

MARCH OF DIMES FOUNDATION  
FORM 990  
TAX YEAR 2013

Form **8453-EO**

# Exempt Organization Declaration and Signature for Electronic Filing

OMB No. 1545-1879

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

# 2013

Department of the Treasury  
Internal Revenue Service

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

Name of exempt organization

Employer identification number

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

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

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

## Part II Declaration of Officer

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

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

Sign Here

*David Lane*  
Signature of officer

15/7/2014  
Date

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

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

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

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

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

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

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Cat. No. 36606Q

Form **8453-EO** (2013)

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

# 2013

Open to Public Inspection

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

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

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: THE MISSION OF THE MARCH OF DIMES IS TO IMPROVE THE HEALTH OF BABIES BY PREVENTING BIRTH DEFECTS, PREMATURE BIRTH AND INFANT MORTALITY. SEE PART III, LINE 1 FOR MORE INFORMATION.		
	<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 2013 (Part V, line 2a)	<b>5</b>	1,667.
	<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)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	198,602,163.	195,237,139.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,746,635.	1,786,401.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,316,222.	4,075,480.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,832,667.	1,712,900.
		205,497,687.	202,811,920.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	28,943,736.	28,089,160.
	<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)	106,133,799.	104,203,416.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	1,296,916.	1,120,396.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 27,613,984.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	81,435,527.	79,125,453.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	217,809,978.	212,538,425.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-12,312,291.	-9,726,505.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	155,522,247.	153,954,900.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.	148,743,417.	78,877,204.
	6,778,830.	75,077,696.	

## Part II Signature Block

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

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

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

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

Part III Statement of Program Service Accomplishments

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

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 [X] No If "Yes," describe these new services on Schedule O.

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

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

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

ATTACHMENT 1

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

ATTACHMENT 2

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

ATTACHMENT 3

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

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

Part IV Checklist of Required Schedules

Table with 3 columns: Question 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 or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>	X	
<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 25a. . . . .</i>		X
<b>24 b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>24 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>24 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>25 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> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II. . . . .		X
<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>28 a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV. . . . .</i>		X
<b>28 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>28 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>35 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 or note to any line in this Part V [X]

Table with columns for question number, description, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable 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 or note to any line in this Part VI [X]

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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



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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LAVERNE H. COUNCIL CHAIRMAN	3.00	X		X				0	0	0
(2) CAROL EVANS TRUSTEE	1.00	X						0	0	0
(3) GARY DIXON VICE CHAIR	1.00	X		X				0	0	0
(4) JONATHAN SPECTOR VICE CHAIR	1.00	X		X				0	0	0
(5) AL CHILDS TREASURER	1.00	X		X				0	0	0
(6) DON GERMANO TRUSTEE	1.00	X						0	0	0
(7) H. EDWARD HANWAY VICE CHAIR	1.00	X		X				0	0	0
(8) KENNETH A. MAY TRUSTEE	1.00	X						0	0	0
(9) HARRIS BROOKS TRUSTEE	1.00	X						0	0	0
(10) SHANNON BROWN TRUSTEE	1.00	X						0	0	0
(11) JOHN BURBANK TRUSTEE	1.00	X						0	0	0
(12) HARVEY COHEN, MD, PHD TRUSTEE	1.00	X						0	0	0
(13) JOSE CORDERO, MD, MPH TRUSTEE	1.00	X						0	0	0
(14) VIRGINIA DAVIS FLOYD, MD, MPH TRUSTEE	1.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15) STEVEN FREIBERG ----- TRUSTEE	1.00	X					0	0	0	
( 16) ALEEM GILLANI ----- TRUSTEE	1.00	X					0	0	0	
( 17) DAVID H. LISSY ----- TRUSTEE	1.00	X					0	0	0	
( 18) G. BRENT MINOR ----- TRUSTEE	1.00	X					0	0	0	
( 19) KIRK PERRY ----- TRUSTEE	1.00	X					0	0	0	
( 20) TROY RUHANEN ----- TRUSTEE	1.00	X					0	0	0	
( 21) F. ROBERT WOULDSTRA ----- TRUSTEE	1.00	X					0	0	0	
( 22) ROGER CHARLES YOUNG, MD, PHD. ----- TRUSTEE	1.00	X					0	0	0	
( 23) HARRY JOHNSON, ESQ. ----- TRUSTEE	1.00	X					0	0	0	
( 24) DEIDRA C. MERRIWETHER ----- TRUSTEE	1.00	X					0	0	0	
( 25) DANA W. POINTS ----- TRUSTEE	1.00	X					0	0	0	
<b>1b Sub-total</b> . . . . .							0	0	0	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .							3,226,948.	0	83,474.	
<b>d Total (add lines 1b and 1c)</b> . . . . .							3,226,948.	0	83,474.	

