

MARCH OF DIMES FOUNDATION  
FORM 990  
TAX YEAR 2012

Form **8453-EO**

# Exempt Organization Declaration and Signature for Electronic Filing

OMB No. 1545-1879

For calendar year 2012, or tax year beginning 01/01, 2012, and ending 12/31, 2012

# 2012

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

**March of Dimes Foundation**

**13-1846366**

## 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.

<b>1a</b>	Form 990 check here	<input checked="" type="checkbox"/>	<b>b</b>	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b>	205,497,687
<b>2a</b>	Form 990-EZ check here	<input type="checkbox"/>	<b>b</b>	Total revenue, if any (Form 990-EZ, line 9)	<b>2b</b>	
<b>3a</b>	Form 1120-POL check here	<input type="checkbox"/>	<b>b</b>	Total tax (Form 1120-POL, line 22)	<b>3b</b>	
<b>4a</b>	Form 990-PF check here	<input type="checkbox"/>	<b>b</b>	Tax based on investment income (Form 990-PF, Part VI, line 5)	<b>4b</b>	
<b>5a</b>	Form 8868 check here	<input type="checkbox"/>	<b>b</b>	Balance due (Form 8868, Part I, line 3c or Part II, line 8c)	<b>5b</b>	

## 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 2012 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

*[Handwritten Signature]* 15/13/13

CFO  
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.

<b>ERO's Use Only</b>	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.

<b>Paid Preparer Use Only</b>	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>	5/13/13		P00634378
	Firm's name	Firm's EIN	Phone no.		
	KPMG LLP	13-5565207			
	Firm's address				
	345 PARK AVENUE NEW YORK NY 10154				

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury  
Internal Revenue Service

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

**A For the 2012 calendar year, or tax year beginning , 2012, and ending , 20**

**B** Check if applicable:

Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization: **MARCH OF DIMES FOUNDATION**  
Doing Business As  
Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**1275 MAMARONECK AVENUE**  
City, town or post office, state, and ZIP code  
**WHITE PLAINS, NY 10605**

**D** Employer identification number: **13-1846366**

**E** Telephone number: **(914) 428-7100**

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

**G** Gross receipts \$ **247,209,561.**

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included?  Yes  No  
If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **WWW.MARCHOFDIMES.COM**

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: **1938** **M** State of legal domicile: **NY**

**H(c)** Group exemption number ▶

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>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</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	31.
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	31.
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>5</b>	1,810.
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	3,000,000.
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	200,078,092.	198,602,163.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,881,052.	1,746,635.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,332,775.	3,316,222.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,594,667.	1,832,667.
		207,886,586.	205,497,687.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	29,903,909.	28,943,736.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	96,095,050.	106,133,799.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	1,574,128.	1,296,916.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>30,611,415.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	79,717,025.	81,435,527.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	207,290,112.	217,809,978.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	596,474.	-12,312,291.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	156,180,805.	155,522,247.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	144,246,871.	148,743,417.
	11,933,934.	6,778,830.	

**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  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.**

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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 \$ 29,342,087. including grants of \$ 22,613,286. ) (Revenue \$ )

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

4b (Code: ) (Expenses \$ 82,893,905. including grants of \$ 4,252,813. ) (Revenue \$ 1,746,635. )

PUBLIC AND PROFESSIONAL EDUCATION THE MARCH OF DIMES SHARES VITAL HEALTH INFORMATION WITH THE GENERAL PUBLIC, WOMEN AND PROFESSIONALS THROUGH THE INTERNET, EDUCATIONAL BOOKLETS AND PUBLIC SERVICE ADVERTISING, MANY OF WHICH ARE PROVIDED IN BOTH ENGLISH AND SPANISH.

4c (Code: ) (Expenses \$ 52,276,266. including grants of \$ 2,077,637. ) (Revenue \$ )

COMMUNITY SERVICES THROUGH ITS 51 CHAPTERS, THE FOUNDATION WORKS IN COMMUNITIES AROUND THE COUNTRY TO PROVIDE INFORMATION AND PROGRAMS TO WOMEN OF CHILDBEARING AGE, SUCH AS SMOKING CESSATION AND GROUP PRENATAL CARE AND FAMILIES THROUGH THE NICU FAMILY SUPPORT(R) PROGRAM.

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

4e Total program service expenses 164,512,258.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .	X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .	X	
<b>23</b> 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	
<b>24 a</b> 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 25.</i> . . . . .		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25 a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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
<b>b</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
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i> . . . . .		X
<b>27</b> 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
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
<b>b</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
<b>c</b> 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
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	X	
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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
<b>35 a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
<b>b</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> . . . . .		
<b>36</b> <b>Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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 to any question in this Part V

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, and contributions.

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 to any question 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 1
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 to any question in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. 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 VICE CHAIR	1.00	X		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) DAVID R. SMITH SECRETARY	1.00	X		X				0	0	0
(6) AL CHILDS TREASURER	1.00	X		X				0	0	0
(7) DON GERMANO TRUSTEE	1.00	X						0	0	0
(8) H. EDWARD HANWAY VICE CHAIR	1.00	X		X				0	0	0
(9) KENNETH A. MAY TRUSTEE	1.00	X						0	0	0
(10) MIRIAM AROND TRUSTEE	1.00	X						0	0	0
(11) KATHY BEHRENS TERM ENDED 6/15/2012	1.00	X						0	0	0
(12) HARRIS BROOKS TRUSTEE	1.00	X						0	0	0
(13) SHANNON BROWN TRUSTEE	1.00	X						0	0	0
(14) JOHN BURBANK 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) HARVEY COHEN, MD, PHD TRUSTEE	1.00	X					0	0	0	
16) JOSE CORDERO, MD, MPH TRUSTEE	1.00	X					0	0	0	
17) VIRGINIA DAVIS FLOYD, MD, MPH TRUSTEE	1.00	X					0	0	0	
18) STEVEN FREIBERG TRUSTEE	1.00	X					0	0	0	
19) ROBERT F. FRIEL TERM ENDED 12/7/2012	1.00	X					0	0	0	
20) ALEEM GILLANI TRUSTEE	1.00	X					0	0	0	
21) WILLIAM R. HARKER, ESQ. TRUSTEE	1.00	X					0	0	0	
22) ELIZABETH ROOSEVELT JOHNSON TRUSTEE	1.00	X					0	0	0	
23) DAVID H. LISSY TRUSTEE	1.00	X					0	0	0	
24) G. BRENT MINOR TRUSTEE	1.00	X					0	0	0	
25) KIRK PERRY TRUSTEE	1.00	X					0	0	0	
<b>1b Sub-total</b>							0	0	0	
<b>c Total from continuation sheets to Part VII, Section A</b>							2,958,141.	0	106,823.	
<b>d Total (add lines 1b and 1c)</b>							2,958,141.	0	106,823.	

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 **111**

	Yes	No
3 Did the organization list any <b>former</b> 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 2		

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 **44**

**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) TROY RUHANEN ----- TRUSTEE	1.00	X					0	0	0	
( 27) DAVID A. TRAVERS ----- TRUSTEE	1.00	X					0	0	0	
( 28) JOSEPH W. WOOD ----- TERM ENDED 6/15/12	1.00	X					0	0	0	
( 29) F. ROBERT WOULDSTRA ----- TRUSTEE	1.00	X					0	0	0	
( 30) ROGER CHARLES YOUNG, MD, PHD. ----- TRUSTEE	1.00	X					0	0	0	
( 31) HARRY JOHNSON, ESQ. ----- TRUSTEE-*EFF 6/15/12	1.00	X					0	0	0	
( 32) DEIDRA C. MERRIWETHER ----- TRUSTEE-*EFF 12/7/12	1.00	X					0	0	0	
( 33) DANA W. POINTS ----- TRUSTEE-*EFF 6/15/12	1.00	X					0	0	0	
( 34) WILL A. SMITH ----- TRUSTEE-*EFF 12/7/12	1.00	X					0	0	0	
( 35) JENNIFER HOWSE, PHD ----- PRESIDENT	50.00			X			526,679.	0	6,348.	
( 36) DR. ALAN FLEISCHMAN ----- MEDICAL DIR*ENDED JUNE 2012	50.00			X			143,283.	0	7,505.	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**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 **▶** 111

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .		X
<b>4</b> 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	
<b>5</b> 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) RICHARD E. MULLIGAN EXECUTIVE VICE PRESIDENT	50.00			X				315,409.	0	18,928.
( 38) LISA BELLSEY, ESQ. ASSISTANT SECRETARY	50.00			X				263,095.	0	6,760.
( 39) DAVID HORNE ASSISTANT TREASURER	50.00			X				197,762.	0	21,220.
( 40) EDWARD MCCABE, M.D. MEDICAL DIRECTOR *EFF DEC 2012	50.00			X				60,521.	0	0
( 41) MICHAEL KATZ, MD SENIOR V.P.	50.00					X		273,458.	0	1,128.
( 42) JAMES GREEN SENIOR V.P.	50.00					X		290,357.	0	18,654.
( 43) PAULA RANSOM SENIOR V.P.	50.00					X		252,120.	0	18,928.
( 44) JOSEPH L. SIMPSON, MD SENIOR V.P.	50.00					X		378,081.	0	6,224.
( 45) SCOTT D. BERNS, MD SENIOR V.P.	50.00					X		257,376.	0	1,128.
<b>1b Sub-total</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

**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 **▶** 111

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> 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	
<b>5</b> 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 to any question 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, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>	1,244,115.				
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	135,016,651.				
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions) . .	<b>1e</b>	3,199,773.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	59,141,624.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		319,848.				
	<b>h Total.</b> Add lines 1a-1f . . . . .			198,602,163.			
	<b>Program Service Revenue</b>	<b>Business Code</b>					
<b>2a</b> SALE OF EDUCATION MATERIAL			900099	1,273,885.	1,273,885.		
<b>b</b> SYMPOSIUM CONFERENCE			900099	312,937.	312,937.		
<b>c</b> PROGRAM SPONSORSHIP			900099	159,813.	159,813.		
<b>d</b> _____							
<b>e</b> _____							
<b>f</b> All other program service revenue . . . . .							
<b>g Total.</b> Add lines 2a-2f . . . . .				1,746,635.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 3 . . . . .			2,559,901.			2,559,901.
	<b>4</b> Income from investment of tax-exempt bond proceeds . . .			0			
	<b>5</b> Royalties . . . . .			785,234.			785,234.
		(i) Real	(ii) Personal				
	<b>6a</b> Gross rents . . . . .						
	<b>b</b> Less: rental expenses . . . . .						
	<b>c</b> Rental income or (loss) . . . . .						
	<b>d</b> Net rental income or (loss) . . . . .				0		
		(i) Securities	(ii) Other				
	<b>7a</b> Gross amount from sales of assets other than inventory			28,274,275.			
	<b>b</b> Less: cost or other basis and sales expenses . . . . .			27,517,954.			
	<b>c</b> Gain or (loss) . . . . .			756,321.			
	<b>d</b> Net gain or (loss) . . . . .				756,321.		756,321.
	<b>8a</b> Gross income from fundraising events (not including \$ 135,016,651. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>	ATCH 4	14,193,920.			
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>		14,193,920.			
<b>c</b> Net income or (loss) from fundraising events . . . . .		ATCH 5		0			
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>		290,913.				
<b>b</b> Less: direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .		ATCH 6		290,913.		290,913.	
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . .				0			
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11a</b> GRANT REFUNDS		900099	706,468.			706,468.	
<b>b</b> ALL OTHER REVENUE		900099	50,052.			50,052.	
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .				756,520.			
<b>12 Total revenue.</b> See instructions . . . . .				205,497,687.	1,746,635.		5,148,889.

