

MARCH OF DIMES FOUNDATION
FORM 990
TAX YEAR 2015

Form **8453-EO**

Exempt Organization Declaration and Signature for Electronic Filing

OMB No. 1545-1879

For calendar year 2015, or tax year beginning _____, 2015, and ending _____, 20____

2015

Department of the Treasury
Internal Revenue Service

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

Name of exempt organization

March of Dimes Foundation

Employer identification number

13-1846366

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

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

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	186,724,568
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 2015 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 Charne
Signature of officer

15/13/2016
Date

Senior VP & CFO
Title

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

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

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>	5/5/16		P006345609
	Firm's name	Firm's address		Firm's EIN	Phone no.
	KPMG LLP	345 Park Avenue New York NY 10154		13-5565207	212-758-9700

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

Cat. No. 38606Q

Form **8453-EO** (2015)

Return of Organization Exempt From Income Tax

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

A For the 2015 calendar year, or tax year beginning , 2015, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MARCH OF DIMES FOUNDATION			D Employer identification number 13-1846366	
	Doing business as			E Telephone number (914) 428-7100	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1275 MAMARONECK AVENUE				
	City or town, state or province, country, and ZIP or foreign postal code WHITE PLAINS, NY 10605			G Gross receipts \$ 231,911,027.	
F Name and address of principal officer: DR. JENNIFER HOWSE 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
J Website: ▶ WWW.MARCHOFDIMES.ORG					
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶					
				L Year of formation: 1938	
				M State of legal domicile: NY	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: THE MISSION OF THE MARCH OF DIMES IS TO IMPROVE THE HEALTH OF BABIES BY PREVENTING BIRTH DEFECTS, PREMATURE BIRTH AND INFANT MORTALITY. SEE PART III, LINE 1 FOR MORE INFORMATION.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	27.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	27.
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	1,583.
	6	Total number of volunteers (estimate if necessary)	6	3,000,000.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	187,516,021.	181,252,284.
	9	Program service revenue (Part VIII, line 2g)	1,840,158.	1,832,361.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,023,591.	2,142,703.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,506,527.	1,497,220.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	195,886,297.	186,724,568.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	29,600,942.	29,239,706.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	95,974,780.	103,471,154.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	959,708.	639,793.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 29,767,273.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	77,258,587.	80,234,745.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	203,794,017.	213,585,398.
19	Revenue less expenses. Subtract line 18 from line 12	-7,907,720.	-26,860,830.	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	139,978,215.	112,862,958.
	21	Total liabilities (Part X, line 26)	115,360,770.	99,447,941.
22	Net assets or fund balances. Subtract line 21 from line 20	24,617,445.	13,415,017.	

Part II Signature Block

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

Sign Here	Signature of officer DR. JENNIFER HOWSE	Date 05/12/2016			
	Type or print name and title PRESIDENT				
Paid Preparer Use Only	Print/Type preparer's name JOCELYNE C MILLER	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.

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

4a (Code:) (Expenses \$ 30,432,577. including grants of \$ 23,699,847.) (Revenue \$)

ATTACHMENT 1

4b (Code:) (Expenses \$ 78,011,534. including grants of \$ 3,305,823.) (Revenue \$ 1,832,361.)

ATTACHMENT 2

4c (Code:) (Expenses \$ 52,246,340. including grants of \$ 2,234,036.) (Revenue \$)

ATTACHMENT 3

4d Other program services (Describe in Schedule O.)

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

4e Total program service expenses 160,690,451.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-19 detailing various organizational requirements and their completion status.

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (voting members), 1b (independent members), 2-9 (governance questions).

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-16b (policy questions).

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.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: DAVID HORNE 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605 914 428-7100

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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) GARY DIXON CHAIRMAN	1.00 0.	X		X				0.	0.	0.
(2) JONATHAN SPECTOR VICE CHAIR	1.00 0.	X		X				0.	0.	0.
(3) DON GERMANO VICE CHAIR	1.00 0.	X		X				0.	0.	0.
(4) H. EDWARD HANWAY VICE CHAIR	1.00 0.	X		X				0.	0.	0.
(5) HARRIS BROOKS TRUSTEE	1.00 0.	X						0.	0.	0.
(6) JOHN BURBANK TRUSTEE	1.00 0.	X						0.	0.	0.
(7) HARVEY COHEN, MD, PHD TRUSTEE	1.00 0.	X						0.	0.	0.
(8) JOSE CORDERO, MD, MPH TRUSTEE	1.00 0.	X						0.	0.	0.
(9) VIRGINIA DAVIS FLOYD, MD, MPH TRUSTEE	1.00 0.	X						0.	0.	0.
(10) ALEEM GILLANI TRUSTEE	1.00 0.	X						0.	0.	0.
(11) DAVID H. LISSY TRUSTEE	1.00 0.	X						0.	0.	0.
(12) ROGER CHARLES YOUNG, MD, PHD. TRUSTEE	1.00 0.	X						0.	0.	0.
(13) HARRY JOHNSON, ESQ. TRUSTEE	1.00 0.	X						0.	0.	0.
(14) DEIDRA C. MERRIWETHER VICE CHAIR/TREASURER	1.00 0.	X		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) DANA W. POINTS TRUSTEE	1.00 0.	X					0.	0.	0.	
16) WILL A. SMITH TRUSTEE	1.00 0.	X					0.	0.	0.	
17) F. SESSIONS COLE, III, MD TRUSTEE	1.00 0.	X					0.	0.	0.	
18) JAMES M. CORBETT TRUSTEE	1.00 0.	X					0.	0.	0.	
19) MONICA LUECHTEFELD SECRETARY	1.00 0.	X		X			0.	0.	0.	
20) JOHN D. RAINEY TRUSTEE	1.00 0.	X					0.	0.	0.	
21) KATHLEEN ROOSEVELT TRUSTEE	1.00 0.	X					0.	0.	0.	
22) LISA BELKIN TRUSTEE	1.00 0.	X					0.	0.	0.	
23) DR. REGINA BENJAMIN TRUSTEE	1.00 0.	X					0.	0.	0.	
24) GRETCHEN CARLSON TRUSTEE	1.00 0.	X					0.	0.	0.	
25) ALFREDO GANGOTENA TRUSTEE	1.00 0.	X					0.	0.	0.	
1b Sub-total							0.	0.	0.	
c Total from continuation sheets to Part VII, Section A							3,798,699.	0.	94,375.	
d Total (add lines 1b and 1c)							3,798,699.	0.	94,375.	

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 **138**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 6		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **53**

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) LAVERNE H. COUNCIL ----- TERM ENDED JUNE 2015	1.00 0.	X		X				0.	0.	0.
(27) TROY RUHANEN ----- TERM ENDED AUG 2015	1.00 0.	X						0.	0.	0.
(28) STEVEN FREIBERG ----- TERM ENDED DEC 2015	1.00 0.	X						0.	0.	0.
(29) KIRK PERRY ----- TERM ENDED SEPT 2015	1.00 0.	X						0.	0.	0.
(30) DAVID LAKEY, MD ----- TRUSTEE *EFF JUNE 2015	1.00 0.	X						0.	0.	0.
(31) CHARLES LOCKWOOD, MD ----- TRUSTEE *EFF JUNE 2015	1.00 0.	X						0.	0.	0.
(32) JENNIFER HOWSE, PHD ----- PRESIDENT	50.00 0.			X				504,919.	0.	7,092.
(33) LISA BELLSEY, ESQ. ----- EVP	50.00 0.			X				431,215.	0.	7,511.
(34) DAVID HORNE ----- ASSISTANT TREASURER	50.00 0.			X				254,971.	0.	19,120.
(35) EDWARD MCCABE, M.D. ----- MEDICAL DIRECTOR	50.00 0.			X				414,633.	0.	0.
(36) KAREN ANDREWS, ESQ ----- ASST SECRETARY *EFF JUNE 2015	50.00 0.			X				165,173.	0.	5,954.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 138

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) JOSEPH L SIMPSON, MD ----- SENIOR V.P.	50.00 ----- 0.					X	388,608.	0.	7,092.	
(38) PAULA R RANSOM ----- SENIOR V.P.	50.00 ----- 0.					X	338,782.	0.	9,903.	
(39) NORA S. GOOCH ----- SENIOR V.P.	50.00 ----- 0.					X	297,306.	0.	7,500.	
(40) DANICA MONTAGUE ----- VP PHILANTHROPY	50.00 ----- 0.					X	291,648.	0.	14,066.	
(41) GERARD E. CARRINO ----- SENIOR V.P.	50.00 ----- 0.					X	289,683.	0.	6,552.	
(42) RICHARD E. MULLIGAN ----- FORMER EVP	1.00 ----- 0.						421,761.	0.	9,585.	
-----	-----									
-----	-----									
-----	-----									
-----	-----									
-----	-----									
-----	-----									
-----	-----									
-----	-----									
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 138

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	1,054,204.					
	b Membership dues	1b						
	c Fundraising events	1c	125,137,650.					
	d Related organizations	1d						
	e Government grants (contributions)	1e	1,912,470.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	53,147,960.					
	g Noncash contributions included in lines 1a-1f: \$		1,695,485.					
	h Total. Add lines 1a-1f			181,252,284.				
	Program Service Revenue				Business Code			
2a SALE OF EDUCATION MATERIAL			900099	1,351,617.	1,351,617.			
b SYMPOSIUM CONFERENCE			900099	351,790.	351,790.			
c PROGRAM SPONSORSHIP			900099	128,954.	128,954.			
d _____								
e _____								
f All other program service revenue								
g Total. Add lines 2a-2f				1,832,361.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 7			1,126,564.			1,126,564.	
	4 Income from investment of tax-exempt bond proceeds			0.				
	5 Royalties			781,668.			781,668.	
	6a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)			0.			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		31,316,416.						
		b Less: cost or other basis and sales expenses			30,300,277.			
		c Gain or (loss)			1,016,139.			
	d Net gain or (loss)			1,016,139.			1,016,139.	
	8a Gross income from fundraising events (not including \$ 125,137,650. of contributions reported on line 1c). See Part IV, line 18	a	ATCH 8	14,886,182.				
		b Less: direct expenses	b	14,886,182.				
		c Net income or (loss) from fundraising events. ATCH 9			0.			
9a Gross income from gaming activities. See Part IV, line 19	a		261,297.					
	b Less: direct expenses	b						
	c Net income or (loss) from gaming activities. ATCH 10			261,297.			261,297.	
10a Gross sales of inventory, less returns and allowances	a							
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory			0.				
Miscellaneous Revenue			Business Code					
11a GRANT REFUNDS		900099	232,348.			232,348.		
b ALL OTHER REVENUE		900099	221,907.			221,907.		
c _____								
d All other revenue								
e Total. Add lines 11a-11d			454,255.					
12 Total revenue. See instructions.			186,724,568.	1,832,361.		3,639,923.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	27,480,753.	27,480,753.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	290,000.	290,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,468,953.	1,468,953.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	1,810,587.	1,362,867.	196,716.	251,004.
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	81,866,599.	61,622,717.	8,894,624.	11,349,258.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	10,261,550.	7,240,550.	1,428,408.	1,592,592.
9 Other employee benefits	3,437,864.	3,337,583.	-116,482.	216,763.
10 Payroll taxes	6,094,554.	4,550,486.	686,049.	858,019.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	152,181.	68,177.	50,977.	33,027.
c Accounting	329,916.	148,255.	110,253.	71,408.
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	639,793.			639,793.
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.)	15,464,068.	9,497,629.	3,186,617.	2,779,822.
12 Advertising and promotion	0.			
13 Office expenses	0.			
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	9,087,943.	7,017,778.	870,131.	1,200,034.
17 Travel	6,356,744.	4,975,033.	563,177.	818,534.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	3,427,611.	2,937,369.	204,662.	285,580.
20 Interest	120,086.	54,828.	39,702.	25,556.
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	1,827,308.	1,278,167.	261,290.	287,851.
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>	20,419,907.	12,794,573.	2,939,184.	4,686,150.
b <u>POSTAGE & SHIPPING</u>	12,131,033.	7,256,109.	1,967,472.	2,907,452.
c <u>EQUIPMENTAL RENTAL</u>	2,441,710.	1,648,059.	390,243.	403,408.
d <u>TELEMARKETING/DATA FEES</u>	6,140,164.	4,033,065.	1,107,847.	999,252.
e All other expenses	2,336,074.	1,627,500.	346,804.	361,770.
25 Total functional expenses. Add lines 1 through 24e	213,585,398.	160,690,451.	23,127,674.	29,767,273.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	31,106,000.	18,570,000.	5,292,000.	7,244,000.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	9,156,643.	1	8,579,682.	
	2 Savings and temporary cash investments	4,015,096.	2	4,870,959.	
	3 Pledges and grants receivable, net	2,307,675.	3	2,134,834.	
	4 Accounts receivable, net	5,032,022.	4	5,942,051.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.	
	7 Notes and loans receivable, net	0.	7	0.	
	8 Inventories for sale or use	4,006,307.	8	3,870,461.	
	9 Prepaid expenses and deferred charges	1,843,291.	9	1,663,755.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	55,611,722.			
	b Less: accumulated depreciation	46,845,170.	10,497,671.	10c	8,766,552.
	11 Investments - publicly traded securities	70,237,056.	11	50,779,872.	
	12 Investments - other securities. See Part IV, line 11	21,738,612.	12	10,924,933.	
	13 Investments - program-related. See Part IV, line 11	0.	13	0.	
	14 Intangible assets	0.	14	0.	
	15 Other assets. See Part IV, line 11	11,143,842.	15	15,329,859.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	139,978,215.	16	112,862,958.		
Liabilities	17 Accounts payable and accrued expenses	9,905,687.	17	15,997,707.	
	18 Grants payable	19,886,464.	18	22,645,726.	
	19 Deferred revenue	2,043,590.	19	2,249,408.	
	20 Tax-exempt bond liabilities	0.	20	0.	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.	
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.	
	24 Unsecured notes and loans payable to unrelated third parties	5,000,000.	24	5,000,000.	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	78,525,029.	25	53,555,100.	
	26 Total liabilities. Add lines 17 through 25	115,360,770.	26	99,447,941.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	6,937,768.	27	-3,788,718.	
	28 Temporarily restricted net assets	4,380,000.	28	4,558,000.	
	29 Permanently restricted net assets	13,299,677.	29	12,645,735.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	24,617,445.	33	13,415,017.	
	34 Total liabilities and net assets/fund balances	139,978,215.	34	112,862,958.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	186,724,568.
2	Total expenses (must equal Part IX, column (A), line 25)	2	213,585,398.
3	Revenue less expenses. Subtract line 2 from line 1	3	-26,860,830.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	24,617,445.
5	Net unrealized gains (losses) on investments	5	-3,381,280.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	19,039,682.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	13,415,017.

