C) (3) | 57,052. | | | | PUBLIC & PROFESSIONA |
| (5) SOUTHWEST MEDICAL ASSOCIATES 2316 W CHARLESTON BLVD LAS VEGAS, NV 89102 | 880201420 | 501 (C) (3) | 15,000. | | | | PUBLIC & PROFESSIONA |
| (6) SOUTHWEST PUBLIC HEALTH DISTRICT 1109 N. JACKSON ST ALBANY, GA 31701 | 237379607 | 501 (C) (3) | 15,000. | | | | COMMUNITY SERVICES |
| (7) SOUTHWEST PUBLIC HEALTH DISTRICT 1109 N. JACKSON ST ALBANY, GA 31701 | 237379607 | 501 (C) (3) | 15,000. | | | | PUBLIC & PROFESSIONA |
| (8) ST ANTHONY HOSPITAL FOUNDATION 2875 W. 19TH ST CHICAGO, IL 60623 | 237448580 | 501 (C) (3) | 6,930. | | | | COMMUNITY SERVICES |
| (9) ST JOSEPH MEDICAL CENTER 1401 ST JOSEPH PARKWAY HOUSTON, TX 77002 | 204835578 | 501 (C) (3) | 15,000. | | | | PUBLIC & PROFESSIONA |
| (10) ST MARY'S REGIONAL MEDICAL CENTER 2635 NORTH 7TH ST GRAND JUNCTION, CO 81501 | 237001007 | 501 (C) (3) | 8,000. | | | | PUBLIC & PROFESSIONA |
| (11) STANFORD UNIVERSITY 450 SERRA MALL STANFORD, CA 94305-4125 | 941156365 | 501 (C) (3) | 2,750,000. | | | | RESEARCH & MEDICAL S UPPORT |
| (12) SUTTER HEALTH SACRAMENTO 5151 F STREET SACRAMENTO, CA 95819 | 941156621 | 501 (C) (3) | 40,680. | | | | COMMUNITY SERVICES |

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
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Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

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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
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|---|-----------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) TALLER SALUD INC P.O BOX 524 LOIZA, PR 00772 | 660494692 | | 7,000. | | | | PUBLIC & PROFESSIONA |
| (2) TARRANT COUNTY HOSPITAL DISTRI 1500 SOUTH MAIN STREET FORT WORTH, TX 76104 | 756000439 | 501 (C) (3) | 10,000. | | | | PUBLIC & PROFESSIONA |
| (3) TAZEWELL COUNTY HEALTH DEPARTMENT 21306 IL ROUTE 9 TREMONT, IL 61568 | 376002170 | | 9,858. | | | | COMMUNITY SERVICES |
| (4) TEEN OUTREACH PREGNANCY SERVICE 3024 E. FT LOWELL RD TUCSON, AZ 85716 | 861005133 | 501 (C) (3) | 21,775. | | | | PUBLIC & PROFESSIONA |
| (5) TELAMON CORPORATION 5560 MUNFORD RD, STE 201 RALEIGH, NC 27612 | 561022483 | | 25,000. | | | | PUBLIC & PROFESSIONA |
| (6) TERATOLOGY SOCIETY 50 PEGOUT AVE NEW LONDON, CT 06320 | 520962081 | 501 (C) (3) | 10,000. | | | | RESEARCH & MEDICAL S |
| (7) TEXAS TECH UNIVERSITY HEALTH SYSTEM 3601 4TH STREET LUBBOCK, TX 79430 | 752668014 | 501 (C) (3) | 32,000. | | | | PUBLIC & PROFESSIONA |
| (8) TEXAS TECH UNIVERSITY HEALTH SYSTEM 3601 4TH STREET LUBBOCK, TX 79430 | 752668014 | 501 (C) (3) | 6,000. | | | | COMMUNITY SERVICES |
| (9) THE CENTER AT GREENPOINT 2450 HOLCOMBE STREET HOUSTON, TX 77021 | 760486264 | 501 (C) (3) | 9,000. | | | | PUBLIC & PROFESSIONA |
| (10) THE FAMILY PARTNERSHIP 414 S 8TH STREET MINNEAPOLIS, MN 55404 | 410693858 | 501 (C) (3) | 25,000. | | | | PUBLIC & PROFESSIONA |
| (11) THE TINY MIRACLES FOUNDATION 25-13 OLD KING HIGHWAY DARIEN, CT 06820 | 412125069 | 501 (C) (3) | 10,000. | | | | PUBLIC & PROFESSIONA |
| (12) THE TRUSTEES OF INDIANA UNIVERSITY PO BOX 66057 INDIANAPOLIS, IN 46266 | 356001673 | 501 (C) (3) | 43,800. | | | | PUBLIC & PROFESSIONA |