**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 to any question in this Part IX

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 .	26,380,649.	26,380,649.		
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . . .	150,000.	150,000.		
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . . .	2,413,087.	2,413,087.		
<b>4</b> Benefits paid to or for members . . . . .	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	1,506,750.	1,158,888.	171,063.	176,799.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b> Other salaries and wages . . . . .	74,820,915.	57,547,085.	8,494,508.	8,779,322.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	10,805,359.	8,196,224.	1,301,445.	1,307,690.
<b>9</b> Other employee benefits . . . . .	13,003,785.	9,991,241.	1,480,618.	1,531,926.
<b>10</b> Payroll taxes . . . . .	5,996,990.	4,543,539.	730,333.	723,118.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0			
<b>b</b> Legal . . . . .	118,148.	48,745.	48,083.	21,320.
<b>c</b> Accounting . . . . .	487,734.	200,508.	199,093.	88,133.
<b>d</b> Lobbying . . . . .	0			
<b>e</b> Professional fundraising services. See Part IV, line 17	1,296,916.			1,296,916.
<b>f</b> Investment management fees . . . . .	0			
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	13,334,471.	7,313,263.	1,467,335.	4,553,873.
<b>12</b> Advertising and promotion . . . . .	0			
<b>13</b> Office expenses . . . . .	0			
<b>14</b> Information technology . . . . .	0			
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	8,231,735.	6,516,851.	778,292.	936,592.
<b>17</b> Travel . . . . .	7,171,488.	5,732,902.	661,116.	777,470.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
<b>19</b> Conferences, conventions, and meetings . . . . .	3,133,903.	2,680,404.	221,267.	232,232.
<b>20</b> Interest . . . . .	50,930.	22,049.	18,972.	9,909.
<b>21</b> Payments to affiliates . . . . .	0			
<b>22</b> Depreciation, depletion, and amortization . . . . .	3,562,188.	2,476,837.	608,225.	477,126.
<b>23</b> Insurance . . . . .	0			
<b>24</b> 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.)				
<b>a</b> <u>PRINTING</u> . . . . .	22,282,232.	14,089,178.	2,830,921.	5,362,133.
<b>b</b> <u>POSTAGE &amp; SHIPPING</u> . . . . .	11,772,694.	7,185,519.	1,637,076.	2,950,099.
<b>c</b> <u>EQUIPMENTAL RENTAL</u> . . . . .	2,308,914.	1,579,903.	420,204.	308,807.
<b>d</b> <u>TELEMARKETING/DATA FEES</u> . . . . .	6,584,414.	4,600,917.	1,221,060.	762,437.
<b>e</b> All other expenses . . . . .	2,396,676.	1,684,469.	396,694.	315,513.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	217,809,978.	164,512,258.	22,686,305.	30,611,415.
<b>26</b> <b>Joint costs.</b> 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) . . . . .	33,835,000.	20,723,000.	4,972,000.	8,140,000.

**Part X Balance Sheet**

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	1,464,755.	<b>1</b>	2,826,731.
	<b>2</b> Savings and temporary cash investments	12,040,982.	<b>2</b>	13,050,267.
	<b>3</b> Pledges and grants receivable, net	1,345,641.	<b>3</b>	1,818,344.
	<b>4</b> Accounts receivable, net	5,169,259.	<b>4</b>	6,291,715.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	<b>5</b>	0
	<b>6</b> 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	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use	4,751,435.	<b>8</b>	4,464,506.
	<b>9</b> Prepaid expenses and deferred charges	1,578,386.	<b>9</b>	1,701,799.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 54,265,581.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 39,194,076.	15,002,603.	<b>10c</b> 15,071,505.
	<b>11</b> Investments - publicly traded securities	<b>ATCH 8</b> 90,644,488.	<b>11</b>	84,541,652.
	<b>12</b> Investments - other securities. See Part IV, line 11	14,996,818.	<b>12</b>	15,654,128.
	<b>13</b> Investments - program-related. See Part IV, line 11	0	<b>13</b>	0
	<b>14</b> Intangible assets	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11	9,186,438.	<b>15</b>	10,101,600.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	156,180,805.	<b>16</b>	155,522,247.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	11,241,730.	<b>17</b>	11,483,916.
	<b>18</b> Grants payable	22,316,932.	<b>18</b>	21,421,316.
	<b>19</b> Deferred revenue	<b>ATCH 9</b> 1,425,978.	<b>19</b>	1,408,403.
	<b>20</b> Tax-exempt bond liabilities	800,000.	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> 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	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	0	<b>24</b>	0
	<b>25</b> 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	108,462,231.	<b>25</b>	114,429,782.
	<b>26 Total liabilities.</b> Add lines 17 through 25	144,246,871.	<b>26</b>	148,743,417.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	-1,615,975.	<b>27</b>	-7,753,938.
	<b>28</b> Temporarily restricted net assets	2,204,428.	<b>28</b>	2,711,100.
	<b>29</b> Permanently restricted net assets	11,345,481.	<b>29</b>	11,821,668.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances	11,933,934.	<b>33</b>	6,778,830.	
<b>34</b> Total liabilities and net assets/fund balances	156,180,805.	<b>34</b>	155,522,247.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	205,497,687.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	217,809,978.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-12,312,291.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	11,933,934.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	10,843,101.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-3,685,914.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	6,778,830.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question 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
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	



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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

<b>Name of the organization</b> MARCH OF DIMES FOUNDATION	<b>Employer identification number</b> 13-1846366
--	---

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)

- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I    b  Type II    c  Type III-Functionally integrated    d  Type III-Non-functionally integrated

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

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

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

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

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

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

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) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (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) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (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 2012 (97.87%); 15 Public support percentage from 2011 Schedule A, Part II, line 14 (97.68%); 16a 33 1/3% support test - 2012 (checked); 16b 33 1/3% support test - 2011; 17a 10%-facts-and-circumstances test - 2012; 17b 10%-facts-and-circumstances test - 2011; 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**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2012</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2011</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**b 33 1/3% support tests - 2011.** 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2008	2009	2010	2011	2012	TOTAL
OTHER INCOME	506,423.	608,401.	307,127.	494,623.	756,520.	2,673,094.
<b>TOTALS</b>	<u>506,423.</u>	<u>608,401.</u>	<u>307,127.</u>	<u>494,623.</u>	<u>756,520.</u>	<u>2,673,094.</u>

**Political Campaign and Lobbying Activities**

**2012**

**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.**

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 <b>MARCH OF DIMES FOUNDATION</b>	Employer identification number <b>13-1846366</b>
--	---

**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)	-----			

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1 a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .														
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .														
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .														
<b>d</b>	Other exempt purpose expenditures . . . . .														
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .														
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th>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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b>	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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
<b>2 a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> 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 volunteers, staff, media, mailings, etc.

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, No. Rows include questions about dues, lobbying expenditures, and carryover.

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, No. Rows include questions about dues, section 162(e) expenditures, and carryover.

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; 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.

**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 51 CHAPTERS.



SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

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

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...

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 held by the organization, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? Yes No, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Table with 2 columns: Revenues, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2012

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 (1c-1f) and Amount

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.

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, c Temporarily restricted endowment

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. 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-1e and Total.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other		
(A) MULTI STRATEGY HEDGE FUND	15,654,128.	
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	15,654,128.	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

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

(a) Description	(b) Book value
(1) FOSHE PARTNERSHIP	50,000.
(2) TRUSTS HELD BY OTHERS	10,051,600.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	10,101,600.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) ACCRUED PENSION LIABILITIES	65,872,461.	
(3) ACCRUED MEDICAL BENEFITS	48,557,321.	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	114,429,782.	

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

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	218,940,382.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains on investments	<b>2a</b> 10,843,101.		
<b>b</b>	Donated services and use of facilities	<b>2b</b> 2,599,594.		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	13,442,695.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	205,497,687.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	205,497,687.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	220,409,572.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b> 2,599,594.		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>		<b>2e</b>	2,599,594.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	217,809,978.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	217,809,978.

**Part XIII Supplemental Information**

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

SEE PAGE 5

**Part XIII** Supplemental Information (continued)

SCHEDULE D PART XII

LINE 2D

THIS AMOUNT IS THE PENSION/POST RETIREMENT COSTS OTHER THAN THE NET PERIODIC BENEFIT COST.

SCHEDULE D PART X

#2 FIN 48 FOOTNOTE

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

SCHEDULE D PART V

LINE 4

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

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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" to Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .  **Yes**  **No**

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EUROPE			GRANTMAKING	RESEARCH & MEDICAL SUP	916,005.
(2) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		15,654,128.
(3) NORTH AMERICA			GRANTMAKING	RESEARCH & MEDICAL SUP	1,049,547.
(4) MIDDLE EAST AND NORTH AFRICA			GRANTMAKING	RESEARCH & MEDICAL SUP	405,035.
(5) EAST ASIA AND THE PACIFIC			GRANTMAKING	RESEARCH & MEDICAL SUP	35,000.
(6) SOUTH ASIA			GRANTMAKING	RESEARCH & MEDICAL SUP	7,500.
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .					18,067,215.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)					18,067,215.

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

Schedule F (Form 990) 2012

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	RESEARCH& MEDICAL SUPP	171,005.	CHECK			
(2)			EUROPE/ICELAND/GREENLAND	RESEARCH& MEDICAL SUPP	150,000.	CHECK			
(3)			EUROPE/ICELAND/GREENLAND	RESEARCH& MEDICAL SUPP	150,000.	CHECK			
(4)			EUROPE/ICELAND/GREENLAND	RESEARCH& MEDICAL SUPP	150,000.	CHECK			
(5)			EUROPE/ICELAND/GREENLAND	RESEARCH& MEDICAL SUPP	280,000.	CHECK			
(6)			EUROPE/ICELAND/GREENLAND	RESEARCH& MEDICAL SUPP	15,000.	CHECK			
(7)			NORTH AMERICA	RESEARCH& MEDICAL SUPP	190,000.	CHECK			
(8)			NORTH AMERICA	RESEARCH& MEDICAL SUPP	381,596.	CHECK			
(9)			NORTH AMERICA	RESEARCH& MEDICAL SUPP	200,000.	CHECK			
(10)			NORTH AMERICA	RESEARCH& MEDICAL SUPP	277,950.	CHECK			
(11)			MIDDLE EAST/NORTH AFRICA	RESEARCH& MEDICAL SUPP	150,000.	CHECK			
(12)			MIDDLE EAST/NORTH AFRICA	RESEARCH& MEDICAL SUPP	220,000.	CHECK			
(13)			MIDDLE EAST/NORTH AFRICA	RESEARCH& MEDICAL SUPP	35,035.	CHECK			
(14)			EAST ASIA/PACIFIC	RESEARCH& MEDICAL SUPP	35,000.	CHECK			
(15)			SOUTH ASIA	RESEARCH& MEDICAL SUPP	7,500.	CHECK			
(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. . . . . 15.

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

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							



**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* . . . . .  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 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. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

**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	TELEMARKETI		X	10,103,293.	4,442,825.	5,660,468.
2 ADVANCED BUSINESS TECHNOLOGY	TELEMARKETI		X	940,468.	276,591.	820,747.
3 HERITAGE COMPANY	TELEMARKETI		X	336,053.	113,250.	152,709.
4 ODELL SIMMS & LYNCH	FUNDRAISE		X	250,000.	204,925.	45,075.
5 HAYES & ASSOCIATES	FUNDRAISE		X	804,250.	90,878.	713,372.
6						
7						
8						
9						
10						
<b>Total</b>				12,434,064.	5,128,469.	7,392,371.