Part XII Financial Statements and Reporting

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

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

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

Form **990** (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization MARCH OF DIMES FOUNDATION	Employer identification number 13-1846366
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2015

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) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (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) 2011, (b) 2012, (c) 2013, (d) 2014, (e) 2015, (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 2015 (98.21%); 15 Public support percentage from 2014 Schedule A, Part II, line 14 (98.10%); 16a 33 1/3% support test - 2015 (checked); 16b 33 1/3% support test - 2014; 17a 10%-facts-and-circumstances test - 2015; 17b 10%-facts-and-circumstances test - 2014; 18 Private foundation.

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions): a, b, c. Row 2: Activities Test. Answer (a) and (b) below. Sub-rows 2a, 2b. Row 3: Parent of Supported Organizations. Answer (a) and (b) below. Sub-rows 3a, 3b.

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Part VI **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	2011	2012	2013	2014	2015	TOTAL
OTHER INCOME	494,623.	756,520.	638,657.	432,869.	454,255.	2,776,924.
TOTALS	<u>494,623.</u>	<u>756,520.</u>	<u>638,657.</u>	<u>432,869.</u>	<u>454,255.</u>	<u>2,776,924.</u>

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

Name of organization MARCH OF DIMES FOUNDATION	Employer identification number 13-1846366
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(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) 2015

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

Table with 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, lines 1 and 2 (see instructions); 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

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

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

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" on 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 value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 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" on Form 990, Part IV, line 7.

Table with 2 columns: Description, 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, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on Form 990, Part IV, line 8.

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

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

Schedule D (Form 990) 2015

JSA 5E1268 1.000

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?

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

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

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

- a Board designated or quasi-endowment %
b Permanent endowment 88.4000 %
c Temporarily restricted endowment 11.6000 %
The percentages on 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:

Table with 2 columns: Yes, No. Rows: (i) unrelated organizations, (ii) related organizations, b If "Yes" on line 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on 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	5,475,395.	FMV
(B) INTERNATIONAL ALTERNATIVE INV	5,449,538.	FMV
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	10,924,933.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) TRUSTS HELD BY OTHERS	10,250,229.
(2) INVESTMENT RECEIVABLE	5,079,630.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	15,329,859.

Part X Other Liabilities.

Complete if the organization answered "Yes" on 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	44,743,441.
(3) ACCRUED MEDICAL BENEFITS	8,811,659.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	53,555,100.

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" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 186,724,568.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 213,585,398.

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

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

SCHEDULE D PART V

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

SCHEDULE D PART XI LINE 2D

THE FOUNDATION HAD LOSSES ON PRIOR YEAR PLEDGES OF \$369,471.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2015

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

Name of the organization

Employer identification number

MARCH OF DIMES FOUNDATION

13-1846366

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EAST ASIA AND THE PACIFIC			GRANTMAKING	RESEARCH & MEDICAL	185,000.
(2) EUROPE			GRANTMAKING	RESEARCH & MEDICAL	1,033,953.
(3) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		5,475,395.
(4) EUROPE			INVESTMENTS		5,449,538.
(5) NORTH AMERICA			GRANTMAKING	RESEARCH & MEDICAL	155,000.
(6) SUB-SAHARAN AFRICA			GRANTMAKING	RESEARCH & MEDICAL	95,000.
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					12,393,886.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					12,393,886.

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

Schedule F (Form 990) 2015

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)			EAST ASIA/PACIFIC	RESEARCH & M SUPPORT	155,000.	CHECK			
(2)			EAST ASIA/PACIFIC	RESEARCH & M SUPPORT	25,000.	CHECK			
(3)			EUROPE/ICELAND/GREENLAND	RESEARCH & M SUPPORT	10,000.	ACH			
(4)			EUROPE/ICELAND/GREENLAND	RESEARCH & M SUPPORT	350,000.	CHECK			
(5)			EUROPE/ICELAND/GREENLAND	RESEARCH & M SUPPORT	230,000.	CHECK			
(6)			EUROPE/ICELAND/GREENLAND	RESEARCH & M SUPPORT	7,500.	CHECK			
(7)			EUROPE/ICELAND/GREENLAND	RESEARCH & M SUPPORT	403,953.	ACH			
(8)			EUROPE/ICELAND/GREENLAND	RESEARCH & M SUPPORT	15,000.	CHECK			
(9)			EUROPE/ICELAND/GREENLAND	RESEARCH & M SUPPORT	7,500.	CHECK			
(10)			NORTH AMERICA	RESEARCH & M SUPPORT	150,000.	CHECK			
(11)			SUB-SAHARAN AFRICA	RESEARCH & M SUPPORT	20,000.	CHECK			
(12)			SUB-SAHARAN AFRICA	RESEARCH & M SUPPORT	50,000.	ACH			
(13)			SUB-SAHARAN AFRICA	RESEARCH & M SUPPORT	25,000.	ACH			
(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. 13.

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 separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No

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

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

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

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

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. REFER TO WEBSITE FOR FURTHER INFORMATION:
[HTTP://WWW.MARCHOFDIMES.ORG/MATERIALS/POLICIES-AND-INSTRUCTIONS-FOR-RESEARCH-GRANTS.PDF](http://www.marchofdimes.org/materials/policies-and-instructions-for-research-grants.pdf)

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

**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" on 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	2,364,218.	1,806,024.	558,194.
2 ADVANCED BUSINESS TECHNOLOGY	TELEMARKETING		X	387,447.	115,099.	272,347.
3 THOMPSON HABIB & DENISON	FUNDRAISE		X		701,407.	
4 THE MANESS GROUP	FUNDRAISE		X	833,598.	70,883.	762,715.
5 COMMUNITY COUNSELLING SERVICE	FUNDRAISE CONSULTANT		X	2,237,652.	1,222,028.	1,015,624.
6 DONOR CARE CENTER INC	TELEMARKETING		X	1,019,817.	650,076.	369,741.
7 THE PURSUANT GROUP INC	FUNDRAISING CONSULTANT		X	1,333,224.	728,101.	605,123.
8						
9						
10						
Total				8,175,956.	5,293,618.	3,583,744.

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, DC, 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" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		MARCH/WALK (event type)	SPECIAL EVENTS (event type)	(total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	95,717,558.	44,306,273.	0.	140,023,831.
	2	Less: Contributions	88,893,282.	36,244,367.	0.	125,137,649.
	3	Gross income (line 1 minus line 2)	6,824,276.	8,061,906.	0.	14,886,182.
Direct Expenses	4	Cash prizes			0.	
	5	Noncash prizes			0.	
	6	Rent/facility costs	3,543,142.	3,343,017.	0.	6,886,159.
	7	Food and beverages			0.	
	8	Entertainment			0.	
	9	Other direct expenses	3,281,134.	4,718,889.	0.	8,000,023.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				14,886,182.
	11	Net income summary. Subtract line 10 from line 3, column (d) ▶				

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue		261,297.	261,297.	
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) ▶				261,297.

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

a The organization's facility	13a	100.0000 %
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ DAVID HORNE

Address ▶ 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$ _____

Description of services provided ▶

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

SCHEDULE G, PART I - FUNDRAISING ACTIVITIES

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

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

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

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

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

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

AK, AZ, AR, CA, CO, FL, GA, IL,

KS, KY, LA, ME, MD, MI, NE, NJ, NY, NC, OR, PA, RI, SC, TN, TX, WA, WI, WY,

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

Part I General Information on Grants and Assistance

- 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.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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) AMERICAN SOCIETY OF GENE & CELL THERAPY 555 E WELLS ST MILWAUKEE, WI 53202	911766321	501 (C) (3)	10,000.				RESEARCH & MEDICAL SUPPORT
(2) ARIZONA BOARD OF REGENTS PO BOX 44390 TUCSON, AZ 85733	866004791	501 (C) (3)	50,000.				PUB & PROF EDUCATION
(3) BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030	741613878	501 (C) (3)	15,000.				PUB & PROF EDUCATION
(4) BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030	741613878	501 (C) (3)	9,000.				RESEARCH & MEDICAL SUPPORT
(5) BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030	741613878	501 (C) (3)	1,250,000.				RESEARCH & MEDICAL SUPPORT
(6) BRIGHAM & WOMENS HOSPITAL 75 FRANCIS STREET BOSTON, MA 02115	042312909	501 (C) (3)	150,000.				RESEARCH & MEDICAL SUPPORT
(7) CHILDREN'S HOSPITAL CORPORATION 300 LONGWOOD AVE. BOSTON, MA 02115	042774441	501 (C) (3)	645,000.				RESEARCH & MEDICAL SUPPORT
(8) CHILDREN'S HOSPITAL OF PHILADELPHIA 3615 CIVICCENTER BLVD PHILADELPHIA PA 19104	231352166	501 (C) (3)	380,000.				RESEARCH & MEDICAL SUPPORT
(9) CINCINNATI CHILDREN'S HOSPITAL 3333 BURNET AVE CINCINNATI, OH 45229	310833936	501 (C) (3)	2,315,974.				RESEARCH & MEDICAL SUPPORT
(10) COLUMBIA UNIVERSITY 630 WEST 168TH STREET NEW YORK, NY 10032	135598093	501 (C) (3)	144,764.				RESEARCH & MEDICAL SUPPORT
(11) CORNELL UNIVERSITY P.O. BOX 22 ITHACA, NY 14850	150532082	501 (C) (3)	400,000.				RESEARCH & MEDICAL SUPPORT
(12) DUKE UNIVERSITY MEDICAL CENTER 101 SCIENCE DRIVE DURHAM, NC 27710	560532129	501 (C) (3)	15,500.				RESEARCH & MEDICAL SUPPORT

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) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Complete if the organization answered "Yes" on 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.