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|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) TRUSTEES OF THE UNIVERSITY OF PA 3451 WALNUT STREET PHILADELPHIA, PA 19104 | 231353685 | 501 (C) (3) | 16,500. | | | | COMMUNITY SERVICES |
| (2) TRUSTEES UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET PHILADELPHIA, PA 19104 | 231352685 | 501 (C) (3) | 350,494. | | | | RESEARCH & MEDICAL SUPPORT |
| (3) UNC CENTER FOR MATERNAL AND INFANT HEALTH 590 MANNING DRIVE CHAPEL HILL, NC 27599 | 56-6001393 | 501 (C) (3) | 34,433. | | | | PUBLIC & PROFESSIONAL |
| (4) UNIFORMED SERVICES UNIVERSITY SCIENCES 4301 JONES BRIDGE ROAD BETHESDA, MD 20814 | 521360807 | 501 (C) (3) | 310,000. | | | | RESEARCH & MEDICAL SUPPORT |
| (5) UNIVERSITY HEALTH SYSTEM 4502 MEDICAL DRIVE SAN ANTONIO, TX 78229 | 746082164 | 501 (C) (3) | 12,500. | | | | PUBLIC & PROFESSIONAL |
| (6) UNIVERSITY HOSPITAL 150 BERGEN STREET NEWARK, NJ 07103 | 221775306 | 501 (C) (3) | 5,500. | | | | COMM SVC & RESEARCH/ |
| (7) UNIVERSITY HOSPITAL 150 BERGEN STREET NEWARK, NJ 07103 | 221775306 | 501 (C) (3) | 7,000. | | | | PUBLIC & PROFESSIONAL |
| (8) UNIVERSITY OF ALABAMA OB/GYN 619 19TH STREET SOUTH BIRMINGHAM, AL 35249 | 636005396 | 501 (C) (3) | 20,000. | | | | PUBLIC & PROFESSIONAL |
| (9) UNIVERSITY OF IOWA 4 JESSUP HALL IOWA CITY, IA 52242 | 426004813 | 501 (C) (3) | 450,000. | | | | RESEARCH & MEDICAL SUPPORT |
| (10) UNIVERSITY OF IOWA 4 JESSUP HALL IOWA CITY, IA 52242 | 426004813 | 501 (C) (3) | 200,000. | | | | RESEARCH & MEDICAL SUPPORT |
| (11) UNIVERSITY OF IOWA 200 HAWKINS DRIVE IOWA CITY, IA 52242 | 426004813 | 501 (C) (3) | 17,600. | | | | PUBLIC & PROFESSIONAL |
| (12) UNIVERSITY OF KENTUCKY 800 ROSE ST LEXINGTON, KY 40536 | 616001218 | 501 (C) (3) | 6,000. | | | | PUBLIC & PROFESSIONAL |

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| (1) UNIVERSITY OF MARYLAND MEDICAL 110 SOUTH PACA STREET BALTIMORE, MD 21201 | 522238993 | 501 (C) (3) | 17,400. | | | | PUBLIC & PROFESSIONA |
| (2) UNIVERSITY OF MASSACHUSETTS AMHERST 661 NORTH PLEASANT STREET AMHERST, MA 01003 | 043167352 | 501 (C) (3) | 150,000. | | | | RESEARCH & MEDICAL S UPPORT |
| (3) UNIVERSITY OF MICHIGAN 2047 BSRB ANN ARBOR, MI 48109 | 386006309 | 501 (C) (3) | 150,000. | | | | RESEARCH & MEDICAL S UPPORT |
| (4) UNIVERSITY OF NORTH TEXAS 3500 CAMP BOWIE BLVD FORT WORTH, TX 76107 | 756002149 | 501 (C) (3) | 9,000. | | | | PUBLIC & PROFESSIONA |
| (5) UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE CE 3500 CAMP BOWIE BLVD, FORT WORTH, TX 76107 | 756064033 | 501 (C) (3) | 25,000. | | | | PUBLIC & PROFESSIONA |
| (6) UNIVERSITY OF PITTSBURGH 3017 CATHEDRAL OF LEARNING, PITTSBURGH, PA | 250965591 | 501 (C) (3) | 150,000. | | | | RESEARCH & MEDICAL S UPPORT |
| (7) UNIVERSITY OF SOUTH FLORIDA 3650 SPECTRUM BLVD TAMPA, FL 33612-9446 | 593102112 | 501 (C) (3) | 100,000. | | | | PUBLIC & PROFESSIONA |
| (8) UNIVERSITY OF SOUTHERN CALIFORNIA 2250 ALCAZAR ST LOS ANGELES, CA 90089-8001 | 951642394 | 501 (C) (3) | 337,358. | | | | RESEARCH & MEDICAL S UPPORT |
| (9) UNIVERSITY OF TEXAS AT AUSTIN 101 EAST 27TH STREET AUSTIN, TX 78712 | 746000203 | 501 (C) (3) | 345,566. | | | | RESEARCH & MEDICAL S UPPORT |
| (10) UNIVERSITY OF TEXAS SOUTHWESTERN CENTER AT P.O. BOX 841573 DALLAS, TX 75284 | 756002868 | 501 (C) (3) | 605,000. | | | | RESEARCH & MEDICAL S UPPORT |
| (11) UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CE 5323 HARRY HINES BLVD DALLAS, TX 75390 | 756002868 | 501 (C) (3) | 600,000. | | | | RESEARCH & MEDICAL S UPPORT |
| (12) UNIVERSITY OF UTAH 15 NORTH 2030 SALT LAKE CITY, UT 84112 | 876000626 | 501 (C) (3) | 558,276. | | | | RESEARCH & MEDICAL S UPPORT |