**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, FL, GA, IL, IN,  
KS, KY, LA, ME, MD, MA, MI, MN, MS, NE, NH, NJ, NM, NY, NC, ND, OH,  
OK, OR, PA, RI, SC, TN, UT, VT, VA, WA, WV, WI,

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 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	<b>1</b> Gross receipts . . . . .	106,165,576.	43,044,995.	0	149,210,571.
	<b>2</b> Less: Contributions . . . . .	99,452,055.	35,564,596.	0	135,016,651.
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	6,713,521.	7,480,399.	0	14,193,920.
Direct Expenses	<b>4</b> Cash prizes . . . . .			0	
	<b>5</b> Noncash prizes . . . . .			0	
	<b>6</b> Rent/facility costs . . . . .	3,390,310.	2,342,045.	0	5,732,355.
	<b>7</b> Food and beverages . . . . .			0	
	<b>8</b> Entertainment . . . . .			0	
	<b>9</b> Other direct expenses . . . . .	3,323,211.	5,138,354.	0	8,461,565.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				( 14,193,920.)
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 . . . . .				

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue . . . . .			290,913.	290,913.
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				( )
	<b>8</b> Net gaming income summary. Combine line 1, column d, and line 7 . . . . .				290,913.

**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	<b>13a</b>	100.0000 %
b An outside facility	<b>13b</b>	%
- 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.** Complete this part to 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

AZ, CA, CT, FL, GA, HI, IL, IN,

IA, KY, ME, MD, MA, MI, NV, NH, NM, NY, NC, OH, OK, OR, PA, RI, SC, TX, VT, WA, WI,

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

**Part I General Information on Grants and Assistance**

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

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

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 COMMUNITY HEALTH NETWORK 222 N. CANAL STREET CHICAGO, IL 60606	363317058	501 C (3)	21,638.				COMMUNITY SERVICES
(2)	ACERCAMIENTO HISPANIC DE CAROL 240 STONERIDGE DR COLUMBIA, SC 29210	571030805	501 C (3)	29,084.				COMMUNITY SERVICES
(3)	ADDISON COUNTY PARENT CHILD CENTER 126 MONROE STREET PO BOX 646	030280370	501 C (3)	9,000.				PUBLIC & PROFESSIONA
(4)	AGAPE CHILD & FAMILY SERVICES 111 RACINE MEMPHIS, TN 38112	237039683	501 C (3)	20,000.				COMMUNITY SERVICES
(5)	ALAMANCE COUNTY HEALTH DEPARTMENT 319 N. GRAHAM-HOPEDALE ROAD	566000271	501 C (3)	28,979.				PUBLIC & PROFESSIONA
(6)	ALBERT B. SABIN VACCINE INSTITUTE 2000 PENNSYLVANIA AVE NORTH	061389829	501 C (3)	25,000.				RESEARCH AND MEDICAL
(7)	ALICE PECK DAY HOSPITAL 125 MASCOMA STREET LEBANON, NH 03766	020222791	501 C (3)	5,984.				PUBLIC & PROFESSIONA
(8)	ALPHA PHI ALPHA FRATERNITY P.O BOX 354 COLUMBIA, SC 29202	010593969	501 C (7)	10,000.				PUBLIC & PROFESSIONA
(9)	AMERICAN ACADEMY OF PEDIATRICS 19 S. JACKSON ST. MONTGOMERY, AL 36104	630798492	501 C (3)	7,500.				PUBLIC & PROFESSIONA
(10)	AMERICAN COLLEGE OF OBSTETRICIANS & GYNECOL 409 12TH ST, SW WASHINGTON, DC 20024	362217981	501 C (3)	6,825.				COMMUNITY SERVICES
(11)	AMERICAN COLLEGE OF OBSTETRICIANS & GYNECOL 409 12TH ST, SW WASHINGTON, DC 20024	362217981	501 C (3)	6,186.				PUBLIC & PROFESSIONA
(12)	AMERICAN COLLEGE OF OBSTETRICIANS & GYNECOL 409 12TH ST, SW WASHINGTON, DC 20024	362217981	501 C (3)	16,989.				RESEARCH AND MEDICAL

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) (2012)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

**Part I General Information on Grants and Assistance**

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

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

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)	ANDREW COUNTY HEALTH DEPT 106 N 5TH STREET SAVANNAH, MO 64485	431009649	501 C (3)	6,000.				PUBLIC & PROFESSIONA
(2)	APPALACHIAN REGIONAL HEALTHCARE P.O BOX 8086 LEXINGTON, KY 40503	520795508	501 C (3)	15,000.				PUBLIC & PROFESSIONA
(3)	ARIZONA FAMILY HEALTH PARTNERS 3101 N CENTRAL AVE #1120 PHOENIX, AZ 85012	860289607	501 C (3)	10,787.				PUBLIC & PROFESSIONA
(4)	ARKANSAS DEPT OF HEALTH 4815 W MARKHAM ST LITTLE ROCK, AR 72205	710847443		20,000.				PUBLIC & PROFESSIONA
(5)	ASSOCIATION OF PERINATAL NETWORK 457 STATE STREET BINGHAMTON, NY 13901	201284067	501 C (3)	160,100.				PUBLIC & PROFESSIONA
(6)	AUGUSTA HEALTH CARE FOR WOMEN 39 BEAM LANE FISHERVILLE, VA 22939	541875814	501 C (3)	11,888.				COMMUNITY SERVICES
(7)	AURORA SINAI INTENSIVE CARE NURSERY 945 N. 12ST MILWAULKEE, WI 53233	391597102	501 C (3)	27,635.				PUBLIC & PROFESSIONA
(8)	AVANCE DALLAS 2060 SINGLETON BLVD. , SUITE 100	741769114	501 C (3)	8,000.				PUBLIC & PROFESSIONA
(9)	BALTIMORE MEDICAL SYSTEM, INC. 3501 SINCLAIR LANE BALTIMORE, MD 21213	521358241		21,082.				PUBLIC & PROFESSIONA
(10)	BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030	741613878	501 C (3)	310,018.				RESEARCH AND MEDICAL
(11)	BAYLOR COLLEGE OF MEDICINE, OB 1504 TAUB LOOP 3B 31 015 HOUSTON, TX 77030	741613878	501 C (3)	10,000.				PUBLIC & PROFESSIONA
(12)	BETA ZETA CHAPTER, ZETA PHI BET P.O. BOX 91495 WASHINGTON, DC 20090	521344959	501(C)(7)	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) (2012)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

**Part I General Information on Grants and Assistance**

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

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

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 MATTERS 424 MUSTANG DRIVE SPARTANBURG, SC 29037	454900759	501 C (3)	14,450.				COMMUNITY SERVICES
(2)	BIRTH MATTERS 424 MUSTANG DRIVE SPARTANBURG, SC 29037	454900759	501 C (3)	14,450.				PUBLIC & PROFESSIONA
(3)	BLANCHFIELD ARMY COMMUNITY HOSPITAL 650 JOEL DRIVE FORT CAMPBELL, TN 42223	311575142	501 C (3)	19,916.				COMMUNITY SERVICES
(4)	BOARD OF REGENTS UNIV. OF WISC 750 UNIVERSITY AVENUE MADISON, WI 53715	398006492	501 C (3)	350,000.				RESEARCH AND MEDICAL
(5)	BOSTON MEDICAL CENTER 650 ALBANY STREET RM 538 BOSTON, MA 02111	043314093	501 C (3)	312,273.				RESEARCH AND MEDICAL
(6)	BOSTON PUBLIC HEALTH COMMISSION 1010 MASSACHUTTES AVE BOSTON, MA 02118	043316655	501 C (3)	6,691.				PUBLIC & PROFESSIONA
(7)	BRANDEIS UNIVERSITY 415 SOUTH ST WALTHAM, MA 02454-9110	042103552	501 C (3)	350,000.				RESEARCH AND MEDICAL
(8)	BRIGHAM & WOMENS HOSPITAL 75 FRANCIS STREET BOSTON, MA 02115	042312909	501 C (3)	380,000.				RESEARCH AND MEDICAL
(9)	BRIGHT HORIZONS CHILDREN'S CENTER 200 TALCOTT AVENUE WATERTOWN, MA 02472	800188248	501 C (3)	7,813.				PUBLIC & PROFESSIONA
(10)	CATHOLIC CHARITIES OF THE DIOC 429 WEST 10TH STREET SUITE 101	840471001	501 C (3)	10,000.				PUBLIC & PROFESSIONA
(11)	CENTERING HEALTHCARE INSTITUTE 89 SOUTH STREET, STE 404 BOSTON, MO 02111	061622668	501 C (3)	43,550.				COMMUNITY SERVICES
(12)	CENTRAL NEW JERSEY MAT CHILD HOSPITAL 2 KING ARTHUR CT NORTH BRUNSWICK, NJ 08902	223197191	501 C (3)	13,598.				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 ▶ -----

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Schedule I (Form 990) (2012)



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

**Part I General Information on Grants and Assistance**

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

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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)	CHEROKEE HEALTH SYSTEMS 2018 WESTERN AVE. KNOXVILLE, TN 37921	620637925	501 C (3)	20,000.				COMMUNITY SERVICES
(2)	CHESHIRE MEDICAL CENTER 590 COURT STREET KEENE, NH 03431	020354549	501 C (3)	8,000.				PUBLIC & PROFESSIONA
(3)	CHILD ABUSE PREVENTION SERVICE 618 14TH STREET TUSCALOOSA, AL 35401	630831717	501 C (3)	6,000.				COMMUNITY SERVICES
(4)	CHILDREN'S HOME SOCIETY OF NJ 635 SOUTH CLINTON AVE TRENTON, NJ 08611	210634966	501 C (3)	9,810.				PUBLIC & PROFESSIONA
(5)	CHILDREN'S HOSPITAL BOSTON P.O. BOX 414413 BOSTON, MA 02241-4413	042774441	501 C (3)	510,000.				RESEARCH AND MEDICAL
(6)	CHILDREN'S HOSPITAL CORPORATION 300 LONGWOOD AVE. BOSTON, MA 02115	042774441	501 C (3)	325,000.				RESEARCH AND MEDICAL
(7)	CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVE CINCINNATI, OH 45229	310833936	501 C (3)	779,966.				RESEARCH AND MEDICAL
(8)	CHILDRENS HOSPITAL OF PHILADELPHIA 9675 CIVIC CENTER BLVD	231352166	501 C (3)	7,500.				RESEARCH AND MEDICAL
(9)	CHILDRENS HOSPITAL OF PHILADELPHIA 9675 CIVIC CENTER BLVD	231352166	501 C (3)	68,750.				RESEARCH AND MEDICAL
(10)	CHILDRENS HOSPITAL OF PHILADELPHIA 34TH STREET AND CIVIC CENTER BLVD	232003823	501 C (3)	15,000.				COMMUNITY SERVICES
(11)	CHRIST COMMUNITY HEALTH SERVICE 2861 BROAD AVE MEMPHIS, TN 38112	621583270	501 C (3)	9,975.				COMMUNITY SERVICES
(12)	CHRISTIAN STRONGHOLD CHURCH 6810 SAMUELL BLVD DALLAS, TX 75228	752591359	501 C (3)	18,500.				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) (2012)