Department of the Treasury
Internal Revenue Service

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.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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) EMORY UNIVERSITY 1784 NORTH DECATUR RD ATLANTA, GA 30322	158056625	501 (C) (3)	300,000.				RESEARCH & MEDICAL SUPPORT
(2) FASEB 9650 ROCKVILLE PIKE BETHSEDA, MD 20814	520700497	501 (C) (3)	47,000.				RESEARCH & MEDICAL SUPPORT
(3) GEORGE WASHINGTON UNIVERSITY D.C. 45155 RESEARCH PLACE ASHBURN, VA 20147	530196584	501 (C) (3)	245,000.				RESEARCH & MEDICAL SUPPORT
(4) GORDON RESEARCH CONFERENCES P.O. BOX 984 WEST KINGSTON, RI 02892	050300482	501 (C) (3)	47,500.				RESEARCH & MEDICAL SUPPORT
(5) GREENWOOD GENETIC CENTER FOR DAVID SMITH WO 101 GREGOR MENDEL CIRCLE GREENWOOD SC 29646	570604070	501 (C) (3)	7,500.				RESEARCH & MEDICAL SUPPORT
(6) INDIANA UNIVERSITY 601 E. KIRKWOOD AVE BLOOMINGTON, IN 47405	356001673	501 (C) (3)	498,618.				RESEARCH & MEDICAL SUPPORT
(7) INTERNATIONAL SOCIETY FOR PRENATAL DIAGNOSI 154 HANSEN RD CHARLOTTEVILLE, VA 22911	203021146	501 (C) (3)	20,000.				RESEARCH & MEDICAL SUPPORT
(8) JACKSON LABORATORY 600 MAIN STREET BAR HARBOR, ME 04609	010211513	501 (C) (3)	20,000.				RESEARCH & MEDICAL SUPPORT
(9) JOHNS HOPKINS UNIVERSITY 1101 EAST 33RD STREET BALTIMORE, MD 21218	520595110	501 (C) (3)	150,000.				RESEARCH & MEDICAL SUPPORT
(10) KEYSTONE SYMPOSIA 3075 THOUSAND OAKS BLVD WESTLAKE VILLAGE CA	841326605	501 (C) (3)	15,000.				RESEARCH & MEDICAL SUPPORT
(11) MASSACHUSETTS GENERAL HOSPITAL PO BOX 3829 BOSTON, MA 02241	042697983	501 (C) (3)	350,000.				RESEARCH & MEDICAL SUPPORT
(12) METRO HEALTH MEDICAL CENTER 2500 METROHEALTH DR TOWERS 135	346004382	501 (C) (3)	200,000.				RESEARCH & MEDICAL SUPPORT

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) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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) MOBILE SPECIALTY VEHICLES INC 700 AIR PARK DRIVE JASPER, TX 75951	760023199	501 (C) (3)	8,873.				PUB & PROF EDUCATION
(2) NATIONAL JEWISH HEALTH CENTER 1400 JACKSON STREET DENVER, CO 80206	742044647	501 (C) (3)	325,000.				RESEARCH & MEDICAL SUPPORT
(3) NEW YORK UNIVERSITY 838 BROADWAY NEW YORK, NY 10016	135562308	501 (C) (3)	150,000.				RESEARCH & MEDICAL SUPPORT
(4) OHIO HEALTH CORPORATION 180 E. BROAD ST. COLUMBUS, OH 43215	314394942		50,000.				PUB & PROF EDUCATION
(5) PRESIDENT AND FELLOWS OF HARVARD COLLEGE 1350 MASSACHUSETTS AVE CAMBRIDGE, MA 02138	042103580		150,000.				RESEARCH & MEDICAL SUPPORT
(6) REGENTS OF THE UNIVERSITY OF CALIFORNIA 10920 WILSHIRE BLVD LOS ANGELES, CA 90095	956006143	501 (C) (3)	250,000.				RESEARCH & MEDICAL SUPPORT
(7) REGENTS OF THE UNIVERSITY OF CALIFORNIA 3201 SAASB BLDG SANTA BARBARA, CA 93106	956006145	501 (C) (3)	150,000.				RESEARCH & MEDICAL SUPPORT
(8) REGENTS OF UNIVERSITY CALIFORNIA 111 ACADEMY WAY IRVINE, CA 92697	952226406	501 (C) (3)	572,000.				RESEARCH & MEDICAL SUPPORT
(9) REGENTS OF UNIVERSITY OF CALIFORNIA LA JOLL 9500 GILMAN DRIVE LA JOLLA, CA 92093	956006144	501 (C) (3)	150,000.				RESEARCH & MEDICAL SUPPORT
(10) REGENTS OF UNIVERSITY OF CALIFORNIA, BERKEL 481 UNIVERSITY HALL BERKELEY, CA 94720	194600212	501 (C) (3)	150,000.				RESEARCH & MEDICAL SUPPORT
(11) REGENTS OF UNIVERSITY OF MICHIGAN 3003 S.STATE ST ANN ARBOR, MI 48109	386006309	501 (C) (3)	150,000.				RESEARCH & MEDICAL SUPPORT
(12) RESEARCH FOUNDATION OF SUNY 750 EAST ADAMS ST SYRACUSE, NY 13210	141368361	501 (C) (3)	319,170.				RESEARCH & MEDICAL SUPPORT

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(1) RHODE ISLAND HOSPITAL 55 CLAVERICK STREET PROVIDENCE, RI 02906	050258954	501 (C) (3)	419,000.				RESEARCH & MEDICAL SUPPORT
(2) SAINT THOMAS COMMUNITY HEALTH 1020 ST ANDREWS ST NEW ORLEANS, LA 70130	141958494	501 (C) (3)	62,500.				PUB & PROF EDUCATION SUPPORT
(3) SALK INSTITUTE FOR BIOLOGICAL 10010 NORTH TORREY PINES LA JOLLA, CA 92037	952160097	501 (C) (3)	1,000,000.				RESEARCH & MEDICAL SUPPORT
(4) SOCIETY FOR REPRODUCTIVE INVESTIGATION 555 EASTWELLS STREET SUITE 1100	952293816	501 (C) (3)	7,500.				RESEARCH & MEDICAL SUPPORT
(5) SOCIETY FOR THE STUDY OF REPRODUCTION 1619 MONROE STREET MADISON, WI 53711	386144910	501 (C) (3)	20,000.				RESEARCH & MEDICAL SUPPORT
(6) STANFORD UNI.SCH.OF MEDI.DEPT. 291 CAMPUS DRIVE STANFORD, CA 94305	941156365	501 (C) (3)	299,000.				RESEARCH & MEDICAL SUPPORT
(7) STANFORD UNIVERSITY 450 SERRA MALL STANFORD, CA 94305	941156365	501 (C) (3)	2,550,000.				RESEARCH & MEDICAL SUPPORT
(8) TENSAS COMMUNITY HEALTH CENTER 402 LEVEE ROAD ST. JOSEPH, LA 71366	200375450	501 (C) (3)	20,000.				PUB & PROF EDUCATION
(9) TERATOLOGY SOCIETY 50 PEGOUT AVE. NEW LONDON, CT 06320	520962081	501 (C) (3)	10,000.				RESEARCH & MEDICAL
(10) TOUGALOO COLLEGE 500 COUNTY LINE ROAD TOUGALOO, MS 39174	640303093	501 (C) (3)	50,000.				PUB & PROF EDUCATION
(11) TRUSTEES UNIVERSITY OF PENNSYLVANIA 3451 WALNUT ST. PHILADELPHIA, PA 19104	231352685	501 (C) (3)	300,000.				RESEARCH & MEDICAL SUPPORT
(12) UNIVERSITY OF ARIZONA 1007 E. LOWELL STREET TUCSON, AZ 85721	742852689	501 (C) (3)	150,000.				RESEARCH & MEDICAL SUPPORT

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(1) UNIVERSITY OF CHICAGO 5801 SOUTH ELLIS AVE. CHICAGO, IL 60637	362177139	501 (C) (3)	500,000.				RESEARCH & MEDICAL SUPPORT
(2) UNIVERSITY OF GEORGIA 745 MORTH LUMPKIN STREET ATHENS, GA 30602	581353149	501 (C) (3)	150,000.				RESEARCH & MEDICAL SUPPORT
(3) UNIVERSITY OF ILLINOIS 600 S MATTHEWS DR URBANA, IL 61801	376000511	501 (C) (3)	150,000.				RESEARCH & MEDICAL SUPPORT
(4) UNIVERSITY OF MICHIGAN 500 S STATE ST ANN ARBOR, MI 48109	386006309	501 (C) (3)	75,000.				RESEARCH & MEDICAL SUPPORT
(5) UNIVERSITY OF NORTH CAROLINA 104 AIRPORT DRIVE CHAPEL HILL, NC 27599	566001393	501 (C) (3)	150,000.				RESEARCH & MEDICAL SUPPORT
(6) UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET PHILADELPHIA, PA 19104	231352685	501 (C) (3)	2,300,000.				RESEARCH & MEDICAL SUPPORT
(7) UNIVERSITY OF SOUTHERN CALIFORNIA 2250 ALCAZAR ST. LOS ANGELES, CA 90033	951642394	501 (C) (3)	275,000.				RESEARCH & MEDICAL SUPPORT
(8) UNIVERSITY OF TEXAS 1515 HOLCOMBE BOULEVARD HOUSTON, TX 77030	746001118	501 (C) (3)	150,000.				RESEARCH & MEDICAL SUPPORT
(9) UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER A PO BOX 301418 DALLAS, TX 75303	741761309	501 (C) (3)	9,365.				COMMUNITY SERVICES
(10) UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER A PO BOX 301418 DALLAS, TX 75303	741761309	501 (C) (3)	11,905.				PUB & PROF EDUCATION
(11) UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER A PO BOX 301418 DALLAS, TX 75303	741761309	501 (C) (3)	28,730.				RESEARCH & MEDICAL SUPPORT
(12) UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CT BOX 841573 DALLAS, TX 75284	756002868	501 (C) (3)	375,000.				RESEARCH & MEDICAL SUPPORT

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(1) UNIVERSITY OF UTAH 15 NORTH 2030 SALT LAKE CITY, UT 84112	876000626	501 (C) (3)	325,000.				RESEARCH & MEDICAL SUPPORT
(2) UNIVERSITY OF VIRGINIA 1300 JEFFERSON PARK AVE CHARLOTTESVILLE VA	546001796	501 (C) (3)	400,000.				RESEARCH & MEDICAL SUPPORT
(3) WASHINGTON UNIVERSITY 660 S.EUCLID AVE. ST. LOUIS, MO 63110	430653611	501 (C) (3)	2,455,000.				RESEARCH & MEDICAL SUPPORT
(4) WAYNE STATE UNIVERSITY 5401 CASS AVENUE DETROIT, MI 48202	386028429	501 (C) (3)	425,849.				RESEARCH & MEDICAL SUPPORT
(5) WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY 1300 YORK AVENUE NEW YORK, NY 10021	131623978	501 (C) (3)	247,000.				RESEARCH & MEDICAL SUPPORT
(6) YALE UNIVERSITY 155 WHITNEY AVE NEW HAVEN, CT 06520	060646973	501 (C) (3)	150,000.				RESEARCH & MEDICAL SUPPORT
(7) YALE UNIVERSITY SCHOOL OF MEDICINE 300 GEORGE STREET NEW HAVEN, CT 06511	060646973	501 (C) (3)	289,000.				RESEARCH & MEDICAL SUPPORT
(8) ABILENE REGIONAL COUNCIL ON ALCOHOL AND DRUG 104 PINE, STE.210 ABILENE, TX 79601	751038849	501 (C) (3)	10,240.				PUBLIC & PROF & COMM
(9) ADAMS COUNTY HEALTH DEPARTMENT 330 VERMONT STREET QUINCY, IL 62301	376000379	501 (C) (3)	7,000.				COMMUNITY SERVICES
(10) AGAPE CHILD & FAMILY SERVICES, INC. 111 RACINE MEMPHIS, TN 38112	237039683	501 (C) (3)	35,043.				COMMUNITY SERVICES
(11) ALABAMA CHAPTER OF THE AMERICAN ACADEMY 19 SOUTH JACKSON ST. MONTGOMERY, AL 36104	630798492	501 (C) (3)	20,000.				COMMUNITY SERVICES
(12) ALABAMA DISTRICT EDUCATIONAL FOUNDATION 918 MCDANIEL AVENUE ANNISTON, AL 36201	474859126	501 (C) (3)	10,000.				COMMUNITY SERVICES

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(1) ALAMEDA COUNTY PUBLIC HEALTH DEPT 1000 BROADWAY OAKLAND, CA 94607	946000501	501 (C) (3)	50,000.				COMMUNITY SERVICES
(2) ALAMEDA HEALTH SYSTEM FOUNDATION 350 FRANK H. OGAWA PLAZA OAKLAND, CA 94612	943103136	501 (C) (3)	50,000.				COMMUNITY SERVICES
(3) ALPHA PHI ALPHA FRATERNITY P.O BOX 354 COLUMBIA, SC 29202	010593969	501 (C) (3)	10,000.				PUB & PROF EDUCATION
(4) AMERICAN ACADEMY OF PEDIATRICS 1400 N. PROVIDENCE ROAD MEDIA, PA 19063	362275597	501 (C) (7)	29,820.				COMMUNITY SERVICES
(5) AMERICAN INDIAN HEALTH AND FAMILY 4880 LAWDALE ST. DETROIT, MI 48210	383081615	501 (C) (3)	17,780.				PUB & PROF EDUCATION
(6) AMERICAN LUNG ASSOCIATION 10615 DOUBLE R. BLVD. RENO, NV 89521	860111676	501 (C) (3)	7,260.				PUB & PROF EDUCATION
(7) ARIZONA PARTNERSHIP FOR IMMUNIZATIONS 700 E JEFFERSON ST PHOENIX, AZ 85034	454185015	501 (C) (3)	14,000.				PUB & PROF EDUCATION
(8) AUSTIN AREA BIRTHING CENTERS, INC. 4100 DUBAL RD. STE.101 AUSTIN, TX 78759	742603162	501 (C) (3)	9,000.				PUB & PROF EDUCATION
(9) BALTIMORE CITY HEALTH DEPARTMENT 1001 EAST FAYETTE ST. BALTIMORE, MD 21202	526000769	501 (C) (3)	15,000.				PUB & PROF EDUCATION
(10) BALTIMORE WASHINGTON MEDICAL CENTER 301 HOSPITAL DRIVE GLEM BURNIE, MD 21061	521813656	501 (C) (3)	8,500.				PUB & PROF EDUCATION
(11) BANNER HEALTH PERINATAL EDUCATION 1400 S. DOBSON RD. MESA, AZ 85202	450233470	501 (C) (3)	5,562.				PUB & PROF EDUCATION
(12) BAPTIST HEALTH MADISONVILLE, INC 900 HOSPITAL DRIVE MADISONVILLE, KY 42431	610654587	501 (C) (3)	23,500.				PUB & PROF EDUCATION