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

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (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 |
|---|-----------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) UPMC PRESBYTERIAN SHADYSIDE 200 LOTHROP STREET PITTSBURGH, PA 15213 | 250965480 | 501 (C) (3) | 30,400. | | | | COMMUNITY SERVICES |
| (2) VIDANT MEDICAL CENTER P.O BOX 6028 GREENVILLE, NC 27834-2035 | 560585243 | 501 (C) (3) | 14,342. | | | | PUBLIC & PROFESSIONA |
| (3) VIRGINIA COMMONWEALTH UNIVERSITY 327 W MAIN STREET RICHMOND, VA 23284 | 546001758 | 501 (C) (3) | 38,267. | | | | COMMUNITY SERVICES |
| (4) VIRGINIA GARCIA MEMORIAL HEALTH CENTER PO BOX 486 CORNELIUS, OR 97113 | 930717997 | 501 (C) (3) | 11,000. | | | | RESEARCH & MEDICAL S |
| (5) VIRGINIA LEAGUE FOR PLANNED PARENTHOOD 201 N. HAMILTON STREET RICHMOND, VA 23221 | 540505973 | 501 (C) (3) | 24,360. | | | | COMMUNITY SERVICES |
| (6) VIRTUA HEALTH SYSTEMS 20 WEST STOW RD MARLTON, NJ 08053 | 223524939 | 501 (C) (3) | 10,200. | | | | PUBLIC & PROFESSIONA |
| (7) W.V.U. RESEARCH CORP P.O BOX 6845 MORGANTOWN, WV 26506 | 550665758 | | 19,678. | | | | PUBLIC & PROFESSIONA |
| (8) WAIKIKI HEALTH CENTER 277 OHUA AVENUE HONOLULU, HI 96815 | 990159253 | 501 (C) (3) | 10,000. | | | | PUBLIC & PROFESSIONA |
| (9) WAKE FOREST UNIVERSITY HEALTH P.O BOX 27157 WINSTON-SALEM, NC 27157 | 223849199 | 501 (C) (3) | 17,659. | | | | PUBLIC & PROFESSIONA |
| (10) WASHINGTON HOSPITAL CENTER FDN 110 IRVING STREET NW WASHINGTON, DC 20010 | 521791670 | 501 (C) (3) | 20,000. | | | | PUBLIC & PROFESSIONA |
| (11) WASHINGTON UNIVERSITY 660 S.EUCLID AVE. ST. LOUIS, MO 63110 | 430653611 | 501 (C) (3) | 967,518. | | | | RESEARCH & MEDICAL S UPPORT |
| (12) WASHINGTON UNIVERSITY SCHOOL OF MEDICINE 660 S. EUCLID AVE ST LOUIS, MO 63110 | 430653611 | 501 (C) (3) | 180,268. | | | | RESEARCH & MEDICAL S UPPORT |

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

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

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

Schedule I (Form 990) (2013)