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Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
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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)	CINCINNATI CHILDREN'S HOSPITAL 3333 BURNET AVE CINCINNATI, OH 45229	310833936	501 C (3)	663,886.				RESEARCH AND MEDICAL
(2)	CLARK COUNTY PUBLIC HEALTH P.O BOX 9825 VANCOUVER, OR 98666	916001299	501 C (3)	15,000.				RESEARCH AND MEDICAL
(3)	CLAYTON COUNTY BOARD OF HEALTH 1117 BATTLECREEK ROAD JONESBORO, GA 30236	581108112	501 C (3)	35,000.				COMMUNITY SERVICES
(4)	CLEVELAND CLINIC 13951 TERRACE ROAD E. CLEVELAND, OH 44112	340714593	501 C (3)	10,200.				PUBLIC & PROFESSIONA
(5)	CLINICA CAMPESINA 1345 PLAZA COUNT LAFAYETTE, CO 80026	840743432	501 C (3)	17,100.				PUBLIC & PROFESSIONA
(6)	CLINICA TEPEYAC, INC 5075 LINCOLN STREET DENVER, CO 80216	841285505		10,000.				PUBLIC & PROFESSIONA
(7)	COASTAL FAMILY HEALTH, INC. 1046 DIVISION STREET BILOXI, MS 19533	640592416		50,000.				PUBLIC & PROFESSIONA
(8)	COCONINO COUNTY PUBLIC HEALTH 2626 N KING ST FLAGSTAFF, AZ 86004	866000441	501 C (3)	8,965.				PUBLIC & PROFESSIONA
(9)	COLLEGE OF MOUNT SAINT VINCENT 6301 RIVERDALE AVENUE	131740445	501 C (3)	22,724.				PUBLIC & PROFESSIONA
(10)	COLORADO PERINATAL CARE COUNCI 820 SOUTH MONACO PKWY DENVER, CO 80224	742119506	501 C (3)	10,000.				PUBLIC & PROFESSIONA
(11)	COMMUNITY CARE OF NORTH CAROLI 2300 REXWOODS DR. STE 100 RALEIGH, NC 27607	205408367	501 C (3)	29,300.				PUBLIC & PROFESSIONA
(12)	COMMUNITY CARE OF NORTH CAROLINA 2300 REXWOODS DR. STE 100 RALEIGH, NC 27607	205408367	501 C (3)	9,100.				COMMUNITY SERVICES

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Schedule I (Form 990) (2012)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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**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)	COMMUNITY CARE OF NORTH CAROLINA 2300 REXWOODS DR. STE 100 RALEIGH, NC 27607	205408367	501 C (3)	8,248.				PUBLIC & PROFESSIONA
(2)	COMMUNITY CARE OF NORTH CAROLINA 2300 REXWOODS DR. STE 100 RALEIGH, NC 27607	205408367	501 C (3)	22,652.				RESEARCH AND MEDICAL
(3)	COMMUNITY HEALTH COLLABORATIVE 2000 DUNEDIN COVE OLD HICKORY, TN 37138	260264171	501 C (3)	20,000.				COMMUNITY SERVICES
(4)	COMMUNITY HEALTH NETWORK 1500 NORTH RITTER AVE	510181688	501 C (3)	11,090.				PUBLIC & PROFESSIONA
(5)	COMMUNITY HEALTHNET-CENTERING PREGNANCY 1021 WEST 5TH AVE GARY, IN 46402	352048141	501 C (3)	14,000.				PUBLIC & PROFESSIONA
(6)	COMMUNITY PERINATAL NETWORK 22875 SAVI RANCH PARK W	954755467	501 C (3)	75,000.				COMMUNITY SERVICES
(7)	COMMUNITYCARE P.O BOX 17366 AUSTIN, TX 78760-7366	550853118	501 C (3)	15,000.				PUBLIC & PROFESSIONA
(8)	CONCORD HOSPITAL 250 PLEASANT ST CONCORD, NH 03301	222594672	501 C (3)	10,000.				PUBLIC & PROFESSIONA
(9)	CONNECTICUT CHILDREN'S MEDICAL 282 WASHINGTON ST. HARTFORD, CT 06106	222619869	501 C (3)	16,000.				PUBLIC & PROFESSIONA
(10)	COOPER UNIVERSITY HOSPITAL INS 808 MARKET STREET CAMDEN, NJ 08102	222213715	501 C (3)	61,130.				PUBLIC & PROFESSIONA
(11)	DCH HEALTH SYSTEM - NORTHPORT 600 BRYANT DRIVE E TUSCALOOSA, AL 35401	636000271	501 C (3)	15,000.				COMMUNITY SERVICES
(12)	DELAWARE COUNTY COMMUNITY COLLEGE 901 S MEDIA LINE RD MEDIA, PA 19063	232143790	501 C (3)	10,000.				COMMUNITY SERVICES

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**Grants and Other Assistance to Organizations,  
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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)	DENVER HEALTH AND HOSPITAL AUTHORITY 12600 ALBROOK DR. DENVER, CO 80239	841343242		30,000.				PUBLIC & PROFESSIONA
(2)	DIVISION OF INDIAN WORK 1001 EAST LAKE STREET P.O. BOX 7509	410693933	501 C (3)	25,000.				PUBLIC & PROFESSIONA
(3)	DOUGLAS COUNTY HEALTH DEPT NE4 1819 FARNAM ST OMAHA, NE 68183	476006455		6,000.				PUBLIC & PROFESSIONA
(4)	DOULA FOUNDATION OF MID-AMERICA 2130 N GLENSTONE SPRINGFIELD, MO 65803	300046369	501 C (3)	24,371.				PUBLIC & PROFESSIONA
(5)	DUKE UNIVERSITY BOX 3382 DUMC DURHAM, NC 27710	560532129	501 C (3)	325,000.				RESEARCH AND MEDICAL
(6)	EL BUEN SAMARITANO 7000 WOODHUE DRIVE AUSTIN, TX 78745	742488682	501 C (3)	14,000.				PUBLIC & PROFESSIONA
(7)	EMORY UNIVERSITY 1784 N.DECATUR RD. ATLANTA, GA 30322	158056625	501 C (3)	160,929.				RESEARCH AND MEDICAL
(8)	ERIE FAMILY HEALTH CENTER, INC 1701 WEST SUPERIOR ST CHICAGO, IL 60622	363088628	501 C (3)	21,638.				COMMUNITY SERVICES
(9)	ESCUELA DE ENFERMERIA/PROYECTO PO BOX 365067 SAN JUAN, PR 00936-5067	660433762	501 C (3)	7,000.				PUBLIC & PROFESSIONA
(10)	ETA IOTA ZETA EDUCATION FOUNDATION P.O BOX 372295 EL PASO, TX 79937-2295	311654901	501 C (3)	20,000.				PUBLIC & PROFESSIONA
(11)	EVERYDAY MIRACLES 1121 JACKSON ST MINNEAPOLIS, MN 55413	134253358	501 C (3)	12,710.				PUBLIC & PROFESSIONA
(12)	FAMILY CONNECTION COLLABORATOR 122 WESTGATE PLAZA BARNSVILLE, GA 30204	582549144	501 C (3)	30,000.				COMMUNITY SERVICES

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Schedule I (Form 990) (2012)

**SCHEDULE I  
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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)	FAMILY CONNECTION OF SC, INC 2712 MIDDLEBURG DR COLUMBIA, SC 29204	570901467		12,550.				COMMUNITY SERVICES
(2)	FAMILY CONNECTION OF SC, INC 2712 MIDDLEBURG DR COLUMBIA, SC 29204	570901467		12,550.				PUBLIC & PROFESSIONA
(3)	FAMILY HEALTH CENTER 301-6 GREAT TEAYS BLVD	550691297	501 C (3)	11,824.				PUBLIC & PROFESSIONA
(4)	FAMILY HEALTH CENTER, WIC- MI 117 W. PATTERSON KALAMAZOO, MI 49007	237107569	501 C (3)	20,000.				PUBLIC & PROFESSIONA
(5)	FAMILY MEDICINE EDUCATION CONSORTIUM 7795 RAINTREE RD. DAYTON, PA 45459	311436038	501 C (3)	105,473.				COMMUNITY SERVICES
(6)	FAMILY OUTREACH CORPUS CHRISTI 1444 BALDWIN BLVD CORPUS CHRISTI, TX 78404	742049746	501 C (3)	20,000.				PUBLIC & PROFESSIONA
(7)	FASEB 9650 ROCKVILLE PIKE BETHSEDA, MD 20814-3998	520700497	501 C (3)	35,000.				RESEARCH AND MEDICAL
(8)	FIRST HEALTH OF THE CAROLINAS 208 E. FRANKLIN ST. S ROCKINGHAM, NC 28379	561936354	501 C (3)	23,635.				PUBLIC & PROFESSIONA
(9)	FISRT STEPS KENT 118 COMMERCE AVE SW GRAND RAPIDS, MI 49503	270640886	501 C (3)	10,000.				PUBLIC & PROFESSIONA
(10)	FLORIDA ASSOCIATION OF HEALTHY 2600 EAST BAY DRIVE LARGO, FL 33771	593306893	501 C (3)	105,000.				PUBLIC & PROFESSIONA
(11)	FOUNDATION FOR BARNES JEWISH HOSPITAL 1001 HIGH LANDS PLAZA DR WEST	431648435	501 C (3)	25,000.				COMMUNITY SERVICES
(12)	FOUNDATION OF THE UNIVERSITY OF MEDICINE AN 150 ALBANY STREET NEW BRUNSWICK, NJ 08901	237313160	501 C (3)	9,625.				COMMUNITY SERVICES

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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)	FOUNDATION OF THE UNIVERSITY OF MEDICINE AN 150 ALBANY STREET NEW BRUNSWICK, NJ 08901	237313160	501 C (3)	34,375.				PUBLIC & PROFESSIONA
(2)	FOUNDATION OF THE UNIVERSITY OF MEDICINE AN 150 ALBANY STREET NEW BRUNSWICK, NJ 08901	237313160	501 C (3)	11,000.				RESEARCH AND MEDICAL
(3)	FOUNDATION OF UNIVERSITY OF ME 120 ALBANY STREET NEW BRUNSWICK, NJ 08901	237313160	501 C (3)	37,580.				PUBLIC & PROFESSIONA
(4)	GARTH HOUSE, MICKEY MEFAFFY CH 1895 MCFADDIN BEAUMONT, TX 77701	760660968	501 C (3)	10,000.				PUBLIC & PROFESSIONA
(5)	GEARY COMMUNITY HEALTHCARE FOUNDATION PO BOX 3015/1310 JUNCTION CITY, KS 66441	481045423	501 C (3)	24,900.				PUBLIC & PROFESSIONA
(6)	GENERAL HOSPITAL CORPORATION 50 STANIFORD ST. BOSTON, MA 02114	042697983	501 C (3)	150,000.				RESEARCH AND MEDICAL
(7)	GIRLS SCOUTS - ARIZONA CACTUA 119 E CORONADO RD PHOENIX, AZ 85004-1512	860133397	501 C (3)	18,048.				PUBLIC & PROFESSIONA
(8)	GOODWIN COMMUNITY HEALTH 311 ROUTE 108 SOMERSWORTH, NH 03878	020304203	501 C (3)	9,666.				PUBLIC & PROFESSIONA
(9)	GORDON RESEARCH CONFERENCES P.O. BOX 984 WEST KINGSTON, RI 02892	050300482	501 C (3)	19,500.				RESEARCH AND MEDICAL
(10)	GRACE HILLS HEALTH CENTER 2524 HADLEY STREET ST LOUIS, MO 63106	430817642	501 C (3)	13,897.				COMMUNITY SERVICES
(11)	GRACEMED HEALTH CLINIC 1122 N TOPEKA ST WICHITA, KS 97211	481159633	501 C (3)	18,000.				PUBLIC & PROFESSIONA
(12)	GREATER LAWRENCE FAMILY HLTH CENTER 34 HAVERHILL ST LAWRENCE, MA 01841-2884	042708824	501 C (3)	5,540.				PUBLIC & PROFESSIONA