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(1) BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030	741613878	501 (C) (3)	12,000.				PUB & PROF EDUCATION
(2) BIRTH MATTERS 424 MUSTANG DRIVE SPARTANBURG, SC 29037	454900759	501 (C) (3)	31,951.				COMMUNITY SERVICES
(3) BLACK MOTHERS BREASTFEEDING NETWORK 9641 HARPER AVE. DETROIT, MI 48213	743235491	501 (C) (3)	17,780.				PUB & PROF EDUCATION
(4) BOARD OF REGENTS UNIVERSITY OF WISCONSIN 21 N PARK ST SUITE 6401 MADISON, WI 53715	396006492	501 (C) (3)	5,020.				PUB & PROF EDUCATION
(5) BOARD OF TRUSTEES OF THE UNIV OF IL. 28395 NETWORK PLACE CHICAGO, IL 60673	376000511	501 (C) (3)	40,000.				COMMUNITY SERVICES
(6) BOONE COUNTY HEALTH DEPT 1204 LOGAN AVENUE BELVIDERE, IL 61008	366006525	501 (C) (3)	17,500.				PUBLIC & PROF & COMM
(7) BREAST MILK FOR BABIES PO BOX 734 ROGERS, MN 55374	460845657	501 (C) (3)	12,000.				PUB & PROF EDUCATION
(8) BRYAN FOUNDATION 1600 S. 48TH ST. LINCOLN, NE 68506	237005720	501 (C) (3)	7,000.				PUB & PROF EDUCATION
(9) CAHABA MEDICAL CARE FOUNDATION 405 BELCHER STREET CENTERVILLE, AL 35042	273605364	501 (C) (3)	25,000.				COMMUNITY SERVICES
(10) CANCER ASSOCIATION OF GREATER NEW ORLEANS 824 ELMWOOD PARK BLVD NEW ORLEANS, LA 70123	720517802	501 (C) (3)	7,070.				COMMUNITY SERVICES
(11) CANKDESKA CIKANA COMMUNITY COLLEGE 214 2ND ST. FORT TOTTEN, ND 58335	450350756	501 (C) (3)	5,200.				COMMUNITY SERVICES
(12) CASSOPOLIS FAMILY CLINIC NETWORK 261 M-62 N. CASSOPOLIS, MI 49031	383082107	501 (C) (3)	10,000.				PUB & PROF EDUCATION

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(1) CATAWBA VALLEY MEDICAL CENTER 810 FAIRGROVE CHURCH RD HICKORY, NC 28602	560789196	501 (C) (3)	25,000.				PUB & PROF EDUCATION
(2) CATHOLIC CHARITIES, INC 200 NORTH CONGRESS JACKSON, MS 39210	640466850	501 (C) (3)	9,164.				PUB & PROF EDUCATION
(3) CATHOLIC COMMUNITY SERVICES PO BOX 20400 SALEM, OR 97307	930903773	501 (C) (3)	19,000.				RESEARCH & MEDICAL SUPPORT
(4) CENTER FOR COURT INNOVATION 300 S STATE STREET SYRACUSE, NY 13202	132612524	501 (C) (3)	55,000.				COMMUNITY SERVICES
(5) CENTERING HEALTHCARE INSTITUTE 89 SOUTH STREET BOSTON, MA 02111	061622668	501 (C) (3)	58,050.				PUB & PROF EDUCATION
(6) CENTRAHEALTH 3300 RIVERMONT AVE. LYNCHBURG, VA 24503	540715569	501 (C) (3)	15,000.				COMMUNITY SERVICES
(7) CENTRO DE INTERNACIONAL DE MATERNIDAD 2000 CELARVIEW AVE DORAVILLE, GA 30340	463361291	501 (C) (3)	53,180.				COMMUNITY SERVICES
(8) CHEROKEE NATION P.O BOX 948 TAHLEQUAH, OK 74465	730757033	501 (C) (3)	10,000.				PUB & PROF EDUCATION
(9) CHESTERFIELD HEALTH DISTRICT 9501 LUCY CORR CIRCLE CHESTERFIELD VA 23831	546001775	501 (C) (3)	12,500.				COMMUNITY SERVICES
(10) CHILDREN'S HOME AND AID 403 S STATE ST BLOOMINGTON, IL 61701	362167743		7,000.				COMMUNITY SERVICES
(11) CHILDREN'S HOME SOCIETY OF NJ 635 SOUTH CLINTON AVE TRENTON, NJ 08611	210634966	501 (C) (3)	9,000.				PUB & PROF EDUCATION
(12) CHILDREN'S MEMORIAL HERMANN HOSPITAL 9301 SOUTHWEST FREWAY #600	741152587	501 (C) (3)	20,000.				PUB & PROF EDUCATION

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) (2015)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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) CHRISTUS HOSPITAL ST. ELIZABETH 2830 CALDER AVE BEAUMONT, TX 77702	760136274	501 (C) (3)	11,000.				PUB & PROF EDUCATION
(2) CITY OF LONG BEACH DEPT. OF HEALTH 2525 GRAND AVE. LONG BEACH, CA 90815	956000733	501 (C) (3)	41,699.				COMMUNITY SERVICES
(3) CITY OF NORWALK 125 EAST AVE. NORWALK, CT 06851	066011881	501 (C) (3)	14,550.				PUB & PROF EDUCATION
(4) CITY OF SAN ANTONIO, TEXAS PO BOX 839966 SAN ANTONIO, TX 78283	746002070	501 (C) (3)	10,000.				PUB & PROF EDUCATION
(5) CLAY COUNTY HEALTH DEPARTMENT 820 SPELLMAN CIRCLE CLAY CENTER, KS 67432	486023072	501 (C) (3)	8,000.				PUBLIC & PROF & COMM
(6) CLINICA CAMPESINA 1345 PLAZA COUNT LAFAYETTE, CO 80026	840743432	501 (C) (3)	15,000.				PUB & PROF EDUCATION
(7) COMMUNITY CLINIC, INC 8630 FENTON ST. SILVER SPRING, MD 20910	520988386	501 (C) (3)	32,000.				PUB & PROF EDUCATION
(8) COMMUNITY HEALTH CENTER 611 FOREST AVE. MAYSVILLE, KY 41056	610680352	501 (C) (3)	12,611.				PUB & PROF EDUCATION
(9) COMMUNITY HEALTHNET-CENTERING PREGNANCY 1021 WEST 5TH AVE GARY, IN 46402	352048141	501 (C) (3)	10,000.				PUB & PROF EDUCATION
(10) COMMUNITY OF HOPE 4 ATLANTIC ST. SW WASHINGTON, DC 20032	521184749	501 (C) (3)	17,000.				PUB & PROF EDUCATION
(11) COMMUNITYCARE P.O BOX 17366 AUSTIN, TX 78760	550853118	501 (C) (3)	18,500.				PUB & PROF EDUCATION
(12) CONNECTICUT CHILDRENS MEDICAL CENTER 282 WASHINGTON STREET HARTFORD, CT 06106	060646755	501 (C) (3)	20,000.				PUB & PROF EDUCATION

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Schedule I (Form 990) (2015)

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OMB No. 1545-0047

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(1) CORNER HEALTH CENTER 47 NORTH HURON STREET YPSILANTI, MI 48197	382329742	501 (C) (3)	21,845.				PUB & PROF EDUCATION
(2) COSSMA, INC PO BOX 1330 CIDRA, PR 00739	660434923	501 (C) (3)	7,000.				PUB & PROF EDUCATION
(3) COUNCIL ON ALCOHOL/DRUG ABUSE 1801 S.ALAMEDA ST. CORPUS CHRISTI TX 78404	741696491	501 (C) (3)	7,475.				PUBLIC & PROF & COMMUNITY
(4) COX MEDICAL CENTER BRANSON PO BOX 650 BRANSON, MO 65615	440584290	501 (C) (3)	29,493.				COMMUNITY SERVICES
(5) CRAWFORD COUNTY HEALTH DEPARTMENT 410 E. ATKINSON PITTSBURGH, KS 66762	486042132	501 (C) (3)	5,081.				PUB & PROF EDUCATION
(6) CRITTENTON CENTERS 442 W. JOHN GWYNN JR. AVE PEORIA, IL 61605	370661506	501 (C) (3)	6,053.				COMMUNITY SERVICES
(7) DEACONESS FAMILY PRACTICE CENTER 600 MARY STREET EVANSVILLE, IN 47747	350593390	501 (C) (3)	7,450.				PUB & PROF EDUCATION
(8) DENVER HEALTH AND HOSPITAL AUTHORITY 777 BANNOCK STREET DENVER, CO 80204	841343242	501 (C) (3)	16,600.				PUB & PROF EDUCATION
(9) DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49TH STREET AUSTIN, TX 78714	320113643	501 (C) (3)	10,000.				PUB & PROF EDUCATION
(10) DIGNITY HEALTH DBA CALIFORNIA MEDICAL CENTE 1401 S. GRAND AVE. LOS ANGELES, CA 90015	941196203	501 (C) (3)	41,644.				COMMUNITY SERVICES
(11) DISTRICT VI ASSOCIATION OF NEONATOLOGIST 12913 MAPLE STREET OVERLAND PARK, KS 66209	275562458	501 (C) (3)	6,330.				PUB & PROF EDUCATION
(12) DOUGLAS COUNTY HEALTH DEPT. 1250 E. US HWY 36 TUSCOLA, IL 61953	376000728	501 (C) (3)	7,000.				COMMUNITY SERVICES

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Schedule I (Form 990) (2015)

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(Form 990)**

**Grants and Other Assistance to Organizations,
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Name of the organization

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(1) EDGERTON WOMEN'S HEALTH CENTER 1510 EAST RUSHOLME ST DAVENPORT, IA 52803	421001341	501 (C) (3)	12,500.				PUB & PROF EDUCATION
(2) EL BUEN SAMARITANO 7000 WOODHUE DRIVE AUSTIN, TX 78745	742488682	501 (C) (3)	6,000.				PUB & PROF EDUCATION
(3) ELMHURST HOSPITAL CENTER 79-01 BROADWAY ELMHURST, NY 11373	132655001	501 (C) (3)	17,500.				COMMUNITY SERVICES
(4) EMORY UNIVERSITY OGCA 1599 CLIFTON ROAD ATLANTA, GA 30322	580566256	501 (C) (3)	24,600.				COMMUNITY SERVICES
(5) ESCAMBIA COUNTY HEALTHY START COALITION 1804 W. GARDEN ST. PENSACOLA, FL 32502	593151838	501 (C) (3)	25,000.				PUB & PROF EDUCATION
(6) ETA IOTA ZETA EDUCATION FOUNDATION P.O BOX 372295 EL PASO, TX 79937	311654901	501 (C) (3)	20,000.				PUB & PROF EDUCATION
(7) FAMILY CARE CONNECTION 6969 PASTOR BAILEY DR DALLAS, TX 75237	201211618	501 (C) (3)	9,000.				PUB & PROF EDUCATION
(8) FAMILY CARE HEALTH CENTERS 401 HOLLY HILLS AVE ST LOUIS, MO 63111	237076112	501 (C) (3)	30,000.				COMMUNITY SERVICES
(9) FAMILY ROAD OF GREATER BATON ROUGE 323 EAST AIRPORT AVE BATON ROUGE, LA 70806	721440082	501 (C) (3)	11,000.				COMMUNITY SERVICES
(10) FIT NATION 430 GAINSVILLE AVENUE MEMPHIS, TN 38109	273656559	501 (C) (3)	19,356.				COMMUNITY SERVICES
(11) FITZGIBBON HOSPITAL 2305 S. HIGHWAY 65 MARSHALL, MO 65340	440655986	501 (C) (3)	15,395.				COMMUNITY SERVICES
(12) FLORIDA ASSOCIATION OF HEALTHY START 1311 N PAUL RUSSELL RD TALLAHASSEE FL 32301	593145687	501 (C) (3)	50,000.				PUB & PROF EDUCATION