JSA

3E1288 1.000

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (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 |
|--|------------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) WASHINGTON STATE UNIVERSITY P.O BOX 1495 SPOKANE, WA 99210 | 916001108 | 501 (C) (3) | 17,843. | | | | PUBLIC & PROFESSIONA |
| (2) WELLHEALTH MEDICAL GROUP 9260 W SUNSET RD LAS VEGAS, NV 89148 | 460766041 | 501 (C) (3) | 6,500. | | | | PUBLIC & PROFESSIONA |
| (3) WEST TENNESSEE AREA HEALTH EDUCATION 316 MIDLAND STREET SOMERVILLE, TN 38068 | 621332822 | 501 (C) (3) | 20,000. | | | | COMMUNITY SERVICES |
| (4) WESTERN CONNECTICUT HOME CARE 4 LIBERTY STREET DANBURY, CT 06810 | 060655138 | | 11,000. | | | | PUBLIC & PROFESSIONA |
| (5) WHEATON FRANCISCAN-ST.JOSEPH FOUNDATION 5000 W CHAMBERS STREET MILWAUKEE, WI 53212 | 391636804 | 501 (C) (3) | 15,063. | | | | PUBLIC & PROFESSIONA |
| (6) WHEELER AVENUE 5C'S, INC 3826 WHEELER AVENUE HOUSTON, TX 77004 | 741952632 | | 25,000. | | | | PUBLIC & PROFESSIONA |
| (7) WHITEHEAD INSTITUTE FOR BIOMEDICAL RESEARCH NINE CAMBRIDGE CENTER CAMBRIDGE, MA 02142 | 06-1043412 | 501 (C) (3) | 150,000. | | | | RESEARCH & MEDICAL S UPPORT |
| (8) WHITESIDE COUNTY HEALTH DEPT 1300 WEST 2ND STREET ROCK FALLS, IL 61071 | 366006657 | 501 (C) (3) | 6,500. | | | | COMMUNITY SERVICES |
| (9) WINTHROP UNIVERSITY HOSPITAL 259 FIRST STREET MINCOLA, NY 11501 | 111633486 | 501 (C) (3) | 200,000. | | | | RESEARCH & MEDICAL S UPPORT |
| (10) WOMANS HOSPITAL OF TEXAS 7600 FANNIN ST HOUSTON, TX 77054 | 621810381 | 501 (C) (3) | 24,500. | | | | PUBLIC & PROFESSIONA |
| (11) WOMEN'S CARE, INC 407 EAST AVE PAWTUCKET, RI 02860 | 050501178 | | 14,379. | | | | PUBLIC & PROFESSIONA |
| (12) WOMEN'S HEALTH SPECIALISTS 1500 E 2ND STREET RENO, NV 89502 | 880292315 | 501 (C) (3) | 10,000. | | | | PUBLIC & PROFESSIONA |

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

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

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

Schedule I (Form 990) (2013)

JSA

3E1288 1.000

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (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 |
|--|-----------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) WOMEN'S HEALTHCARE ASSOCIATION PO BOX 2885 PORTLAND, OR 97208 | 931271596 | 501 (C) (3) | 10,000. | | | | RESEARCH & MEDICAL SUPPORT |
| (2) YAKIMA VALLEY MEMORIAL HOSPITAL 2701 TIETON DRIVE YAKIMA, WA 98902 | 911022358 | 501 (C) (3) | 10,000. | | | | PUBLIC & PROFESSIONAL |
| (3) YALE UNIVERSITY 155 WHITNEY AVE NEW HAVEN, CT 06520 | 060646973 | 501 (C) (3) | 300,000. | | | | RESEARCH & MEDICAL SUPPORT |
| (4) YMCA OF HIGH POINT 112 GATEWOOD AVENUE HIGH POINT, NC 27262 | 560579600 | 501 (C) (3) | 15,700. | | | | PUBLIC & PROFESSIONAL |
| (5) YOUNG ADULTS HEALTH CENTER, INC 47 NORTH HURON YPSILANTI, MI 48197 | 382329742 | 501 (C) (3) | 25,000. | | | | PUBLIC & PROFESSIONAL |
| (6) YOUTH SERVICES, INC PO BOX 6008 BRATTLEBORO, VT 05302 | 030287694 | | 6,000. | | | | PUBLIC & PROFESSIONAL |
| (7) YSLETA INDEPENDENT SCHOOL DISTRICT 9600 SIMS DR. EL PASO, TX 74600-2473 | 746002473 | 501 (C) (3) | 10,000. | | | | PUBLIC & PROFESSIONAL |
| (8) YWCA OF KAUAI 2855 HOOLAKO STREET LIHUE, HI 96766 | 990073504 | 501 (C) (3) | 10,000. | | | | PUBLIC & PROFESSIONAL |
| (9) ZETA PHI BETA 237 SWANDALE DRIVE COLUMBIA, SC 29203 | 576029795 | 501 (C)(7) | 5,382. | | | | PUBLIC & PROFESSIONAL |
| (10) ZETA PHI BETA 237 SWANDALE DRIVE COLUMBIA, SC 29203 | 576029795 | 501 (C)(7) | 5,001. | | | | COMMUNITY SERVICES |
| (11) ZETA PHI BETA SORORITY, INC PO BOX 34326 SAN ANTONIO, TX 78265 | 237206960 | 501 (C)(7) | 9,200. | | | | PUBLIC & PROFESSIONAL |
| (12) ZETA PHI BETA SORORITY, INC P.O BOX 733 BRONX, NY 10467 | 592650064 | 501 (C)(7) | 5,987. | | | | COMMUNITY SERVICES |

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

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

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

Schedule I (Form 990) (2013)

JSA

3E1288 1.000

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| 1 (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 |
|---|-----------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) ZETA PHI BETA SORORITY, INC P.O BOX 71335 WASHINGTON, DC 20024 | 521848244 | 501 (C)(7) | 7,000. | | | | PUBLIC & PROFESSIONA |
| (2) | | | | | | | |
| (3) | | | | | | | |
| (4) | | | | | | | |
| (5) | | | | | | | |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |

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

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

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

Schedule I (Form 990) (2013)

JSA

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Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 AWARD FOR DEVELOPMENT BIOLOGY RECIPIENT | 1. | 250,000. | | | |
| 2 GRADUATE NURSING SCHOLARSHIP AWARD | 4. | 20,000. | | | |
| 3 COLONEL HARLAND SANDERS AWARD | 1. | 10,000. | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

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.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
- ▶ Attach to Form 990. ▶ See separate instructions.
- ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

Part I Questions Regarding Compensation

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.

- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

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.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - 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.

Only section 501(c)(3) and 501(c)(4) 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?
 - b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|----|
| 1b | X | |
| 2 | X | |
| 4a | | X |
| 4b | X | |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | | X |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) 2013

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name and Title | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported as deferred in prior Form 990 |
|---|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 JENNIFER HOWSE, PHD PRESIDENT | (i) | 495,516. | 0 | 13,191. | 6,552. | 515,259. | |
| | (ii) | 0 | 0 | 0 | | | |
| 2 RICHARD E. MULLIGAN EXECUTIVE VICE PRESIDENT | (i) | 332,004. | 0 | 48,227. | 17,896. | 398,127. | |
| | (ii) | 0 | 0 | 0 | | | |
| 3 LISA BELLSEY, ESQ. ASSISTANT SECRETARY | (i) | 276,185. | 0 | 9,344. | 6,964. | 292,493. | |
| | (ii) | 0 | 0 | 0 | | | |
| 4 DAVID HORNE ASSISTANT TREASURER | (i) | 221,504. | 0 | 420. | 17,896. | 239,820. | |
| | (ii) | 0 | 0 | 0 | | | |
| 5 EDWARD MCCABE, M.D. MEDICAL DIRECTOR | (i) | 353,500. | 0 | 28,837. | | 382,337. | |
| | (ii) | 0 | 0 | 0 | | | |
| 6 JOSEPH L. SIMPSON, MD SENIOR V.P. | (i) | 358,016. | 0 | 42,525. | 6,552. | 407,093. | |
| | (ii) | 0 | 0 | 0 | | | |
| 7 SCOTT D. BERNS, MD SENIOR V.P. | (i) | 268,812. | 0 | 1,816. | 1,398. | 272,026. | |
| | (ii) | 0 | 0 | 0 | | | |
| 8 SANDRA HIJIKATA SENIOR V.P. | (i) | 244,417. | 0 | 5,108. | 1,000. | 250,525. | |
| | (ii) | 0 | 0 | 0 | | | |
| 9 ALAN KAUFFMAN SENIOR V.P. | (i) | 242,604. | 0 | 1,832. | 7,320. | 251,756. | |
| | (ii) | 0 | 0 | 0 | | | |
| 10 PAULA RANSOM SENIOR V.P. | (i) | 277,704. | 0 | 5,386. | 17,896. | 300,986. | |
| | (ii) | 0 | 0 | 0 | | | |
| 11 | (i) | | | | | | |
| | (ii) | | | | | | |
| 12 | (i) | | | | | | |
| | (ii) | | | | | | |
| 13 | (i) | | | | | | |
| | (ii) | | | | | | |
| 14 | (i) | | | | | | |
| | (ii) | | | | | | |
| 15 | (i) | | | | | | |
| | (ii) | | | | | | |
| 16 | (i) | | | | | | |
| | (ii) | | | | | | |

Part III Supplemental Information

Complete this part to 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.

SUPPLEMENTAL NONQUALIFIED RETIREMENT INCLUDING RELATED TAX GROSS UP PMNTS

PART 1, #4B

JENNIFER HOWSE, PHD. \$7,857; RICHARD MULLIGAN \$46,395; LISA BELLSEY, ESQ.

\$7,538; SCOTT BERNS, MD \$1,177; PAULA RANSOM \$4,406

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ 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.

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|-------------------------------|--|--|--|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | X | 120 . | 65,847 . | SELLING PRICE |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | 30 . | 209,333 . | SELLING PRICE |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶ (_____) | | | | |
| 26 Other ▶ (_____) | | | | |
| 27 Other ▶ (_____) | | | | |
| 28 Other ▶ (_____) | | | | |

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

| | Yes | No |
|---|-----|----|
| 30 a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? | | X |
| 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? | X | |
| 32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | X | |
| 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.

Schedule M (Form 990) (2013)

JSA

3E1298 1.000

Part II **Supplemental Information.** Complete this part to 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.

CAR DONATION PROGRAM

SCHEDULE M #32A

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

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.**

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

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.

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.

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

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MATTER REQUIRING ACTION BY THE BOARD ARE PROHIBITED FROM PARTICIPATING IN THE BOARD'S DELIBERATIONS OR DECISIONS REGARDING THE MATTER UNDER CONSIDERATION.