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

	Yes	No
<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
ATTACHMENT 6		

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
26) WILL A. SMITH TRUSTEE	1.00	X						0	0	0
27) F. SESSIONS COLE, III, MD TRUSTEE- *EFF 6/21/13	1.00	X						0	0	0
28) JAMES M. CORBETT TRUSTEE - *EFF 3/15/13	1.00	X						0	0	0
29) MONICA LUECHTEFELD TRUSTEE - *EFF 6/21/13	1.00	X						0	0	0
30) JOHN D. RAINEY TRUSTEE - *EFF 6/21/13	1.00	X						0	0	0
31) KATHLEEN ROOSEVELT TRUSTEE - *EFF 12/6/13	1.00	X						0	0	0
32) DAVID R. SMITH TERM ENDED 6/21/13	1.00	X		X				0	0	0
33) MIRIAM AROND TERM ENDED 6/21/13	1.00	X						0	0	0
34) WILLIAM R. HARKER, ESQ. TERM ENDED 6/21/13	1.00	X						0	0	0
35) ELIZABETH ROOSEVELT JOHNSON TERM ENDED 9/20/13	1.00	X						0	0	0
36) DAVID A. TRAVERS TERM ENDED 12/6/13	1.00	X						0	0	0
<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 **▶** 125

	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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 37) JENNIFER HOWSE, PHD PRESIDENT	50.00			X				508,707.	0	6,552.
( 38) RICHARD E. MULLIGAN EXECUTIVE VICE PRESIDENT	50.00			X				380,231.	0	17,896.
( 39) LISA BELLSEY, ESQ. ASSISTANT SECRETARY	50.00			X				285,529.	0	6,964.
( 40) DAVID HORNE ASSISTANT TREASURER	50.00			X				221,924.	0	17,896.
( 41) EDWARD MCCABE, M.D. MEDICAL DIRECTOR	50.00			X				382,337.	0	0
( 42) JOSEPH L. SIMPSON, MD SENIOR V.P.	50.00					X		400,541.	0	6,552.
( 43) SCOTT D. BERNS, MD SENIOR V.P.	50.00					X		270,628.	0	1,398.
( 44) SANDRA HIJIKATA SENIOR V.P.	50.00					X		249,525.	0	1,000.
( 45) ALAN KAUFFMAN SENIOR V.P.	50.00					X		244,436.	0	7,320.
( 46) PAULA RANSOM SENIOR V.P.	50.00					X		283,090.	0	17,896.
<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 **▶** 125