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(1) FORREST GENERAL HOSPITAL 6051 US HIGHWAY 49 HATTIESBURG, MS 39403	646001587	501 (C) (3)	10,847.				PUB & PROF EDUCATION
(2) FORT WAYNE MEDICAL SOCIETY FOUNDATION 709 CLAY ST FORT WAYNE, IN 46802	356049685	501 (C) (3)	18,000.				PUB & PROF EDUCATION
(3) FRANCISCAN FOUNDATION 1149 MARKET ST TACOMA, WA 98402	911145592	501 (C) (3)	20,000.				PUB & PROF EDUCATION
(4) FUND FOR THE CITY OF NEW YORK 121 AVENUE OF THE AMERICAS NY NY 10013	132612524	501 (C) (3)	60,000.				COMMUNITY SERVICES
(5) GENTLE STORK CHILDBIRTH SERVICES 34 WOODFIN RD. TAKOMA PARK, MD 23601	311790142	501 (C) (3)	15,000.				PUB & PROF EDUCATION
(6) GEORGIA DEPARTMENT OF PUBLIC HEALTH 2 PEACHTREE ST 15TH FL ATLANTA, GA 30303	900676388	501 (C) (3)	18,000.				COMMUNITY SERVICES
(7) GREATER PRINCE WILLIAM COMMUNITY HEALTH 4379 RIDGEWOOD CTR WOODBRIDGE, VA 22912	830435138	501 (C) (3)	12,762.				PUB & PROF EDUCATION
(8) GREENSPOINT BAPTIST CHURCH 11703 WALTERS ROAD HOUSTON, TX 77067	742210697	501 (C) (3)	20,000.				PUB & PROF EDUCATION
(9) GREENVILLE HEALTH SYSTEM 701 GROVE RD. GREENVILLE, SC 29605	576007863	501 (C) (3)	122,000.				COMMUNITY SERVICES
(10) HEALTH RESEARCH, INC. ONE UNIVERSITY PLACE MENANDS, NY 12144	141402155	501 (C) (3)	15,000.				COMMUNITY SERVICES
(11) HEALTHY MOMS AND BABES 2270 BANNING RD. STE.2 CINCINNATI, OH 45239	311155292	501 (C) (3)	32,000.				RESEARCH & MEDICAL SUPPORT
(12) HEALTHY MOTHERS, HEALTHY BABIES 500 GULFSTREAM BLVD WESTPALM BEACH FL 33483	592657051	501 (C) (3)	47,500.				PUBLIC & PROF & COMM

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Schedule I (Form 990) (2015)

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(1) HEALTHY START COALITION OF HILLSBOROUGH 2806 N. ARMENIA AVE TAMPA, FL 33607	593127943	501 (C) (3)	40,000.				PUB & PROF EDUCATION
(2) HENRY FORD HEALTH SYSTEM ONE FORD PLACE, 5A DETROIT, MI 48202	381357020	501 (C) (3)	74,973.				PUB & PROF EDUCATION
(3) HENRY M JACKSON FOUNDATION 6720-A ROCKLEDGE DR ROCKVILLE, MD 20817	521317896	501 (C) (3)	7,250.				PUB & PROF EDUCATION
(4) HIGHLAND UNITED METHODIST CHURCH 1808 N DIXIE BLVD ODESSA, TX 79761	756003777	501 (C) (3)	20,000.				PUB & PROF EDUCATION
(5) HOLY FAMILY SERVICES 5819 NORTH FM88 WESLACO, TX 78596	742282624	501 (C) (3)	13,000.				PUBLIC & PROF & COMM
(6) HORIZON HEALTH CENTER 706-714 BERGEN AVENUE JERSEY CITY, NJ 07306	221831695	501 (C) (3)	6,000.				COMMUNITY SERVICES
(7) HOSPITAL COUNCIL OF NORTHWEST 3231 CENTRAL PARK WEST TOLEDO, OH 43617	341116795	501 (C) (3)	25,977.				PUBLIC & PROF & COMMUNITY
(8) HUMILITY OF MARY HEALTH PARTNERS 250 DEBARTOLO PLACE BOARDMAN, OH 44512	201072726	501 (C) (3)	25,000.				PUB & PROF EDUCATION
(9) INOVA HEALTH CARE SERVICES 8110 GATEHOUSE RD FALLS CHURCH, VA 22041	540620889	501 (C) (3)	11,250.				PUB & PROF EDUCATION
(10) IU HEALTH BALL MEMORIAL HOSPITAL 2401 WEST UNIVERSITY AVE MUNCIE, IN 47303	350867958	501 (C) (3)	24,865.				PUB & PROF EDUCATION
(11) JAMAICA HOSPITAL MEDICAL CENTER 8900 VAN WYCK EXPRESSWAY JAMAICA, NY 11418	111631788	501 (C) (3)	15,000.				COMMUNITY SERVICES
(12) JERICHO ROAD COMMUNITY HEALTH CENTER 184 BARTON ST. BUFFALO, NY 14213	421571876	501 (C) (3)	36,050.				PUB & PROF EDUCATION

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(1) KOKUA KALIHI VALLEY COMP FAMILY SVCS 2239 NORTH SCHOOL ST HONOLULU, HI 96819	990149797	501 (C) (3)	18,000.				PUB & PROF EDUCATION
(2) LAKE COUNTY HEALTH DEPT 3010 GRAND AVENUE WAUKEGAN, IL 60085	366006600	501 (C) (3)	8,000.				COMMUNITY SERVICES
(3) LAKE CUMBERLAND DISTRICT HEALTH 500 BOURNE AVE. SOMERSET, KY 42501	610999046	501 (C) (3)	10,249.				PUB & PROF EDUCATION
(4) LAKEWOOD HEALTH SYSTEM 49725 COUNTY 83 STAPLES, MN 56479	411842965	501 (C) (3)	20,000.				PUB & PROF EDUCATION
(5) LAMBDA ZETA COMMUNITY SERVICES P.O BOX 14730 HOUSTON, TX 77221	760349151	501 (C) (3)	8,300.				PUB & PROF EDUCATION
(6) LEGACY COMMUNITY HEALTH SERVICES 1415 CALIFORNIA STREET HOUSTON, TX 77006	760009637		10,680.				PUBLIC & PROF & COMMUNITY SERV
(7) LEXINGTON FAYETTE COUNTY HEALTH 650 NEWTON PIKE LEXINGTON, KY 40508	610920825		23,200.				PUB & PROF EDUCATION
(8) LOMA LINDA UNIVERSITY CHILDREN HOSPITAL 11234 ANDERSON STREET LOMA LINDA, CA 92354	953522679	501 (C) (3)	31,835.				COMMUNITY SERVICES
(9) MACOUPIN COUNTY HEALTH DEPARTMENT 330 VERMONT ST. QUINCY, IL 62301	376001351	501 (C) (3)	15,000.				COMMUNITY SERVICES
(10) MAINE GENERAL MEDICAL CENTER 35 MEDICAL CENTER PKWY AUGUSTA, ME 04330	043369653	501 (C) (3)	26,280.				PUB & PROF EDUCATION
(11) MALHEUR COUNTY HEALTH DEPARTMENT 1108 SW 4TH ST ONTARIO, OR 97914	936002306	501 (C) (3)	8,000.				RESEARCH & MEDICAL SUPPORT
(12) MARY'S CENTER FOR MATERNAL & CHILD CARE 2333 ONTARIO RD. N.W. WASHINGTON, DC 20009	521594116		117,000.				PUB & PROF EDUCATION

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(1) MASON COUNTY HEALTH DEPARTMENT 1002 EAST LAUREL AVE. HAVANA, IL 62644	376000149	501 (C) (3)	6,000.				PUBLIC & PROF & COMMUNITY SERV
(2) MATERNAL-INFANT SERVICES NETWORK 10 LITTLE BRITAIN ROAD NEWBURGH, NY 12550	061286045	501 (C) (3)	48,784.				PUB & PROF EDUCATION
(3) MEADOWS REGIONAL MEDICAL CENTER 1 MEADOWS PARKWAY VIDALIA, GA 30474	582044503	501 (C) (3)	22,500.				COMMUNITY SERVICES
(4) MEDICAL CENTER OF CENTRAL GEORGIA 777 HEMLOCK ST. MACON, GA 31201	582149128		36,000.				COMMUNITY SERVICES
(5) MEMORIAL HEALTH UNIVERSITY MED. CTR. INC 4750 WATERS AVE SAVANNAH, GA 31404	311126469		35,770.				COMMUNITY SERVICES
(6) MENTAL HEALTH CENTER OF DENVER 4141 E. DICKENSON PLACE DENVER, CO 80222	742499946	501 (C) (3)	10,670.				PUB & PROF EDUCATION
(7) METHODIST HEALTH SYSTEM FOUNDATION 1441 NORTH BECKLEY AVENUE DALLAS, TX 75265	741578343	501 (C) (3)	7,500.				PUB & PROF EDUCATION
(8) MIAMI-DADE COUNTY HEALTH DEPARTMENT 8600 NW 17TH STREET MIAMI, FL 33126	593502843	501 (C) (3)	32,579.				COMMUNITY SERVICES
(9) MIDLAND MEMORIAL HOSPITAL 400 ROSALIND REDFERN GROVER PKWY MIDLAND TX	751584559	501 (C) (3)	8,625.				PUBLIC & PROF & COMMUNITY
(10) MINNESOTA BREASTFEEDING COALITION 1941 ASHLAND AVENUE ST PAUL, MN 55104	320293108	501 (C) (3)	21,000.				PUB & PROF EDUCATION
(11) MINNESOTA VISITING NURSE AGENCY 200 SUMMER ST MINNEAPOLIS, MN 55413	410693895	501 (C) (3)	12,000.				PUB & PROF EDUCATION
(12) MISSISSIPPI DEPARTMENT OF HEALTH P.O BOX 1700 JACKSON, MS 39215	646000775	501 (C) (3)	24,167.				PUB & PROF EDUCATION

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

Schedule I (Form 990) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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) MOUNTAIN AREA HEALTH EDUCATION 121 HENDERSONVILLE ROAD ASHEVILLE, NC 28803	561071426	501 (C) (3)	45,845.				PUB & PROF EDUCATION
(2) MT. CARMEL HEALTH WELLNESS & COMMUNITY 911 ROBINSON AVE. TRINIDAD, CO 81082	273546373	501 (C) (3)	6,500.				PUB & PROF EDUCATION
(3) NEAR NORTH HEALTH SERVICE CORP 1276 NORTH CLYBOURN AVE. CHICAGO, IL 60610	363197647	501 (C) (3)	7,000.				COMMUNITY SERVICES
(4) NEIGHBORHOOD HEALTH SERVICES CORPORATION 1700 MYRTLE AVE PLAINFIELD, NJ 07060	221927742	501 (C) (3)	6,000.				COMMUNITY SERVICES
(5) NEVADA OBSTETRICAL CHARITY CLINIC 1250 S. EASTERN AVE. LAS VEGAS, NV 89104	264834603	501 (C) (3)	18,750.				PUB & PROF EDUCATION
(6) NEWARK COMMUNITY HEALTH CENTER 741 BROADWAY NEWARK, NJ 07104	222747589	501 (C) (3)	33,000.				PUBLIC & PROF \$ COMMUNITY SERV
(7) NEWMAN HOSPITAL REGIONAL HEALTH 1201 W. 12TH AVE. EMPORIA, KS 66801	481230936	501 (C) (3)	20,000.				PUB & PROF EDUCATION
(8) NEXUS RECOVERY CENTER, INC. 8733 LA PRADA DR. DALLAS, TX 75228	237169388	501 (C) (3)	9,000.				PUB & PROF EDUCATION
(9) NIAGARA FALLS MEMORIAL MEDICAL 621 10TH STREET NIAGARA FALLS, NY 14302	160743094	501 (C) (3)	55,750.				COMMUNITY SERVICES
(10) NORTH COUNTRY HEALTHCARE, INC. 2920 N. 4TH ST. FLAGSTAFF, AZ 86004	860663432	501 (C) (3)	19,438.				PUB & PROF EDUCATION
(11) NORTH SLOPE BOROUGH PUBLIC HEALTH NURSING P P.O. BOX 69 BARROW, AK 99723	920042378	501 (C) (3)	10,000.				PUB & PROF EDUCATION
(12) NORTON MINISTRIES 2260 GRAND AVE #248 BALDWIN, NY 11510	463283415	501 (C) (3)	40,000.				COMMUNITY SERVICES