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(1)	GREATER LOVE MINISTRIES 1534 PECK AVENUE SAN ANTONIO, TX 78210	742487205	501 C (3)	18,500.				PUBLIC & PROFESSIONA
(2)	GREATER MOUNT TABOR CHRISTIAN 2513 EDGEWOOD TERRANC FT WORTH, TX 76105	751943938	501 C (3)	20,500.				PUBLIC & PROFESSIONA
(3)	GREATER PRINCE WILLIAM COMMUNITY 4379 RIDGEWOOD CENTER STE 102	830435138	501 C (3)	8,998.				PUBLIC & PROFESSIONA
(4)	GREENSPPOINT BAPTIST CHURCH 11703 WALTERS ROAD HOUSTON, TX 77067	742210697	501 C (3)	25,000.				PUBLIC & PROFESSIONA
(5)	GREENVILLE HOSPITAL SYSTEM 701 GROVE ROAD GREENVILLE, SC 29605	576007863	501 C (3)	47,500.				PUBLIC & PROFESSIONA
(6)	GREENVILLE HOSPITAL SYSTEM 701 GROVE ROAD GREENVILLE, SC 29605	576007863	501 C (3)	104,632.				COMMUNITY SERVICES
(7)	HAMILTON COUNTY GENERAL HEALTH DISTRICT 138 E. COURT ST. CINCINNATI, OH 45202	316000063		30,000.				RESEARCH AND MEDICAL
(8)	HARRIS COUNTY HOSPITAL DISTRICT 2525 HOLLY HALL STE292 HOUSTON, TX 77054	760808224	501 C (3)	7,300.				PUBLIC & PROFESSIONA
(9)	HARTFORD HOSPITAL CT322 80 SEYMOUR STREET HARTFORD, CT 06102-5037	060646668	501 C (3)	25,000.				PUBLIC & PROFESSIONA
(10)	HEALTH & HOSPITAL CORP OF MARION 3838 N. RURAL STREET INDIANAPOLIS, IN 46205	356005697		10,380.				PUBLIC & PROFESSIONA
(11)	HEALTHNET INC. 3401 EAST RAYMOND STREET	351579827	501 C (3)	19,833.				PUBLIC & PROFESSIONA
(12)	HEALTHY BIRTHDAY 4300 BEAVER HILLS DR	263998964	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

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Schedule I (Form 990) (2012)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
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**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)	HEALTHY START COALITION OF HIL 2806 N. ARMENIA AVE STE100 TAMPA, FL 33607	593127943	501 C (3)	16,687.				PUBLIC & PROFESSIONA
(2)	HENNEPIN HEALTHCARE SYSTEM, IN 701 PARK AVENUE, LSB3 MINNEAPOLIS, MN 55415	410084573	501 C (3)	24,790.				PUBLIC & PROFESSIONA
(3)	HENRY M JACKSON FOUNDATION FOR 6720-A ROCKLEDGE DR ROCKVILLE, NC 20817	521317896	501 C (3)	14,800.				PUBLIC & PROFESSIONA
(4)	HENRY M JACKSON FOUNDATION FOR 6720-A ROCKLEDGE DR ROCKVILLE, FL 20817	521317896	501 C (3)	15,602.				COMMUNITY SERVICES
(5)	HENRY W GRADY HEALTH SYSTEM 50 HURT PLAZA ATLANTA, GA 30303	582130437	501 C (3)	50,000.				PUBLIC & PROFESSIONA
(6)	HIGH COUNTRY HEALTHCARE OB/GYN P.O. BOX 1292 FRISCO, CO 80443	841075506	501 C (3)	15,000.				PUBLIC & PROFESSIONA
(7)	HIGHLAND UNITED METHODIST CHUR 1808 N DIXIE BLVD ODESSA, TX 79761	756003777	501 C (3)	20,000.				PUBLIC & PROFESSIONA
(8)	HILLTOP COMMUNITY RESOURCES 1331 HERMOSA AVENUE	742321009	501 C (3)	10,000.				PUBLIC & PROFESSIONA
(9)	HOLY CROSS HOSPITAL FOUNDATION 1500 FOREST GLEN ROAD	208428452	501 C (3)	19,500.				PUBLIC & PROFESSIONA
(10)	HOLY FAMILY SERVICES 5819 NORTH FM88 WESLACO, TX 78596	742282624	501 C (3)	6,000.				PUBLIC & PROFESSIONA
(11)	HOUSTON HEALTHCARE 233 N. HOUSTON ROAD WARNER ROBINS, GA 31093	580833515	501 C (3)	20,000.				COMMUNITY SERVICES
(12)	HUNTSVILLE HOSPITAL FOUNDATION 101 SILVEY RD HUNTSVILLE, AL 35801	630752604	501 C (3)	25,000.				COMMUNITY SERVICES

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**Grants and Other Assistance to Organizations,  
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(1)	ILLINOIS MATERNAL&CHILD HEALTH 1256 W. CHICAGO AVE CHICAGO, IL 60622	363651051	501 C (3)	42,624.				COMMUNITY SERVICES
(2)	INFANT MORTALITY PROGRAM 45 CANDLER STREET HIGHLAND, MI 48203	382262856	501 C (3)	25,000.				PUBLIC & PROFESSIONA
(3)	INSTITUTE FOR FAMILY HEALTH 16 EAST 16TH STREET NEW YORK, NY 10003	133273402	501 C (3)	93,634.				PUBLIC & PROFESSIONA
(4)	INTERNATIONAL SOCIETY OF PRENATAL DIAGNOSIS 750 WASHINGTON STREET BOSTON, MA 02111	203021146	501 C (3)	10,000.				RESEARCH AND MEDICAL
(5)	IOWA HEALTH SYSTEM 1200 PLEASANT STREET DES MOINES, IA 50309	421435199	501 C (3)	5,366.				PUBLIC & PROFESSIONA
(6)	JACKSON LABORATORY 600 MAIN STREET BAR HARBOR, ME 04609	010211513	501 C (3)	220,000.				RESEARCH AND MEDICAL
(7)	JEWISH RENAISSANCE MEDICAL CEN 275 HOBART STREET PERTH AMBOY, NJ 08861	223780067	501 C (3)	25,000.				PUBLIC & PROFESSIONA
(8)	JOHNS HOPKINS UNIVERSITY 1101 EAST 33RD STREET	520595110	501 C (3)	484,644.				RESEARCH AND MEDICAL
(9)	KALAMAZOO HEALTH AND COMMUNITY 3299 GULL ROAD NAZARETH, MI 49074	386004860		25,000.				PUBLIC & PROFESSIONA
(10)	KELSEY RESEARCH FOUNDATION 5615 KIRBY DR SUITE 660 HOUSTON, TX 77005	760637670	501 C (3)	25,000.				PUBLIC & PROFESSIONA
(11)	KENTUCKY PERINATAL ASSOCIATION PO BOX 577 SHELBYVILLE, KY 40066	611164068	501 C (3)	15,200.				PUBLIC & PROFESSIONA
(12)	KEYSTONE SUBSTANCE ABUSE SERVICE 199 S. HERLONG AVENUE ROCK HILL, SC 29732	570526943	501 C (3)	10,000.				COMMUNITY SERVICES

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Schedule I (Form 990) (2012)

**SCHEDULE I  
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Department of the Treasury  
Internal Revenue Service

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

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**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)	KEYSTONE SUBSTANCE ABUSE SERVICE 199 S. HERLONG AVENUE ROCK HILL, SC 29732	570526943	501 C (3)	10,000.				PUBLIC & PROFESSIONA
(2)	KEYSTONE SYMPOSIA P.O. BOX 1630 SILVERTHORNE, CO 80498	841326605	501 C (3)	15,000.				RESEARCH AND MEDICAL
(3)	KIDS ATHLETIC FOUNDATION 123 WEST NYE LANE CARSON CITY, NV 89706	721522846	501 C (3)	44,990.				COMMUNITY SERVICES
(4)	KIDS ATHLETIC FOUNDATION 123 WEST NYE LANE CARSON CITY, NV 89706	721522846	501 C (3)	34,870.				PUBLIC & PROFESSIONA
(5)	KIDS ATHLETIC FOUNDATION 123 WEST NYE LANE CARSON CITY, NV 89706	721522846	501 C (3)	20,140.				RESEARCH AND MEDICAL
(6)	LAC COURTES OREILLES TRIBAL CLINIC-HOC 13380W TREPANIA RD. HAYWARD, WI 54843	391165322	501 C (3)	5,500.				COMMUNITY SERVICES
(7)	LANAI COMMUNITY HEALTH CENTER P.O BOX 630142 LANAI CITY, HI 96763-0142	202509287	501 C (3)	20,000.				PUBLIC & PROFESSIONA
(8)	LAWNDALE CHRISTIAN HEALTH CENT ON3860 WEST OGDEN AVE. CHICAGO, IL 60623	363308953	501 C (3)	20,000.				COMMUNITY SERVICES
(9)	LITTLE DIXIE COMMUNITY ACTION 209 N 4TH STREET HUGO, OK 74743	730772321	501 C (3)	13,000.				PUBLIC & PROFESSIONA
(10)	MACON-BIBB COUNTY HEALTH DEPAR 171 EMERY HIGHWAY MACON, GA 31217	586000352	501 C (3)	25,000.				COMMUNITY SERVICES
(11)	MAGEE WOMEN'S RESEARCH INSTITU 3339 WARD STREET PITTSBURGH, PA 15213	251462312	501 C (3)	150,000.				RESEARCH AND MEDICAL
(12)	MANASSAS MIDWIFERY AND WOMEN'S 8424 DORSEY CIRCLE MANASSAS, DC 20110	264762497	501 C (3)	13,000.				PUBLIC & PROFESSIONA

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(1)	MAPLE CITY HEALTH CARE CENTER 213 MIDDLEBURY STREET GOSHEN, IN 46528	351749398	501 C (3)	14,000.				PUBLIC & PROFESSIONA
(2)	MARY HITCHCOCK MEMEORIAL HOSPITAL ONE MEDICAL CENTER DRIVE LEBANON, NH 03756	020222140	501 C (3)	10,000.				PUBLIC & PROFESSIONA
(3)	MARY'S CENTER FOR MATERNAL & CHILD CARE 2333 ONTARIO RD. N.W. WASHINGTON, DC 20009	052159416	501 C (3)	20,000.				PUBLIC & PROFESSIONA
(4)	MARY'S CENTER FOR MATERNAL & CHILD CARE 2333 ONTARIO RD. N.W. WASHINGTON, DC 20009	052159416	501 C (3)	100,000.				PUBLIC & PROFESSIONA
(5)	MASSACHUSETTS GENERAL HOSPITAL MGH BILLED RESEARCH BOSTON, MA 02241-3829	042697983	501 C (3)	284,997.				RESEARCH AND MEDICAL
(6)	MATERNITY DEPOT SERVICES 425 CARR.693, PNB 102 DORADO, PR 00646	660786724	501 C (3)	7,000.				PUBLIC & PROFESSIONA
(7)	MCLEOD REGIONAL MEDICAL CENTER 555 E. CHEVES STREET FLORENCE, SC 29501	570270242	501 C (3)	30,000.				PUBLIC & PROFESSIONA
(8)	MEDICAL CENTER OF LOUISIANA AT 2021 PERDIDO STREET	726000734	501 C (3)	64,968.				PUBLIC & PROFESSIONA
(9)	MEHARRY MEDICAL COLLEGE 1005 D.B. TODD BLVD NASHVILLE, TN 37208	620488046	501 C (3)	17,471.				COMMUNITY SERVICES
(10)	MEMORIAL HERMANN HOSPITAL SYSTEM 909 FROSTWOOD HOUSTON, TX 77024	741152597	501 C (3)	25,000.				PUBLIC & PROFESSIONA
(11)	MEMORIAL HOSPITAL OF RHODE ISLAND 111 BREWSTER STREET PAWTUCKET, RI 02860	050259004	501 C (3)	20,000.				PUBLIC & PROFESSIONA
(12)	MEMORIAL SLOAN KETTERING CANC 633 THIRD AVENUE NEW YORK, NY 10017	131624182	501 C (3)	300,000.				RESEARCH AND MEDICAL