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 4 INDEPENDENT TRUSTEES WHO MEET ANNUALLY TO REVIEW AND DISCUSS THE SALARY RANGES FOR THE PRESIDENT AND STAFF OFFICERS OF THE MARCH OF DIMES, INCLUDING MERIT, VARIABLE PAY AND BENEFITS. IT TYPICALLY RECEIVES A BENCHMARKING REPORT FROM AN OUTSIDE CONSULTANT, WHICH COMPARES THE COMPENSATION DATA TO OTHER SIMILAR CHARITIES. THE COMMITTEE THEN MAKES ITS RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE. THE SECOND STAGE OF THE PROCESS IS THE PRESENTATION OF THE EXECUTIVE COMPENSATION COMMITTEE'S FINDINGS AND RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE CONSIDERS AND DISCUSSES THE RECOMMENDATIONS, AND THEN TAKES A VOTE ON COMPENSATION. THE THIRD STAGE IS WHEN THE FULL BOARD OF DIRECTORS IS BRIEFED ON THE EXECUTIVE COMMITTEE'S FINDINGS AND CONCLUSIONS. MINUTES ARE TAKEN CONTEMPORANEOUSLY TO RECORD THE DISCUSSION AND CONCLUSIONS REACHED, AND ARE KEPT ON FILE.

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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.

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.COM AND UPON REQUEST.

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 \$67,114,328

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

 ATTACHMENT 1

 FORM 990, PART III - PROGRAM SERVICE, LINE 4A

RESEARCH & MEDICAL SUPPORT

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

ATTACHMENT 1 (CONT'D)

THE MARCH OF DIMES FUNDS RESEARCH INTO THE CAUSES OF BIRTH DEFECTS, PREMATURE BIRTH AND OTHER THREATS TO BABIES' HEALTH AS WELL AS WAYS TO PREVENT AND TREAT THEM.

MARCH OF DIMES LAUNCHED ITS PREMATUREITY CAMPAIGN IN 2003. RATES OF PRETERM BIRTH HAVE DECLINED FOR 6 YEARS IN A ROW TO 11.5% AND HAVE REACHED A 15-YEAR LOW. SINCE 2006, AN ESTIMATED 176,000 BABIES HAVE BEEN SPARED THE CONSEQUENCES OF AN EARLY BIRTH, AND OUR COUNTRY HAS SAVED AT LEAST \$9 BILLION IN EXCESS HEALTH CARE COSTS. WE ACHIEVED THESE RESULTS THROUGH SUSTAINED LEADERSHIP AND A VARIETY OF PARTNERSHIPS.

WE OPENED TWO MARCH OF DIMES PREMATUREITY RESEARCH CENTERS, ONE AT STANFORD UNIVERSITY SCHOOL OF MEDICINE IN 2011 AND THE OHIO COLLABORATIVE IN 2013, THAT TAKE A UNIQUE TEAM SCIENCE APPROACH TO SPEEDING UP DISCOVERY OF CAUSES AND PREVENTIONS. A TOTAL OF FIVE CENTERS ARE PLANNED.

WE LED THE DRIVE TO ELIMINATE EARLY ELECTIVE DELIVERIES BEFORE 39 COMPLETED WEEKS OF PREGNANCY. THIS WORK INCLUDES QUALITY IMPROVEMENT INITIATIVES WITH OVER 100 PROMINENT HOSPITALS IN 28 STATES, AND A NATIONAL CONSUMER EDUCATION CAMPAIGN CALLED HEALTHY BABIES ARE WORTH THE WAIT.® IN 2012, THE DEPT. OF HEALTH AND HUMAN SERVICES BUILT ON THEIR APPROACH BY LAUNCHING STRONG START, AN INITIATIVE TO IMPROVE BIRTH OUTCOMES. THE LEAPFROG GROUP, A

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ATTACHMENT 1 (CONT'D)

NONPROFIT HOSPITAL QUALITY WATCHDOG, RELEASED RESULTS FROM THE 2013 LEAPFROG HOSPITAL SURVEY, WHICH SHOWS THE RATE OF EARLY ELECTIVE DELIVERIES (NON-MEDICALLY NECESSARY C-SECTIONS AND INDUCTIONS BEFORE 39 WEEKS) DROPPED FROM 17% IN 2010 TO 4.6% IN 2013 AT NEARLY 1,000 REPORTING HOSPITALS.