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(1) OBSTETRIC & GYNECOLOGY, SPECIALISTS PC 2322 EAST KIMBERLY RD DAVENPORT, IA 52807	420996945	501 (C) (3)	16,000.				PUB & PROF EDUCATION
(2) OFFICE OF PERINATAL QUALITY IMPROVEMENT 800 NE 15TH OKLAHOMA CITY, OK 73104	736017987	501 (C) (3)	39,500.				COMMUNITY SERVICES
(3) OHIO HEALTH FOUNDATION 180 E. BROAD ST. 31ST COLUMBUS, OH 43215	237446919	501 (C) (3)	30,000.				RESEARCH & MEDICAL SUPPORT
(4) PARKLAND FOUNDATION 2777 N. STEMMONS FREEWAY DALLAS, TX 75207	752089180	501 (C) (3)	11,500.				PUBLIC & PROF & COMMUNITY SERV
(5) PARKVIEW HOSPITAL 11109 PARKVIEW PLAZA DR FORT WAYNE IN 46845	350868085	501 (C) (3)	17,000.				PUB & PROF EDUCATION
(6) PARKVIEW HOSPITAL FOUNDATION 11109 PARKVIEW PLAZA DR FORT WAYNE 46845	237220589	501 (C) (3)	14,525.				PUB & PROF EDUCATION
(7) PARTNERSHIP FOR MATERNAL AND CHILD 50 PARK PLACE 7TH FL NEWARK, NJ 07102	521815234	501 (C) (3)	27,611.				PUBLIC & PROF & COMMUNITY
(8) PASOS'S PROGRAM 901 SUMTER ST. 5TH FL COLUMBIA, SC 29208	570967350	501 (C) (3)	43,500.				COMMUNITY SERVICES
(9) PEACEHEALTH SW MEDICAL FOUNDATION PO BOX 1600 VANCOUVER, WA 98668	911231436	501 (C) (3)	19,000.				RESEARCH & MEDICAL SUPPORT
(10) PEE DEE HEALTHY START 314 WEST PINE STREET FLORENCE, SC 29501	582282396	501 (C) (3)	10,000.				PUB & PROF EDUCATION
(11) PEE DEE HEALTHY START 314 WEST PINE STREET FLORENCE, SC 29501	582282396	501 (C) (3)	10,000.				COMMUNITY SERVICES
(12) PERRY COUNTY MEMORIAL HOSPITAL 434 N. WEST ST. PERRYVILLE, MO 63775	431741457	501 (C) (3)	14,377.				COMMUNITY SERVICES

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) PREGNANCY AID CENTERS 4809 GREENBELT RD. COLLEGE PARK, MD 20740	237418649	501 (C) (3)	8,000.				PUB & PROF EDUCATION
(2) PREGNANCY SUPPORT CENTER OF JOHNSON 617 CROSSROADS DR MOUNTAIN CITY, TN 37683	273438026	501 (C) (3)	22,819.				COMMUNITY SERVICES
(3) PREVENT CHILD ABUSE - NEW JERSEY 103 CHURCH ST NEW BRUNSWICK, NY 08901	222314861	501 (C) (3)	24,500.				PUB & PROF EDUCATION
(4) PROFESSIONAL WOMEN'S NETWORK FOR SERVICE PO BOX 085643 RACINE, WI 53408	050625047	501 (C) (3)	9,600.				PUB & PROF EDUCATION
(5) PUBLIC HEALTH FOUNDATION OF NORTHWEST 10 W. LINDEN ST. FREEPORT, IL 61032	113676983	501 (C) (3)	9,870.				COMMUNITY SERVICES
(6) PUEBLO COMMUNITY HEALTH CENTER 110 EAST ROUTH AVE. PUEBLO, CO 81004	840921521	501 (C) (3)	11,000.				PUB & PROF EDUCATION
(7) QUEENS COMPREHENSIVE PERINATAL COUNCIL 115-44 SUTPHIN BLVD JAMAICA, NY 11434	112870422	501 (C) (3)	15,000.				COMMUNITY SERVICES
(8) RENO COUNTY HEALTH DEPARTMENT 209 WEST 2ND AVE. HUTCHINSON, KS 67501	486015542	501 (C) (3)	17,500.				PUB & PROF EDUCATION
(9) SAFE BABIES HEALTHY FAMILIES, INC. 137 WISCONSIN AVE WAUKESHA, WI 53186	391552886	501 (C) (3)	11,000.				PUB & PROF EDUCATION
(10) SALVATION ARMY A CALIFORNIA CORPORATION 1904 W. BANNOCK ST. BOSIE, ID 83702	941156347	501 (C) (3)	7,500.				PUB & PROF EDUCATION
(11) SALVATION ARMY FAMILY TREATMENT SERVICES 845 22ND AVE HONOLULU, HI 96816	990073542	501 (C) (3)	15,000.				PUB & PROF EDUCATION
(12) SCDHEC, DIVISION OF STATE AND NATIONAL PO BOX 101106 COLUMBIA, SC 29211	576000286	501 (C) (3)	15,000.				PUB & PROF EDUCATION

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(1) SCDHEC, DIVISION OF STATE AND NATIONAL PO BOX 101106 COLUMBIA, SC 29211	576000286	501 (C) (3)	15,000.				COMMUNITY SERVICES
(2) SCOTT COUNTY HEALTH DEPARTMENT 335 WEST CHERRY ST. WINCHESTER, IL 62694	376002093	501 (C) (3)	12,627.				COMMUNITY SERVICES
(3) SHADYSIDE HOSPITAL FOUNDATION 532 S. AIKEN AVE PITTSBURGH, PA 15232	251290546	501 (C) (3)	11,025.				COMMUNITY SERVICES
(4) SMYTH CUNTY HEALTH DEPT. 201 FRANCIS MARION LANE MARION, VA 24354	546001775	501 (C) (3)	6,260.				PUB & PROF EDUCATION
(5) SOMALI HEALTH BOARD 9421 18TH AVE SW SEATTLE, WA 98106	562471205	501 (C) (3)	10,000.				PUB & PROF EDUCATION
(6) SOUTH CAROLINA PERINATAL ASSOCIATION P.O. BOX 5247 COLUMBIA, SC 29250	570656784		10,000.				PUB & PROF EDUCATION
(7) SOUTH LAKE HOSPITAL 1900 DON WICKHAM DR CLERMONT, FL 34711	593322533	501 (C) (3)	6,000.				COMMUNITY SERVICES
(8) SOUTHERN CRESCENT WOMEN'S HEALTHCARE 1279 HIGHWAY 54 W FAYETTEVILLE, GA 30214	582345264	501 (C) (3)	32,200.				COMMUNITY SERVICES
(9) SOUTHERN JERSEY FAMILY MEDICAL CENTER 651 HIGH ST. BURLINGTON, NJ 08016	222159336	501 (C) (3)	30,000.				PUB & PROF EDUCATION
(10) SOUTHERN NEW JERSEY PERINATAL 2500 MCCLELLAN AVENUE PENNSAUKEN, NJ 08109	222371223	501 (C) (3)	12,475.				PUBLIC & PROF & COMMUNITY SERV
(11) SOUTHWEST PUBLIC HEALTH DISTRICT 1710 S. SLAPPY BLVD. ALBANY, GA 31706	237379607	501 (C) (3)	32,500.				COMMUNITY SERVICES
(12) SPECIAL SERVICE FOR GROUPS 905 EAST 8TH ST. LOS ANGELES, CA 90021	951716914	501 (C) (3)	35,220.				COMMUNITY SERVICES

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(1) SPECTRUM HEALTH FOUNDATION 100 MICHIGAN ST GRAND RAPIDS, MI 49503	382752328		25,000.				PUB & PROF EDUCATION
(2) ST VINCENT ANDERSON REGIONAL HOSPITAL 2015 JACKSON STREET ANDERSON, IN 46016	460877261	501 (C) (3)	30,000.				PUB & PROF EDUCATION
(3) ST VINCENT ANDERSON REGIONAL HOSPITAL 2015 JACKSON STREET ANDERSON, IN 46016	460877261	501 (C) (3)	7,000.				PUB & PROF EDUCATION
(4) ST. JOSEPH HOSPITAL 1960 N OGEDN STE.320 DENVER, CO 80218	840417134	501 (C) (3)	10,000.				PUB & PROF EDUCATION
(5) ST. JOSEPH REGIONAL MEDICAL CENTER 215 W. FOURTH ST MISHAWAKA, IN 46544	351654543	501 (C) (3)	22,000.				PUB & PROF EDUCATION
(6) ST. MARY'S REGIONAL MEDICAL CENTER 2635 NORTH 7TH ST GRAND JUNCTION, CO 81501	237001007	501 (C) (3)	10,000.				PUB & PROF EDUCATION
(7) STONE COUNTY HEALTH DEPARTMENT 109 E. 4TH ST. GALENA, MO 65653	431148595	501 (C) (3)	26,403.				COMMUNITY SERVICES
(8) SWEDISH FAMILY MEDICINE RESIDENCY 550 16TH AVE. STE.100 SEATTLE, WA 98122	912000020		23,240.				PUB & PROF EDUCATION
(9) TEEN OUTREACH PREGNANCY SERVICES 3024 E. FT LOWELL RD TUCSON, AZ 85716	861005133	501 (C) (3)	15,000.				PUB & PROF EDUCATION
(10) TENDERCARE CLINIC 803 S. MAIN ST. GREENSBORO, GA 30642	582639942	501 (C) (3)	30,000.				COMMUNITY SERVICES
(11) TEXAS CHILDREN'S HEALTH PLAN, INC 2450 HOLCOMBE BLVD SUITE 39-G	760486264	501 (C) (3)	16,500.				PUB & PROF EDUCATION
(12) TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTE 3601 4TH STREET LUBBOCK, TX 79430	752668014	501 (C) (3)	36,250.				PUBLIC & PROF & COMMUNITY SERV

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(1) THE CHILDREN'S COUNCIL PO BOX 171 LANCASTER, SC 29721	570884975	501 (C) (3)	14,523.				PUB & PROF EDUCATION
(2) THE COLLEGE OF WILLIAM AND MARY P.O. BOX 8795 WILLIAMSBURG, VA 23187	546001711	501 (C) (3)	12,000.				PUB & PROF EDUCATION
(3) THE CONNECTICUT WOMEN'S CONSORTIUM, INC. 2321 WHITNEY AVE HAMDEN, CT 06518	061531384	501 (C) (3)	24,450.				PUB & PROF EDUCATION
(4) THE HOSPITAL OF CENTRAL CONNECTICUT 100 GRAND STREET NEW BRITAIN, CT 06050	060646768	501 (C) (3)	25,000.				PUB & PROF EDUCATION
(5) THE NEMOURS FOUNDATION 1600 ROCKLAND ROAD WILMINGTON, DE 19803	590634433	501 (C) (3)	35,250.				COMMUNITY SERVICES
(6) THE NEST OF DES MOINES COUNTY 214 NORTH 4TH ST. BURLINGTON, IA 52601	421425906	501 (C) (3)	7,000.				PUB & PROF EDUCATION
(7) THE RECTOR & VISITORS OF THE UNIVERSITY 1340 JEFFERSON PARK AVE CHARLOTTESVILLE VA	546001796	501 (C) (3)	6,040.				PUB & PROF EDUCATION
(8) TRUSTEES OF DARTMOUTH COLLEGE 11 ROPE FERRY ROAD, #6210 HANOVER, NH 03755	020222111	501 (C) (3)	42,000.				PUB & PROF EDUCATION
(9) TRUSTEES OF INDIANA UNIVERSITY 2232 980 INDIANA AVE. INDIANAPOLIS IN 46202	356001673	501 (C) (3)	14,159.				PUB & PROF EDUCATION
(10) UAMS 4301 W. MARKHAM ST LITTLE ROCK, AR 72205	716046242	501 (C) (3)	8,900.				PUB & PROF EDUCATION
(11) UC HEALTH 3200 BURNET AVENUE CINCINNATI, OH 45229	311435820	501 (C) (3)	30,000.				RESEARCH & MEDICAL SUPPORT
(12) UNIVERSITY HEALTH SYSTEM 4502 MEDICAL DRIVE SAN ANTONIO, TX 78229	746082164		8,000.				PUB & PROF EDUCATION