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(1)	MERCY MEDICAL FOUNDATION 2700 STEWART PARKWAY ROSEBURG, OR 97471	936088946	501 C (3)	10,000.				RESEARCH AND MEDICAL
(2)	METHODIST HEALTH SYSTEM FOUNDATION 1441 NORTH BECKLEY DALLAS, TX 75265-5999	741578343	501 C (3)	20,000.				PUBLIC & PROFESSIONA
(3)	MICHIGAN DEPARTMENT OF COMMUNITY 320 SOUTH WALNUT LANSING, MI 48913	386000134	501 C (3)	77,980.				PUBLIC & PROFESSIONA
(4)	MICHIGAN PUBLIC HEALTH INSTITUTE 2342 WOODLAKE DR OKEMOS, MI 48864	382963835	501 C (3)	5,800.				PUBLIC & PROFESSIONA
(5)	MIDCOAST HOSPITAL 123 MEDICAL CENTER DR BRUNSWICK, ME 04011	010215911	501 C (3)	30,330.				PUBLIC & PROFESSIONA
(6)	MIGRANT HEALTH PROMOTIONS, INC 536 S TEXAS BLVD WESLACO, TX 78596	383092194	501 C (3)	14,000.				PUBLIC & PROFESSIONA
(7)	MOUNTAIN AREA HEALTH EDUCATION 121 HENDERSONVILLE ROAD ASHEVILLE, NC 28803	561071426	501 C (3)	25,000.				PUBLIC & PROFESSIONA
(8)	MULTNOMAH COUNTY HEALTH 426 SW STARK ST PORTLAND, OR 97204	936002309	501 C (3)	15,000.				RESEARCH AND MEDICAL
(9)	MUSKEGON FAMILY CARE 2201 S GETTY STREET	383324611	501 C (3)	25,000.				PUBLIC & PROFESSIONA
(10)	NATIONAL TRAINING INSTITUTE 180 N MICHIGAN AVE #7 CHICAGO, NV 60601	364206079	501 C (3)	15,000.				PUBLIC & PROFESSIONA
(11)	NATIONWIDE CHILDREN'S HOSPITAL 700 CHILDREN'S DRIVE COLUMBUS, OH 43205	314379441	501 C (3)	24,297.				PUBLIC & PROFESSIONA
(12)	NEIGHBORHOOD FAMILY PRACTICE 3569 PRIDGE ROAD CLEVELAND, OH 44102	341300581	501 C (3)	30,000.				RESEARCH AND MEDICAL

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(1)	NEMOURS FOUNDATION, THE 833 CHESTNUT STREET WILMINGTON, PA 19107	590634433	501 C (3)	14,500.				COMMUNITY SERVICES
(2)	NEVADA RURAL HOSPITAL PARTNERS 4600 KIETZKE LANE RENO, NV 89502	880345763	501 C (3)	10,000.				PUBLIC & PROFESSIONA
(3)	NEW MILLENIUM OB/GYN 83 UPPER RIVERDALE RIVERDALE, GA 30274	582430877	501 C (3)	15,000.				COMMUNITY SERVICES
(4)	NEW YORK UNIVERSITY 838 BROADWAY NEW YORK, NY 10003	135562308	501 C (3)	181,054.				RESEARCH AND MEDICAL
(5)	NEW YORK UNIVERSITY SCHOOL OF MEDICINE 550 FIRST AVE NEW YORK, NY 10016-6481	135562308	501 C (3)	593,817.				RESEARCH AND MEDICAL
(6)	NEWARK COMMUNITY HEALTH 741 BROADWAY NEWARK, NJ 07104	222747589	501 C (3)	35,633.				PUBLIC & PROFESSIONA
(7)	NIAGARA FALLS MEMORIAL MEDICAL 621 10TH STREET NIAGARA FALLS, NY 14302	160743094	501 C (3)	60,000.				PUBLIC & PROFESSIONA
(8)	NORTH CAROLINA BAPTIST HOSPITAL 1200 MLK JR DRIVE WINSTON-SALEM, NC 27101	560552787	501 C (3)	49,998.				PUBLIC & PROFESSIONA
(9)	NORTH TEXAS AREA COMMUNITY HEA 2100 N MAIN STREET FORT WORTH, TX 76164	542117989	501 C (3)	10,000.				PUBLIC & PROFESSIONA
(10)	NORTHEAST FL. HEALTHY START CO 644 CESARY BLVD JACKSONVILLE, FL 32211	593139801	501 C (3)	100,000.				COMMUNITY SERVICES
(11)	NORTHEAST OHIO NEIGHBORHOOD HEALTH SERVICE 8300 HOUGH AVENUE CLEVELAND, OH 44103	341014291	501 C (3)	27,000.				RESEARCH AND MEDICAL
(12)	NORTON MINISTRIES 27 GLEN ROAD WEST HEMPSTEAD, NY 11552	274620809	501 C (3)	6,775.				PUBLIC & PROFESSIONA

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(1)	NURSES FOR NEWBORN'S FOUNDATION 7259 LANSDOWNE, STE 100 ST LOUIS, MO 63119	431601329	501 C (3)	25,000.				COMMUNITY SERVICES
(2)	OHIO DEPARTMENT OF HEALTH 246 N. HIGH STREET COLUMBUS, OH 43215	311334820		10,000.				PUBLIC & PROFESSIONA
(3)	OHIO STATE UNIVERSITY, THE 410 W. 10TH AVENUE COLUMBUS, OH 43210	316025986	501 C (3)	17,535.				RESEARCH AND MEDICAL
(4)	OPEN ARMS PERINATAL SERVICES 2524 16TH AVE S #207A SEATTLE, WA 98144	911868021	501 C (3)	30,000.				PUBLIC & PROFESSIONA
(5)	OUR LADY OF LOURDES HEALTH FOUNDATION 1600 HADDON AVENUE CAMDEN, NJ 08103	222351960	501 C (3)	16,640.				PUBLIC & PROFESSIONA
(6)	PARKLAND FOUNDATION TX652 2777 N STEMMONS FREEWA DALLAS, TX 75207	752089180	501 C (3)	8,000.				PUBLIC & PROFESSIONA
(7)	PARTNERSHIP FOR MCH OF NORTHERN NJ 50 PARK PLACE NEWARK, NJ 07102	521815234	501 C (3)	28,000.				PUBLIC & PROFESSIONA
(8)	PASCO COUNTY HEALTH DEPARTMENT 10841 LITTLE RD. NEW PORT RICHEY, FL 34654	593502843		50,000.				PUBLIC & PROFESSIONA
(9)	PASOS'S PROGRAM 901 SUMTER ST. 5TH FL COLUMBIA, SC 29208	570967350	501 C (3)	167,006.				COMMUNITY SERVICES
(10)	PHI CHI ZETA P.O BOX 5201 ATHENS, GA 30604	262726365	501 C (7)	15,000.				COMMUNITY SERVICES
(11)	PILLAGER FAMILY COUNCIL 305 FIR AVENUE WEST PILLAGER, MN 56473	411811057	501 C (3)	25,000.				PUBLIC & PROFESSIONA
(12)	POMONA VALLEY HOSPITAL MEDICAL 1798 N. GAREY AVENUE PONOMA, CA 91767	951115230	501 C (3)	50,000.				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 ▶ -----

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

Schedule I (Form 990) (2012)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

**Part I General Information on Grants and Assistance**

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

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

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)	PREEMIES TODAY P.O BOX 523525 SPRINGFIELD, DC 22152	141911170	501 C (3)	24,000.				PUBLIC & PROFESSIONA
(2)	PROVIDENCE HEALTH FOUNDATION, 1150 VARNUM RD, NE WASHINGTON, DC 20017	521275583	501 C (3)	15,000.				PUBLIC & PROFESSIONA
(3)	PROVIDENCE MEDICAL GROUP 916 PACIFIC AVE, FLOOR 7 EVERETT, WA 98201	320261234	501 C (3)	20,000.				PUBLIC & PROFESSIONA
(4)	REACH CNY 1010 JAMES STREET SYRACUSE, NY 13208	161498021	501 C (3)	45,366.				PUBLIC & PROFESSIONA
(5)	REGENTS OF THE UNIVERSITY OF CALIFORNIA 10920 WILSHIRE BLVD LOS ANGELES, CA 90095	956006143	501 C (3)	352,616.				RESEARCH AND MEDICAL
(6)	REGENTS OF THE UNIVERSITY OF CALIFORNIA 339B HILDEBRAND HALL BERKELEY, CA 94720	946036494	501 C (3)	150,000.				RESEARCH AND MEDICAL
(7)	REGENTS OF THE UNIVERSITY OF MICHIGAN 1054 WOVERINE TOWER	386006309	501 C (3)	150,000.				RESEARCH AND MEDICAL
(8)	REGENTS OF UNI. CALIFORNIA, LOS ANGELES 10920 WILSHIRE BLVD LOS ANGELES, CA 90024	956006143	501 C (3)	320,000.				RESEARCH AND MEDICAL
(9)	REGENTS OF UNIV. OF CA DAVIS ONE SHIELDS AVE DAVIS, CA 95616	946036494	501 C (3)	45,500.				COMMUNITY SERVICES
(10)	REGENTS OF UNIVERSITY CALIFORNIA 111 ACADEMY WAY IRVINE, CA 92697	952226406	501 C (3)	150,000.				RESEARCH AND MEDICAL
(11)	REGENTS OF UNIVERSITY OF CALIFORNIA 1855 FOLSOM ST SAN FRANCISCO, CA 94103	946036493	501 C (3)	729,939.				RESEARCH AND MEDICAL
(12)	RESEARCH FOUNDATION FOR MENTAL 1050 FOREST HILL ROAD	141410842	501 C (3)	471,196.				RESEARCH AND MEDICAL

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Department of the Treasury  
Internal Revenue Service

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(1)	RESEARCH FOUNDATION OF SUNY 750 EAST ADAMS ST SYRACUSE, NY 13210	141368361	501 C (3)	150,000.				RESEARCH AND MEDICAL
(2)	ROBESON COUNTY DEPARTMENT OF HEALTH 460 COUNTRY CLUB ROAD LUMBERTON, NC 28360	566000335		24,798.				PUBLIC & PROFESSIONA
(3)	ROCKEFELLER UNIVERSITY PO BOX 5108 GPO NEW YORK, NY 10065	131624158	501 C (3)	378,138.				RESEARCH AND MEDICAL
(4)	RUSH-COPLEY FOUNDATION 2000 OGDEN AVENUE AURORA, IL 60504	363093877	501 C (3)	33,700.				COMMUNITY SERVICES
(5)	SAINT ALPHONSUS REGIONAL MEDIC 1055 N CURTIS RD BOISE, ID 83704	820200895	501 C (3)	10,000.				PUBLIC & PROFESSIONA
(6)	SALK INSTITUTE FOR BIOLOGICAL 10010 NORTH TORREY PINES ROAD	952160097	501 C (3)	1,000,000.				RESEARCH AND MEDICAL
(7)	SANSUM DIABETES RESEARCH INSTI 2219 BATH STREET SANTA BARBARA, CA 93105	951684086	501 C (3)	49,577.				COMMUNITY SERVICES
(8)	SCRIPPS HEALTH 4275 CAMPUS POINT COURT SAN DIEGO, CA 92121	951684089	501 C (3)	45,001.				COMMUNITY SERVICES
(9)	SHANDS JACKSONVILLE MEDICAL CE NE655 WEST 8TH STREET	592142859	501 C (3)	8,395.				PUBLIC & PROFESSIONA
(10)	SHENANDOAH WOMEN'S HEALTHCARE 240 LUCY DRIVE HARRISONBURG, VA 22801	541920395	501 C (3)	7,560.				COMMUNITY SERVICES
(11)	SIDS NETWORK OF KANSAS 1148 S HILLSIDE #10 WICHITA, KS 67211	481213707	501 C (3)	12,500.				PUBLIC & PROFESSIONA
(12)	SISTERHOOD OF FAITH IN ACTION P.O. BOX 91238 HOUSTON, TX 77291-1238	760446282	501 C (3)	30,000.				PUBLIC & PROFESSIONA

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Schedule I (Form 990) (2012)