	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

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

**Part VIII Statement of Revenue**

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

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

**Part IX Statement of Functional Expenses**

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

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

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	2,826,731.	<b>1</b>	6,036,354.
	<b>2</b> Savings and temporary cash investments	13,050,267.	<b>2</b>	5,608,412.
	<b>3</b> Pledges and grants receivable, net	1,818,344.	<b>3</b>	2,328,883.
	<b>4</b> Accounts receivable, net	6,291,715.	<b>4</b>	5,553,510.
	<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	4,464,506.	<b>8</b>	4,188,338.
	<b>9</b> Prepaid expenses and deferred charges	1,701,799.	<b>9</b>	2,011,928.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 55,318,011.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 42,335,770.	15,071,505.	<b>10c</b> 12,982,241.
	<b>11</b> Investments - publicly traded securities	<b>ATCH 12</b>	84,541,652.	<b>11</b> 77,730,117.
	<b>12</b> Investments - other securities. See Part IV, line 11		15,654,128.	<b>12</b> 26,295,710.
	<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		10,101,600.	<b>15</b> 11,219,407.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)		155,522,247.	<b>16</b> 153,954,900.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	11,483,916.	<b>17</b>	10,963,792.
	<b>18</b> Grants payable	21,421,316.	<b>18</b>	19,331,017.
	<b>19</b> Deferred revenue	<b>ATCH 13</b>	1,408,403.	<b>19</b> 1,668,665.
	<b>20</b> Tax-exempt bond liabilities		0	<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		114,429,782.	<b>25</b> 46,913,730.
	<b>26 Total liabilities.</b> Add lines 17 through 25		148,743,417.	<b>26</b> 78,877,204.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	-7,753,938.	<b>27</b>	58,125,021.
	<b>28</b> Temporarily restricted net assets	2,711,100.	<b>28</b>	3,732,000.
	<b>29</b> Permanently restricted net assets	11,821,668.	<b>29</b>	13,220,675.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>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	6,778,830.	<b>33</b>	75,077,696.
	<b>34</b> Total liabilities and net assets/fund balances	155,522,247.	<b>34</b>	153,954,900.

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	202,811,920.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	212,538,425.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-9,726,505.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	6,778,830.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	10,911,043.
<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>	67,114,328.
<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>	75,077,696.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<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)**

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

<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?  
  - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 

	Yes	No
<b>11g(i)</b>		
  - (ii) A family member of a person described in (i) above? 

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

	Yes	No
<b>11g(iii)</b>		
- 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>									

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

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

Section B. Total Support

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

Section C. Computation of Public Support Percentage

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

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

Section A. Public Support

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

Section B. Total Support

Table with 7 columns: (a) 2009, (b) 2010, (c) 2011, (d) 2012, (e) 2013, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

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

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**  
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
 ▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2013

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

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

**B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</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%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
<b>2a</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 columns (a) Yes/No and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total. Add lines 1c through 1i; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

Table with columns Yes/No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political expenditures from the prior year?

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

Part IV Supplemental Information

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

SEE PAGE 4

**Part IV** Supplemental Information (continued)

## SCHEDULE C PART II B

## LINE 1

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



SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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

2013

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Open to Public Inspection

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

Name of the organization

Employer identification number

MARCH OF DIMES FOUNDATION

13-1846366

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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 (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year., 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 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)?, 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., 1b 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) 2013

JSA 3E1268 2.000

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

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

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

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

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

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

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

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

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

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

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

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

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

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

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

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

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements .....	<b>1</b>	217,303,948.
<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>	10,911,043.
<b>b</b>	Donated services and use of facilities .....	<b>2b</b>	3,580,985.
<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>	14,492,028.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	202,811,920.
<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>	202,811,920.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements .....	<b>1</b>	216,119,410.
<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>	3,580,985.
<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>	3,580,985.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> .....	<b>3</b>	212,538,425.
<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>	212,538,425.

**Part XIII Supplemental Information.**

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

SEE PAGE 5

**Part XIII** Supplemental Information (continued)

SCHEDULE D PART X

#2 FIN 48 FOOTNOTE

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

SCHEDULE D PART V

LINE 4

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

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Employer identification number

MARCH OF DIMES FOUNDATION

13-1846366

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EUROPE			GRANTMAKING	RESEARCH & MEDICAL SUP	265,000.
(2) EAST ASIA AND THE PACIFIC			GRANTMAKING	RESEARCH & MEDICAL SUP	130,000.
(3) NORTH AMERICA			GRANTMAKING	RESEARCH & MEDICAL SUP	1,158,870.
(4) MIDDLE EAST AND NORTH AFRICA			GRANTMAKING	RESEARCH & MEDICAL SUP	25,000.
(5) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		26,295,710.
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .					27,874,580.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)					27,874,580.