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(1) UNIVERSITY HOSPITALS OF CLEVELAND CASE MEDICAL CENTER 11000 EUCLID AVE. CLEVELAND, OH 44106	341567805	501 (C) (3)	35,000.				PUB & PROF EDUCATION
(2) UNIVERSITY OF ALABAMA AT BIRMINGHAM 990 1720 2ND AVE S BIRMINGHAM, AL 35294	636005396	501 (C) (3)	25,000.				COMMUNITY SERVICES
(3) UNIVERSITY OF ILLINOIS COMMUNITY SERVICE 1603 W. TAYLOR STREET CHICAGO, IL 60612	376000511	501 (C) (3)	11,500.				COMMUNITY SERVICES
(4) UNIVERSITY OF IOWA 200 HAWKINS DR IOWA CITY, IA 52242	426004813	501 (C) (3)	12,500.				PUB & PROF EDUCATION
(5) UNIVERSITY OF MARYLAND BALTIMORE 620 WEST LEXINGTON ST BALTIMORE, MD 21201	526002033	501 (C) (3)	30,000.				PUB & PROF EDUCATION
(6) UNIVERSITY OF MARYLAND COMMUNITY MEDICAL CENTER 7556 TEAGUE RD, STE.430 HANOVER, MD 21076	521874111	501 (C) (3)	38,500.				PUB & PROF EDUCATION
(7) UNIVERSITY OF NEVADA SCHOOL OF MEDICINE 2040 W CHARLESTON BLVD LAS VEGAS, NV 89102	880330858	501 (C) (3)	15,000.				PUB & PROF EDUCATION
(8) UNIVERSITY OF PITTSBURGH SCHOOL OF NURSING 3500 VICTORIA ST PITTSBURGH, PA 15261	250965591	501 (C) (3)	15,000.				PUB & PROF EDUCATION
(9) UNIVERSITY OF ROCHESTER DEPT. OF MEDICINE 777 S. CLINTON AVE. ROCHESTER, NY 14620	160743209	501 (C) (3)	62,369.				COMMUNITY SERVICES
(10) UNIVERSITY OF SOUTH FLORIDA 3650 SPECTRUM BLVD TAMPA, FL 33612	593102112	501 (C) (3)	94,907.				PUB & PROF EDUCATION
(11) UNIVERSITY OF VERMONT AND STATE COLLEGE 85 SO. PROSPECT STREET BURLINGTON, VT 05405	030179440	501 (C) (3)	9,960.				PUB & PROF EDUCATION
(12) UNMC 982165 NEBRASKA MEDICAL CENTER	470049123	501 (C) (3)	10,000.				PUB & PROF EDUCATION

- 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) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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)	44,000.				COMMUNITY SERVICES
(2) UPSON REGIONAL MEDICAL CENTER 214 CHEROKEE ROAD THOMASTON, GA 30286	581734026	501 (C) (3)	30,000.				COMMUNITY SERVICES
(3) UTAH WOMEN AND NEWBORN QUALITY 670 E. 3900 SO SALT LAKE CITY, UT 84107	465755162	501 (C) (3)	10,000.				COMMUNITY SERVICES
(4) VIRGINIA COMMONWEALTH UNIVERSITY 327 W. MAIN STREET RICHMOND, VA 23284	546001758	501 (C) (3)	25,273.				PUB & PROF EDUCATION
(5) VIRGINIA GARCIA MEMORIAL HEALTH CENTER PO BOX 486 CORNELIUS, OR 97113	930717997	501 (C) (3)	19,000.				RESEARCH & MEDICAL SUPPORT
(6) VNA HEALTH CARE 400 N. HIGHLAND AVE AURORA, IL 60506	470690286		15,000.				COMMUNITY SERVICES
(7) WACO CENTER FOR WOMEN'S HEALTH 6901 MEDICAL PARKWAY WACO, TX 76710	742696970		7,500.				PUB & PROF EDUCATION
(8) WAIKIKI HEALTH 277 OHUA AVE. HONOLULU, HI 96815	990159253		12,000.				PUB & PROF EDUCATION
(9) WASHINGTON UNIVERSITY 700 ROSEDALE AVE ST LOUIS, MO 63110	430653611	501 (C) (3)	18,479.				COMMUNITY SERVICES
(10) WAYNE STATE UNIVERSITY 3990 JOHN R 4TH FLOOR DETROIT, MI 48201	386028429	501 (C) (3)	10,000.				PUB & PROF EDUCATION
(11) WEST SIDE COMMUNITY HEALTH SERVICES 153 CESAR CHAVEZ STREET ST PAUL, MN 55107	237156236	501 (C) (3)	15,000.				PUB & PROF EDUCATION
(12) WHEATON FRANCISCAN HEALTHCARE-ALL SAINTS FO 3801 SPRING STREET RACINE, WI 53405	391570877	501 (C) (3)	5,020.				PUB & PROF EDUCATION

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) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

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

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

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

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) WHEATON FRANCISCAN-ST.JOSEPH FOUNDATION 5000 W CHAMBERS STREET MILWAUKEE, WI 53210	391636804	501 (C) (3)	5,020.				PUB & PROF EDUCATION
(2) WHEELER AVENUE 5C'S, INC 3826 WHEELER AVENUE HOUSTON, TX 77004	741952632	501 (C) (3)	20,000.				PUB & PROF EDUCATION
(3) WINMED HEALTH SERVICES 5275 WINNESTE AVE CINCINNATI, OH 45232	237241323	501 (C) (3)	25,000.				PUB & PROF EDUCATION
(4) WISCONSIN WOMEN'S HEALTH FOUNDATION, INC. 2503 TODD DR. MADISON, WI 53713	391900678		27,000.				COMMUNITY SERVICES
(5) WOMANCARE CENTERS 100 KINGSLEY, STE. 200 NORFOLK, VA 23505	541820401	501 (C) (3)	20,650.				PUB & PROF EDUCATION
(6) WOMANS HOSPITAL OF TEXAS 7600 FANNIN ST HOUSTON, TX 77054	621810381	501 (C) (3)	10,500.				PUB & PROF EDUCATION
(7) WOMEN AND INFANTS HOSPITAL 101 DUDLEY STREET PROVIDENCE, RI 02905	050258937	501 (C) (3)	10,000.				PUB & PROF EDUCATION
(8) WV COMMUNITY VOICES, INC 2107 WASHINGTON ST E CHARLESTON, WV 25311	200625456	501 (C) (3)	25,000.				PUB & PROF EDUCATION
(9) YSLETA INDEPENDENT SCHOOL DISTRICT 9600 SIMS DR. EL PASO, TX 79925	746002473	501 (C) (3)	5,720.				PUB & PROF EDUCATION
(10) YWCA OF GREENSBORO 4002 SPRING GARDEN ST GREENSBORO, NC 27407	560529936	501 (C) (3)	19,661.				PUB & PROF EDUCATION
(11) ZETA PHI BETA 237 SWANDALE DRIVE COLUMBIA, SC 29203	576029795	501 (C) (3)	20,000.				PUBLIC & PROF & COMMUNITY SERV
(12) ZETA PHI BETA SORORITY INC PO BOX 34326 SAN ANTONIO, TX 78265	237206960	501 (C) (7)	8,900.				PUB & PROF EDUCATION

- 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) (2015)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2015

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

Part I General Information on Grants and Assistance

- 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.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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. PO BOX 439392 CHICAGO, IL 60643	363867913	501 (C) (7)	7,000.				COMMUNITY SERVICES
(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 271.

3 Enter total number of other organizations listed in the line 1 table 19.

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

Schedule I (Form 990) (2015)

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 PRIZE IN DEVELOPMENT BIOLOGY	1.	250,000.			
2 COLONEL SANDERS AWARD	2.	20,000.			
3 SCHOLARSHIP AWARD	4.	20,000.			
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. REFER TO WEBSITE FOR FURTHER INFORMATION:
[HTTP://WWW.MARCHOFDIMES.ORG/MATERIALS/POLICIES-AND-INSTRUCTIONS-FOR-RESEARCH-GRANTS.PDF](http://www.marchofdimes.org/materials/policies-and-instructions-for-research-grants.pdf)

**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" on Form 990, Part IV, line 23.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

**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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|--|
| <input checked="" 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 on 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on 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 on 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" on line 6a or 6b, describe in Part III.

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

8 Were any amounts reported on 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
1a	X	
2	X	
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2015

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JENNIFER HOWSE, PHD PRESIDENT	(i)	495,204.	0.	9,715.	0.	7,092.	512,011.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 RICHARD E. MULLIGAN FORMER EVP	(i)	170,680.	0.	251,081.	0.	9,585.	431,346.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 LISA BELLSEY, ESQ. EVP	(i)	398,639.	0.	32,576.	0.	7,511.	438,726.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 DAVID HORNE ASSISTANT TREASURER	(i)	254,332.	0.	639.	0.	19,120.	274,091.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 EDWARD MCCABE, M.D. MEDICAL DIRECTOR	(i)	409,299.	0.	5,334.	0.	0.	414,633.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 JOSEPH L SIMPSON, MD SENIOR V.P.	(i)	366,716.	0.	21,892.	0.	7,092.	395,700.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 PAULA R RANSOM SENIOR V.P.	(i)	316,858.	0.	21,924.	0.	9,903.	348,685.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 KAREN ANDREWS, ESQ ASST SECRETARY *EFF JUNE 2015	(i)	165,173.	0.	0.	0.	5,954.	171,127.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 NORA S. GOOCH SENIOR V.P.	(i)	296,667.	0.	639.	0.	7,500.	304,806.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 DANICA MONTAGUE VP PHILANTHROPY	(i)	166,427.	0.	125,221.	0.	14,066.	305,714.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 GERARD E. CARRINO SENIOR V.P.	(i)	200,956.	0.	88,727.	0.	6,552.	296,235.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
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 PMTS

JENNIFER HOWSE, PHD. \$1,063; LISA BELLSEY, ESQ. \$16,087; PAULA RANSOM
\$20,092; JOSEPH L. SIMPSON \$13,240 AND RICHARD MULLIGAN \$74,420.69

FIRST CLASS TRAVEL

DUE TO THE HIGH DEMANDS AND CHANGES IN TRAVEL ITINERARIES, FOUNDATION
POLICY PERMITS THE PRESIDENT OF THE FOUNDATION TO USE UNRESTRICTED
FLIGHTS AND OR FLY BUSINESS CLASS ON ALL FLIGHTS TO MINIMIZE FLIGHT
CHANGE FEES. HOWEVER, IN SOME INSTANCES DOMESTIC BUSINESS CLASS FLIGHTS
ARE NOT AVAILABLE. IN THESE CASES, A DOMESTIC FIRST CLASS FARE MAY BE
PURCHASED. NONE OF THIS BENEFIT WAS TREATED AS TAXABLE COMPENSATION.

SEVERANCE PAYMENT

DANICA J MONTAGUE \$108,717.65

RICHARD E MULLIGAN \$175,254.50

GERARD E CARRINO \$80,846.90

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	155.	98,224.	SELLING PRICE
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	32.	1,597,261.	SELLING PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶(_____)				
26 Other ▶(_____)				
27 Other ▶(_____)				
28 Other ▶(_____)				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		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	
32a 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) (2015)

JSA

5E1298 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

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.

THE NUMBER OF CONTRIBUTIONS (RATHER THAN ITEMS) IS REPORTED AT FAIR MARKET VALUE.

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

2015

**Open to Public
Inspection**

Employer identification number

13-1846366

OPERATIONS

THE FOUNDATION HAS EXPERIENCED A DECREASE IN NET ASSETS IN 2015 AND 2014.

ALTHOUGH A PORTION OF THE NET ASSET CHANGE IS RELATED TO CHANGES IN THE PENSION AND POSTRETIREMENT AMOUNTS IN 2014, THE CASH USED FOR OPERATIONS DURING 2015 AND 2014 WAS \$23,286,000 AND \$16,664,000 RESPECTIVELY. THE FOUNDATION HAS UNDERTAKEN A VARIETY OF STEPS TO REDUCE THE OPERATING DEFICIT AND IMPROVE REVENUE. IN 2014, A STRATEGIC REALIGNMENT STUDY BEGAN TO LOOK AT HOW TO BEST OPTIMIZE REVENUES FOR THE FOUNDATION. IN 2015, THE PLAN WAS FINALIZED AND IMPLEMENTATION BEGAN. IN NOVEMBER 2015, HEADCOUNT REDUCTIONS WERE MADE AND SEVERANCE COSTS OF APPROXIMATELY \$2,200,000 WERE INCURRED. ADDITIONALLY THE PENSION PLAN WAS FROZEN TO NEW ACCRUALS EFFECTIVE DECEMBER 31, 2016. MANAGEMENT BELIEVES THAT THE FOUNDATION HAS SUFFICIENT LIQUIDITY THROUGH DECEMBER 31, 2016 TO SUPPORT OPERATIONS AND CONTINUES TO MONITOR THE PROGRESS OF THE REALIGNMENT.