**SCHEDULE I  
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Department of the Treasury  
Internal Revenue Service

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

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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)	SOCIETY FOR GYNECOLOGIC INVEST 888 BESTGATE RD ANNAPOLIS, MD 21401	952293816	501 C (3)	7,500.				RESEARCH AND MEDICAL
(2)	SOCIETY FOR THE STUDY OF REPRODUCTION 1619 MONROE STREET MADISON, WI 53711	386144910	501 C (3)	8,000.				RESEARCH AND MEDICAL
(3)	SOUTHAMPTON MEMORIAL HOSPITAL 100 FAIRVIEW DRIVE FRANKLIN, VA 23851	522200240	501 C (3)	9,962.				COMMUNITY SERVICES
(4)	SOUTHEAST MISSOURI HOSPITAL HE 60 DOCTORS PARK CAPE GIRARDEAU, MO 63703	431122759	501 C (3)	25,000.				COMMUNITY SERVICES
(5)	SOUTHERN NEW JERSEY PERINATAL 2500 MCCLELLAN AVENUE PENNSAUKEN, NJ 08109	222371223	501 C (3)	28,116.				PUBLIC & PROFESSIONA
(6)	SOUTHWEST LOUISIANA AHEC 103 INDEPENDENCE BLVD. LAFAYETTE, LA 70506	721191867	501 C (3)	50,000.				PUBLIC & PROFESSIONA
(7)	SOUTHWEST MEDICAL ASSOCIATES 2316 W CHARLESTON BLVD LAS VEGAS, NV 89102	880201420	501 C (3)	15,300.				PUBLIC & PROFESSIONA
(8)	SOUTHWEST PUBLIC HEALTH DISTRI 1109 N. JACKSON ST ALBANY, GA 31701	237379607	501 C (3)	40,000.				COMMUNITY SERVICES
(9)	ST JOSEPH MEDICAL CENTER 1401 ST JOSEPH PARKWAY HOUSTON, TX 77002	204835578	501 C (3)	25,000.				PUBLIC & PROFESSIONA
(10)	ST JUDES CHILDRENS RESEARCH HOSPITAL 332 N.LAUDERDALE MEMPHIS, TN 38104-3678	620646012	501 C (3)	200,000.				RESEARCH AND MEDICAL
(11)	ST. VINCENT HOSPITAL & HEALTH SERVICES 8414 NAAB ROAD STE210	350869066	501 C (3)	9,459.				PUBLIC & PROFESSIONA
(12)	STANFORD UNIVERSITY 450 SERRA MALL STANFORD, CA 94305-4125	941156365	501 C (3)	2,005,000.				RESEARCH AND MEDICAL

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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)	STANFORD UNIVERSITY SCHOOL OF PO BOX 44253 SAN FRANCISCO, CA 94305	941156365	501 C (3)	350,272.				RESEARCH AND MEDICAL
(2)	STORMONT VAIL HEALTH CARE 1500 SW 10TH ST. TOPEKA, KS 66604-1353	480543789	501 C (3)	10,000.				PUBLIC & PROFESSIONA
(3)	SUTTER HEALTH SACRAMENTO - SIE 5151 F STREET, 2 SOUTH SACRAMENTO, CA 95819	941156621	501 C (3)	33,226.				COMMUNITY SERVICES
(4)	TAZEWELL COUNTY HEALTH DEPARTMENT 21306 IL ROUTE 9 TREMONT, IL 61568	376002170	501 C (3)	9,600.				COMMUNITY SERVICES
(5)	TELAMON CORPORATION 5560 MUNFORD RD, STE 201 RALEIGH, MI 27612	561022483		25,000.				PUBLIC & PROFESSIONA
(6)	TERATOLOGY SOCIETY 50 PEGOUT AVE NEW LONDON, CT 06320	520962081	501 C (3)	10,000.				RESEARCH AND MEDICAL
(7)	TEXAS TECH UNIVERSITY HEALTH 3601 4TH STREET LUBBOCK, TX 79430	752668014	501 C (3)	7,370.				COMMUNITY SERVICES
(8)	TEXAS TECH UNIVERSITY HEALTH 3601 4TH STREET LUBBOCK, TX 79430	752668014	501 C (3)	30,000.				PUBLIC & PROFESSIONA
(9)	THE BOARD OF TRUSTEES OF THE UNIV OF ILLINO 835 S WOLCOTT AVENUE E403 MSB	376000511	501 C (3)	150,000.				RESEARCH AND MEDICAL
(10)	THE HOSPITAL OF CENTRAL CONNECTICUT 100 GRAND STREET NEW BRITAIN, CT 06050	060646768	501 C (3)	9,680.				PUBLIC & PROFESSIONA
(11)	THE OHIO STATE UNIVERSITY 2110 TUTTLE PARK PLACE COLUMBUS, OH 43210	316025986	501 C (3)	16,500.				RESEARCH AND MEDICAL
(12)	THE RECTOR & VISITORS OF THE UNIVERSITY OF 1340 JEFFERSON PARK AVENUE BOX 800733	546001796	501 C (3)	150,000.				RESEARCH AND MEDICAL

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(1)	THE TRUSTEES OF INDIANA UNIVERSITY 915 E 3RD ST BLOOMINGTON, IN 47405	356001673	501 C (3)	303,000.				RESEARCH AND MEDICAL
(2)	THE TRUSTEES ON INDIANA UNIVERSITY PO BOX 66057 INDIANAPOLIS, IN 46266	356001673	501 C (3)	27,010.				PUBLIC & PROFESSIONA
(3)	THE UNIVERSITY OF TEXAS MEDICAL AT GALVESTO 301 UNIVERSITY BLVD GALVESTON, TX 77555	746000949	501 C (3)	150,000.				RESEARCH AND MEDICAL
(4)	TROVER HEALTH SYSTEM ST200 HOSPITAL DR. MADISONVILLE, KY 42431	610654587		43,000.				PUBLIC & PROFESSIONA
(5)	TRUSTEES OF COLUMBIA UNIVERSITY 630 WEST 168TH ST NEW YORK, NY 10032	135598093	501 C (3)	314,000.				RESEARCH AND MEDICAL
(6)	TRUSTEES OF THE UNIVERSITY OF 3451 WALNUT STREET PHILADELPHIA, PA 19104	231353685	501 C (3)	38,000.				COMMUNITY SERVICES
(7)	TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET PHILADELPHIA, PA 19104	231353685	501 C (3)	136,000.				RESEARCH AND MEDICAL
(8)	TRUSTEES UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET PHILADELPHIA, PA 19104	231352685	501 C (3)	733,411.				RESEARCH AND MEDICAL
(9)	TULSA CITY COUNTY HEALTH DEPARTMENT 5051 S 129TH EAST AVE TULSA, OK 74134	736006419		35,000.				PUBLIC & PROFESSIONA
(10)	UNC CENTER FOR MATERNAL AND IN 590 MANNING DRIVE CHAPEL HILL, NC 27599	566001393	501 C (3)	6,800.				PUBLIC & PROFESSIONA
(11)	UNIVERSITY HEALTH SYSTEM 4502 MEDICAL DRIVE SAN ANTONIO, TX 78229	746082164	501 C (3)	10,000.				PUBLIC & PROFESSIONA
(12)	UNIVERSITY HOSPITAL MACDONALD 11100 EUCLID AVENUE CLEVELAND, OH 44106	340714775	501 C (3)	30,000.				RESEARCH AND MEDICAL

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(1)	UNIVERSITY MEDICAL CENTER FOUN 1501 N CAMPBELL TUCSON, AZ 85704	860572438	501 C (3)	18,880.				PUBLIC & PROFESSIONA
(2)	UNIVERSITY OF ALABMA SCHOOL OF 650 UNIVERSITY BLVD TUSCALOOSA, AL 35401	636001138	501 C (3)	9,000.				PUBLIC & PROFESSIONA
(3)	UNIVERSITY OF CALIFORNIA 50 UNIVERISTY HALL BERKELEY, CA 94720-7360	946002123	501 C (3)	13,288.				COMMUNITY SERVICES
(4)	UNIVERSITY OF CHICAGO 5801 SOUTH ELLIS AVE. CHICAGO, IL 60637	362177139	501 C (3)	150,000.				RESEARCH AND MEDICAL
(5)	UNIVERSITY OF COLORADO DENVER 12801 EAST 17TH AVENUE AURORA, CO 80045	846000555	501 C (3)	20,000.				PUBLIC & PROFESSIONA
(6)	UNIVERSITY OF COLORADO DENVER 12801 EAST 17TH AVENUE AURORA, CO 80291	846000555	501 C (3)	150,000.				RESEARCH AND MEDICAL
(7)	UNIVERSITY OF IOWA 200 HAWKINS DRIVE IOWA CITY, IA 52242	426004813	501 C (3)	24,900.				PUBLIC & PROFESSIONA
(8)	UNIVERSITY OF IOWA 4 JESSUP HALL IOWA CITY, IA 52242	426004813	501 C (3)	560,000.				RESEARCH AND MEDICAL
(9)	UNIVERSITY OF MARYLAND MEDICAL 110 SOUTH PACA STREET BALTIMORE, MD 21201	522238993	501 C (3)	15,000.				PUBLIC & PROFESSIONA
(10)	UNIVERSITY OF MASSACHUSETTS ME 55 LAKE AVENUE NORTH WORCESTER, MA 01655	043167352	501 C (3)	150,000.				RESEARCH AND MEDICAL
(11)	UNIVERSITY OF MIAMI 1400 NW 10TH AVENUE, RM 1040B	590624458	501 C (3)	10,000.				RESEARCH AND MEDICAL
(12)	UNIVERSITY OF MISSISSIPPI MEDI 2500 N STATE STREET JACKSON, MS 39216 4505	646008520	501 C (3)	25,000.				PUBLIC & PROFESSIONA

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(1)	UNIVERSITY OF NEBRASKA MEDICAL 984420 NEBRASKA MEDICAL CENTER	911858433	501 C (3)	5,400.				PUBLIC & PROFESSIONA
(2)	UNIVERSITY OF NEW MEXICO SUITE 2600/MSC01 ALBUQUERQUE, NM 87131	856000642	501 C (3)	5,500.				PUBLIC & PROFESSIONA
(3)	UNIVERSITY OF NORTH CAROLINA 104 AIRPORT DRIVE SUITE 2200 CB1350	566001393	501 C (3)	150,000.				RESEARCH AND MEDICAL
(4)	UNIVERSITY OF NOTRE DAME DU LA 204 GALVIN LIFE SCIENCES RESEARCH BLDG	350868188	501 C (3)	150,000.				RESEARCH AND MEDICAL
(5)	UNIVERSITY OF OREGON 1370 FRANKLIN BLVD EUGENE, OR 97403	481278531	501 C (3)	150,000.				RESEARCH AND MEDICAL
(6)	UNIVERSITY OF PITTSBURGH 3017 CATHEDRAL OF LEARNING	250965591	501 C (3)	493,029.				RESEARCH AND MEDICAL
(7)	UNIVERSITY OF ROCHESTER 601 ELMWOOD AVENUE ROCHESTER, NY 14627	160743209	501 C (3)	150,000.				RESEARCH AND MEDICAL
(8)	UNIVERSITY OF SOUTH CAROLINA 2 MEDICAL PARK COLUMBIA, SC 29203	570967350	501 C (3)	6,000.				PUBLIC & PROFESSIONA
(9)	UNIVERSITY OF SOUTH CAROLINA 901 SUMTER STREET COLUMBIA, SC 29208	570967350	501 C (3)	13,779.				PUBLIC & PROFESSIONA
(10)	UNIVERSITY OF SOUTH FLORIDA 3650 SPECTRUM BLVD TAMPA, FL 33612-9446	593102112	501 C (3)	150,000.				PUBLIC & PROFESSIONA
(11)	UNIVERSITY OF SOUTHERN CALIFORNIA 2250 ALCAZAR ST LOS ANGELES, CA 90089-8001	951642394	501 C (3)	150,000.				RESEARCH AND MEDICAL
(12)	UNIVERSITY OF TEXAS MEDICAL BR 2014 NORTH 10TH ST ORANGE, TX 77630	746000949	501 C (3)	169,071.				RESEARCH AND MEDICAL