OUR RESEARCH ADVANCES OVER THE PAST 75 YEARS ARE STILL IMPROVING HEALTH AND SAVING LIVES OF BABIES TODAY. POLIO ONCE CRIPPLED TENS OF THOUSANDS OF CHILDREN, BUT THANKS TO VACCINES DEVELOPED WITH MARCH OF DIMES SUPPORT, THIS DISEASE HAS BEEN ELIMINATED IN MOST OF THE WORLD. NEWBORN SCREENING TESTS DEVELOPED WITH FUNDING FROM THE MARCH OF DIMES DETECT A RECOMMENDED SET OF 31 SERIOUS BUT TREATABLE DISORDERS AND SAVE LIVES. THE MARCH OF DIMES NATIONAL FOLIC ACID CAMPAIGN LED TO FORTIFICATION OF GRAIN PRODUCTS IN 1998 WITH THE B VITAMIN FOLIC ACID, AND SINCE THEN OUR NATION HAS SEEN A 26 PERCENT REDUCTION IN CERTAIN BIRTH DEFECTS OF THE BRAIN AND SPINE.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

PUBLIC AND PROFESSIONAL EDUCATION

THE MARCH OF DIMES SHARES VITAL HEALTH INFORMATION WITH THE GENERAL PUBLIC, WOMEN AND PROFESSIONALS THROUGH THE INTERNET,

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ATTACHMENT 2 (CONT'D)

PREGNANCY AND NEWBORN HEALTH EDUCATION CENTERS, EDUCATIONAL BOOKLETS AND PUBLIC SERVICE ADVERTISING, MANY OF WHICH ARE PROVIDED IN BOTH ENGLISH AND SPANISH.

THROUGH OUR PARTNERSHIP WITH THE ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS (ASTHO), HEALTH DEPARTMENTS IN JUST ABOUT EVERY STATE, PUERTO RICO AND THE DISTRICT OF COLUMBIA HAVE SET GOALS OF REDUCING THEIR RATES OF PREMATURE BIRTH BY 8 PERCENT BY 2014. IN 2013, 6 STATES EARNED AN "A" ON THE MARCH OF DIMES PREMATURE BIRTH REPORT CARD: ALASKA, CALIFORNIA, MAINE, NEW HAMPSHIRE, OREGON AND VERMONT.

WE LED THE PUBLICATION OF BORN TOO SOON: THE GLOBAL ACTION REPORT ON PRETERM BIRTH, THE FIRST GLOBAL ESTIMATES OF PREMATURE BIRTH, AND RECOMMENDED PREVENTION AND CARE STRATEGIES FOR THE 15 MILLION BABIES BORN PRETERM EACH YEAR. OUR GLOBAL PARTNERS ARE NOW PUSHING FORWARD TO BRING THESE LIFESAVING APPROACHES TO COUNTRIES THROUGHOUT THE WORLD.

WORLD PREMATURE DAY CONTINUES TO EXPAND AROUND THE WORLD, RAISING AWARENESS ABOUT THE SERIOUS PROBLEM OF PREMATURE BIRTH. BEGUN AS PREMATURE AWARENESS DAY® IN THE UNITED STATES, NOVEMBER 17TH IS NOW MARKED BY ACTIVITIES IN MORE THAN 80 COUNTRIES.

FOR ADDITIONAL INFORMATION ON THE FOUNDATION'S PREMATURE CAMPAIGN, PLEASE VISIT THE FOLLOWING WEBSITES:

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ATTACHMENT 2 (CONT'D)

[HTTP://BIT.LY/1MSGGQQ](http://bit.ly/1msggqq) AND [HTTP://BIT.LY/1KMBCMW](http://bit.ly/1kmbcmw)

PLEASE SEE LINK TO MORE INFORMATION ON GLOBAL PROGRAMS ON OUR WEB
PAGES:

[HTTP://BIT.LY/1KJ4NIJ](http://bit.ly/1kj4nij)

[HTTP://BIT.LY/1IUVDGN](http://bit.ly/1iudvgn)

ATTACHMENT 3

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

COMMUNITY SERVICES

THROUGH ITS CHAPTERS, THE FOUNDATION WORKS IN COMMUNITIES AROUND THE COUNTRY TO PROVIDE INFORMATION AND PROGRAMS TO WOMEN OF CHILDBEARING AGE, SUCH AS SMOKING CESSATION, GROUP PRENATAL CARE AND FAMILIES THROUGH THE NICU FAMILY SUPPORT® PROGRAM.

THE MARCH OF DIMES NICU FAMILY SUPPORT® PROGRAM, BEGUN IN 2002 IN THREE PILOT SITES, NOW OFFERS INFORMATION AND COMFORT TO APPROXIMATELY 92,000 FAMILIES IN MORE THAN 130 HOSPITALS NATIONWIDE. WHEN A BABY IS BORN TOO SOON OR WITH A BIRTH DEFECT AND HAS TO SPEND TIME IN A NEWBORN INTENSIVE CARE UNIT (NICU), PARENTS ARE THRUST INTO A WORLD OF UNFAMILIAR SOUNDS AND EQUIPMENT, AND THEIR HOPES AND DREAMS CHANGE DRAMATICALLY. THE MARCH OF DIMES IS THERE TO EASE PARENTS' FEAR AND HEARTACHE.