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

Schedule F (Form 990) 2013

JSA  
3E1274 1.000

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA	RESEARCH & M EDICAL SUPPO	407,870.	CHECK			
(2)			NORTH AMERICA	RESEARCH & M EDICAL SUPPO	376,000.	CHECK			
(3)			NORTH AMERICA	RESEARCH & M EDICAL SUPPO	125,000.	CHECK			
(4)			NORTH AMERICA	RESEARCH & M EDICAL SUPPO	250,000.	CHECK			
(5)			EAST ASIA/PACIFIC	RESEARCH & M EDICAL SUPPO	25,000.	CHECK			
(6)			MIDDLE EAST/NORTH AFRICA	RESEARCH & M EDICAL SUPPO	25,000.	CHECK			
(7)			EUROPE/ICELAND/GREENLAND	RESEARCH & M EDICAL SUPPO	250,000.	CHECK			
(8)			EAST ASIA/PACIFIC	RESEARCH & M EDICAL SUPPO	95,000.	CHECK			
(9)			EAST ASIA/PACIFIC	RESEARCH & M EDICAL SUPPO	10,000.	CHECK			
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

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

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

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



**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

## SCHEDULE F MONITORING GRANTS

## PART I, LINE 2

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

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

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

**Part I**

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 INFOCISION MGMNT GROUP	TELEMARKETING		X	9,493,617.	3,949,372.	5,544,245.
2 ADVANCED BUSINESS TECHNOLOGY	TELEMARKETING		X	804,484.	249,710.	554,774.
3 HERITAGE COMPANY	TELEMARKETING		X	160,925.	49,951.	110,974.
4 ODELL SIMMS & LYNCH	FUNDRAISE		X		290,597.	
5 HAYES & ASSOCIATES	FUNDRAISE		X	927,000.	85,500.	841,500.
6 THOMPSON HABIB & DENISON	FUNDRAISE		X		542,907.	
7						
8						
9						
10						
<b>Total</b>				11,386,026.	5,168,037.	7,051,493.

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

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

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

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

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

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

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

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

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

a The organization's facility	<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.** Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G, PART I - FUNDRAISING ACTIVITIES

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

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

a The organization's facility	<b>13a</b>	%
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 ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:
 

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:
  - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
  - b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

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

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

AL, CA, CO, ID, IL,

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

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

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

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

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

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

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

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

Schedule I (Form 990) (2013)

JSA

3E1288 1.000

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ARKANSAS DEPT OF HEALTH 4815 W MARKHAM ST LITTLE ROCK, AR 72205	710847443		20,000.				PUBLIC & PROFESSIONA
(2) ASHFORD PRESBYTERIAN COMMUNITY P.O BOX 9020032 SAN JUAN, PR 00902	660177824	501 (C) (3)	6,651.				PUBLIC & PROFESSIONA
(3) ATRIUM MEDICAL CENTER FOUNDATION ONE MEDICAL CENTER DR MIDDLETOWN, OH 45005	311079213	501 (C) (3)	21,731.				PUBLIC & PROFESSIONA
(4) BALTIMORE WASHINGTON MEDICAL CENTER 301 HOSPITAL DRIVE GLEM BURNIE, MD 21061	521813656	501 (C) (3)	25,000.				PUBLIC & PROFESSIONA
(5) BAPTIST HEALTH MADISONVILLE, INC 900 HOSPITAL DRIVE MADISONVILLE, KY 42431	610654587		26,000.				PUBLIC & PROFESSIONA
(6) BAPTIST HOSPITAL OF SOUTHEAST 3080 COLLEGE STREET BEAUMONT, TX 77704	741303720	501 (C) (3)	10,000.				PUBLIC & PROFESSIONA
(7) BARREN RIVER DISTRICT HEALTH DEPT 1109 STATE ST BOWLING GREEN, KY 42102-1157	611010874	501 (C) (3)	10,360.				PUBLIC & PROFESSIONA
(8) BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030	741613878	501 (C) (3)	375,000.				RESEARCH & MEDICAL S UPPORT
(9) BAYLOR COLLEGE OF MEDICINE-TEEN HEALTH 1504 TAUB LOOP HOUSTON, TX 77030	741613878	501 (C) (3)	10,000.				PUBLIC & PROFESSIONA
(10) ZETA PHI BETA SORORITY P.O. BOX 91495 WASHINGTON, DC 20090	521344959	501 (C) (3)	8,000.				PUBLIC & PROFESSIONA
(11) BIRTH MATTERS 424 MUSTANG DRIVE SPARTANBURG, SC 29037	454900759	501 (C) (3)	8,875.				PUBLIC & PROFESSIONA
(12) BIRTH MATTERS 424 MUSTANG DRIVE SPARTANBURG, SC 29037	454900759	501 (C) (3)	8,498.				COMMUNITY SERVICES