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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)	UNIVERSITY OF TEXAS SOUTHWESTERN CENTER AT P.O. BOX 841573 DALLAS, TX 75284	756002868	501 C (3)	330,500.				RESEARCH AND MEDICAL
(2)	UNIVERSITY OF UTAH 15 NORTH 2030 SALT LAKE CITY, UT 84112	876000626	501 C (3)	530,000.				RESEARCH AND MEDICAL
(3)	VA COMMONWEALTH UNIVERSITY PO BOX 980033 RICHMOND, VA 23298	546001758	501 C (3)	30,637.				COMMUNITY SERVICES
(4)	VANDERBILT UNIVERSITY MEDICAL 3319 WEST END AVENUE NASHVILLE, TN 37203	620476822	501 C (3)	109,376.				RESEARCH AND MEDICAL
(5)	VIRGINIA GARCIA MEMORIAL HEALTH PO BOX 486 CORNELIUS, OR 97113	930717997	501 C (3)	14,000.				RESEARCH AND MEDICAL
(6)	VIRGINIA LEAGUE FOR PLANNED PARENTHOOD 201 N. HAMILTON STREET RICHMOND, VA 23221	540505973	501 C (3)	22,760.				COMMUNITY SERVICES
(7)	WABASH COUNTY HEALTH DEPARTMENT CE130 WEST SEVENTH ST MT CARMEL, IL 62863	364131874	501 C (3)	15,800.				COMMUNITY SERVICES
(8)	WASHINGTON HOSPITAL CENTER FOU 110 IRVING STREET NW WASHINGTON, DC 20010	521791670	501 C (3)	18,555.				PUBLIC & PROFESSIONA
(9)	WASHINGTON UNIVERSITY 660 S.EUCLID AVE. ST. LOUIS, MO 63110	430653611	501 C (3)	657,952.				RESEARCH AND MEDICAL
(10)	WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY 1300 YORK AVENUE NEW YORK, NY 10021	131623978	501 C (3)	200,000.				RESEARCH AND MEDICAL
(11)	WEST SIDE COMMUNITY HEALTH SERVICES 153 CESAR CHAVEZ STREEET ST PAUL, MN 55107	237156236	501 C (3)	12,500.				PUBLIC & PROFESSIONA
(12)	WESTERN CONNECTICUT HOME CARE, INC 4 LIBERTY STREET DANBURY, CT 06810	060655138	501 C (3)	18,000.				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) (2012)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

**Part I General Information on Grants and Assistance**

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

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

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)	WHEATON FRANCISCAN HEALTHCARE-ALL SAINTS 3801 SPRING STREET RACINE, WI 35405	391570877	501 C (3)	25,000.				PUBLIC & PROFESSIONA
(2)	WHEATON FRANCISCAN-ST.JOSEPH F 5000 W CHAMBERS STREET MILWAUKEE, WI 53212	391636804	501 C (3)	9,580.				PUBLIC & PROFESSIONA
(3)	WHEELER AVENUE 5C'S, INC 3826 WHEELER AVENUE HOUSTON, TX 77004	741952632		25,000.				PUBLIC & PROFESSIONA
(4)	WOMANS HOSPITAL OF TEXAS 7600 FANNIN ST HOUSTON, TX 77054	621810381	501 C (3)	20,000.				PUBLIC & PROFESSIONA
(5)	WOMEN'S HEALTHCARE ASSOCIATION PO BOX 2885 PORTLAND, OR 97208	931271596	501 C (3)	15,000.				RESEARCH AND MEDICAL
(6)	WTL -THE WAY, TRUTH, AND LIFE 30443 BETKA RD WALLER, TX 77484	841639778	501 C (3)	55,000.				PUBLIC & PROFESSIONA
(7)	WV COMMUNITY VOICES, INC 2107 WASHINGTON ST EAST	200625456		14,994.				PUBLIC & PROFESSIONA
(8)	YALE UNIVERSITY 155 WHITNEY AVE NEW HAVEN, CT 06520	060646973	501 C (3)	334,312.				RESEARCH AND MEDICAL
(9)	YALE UNIVERSITY 155 WHITNEY AVE NEW HAVEN, CT 06520	060646973	501 C (3)	350,000.				RESEARCH AND MEDICAL
(10)	YOUNG ADULTS HEALTH CENTER, INC 47 NORTH HURON YPSILANTI, MI 48197	382329742		25,000.				PUBLIC & PROFESSIONA
(11)	YOUTH SERVICES, INC PO BOX 6008 BRATTLEBORO, VT 05302	030287694	501 C (3)	6,000.				PUBLIC & PROFESSIONA
(12)	YSLETA INDEPENDENT SCHOOL DIST 9600 SIMS DR. EL PASO, TX 79925	746002473	501 C (3)	8,000.				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) (2012)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

**Part I General Information on Grants and Assistance**

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

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

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)	YWCA OF GREENSBORO 4002 SPRING GARDEN S GREENSBORO, NC 27407	560529936	501 C (3)	39,794.				PUBLIC & PROFESSIONA
(2)	YWCA OF KAUAI 2855 HOOLAKO STREET LIHUE, HI 96766	990073504	501 C (3)	20,000.				PUBLIC & PROFESSIONA
(3)	ZETA PHI BETA SORORITY, INC 2110 DUTCH ELM DR. FISHERS, IN 46231	204915926	501(C)(7)	19,030.				PUBLIC & PROFESSIONA
(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 ▶ 296.

3 Enter total number of other organizations listed in the line 1 table ▶ 15.

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

Schedule I (Form 990) (2012)



**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 DEVELOPMENTAL BIOLOGY RECIPIENT	1.	125,000.			
2 AWARD FOR DEVELOPMENTAL BIOLOGY RECIPIENT	1.	125,000.			
3					
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 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.

OMB No. 1545-0047

**2012**

**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 officers, directors, trustees, and 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
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2012

**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)	499,883.	0	26,796.	6,348.	533,027.	
	(ii)	0	0	0	0	0	0
2 DR. ALAN FLEISCHMAN MEDICAL DIR*ENDED JUNE 2012	(i)	142,394.	0	889.	7,505.	150,788.	
	(ii)	0	0	0	0	0	0
3 RICHARD E. MULLIGAN EXECUTIVE VICE PRESIDENT	(i)	304,740.	0	10,669.	18,928.	334,337.	
	(ii)	0	0	0	0	0	0
4 LISA BELLSEY, ESQ. ASSISTANT SECRETARY	(i)	261,289.	0	1,806.	6,760.	269,855.	
	(ii)	0	0	0	0	0	0
5 DAVID HORNE ASSISTANT TREASURER	(i)	197,348.	0	414.	21,220.	218,982.	
	(ii)	0	0	0	0	0	0
6 MICHAEL KATZ, MD SENIOR V.P.	(i)	265,094.	0	8,364.	1,128.	274,586.	
	(ii)	0	0	0	0	0	0
7 JAMES GREEN SENIOR V.P.	(i)	263,540.	0	26,817.	18,654.	309,011.	
	(ii)	0	0	0	0	0	0
8 PAULA RANSOM SENIOR V.P.	(i)	251,140.	0	980.	18,928.	271,048.	
	(ii)	0	0	0	0	0	0
9 JOSEPH L. SIMPSON, MD SENIOR V.P.	(i)	347,952.	0	30,129.	6,224.	384,305.	
	(ii)	0	0	0	0	0	0
10 SCOTT D. BERNS, MD SENIOR V.P.	(i)	256,737.	0	639.	1,128.	258,504.	
	(ii)	0	0	0	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. \$21,462;

RICHARD MULLIGAN \$8,837

JAMES GREEN \$2,496

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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

OMB No. 1545-0047

**2012**

**Open To Public  
Inspection**

Name of the organization  
MARCH OF DIMES FOUNDATION

Employer identification number  
13-1846366

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .	X	105.	60,172.	SELLING PRICE
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	26.	259,676.	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) (2012)

**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

Name of the organization

MARCH OF DIMES FOUNDATION

**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

**2012**

**Open to Public  
Inspection**

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 (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

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

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.



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

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 COSTS AS OUTLINED BELOW.

PENSION/POST RETIREMENT COSTS (3,685,914)

ATTACHMENT 1

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CO, CT,  
 FL, GA, HI, IL, IN, KS, KY, LA, ME, MD, MA, MI,  
 MN, MS, NE, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,  
 RI, SC, TN, UT, VA, WA, WV, WI,

ATTACHMENT 2

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
-------------------------	--------------------------------	---------------------

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

ATTACHMENT 2 (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>
INFOCISION 325 SPRINGSIDE DRIVE AKRON, OH 44333	TELEMARKETING SERVIC	4,442,825.
PEP DIRECT 19 STONEY BROOK DRIVE WILTON, NH 03086	MAIL HOUSE	2,352,961.
MEDIA VENTURES GROUP, LLC 60 WEST 55TH STREET 4TH FLOOR NEW YORK, NY 10014	MARKETING	1,146,771.
KOHL CONSTRUCTION GROUP 400 RELLA BLVD MOBNTABELLO, NY 10901	CONSTRUCTION	2,398,764.
BLACKBAUD PO BOX 930256 ATLANTA, GA 31193-0256	SOFTWARE DESIGN	1,117,400.

ATTACHMENT 3

FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	(A) <u>TOTAL</u> <u>REVENUE</u>	(B) <u>RELATED OR</u> <u>EXEMPT REVENUE</u>	(C) <u>UNRELATED</u> <u>BUSINESS REV.</u>	(D) <u>EXCLUDED</u> <u>REVENUE</u>
INTEREST ON SAVINGS	211,159.			211,159.
INTEREST & DIVIDENDS	2,348,742.			2,348,742.
TOTALS	<u>2,559,901.</u>			<u>2,559,901.</u>

ATTACHMENT 4

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
SPECIAL EVENTS	135,016,651.
TOTAL	<u>135,016,651.</u>

Name of the organization MARCH OF DIMES FOUNDATION	Employer identification number 13-1846366
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ATTACHMENT 5

FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>
SPECIAL EVENTS	14,193,920.	14,193,920.
TOTALS	<u>14,193,920.</u>	<u>14,193,920.</u>

ATTACHMENT 6

FORM 990, PART VIII - GAMING ACTIVITIES

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>
GAMING ACTIVITIES	290,913.	290,913.
TOTALS	<u>290,913.</u>	<u>290,913.</u>

ATTACHMENT 7

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
PREPAID INSURANCE	282,553.
PREPAID RENT	491,558.
DEFERRED TRUST	48,637.
OTHER PREPAID EXPENSES	879,051.
TOTALS	<u>1,701,799.</u>

ATTACHMENT 8

Name of the organization MARCH OF DIMES FOUNDATION	Employer identification number 13-1846366
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ATTACHMENT 8 (CONT'D)

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
SHORT TERM SECURITY	796,469.
DOMESTIC COMMON STOCK	18,239,434.
PUBLICLY TRADED MUTUAL FUNDS	32,571,068.
INSTITUTIONAL MUTUAL FUNDS	19,901,886.
FIXED INCOME	991,793.
INTERNATIONAL ALTERNATIVE INV	12,041,002.
TOTALS	<u>84,541,652.</u>

ATTACHMENT 9

FORM 990, PART X - DEFERRED REVENUE

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
DEFERRED REV	10,000.
DEFERRED REV - SPECIAL EVENTS	1,352,239.
DEFERRED REV - OTHER	46,164.
TOTALS	<u>1,408,403.</u>