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ATTACHMENT 3 (CONT'D)

PLEASE SEE LINK FOR FURTHER INFORMATION ON LOCAL PROGRAMS ON OUR

WEB PAGE:

[HTTP://BIT.LY/1IOHBY2](http://bit.ly/1iohby2)

ATTACHMENT 4FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

CAYMAN ISLANDS

UNITED KINGDOM

ATTACHMENT 5FORM 990, PART VI, LINE 17 - STATES

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

ATTACHMENT 6990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

| <u>NAME AND ADDRESS</u> | <u>DESCRIPTION OF SERVICES</u> | <u>COMPENSATION</u> |
|---|--------------------------------|---------------------|
| INFOCISION 325 SPRINGSIDE DRIVE AKRON, OH 44333 | TELEMARKETING SERVIC | 3,949,372. |
| PEP DIRECT 19 STONEY BROOK DRIVE WILTON, NH 03086 | MAIL HOUSE | 2,381,548. |
| BLACKBAUD PO BOX 930256 ATLANTA, GA 31193-0256 | SOFTWARE DESIGN | 1,588,191. |

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ATTACHMENT 6 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

| <u>NAME AND ADDRESS</u> | <u>DESCRIPTION OF SERVICES</u> | <u>COMPENSATION</u> |
|--|--------------------------------|---------------------|
| MSL GROUP INC 13273 COLLECTION CENTER DR CHICAGO, IL 60693 | MARKETING | 1,051,848. |
| PARADYSZ, MATERA & COMPANY INC 5 HANOVER SQUARE NEW YORK, NY 10004 | LIST BROKER | 780,146. |

ATTACHMENT 7

FORM 990, PART VIII - INVESTMENT INCOME

| <u>DESCRIPTION</u> | (A) <u>TOTAL REVENUE</u> | (B) <u>RELATED OR EXEMPT REVENUE</u> | (C) <u>UNRELATED BUSINESS REV.</u> | (D) <u>EXCLUDED REVENUE</u> |
|----------------------|-----------------------------|---|---------------------------------------|--------------------------------|
| INTEREST ON SAVINGS | 190,029. | | | 190,029. |
| INTEREST & DIVIDENDS | 1,748,630. | | | 1,748,630. |
| TOTALS | <u>1,938,659.</u> | | | <u>1,938,659.</u> |

ATTACHMENT 8

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

| <u>DESCRIPTION</u> | <u>AMOUNT</u> |
|--------------------|---------------------|
| SPECIAL EVENTS | 131,213,767. |
| TOTAL | <u>131,213,767.</u> |

ATTACHMENT 9

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| Name of the organization MARCH OF DIMES FOUNDATION | Employer identification number 13-1846366 |
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ATTACHMENT 9 (CONT'D)

FORM 990, PART VIII - FUNDRAISING EVENTS

| <u>DESCRIPTION</u> | <u>GROSS INCOME</u> | <u>DIRECT EXPENSES</u> |
|--------------------|---------------------|------------------------|
| SPECIAL EVENTS | 14,661,169. | 14,661,169. |
| TOTALS | <u>14,661,169.</u> | <u>14,661,169.</u> |

ATTACHMENT 10

FORM 990, PART VIII - GAMING ACTIVITIES

| <u>DESCRIPTION</u> | <u>GROSS INCOME</u> | <u>DIRECT EXPENSES</u> |
|--------------------|---------------------|------------------------|
| GAMING ACTIVITIES | 310,364. | 310,364. |
| TOTALS | <u>310,364.</u> | <u>310,364.</u> |

ATTACHMENT 11

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

| <u>DESCRIPTION</u> | <u>ENDING BOOK VALUE</u> |
|------------------------|--------------------------|
| PREPAID INSURANCE | 288,136. |
| PREPAID RENT | 541,328. |
| DEFERRED TRUST | 48,637. |
| OTHER PREPAID EXPENSES | 1,133,827. |
| TOTALS | <u>2,011,928.</u> |

ATTACHMENT 12

Name of the organization

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ATTACHMENT 12 (CONT'D)FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

| <u>DESCRIPTION</u> | <u>ENDING BOOK VALUE</u> | <u>COST OR FMV</u> |
|-------------------------------|------------------------------|------------------------|
| SHORT TERM SECURITY | 897,829. | FMV |
| DOMESTIC COMMON STOCK | 25,728,089. | FMV |
| PUBLICLY TRADED MUTUAL FUNDS | 32,210,341. | FMV |
| INSTITUTIONAL MUTUAL FUNDS | 18,622,112. | FMV |
| FIXED INCOME | 271,746. | FMV |
| INTERNATIONAL ALTERNATIVE INV | | FMV |
| TOTALS | <u>77,730,117.</u> | |

ATTACHMENT 13FORM 990, PART X - DEFERRED REVENUE

| <u>DESCRIPTION</u> | <u>ENDING BOOK VALUE</u> |
|-------------------------------|------------------------------|
| DEFERRED REV | 18,500. |
| DEFERRED REV - SPECIAL EVENTS | 1,403,352. |
| DEFERRED REV - OTHER | 246,813. |
| TOTALS | <u>1,668,665.</u> |