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

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

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Schedule I (Form 990) (2013)

JSA

3E1288 1.000



**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

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

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

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

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

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

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

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

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

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

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

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Schedule I (Form 990) (2013)

JSA

3E1288 1.000

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

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

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

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

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

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

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

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

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

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Schedule I (Form 990) (2013)

JSA

3E1288 1.000

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

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

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

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

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

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

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

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

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

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

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

Schedule I (Form 990) (2013)

JSA

3E1288 1.000

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

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

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

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

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

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

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Schedule I (Form 990) (2013)

JSA

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**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

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Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

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

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

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

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

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

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

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

Schedule I (Form 990) (2013)

JSA

3E1288 1.000

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2013**

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Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

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

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

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

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

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

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

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

Schedule I (Form 990) (2013)

JSA

3E1288 1.000



**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

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Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ZETA PHI BETA SORORITY, INC P.O BOX 71335 WASHINGTON, DC 20024	521848244	501 (C)(7)	7,000.				PUBLIC & PROFESSIONA
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

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

Schedule I (Form 990) (2013)

JSA

3E1288 1.000

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

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

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

SCHEDULE I MONITORING GRANTS

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

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

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

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

OMB No. 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |                                                                         |                                                                                     |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
  - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
  - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.**

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

- a** The organization?
  - b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

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

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

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

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

	Yes	No
<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) 2013

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

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

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

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

**Part III Supplemental Information**

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

SUPPLEMENTAL NONQUALIFIED RETIREMENT INCLUDING RELATED TAX GROSS UP PMNTS

PART 1, #4B

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

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

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2013**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

**Part I Types of Property**

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

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

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .	X	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	X	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2013)

JSA

3E1298 1.000

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

CAR DONATION PROGRAM

SCHEDULE M #32A

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

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

Department of the Treasury  
Internal Revenue Service

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

**2013**

**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 AND OFFICERS (BOTH NATIONAL AND CHAPTER) TO REVIEW AND SIGN A CONFLICT OF INTEREST POLICY. VOLUNTEER BOARD MEMBERS ARE GIVEN A HARD COPY TO SIGN. EMPLOYEES ACCESS THE FOUNDATION'S INTRANET WEBSITE TO REVIEW AND SIGN THE POLICY. THE FOUNDATION'S LEGAL COUNSEL DETERMINES WHETHER A CONFLICT EXISTS AND RESOLVES ANY ACTUAL CONFLICTS. ANY BOARD MEMBERS WITH A CONFLICT IN A



Name of the organization MARCH OF DIMES FOUNDATION	Employer identification number 13-1846366
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MATTER REQUIRING ACTION BY THE BOARD ARE PROHIBITED FROM PARTICIPATING IN THE BOARD'S DELIBERATIONS OR DECISIONS REGARDING THE MATTER UNDER CONSIDERATION.

PART VI SECTION B POLICIES

LINE 15

DETERMINATION OF EXECUTIVE COMPENSATION AT THE MARCH OF DIMES IS A THREE STAGE PROCESS, DESIGNED TO ENSURE AN INDEPENDENT AND TRANSPARENT APPROACH TO THE REVIEW OF THE MARCH OF DIMES OFFICERS AND ENSURE THAT THEIR COMPENSATION REFLECTS FAIR MARKET VALUE. THE FIRST STAGE OF THE PROCESS IS PERFORMED BY THE EXECUTIVE COMPENSATION COMMITTEE. THE EXECUTIVE COMPENSATION COMMITTEE WAS ORGANIZED TO CLARIFY AND SIMPLIFY THE COMPENSATION REVIEW PROCESS FOR THE PRESIDENT AND STAFF OFFICERS. THE COMMITTEE IS COMPRISED OF 4 INDEPENDENT TRUSTEES WHO MEET ANNUALLY TO REVIEW AND DISCUSS THE SALARY RANGES FOR THE PRESIDENT AND STAFF OFFICERS OF THE MARCH OF DIMES, INCLUDING MERIT, VARIABLE PAY AND BENEFITS. IT TYPICALLY RECEIVES A BENCHMARKING REPORT FROM AN OUTSIDE CONSULTANT, WHICH COMPARES THE COMPENSATION DATA TO OTHER SIMILAR CHARITIES. THE COMMITTEE THEN MAKES ITS RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE. THE SECOND STAGE OF THE PROCESS IS THE PRESENTATION OF THE EXECUTIVE COMPENSATION COMMITTEE'S FINDINGS AND RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE CONSIDERS AND DISCUSSES THE RECOMMENDATIONS, AND THEN TAKES A VOTE ON COMPENSATION. THE THIRD STAGE IS WHEN THE FULL BOARD OF DIRECTORS IS BRIEFED ON THE EXECUTIVE COMMITTEE'S FINDINGS AND CONCLUSIONS. MINUTES ARE TAKEN CONTEMPORANEOUSLY TO RECORD THE DISCUSSION AND CONCLUSIONS REACHED, AND ARE KEPT ON FILE.

Name of the organization MARCH OF DIMES FOUNDATION	Employer identification number 13-1846366
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THIS PROCESS IS IN KEEPING WITH THE MARCH OF DIMES BY-LAWS AND THE RESPONSIBILITIES OF THE EXECUTIVE COMMITTEE, AND ALSO IS INTENDED TO COMPORT WITH REGULATIONS ON INTERMEDIATE SANCTIONS PROMULGATED BY THE IRS.

## PART VI SECTION C. DISCLOSURES

LINE 19

THE MARCH OF DIMES FOUNDATION MAKES ITS ANNUAL REPORT AND IRS FORM 990 ACCESSIBLE VIA OUR WEBSITE, WWW.MARCHOFDIMES.COM AND UPON REQUEST.

## PART XI RECONCILIATION OF NET ASSETS

LINE 9 OTHER CHANGES IN NET ASSETS

THE OTHER CHANGES IN NET ASSETS IS MADE UP OF PENSION/POST RETIREMENT COSTS OF \$67,114,328

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

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 ATTACHMENT 1
 

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

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RESEARCH &amp; MEDICAL SUPPORT

Name of the organization MARCH OF DIMES FOUNDATION	Employer identification number 13-1846366
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ATTACHMENT 1 (CONT'D)

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

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

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

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

Name of the organization MARCH OF DIMES FOUNDATION	Employer identification number 13-1846366
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ATTACHMENT 1 (CONT'D)

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

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

ATTACHMENT 2

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

PUBLIC AND PROFESSIONAL EDUCATION

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

Name of the organization MARCH OF DIMES FOUNDATION	Employer identification number 13-1846366
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ATTACHMENT 2 (CONT'D)

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

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

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

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

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

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ATTACHMENT 2 (CONT'D)

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

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

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

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

ATTACHMENT 3

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

COMMUNITY SERVICES

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

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

Name of the organization MARCH OF DIMES FOUNDATION	Employer identification number 13-1846366
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ATTACHMENT 3 (CONT'D)

PLEASE SEE LINK FOR FURTHER INFORMATION ON LOCAL PROGRAMS ON OUR

WEB PAGE:

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

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

CAYMAN ISLANDS

UNITED KINGDOM

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

AL, AK, AZ, AR, CA, CO, CT, DE,

FL, GA, HI, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI,

MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, PR,

RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

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

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

Name of the organization MARCH OF DIMES FOUNDATION	Employer identification number 13-1846366
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ATTACHMENT 6 (CONT'D)

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

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

ATTACHMENT 7

FORM 990, PART VIII - INVESTMENT INCOME

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

ATTACHMENT 8

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

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

ATTACHMENT 9



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

FORM 990, PART VIII - FUNDRAISING EVENTS

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

ATTACHMENT 10

FORM 990, PART VIII - GAMING ACTIVITIES

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

ATTACHMENT 11

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

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

ATTACHMENT 12

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

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

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

ATTACHMENT 13FORM 990, PART X - DEFERRED REVENUE

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