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 ITS COMPLETION IT IS THEN REVIEWED BY A PAID PREPARER,

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

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 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, STAFF OFFICERS AND KEY EXECUTIVE MANAGEMENT. THE COMMITTEE IS COMPRISED OF 4 INDEPENDENT TRUSTEES WHO MEET ANNUALLY TO REVIEW AND DISCUSS THE SALARY RANGES FOR

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THE PRESIDENT, STAFF OFFICERS AND KEY EXECUTIVE MANAGEMENT OF THE MARCH OF DIMES, INCLUDING MERIT, VARIABLE PAY AND BENEFITS. IT TYPICALLY RECEIVES A BENCHMARKING REPORT FROM AN OUTSIDE CONSULTANT, WHICH COMPARES THE COMPENSATION DATA TO OTHER SIMILAR CHARITIES. THE COMMITTEE THEN MAKES ITS RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE. THE SECOND STAGE OF THE PROCESS IS THE PRESENTATION OF THE EXECUTIVE COMPENSATION COMMITTEE'S FINDINGS AND RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE CONSIDERS AND DISCUSSES THE RECOMMENDATIONS, AND THEN TAKES A VOTE ON COMPENSATION. THE THIRD STAGE IS WHEN THE FULL BOARD OF DIRECTORS IS BRIEFED ON THE EXECUTIVE COMMITTEE'S FINDINGS AND CONCLUSIONS. MINUTES ARE TAKEN CONTEMPORANEOUSLY TO RECORD THE DISCUSSION AND CONCLUSIONS REACHED, AND ARE KEPT ON FILE. THIS PROCESS IS IN KEEPING WITH THE MARCH OF DIMES BY-LAWS AND THE RESPONSIBILITIES OF THE EXECUTIVE COMMITTEE, AND ALSO IS INTENDED TO COMPORT WITH REGULATIONS ON INTERMEDIATE SANCTIONS PROMULGATED BY THE IRS.

PART VI SECTION C: DISCLOSURES LINE 19

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

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 CREDITS OF \$19,409,152 AND LOSSES ON PRIOR YEAR PLEDGES OF \$369,470.

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THE PENSION/POST RETIREMENT CREDITS AMOUNT IS THE NET RESULT OF INCREASES IN PREVAILING INTEREST RATES AND OTHER CHANGES IN PLAN ASSUMPTIONS THAT ARE USED TO VALUE PENSION LIABILITIES. FURTHER, A PLAN AMENDMENT IN 2015 CLOSED THE NON-CONTRIBUTORY DEFINED BENEFIT PLAN TO NEW BENEFIT ACCRUALS AFTER 12/31/16. THE IMPACT ON EXPENSE WILL BE RECOGNIZED OVER THE NEXT SEVERAL YEARS. SEE AUDITED FINANCIALS (NOTE 9) FOR MORE INFORMATION.

ATTACHMENT 1

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

RESEARCH & MEDICAL SUPPORT - 2015 EXPENDITURES \$30,432,577

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

THE MARCH OF DIMES CONSISTENTLY THROUGHOUT ITS HISTORY HAS SELECTED BOLD PROBLEMS - FROM CONQUERING POLIO TO PREVENTING PREMATURE BIRTH - AND HAS BEEN SUCCESSFUL THROUGH CAREFUL PLANNING AND EXECUTION TO ACHIEVE OUR MISSION. THE MARCH OF DIMES ALSO HAS DEVELOPED PARTNERSHIPS TO LEVERAGE ITS EFFORTS TOGETHER WITH THOSE OF OTHER ORGANIZATIONS IN THE U.S. AND GLOBALLY.

SINCE THE START OF OUR NATIONAL PREMATURE BIRTH CAMPAIGN IN 2003, RATES OF PRETERM BIRTH HAVE DECLINED FOR 8 YEARS IN A ROW TO 9.6% AND HAVE REACHED A 17-YEAR LOW. BETWEEN 2006 AND 2013, AN ESTIMATED 231,000 BABIES HAVE BEEN SPARED THE CONSEQUENCES OF AN EARLY BIRTH, AND OUR COUNTRY HAS SAVED AT LEAST \$11.9 BILLION IN EXCESS HEALTH CARE COSTS. WE ACHIEVED THESE RESULTS THROUGH SUSTAINED LEADERSHIP AND A VARIETY OF PARTNERSHIPS.

WE OPENED FIVE MARCH OF DIMES PREMATURE BIRTH RESEARCH CENTERS, THE

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ATTACHMENT 1 (CONT'D)

FIRST ONE AT STANFORD UNIVERSITY IN 2011, THE SECOND AS THE OHIO COLLABORATIVE (UNIVERSITY OF CINCINNATI, THE OHIO STATE UNIVERSITY AND CASE WESTERN RESERVE UNIVERSITY) IN 2013, THE THIRD AND FOURTH AT WASHINGTON UNIVERSITY IN ST. LOUIS AND THE UNIVERSITY OF PENNSYLVANIA, AND THE FIFTH INVOLVING THE UNIVERSITY OF CHICAGO, NORTHWESTERN, AND DUKE UNIVERSITY IN 2015. THESE PREMATURITY RESEARCH CENTERS TAKE A UNIQUE TEAM SCIENCE APPROACH TO SPEED UP THE DISCOVERY OF CAUSES AND PREVENTIONS, DRAWING FACULTY NOT ONLY FROM THE MEDICAL SCHOOLS, BUT FROM ACROSS THE CAMPUSES, INCLUDING, FOR EXAMPLE FROM SCHOOLS OF ENGINEERING. OUR GOALS ARE THREEFOLD: 1) TO DETERMINE THE CAUSES OF PRETERM BIRTH; 2) TO DEVELOP NEW WAYS TO IDENTIFY WOMEN OR PREGNANCIES AT RISK; AND 3) TO TURN KNOWLEDGE INTO EFFECTIVE CLINICAL AND POLICY-BASED SOLUTIONS. THE KEY TO THIS UNIQUE ENDEAVOR IS TRANSDISCIPLINARITY, INTENTIONALLY DESIGNED TO ACCELERATE DISCOVERIES IN PRETERM BIRTH RESEARCH. THE TOTAL INVESTMENT IN THESE CENTERS IN 2015 WAS \$8.25 MILLION AND WILL INCREASE TO \$10 MILLION IN 2016.

THE GENERAL MARCH OF DIMES RESEARCH PORTFOLIO FUNDS MANY DIFFERENT AREAS OF RESEARCH ON TOPICS RELATED TO OUR MISSION TO PREVENT BIRTH DEFECTS, PREMATURE BIRTH AND INFANT MORTALITY.

THESE INVESTIGATIONS INCLUDE, BUT ARE NOT LIMITED TO, BASIC

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ATTACHMENT 1 (CONT'D)

BIOLOGICAL PROCESSES OF DEVELOPMENT, GENETICS, CLINICAL STUDIES, STUDIES OF REPRODUCTIVE HEALTH, ENVIRONMENTAL TOXICOLOGY, AND STUDIES IN SOCIAL AND BEHAVIORAL SCIENCES THAT FOCUS ON FACTORS CONTRIBUTING TO ADVERSE PREGNANCY OUTCOMES, AND ON CONSEQUENCES OF BIRTH DEFECTS AND PREMATURITY. THE BASIL O'CONNOR STARTER SCHOLAR RESEARCH AWARDS ARE FUNDED IN A PROGRAM SPECIFICALLY DESIGNED TO SUPPORT SCIENTISTS JUST EMBARKING ON THEIR INDEPENDENT RESEARCH CAREERS. CREATED IN 1973 AND NAMED FOR THE FIRST MARCH OF DIMES CHAIRMAN AND PRESIDENT, THIS PROGRAM PROVIDES FUNDING TO YOUNG INVESTIGATORS TO START THEIR OWN RESEARCH PROJECTS ON TOPICS RELATED TO THE MARCH OF DIMES MISSION. THE TOTAL AMOUNT FOR THESE 50 INVESTIGATOR INITIATED GRANTS SUPPORTED BY THE MARCH OF DIMES IN 2015 WAS JUST OVER \$11 MILLION. IN ADDITION, THE MARCH OF DIMES ALSO SUPPORTS A LARGE NUMBER OF CONFERENCES, BOTH NATIONAL AND INTERNATIONAL, ON THE TOPIC OF BIRTH DEFECTS, PREMATURE BIRTH, AND INFANT MORTALITY. IN 2015, THIS AMOUNT TOTALED NEARLY \$1 MILLION.

WE LED THE DRIVE TO ELIMINATE EARLY ELECTIVE DELIVERIES BEFORE 39 COMPLETED WEEKS OF PREGNANCY. THIS WORK INCLUDED QUALITY IMPROVEMENT INITIATIVES WITH OVER 100 PROMINENT HOSPITALS IN 28 STATES. A PEER-REVIEWED PUBLICATION, THE RESEARCH FOR WHICH WAS SUPPORTED BY AND ON WHICH THE MAJORITY OF THE AUTHORS WERE FROM THE MARCH OF DIMES, SHOWED AN 83% REDUCTION IN EARLY ELECTIVE DELIVERIES FROM JANUARY THROUGH DECEMBER OF THE SAME YEAR AMONG 25 HOSPITALS IN FIVE STATES. THIS WORK ALSO INCLUDES A NATIONAL

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ATTACHMENT 1 (CONT'D)

CONSUMER EDUCATION CAMPAIGN CALLED HEALTHY BABIES ARE WORTH THE WAIT.® THE DESCRIPTION OF THE HEALTHY BABIES ARE WORTH THE WAIT PILOT IN KENTUCKY WAS PUBLISHED IN 2015 AS VOLUME 1 OF THE NEW PEER-REVIEWED MARCH OF DIMES SERIES WITH ELSEVIER AS THE PUBLISHER. THIS SHOWS THAT THERE WAS A REDUCTION IN EARLY ELECTIVE DELIVERIES IN KENTUCKY COMPARED WITH SURROUNDING STATES, AND REVIEWERS WERE HIGHLY COMPLIMENTARY OF THE MARCH OF DIMES TAKING ON A RESEARCH PROJECT OF THIS COMPLEXITY IN A "REAL WORLD SETTING."

IN 2012, THE U.S. DEPT. OF HEALTH AND HUMAN SERVICES BUILT ON THIS APPROACH BY LAUNCHING STRONG START, AN INITIATIVE TO IMPROVE BIRTH OUTCOMES. THE LEAPFROG GROUP, A NONPROFIT HOSPITAL QUALITY WATCHDOG, RELEASED RESULTS FROM THE 2013 LEAPFROG HOSPITAL SURVEY, WHICH SHOWED THE RATE OF EARLY ELECTIVE DELIVERIES (NON-MEDICALLY NECESSARY C-SECTIONS AND INDUCTIONS BEFORE 39 WEEKS) DROPPED FROM 17% IN 2010 TO 4.6% IN 2013 AT NEARLY 1,000 REPORTING HOSPITALS. THE JOINT COMMISSION HAS INCLUDED THE REDUCTION OF EARLY ELECTIVE DELIVERIES AS ONE OF ITS FIVE PERINATAL CORE MEASURES, WHICH WILL IMPACT POLICIES AT ALL BIRTHING HOSPITALS IN THE U.S.

OUR RESEARCH ADVANCES OVER THE PAST 75 YEARS ARE STILL IMPROVING HEALTH AND SAVING LIVES OF BABIES TODAY. POLIO ONCE CRIPPLED TENS OF THOUSANDS OF CHILDREN, BUT THANKS TO VACCINES DEVELOPED WITH MARCH OF DIMES SUPPORT, THIS DISEASE HAS BEEN ELIMINATED IN MOST OF THE WORLD. NEWBORN SCREENING TESTS DEVELOPED WITH FUNDING FROM

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ATTACHMENT 1 (CONT'D)

THE MARCH OF DIMES CONTRIBUTE TO THE DETECTION OF THE RECOMMENDED SET OF 34 SERIOUS BUT TREATABLE DISORDERS AND SAVE LIVES. THE MARCH OF DIMES NATIONAL FOLIC ACID CAMPAIGN LED TO FORTIFICATION OF GRAIN PRODUCTS IN 1998 WITH THE B VITAMIN FOLIC ACID, AND SINCE THEN OUR NATION HAS SEEN A 36 PERCENT REDUCTION IN SPINA BIFIDA, A BIRTH DEFECT OF THE SPINAL CORD, AND A 17 PERCENT REDUCTION IN ANENCEPHALY, A VERY SERIOUS BIRTH DEFECT OF THE BRAIN THAT UNIFORMLY RESULTS IN DEATH.

REDUCING PRETERM BIRTH

THROUGH OUR PARTNERSHIP WITH THE ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS (ASTHO), BEGINNING IN 2012 HEALTH DEPARTMENTS IN EVERY STATE, PUERTO RICO AND THE DISTRICT OF COLUMBIA PLEDGED TO REDUCE THEIR RATES OF PREMATURE BIRTH BY 8 PERCENT BY DATA YEAR 2014. USING THE DATA FROM THE NATIONAL CENTER FOR HEALTH STATISTICS (NCHS) OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), 25 STATES OR TERRITORIES HAVE ACHIEVED THEIR 8% REDUCTION GOAL: ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, COLORADO, DELAWARE, DISTRICT OF COLUMBIA, GEORGIA, HAWAII, IDAHO, INDIANA, MAINE, MASSACHUSETTS, MISSISSIPPI, NEVADA, NEW HAMPSHIRE, NEW YORK, NORTH DAKOTA, PUERTO RICO, RHODE ISLAND, UTAH, VERMONT, VIRGINIA, AND WYOMING.

SINCE 2008, THE MARCH OF DIMES HAS ISSUED PREMATURE BIRTH REPORT CARDS THAT GRADE STATES BASED ON THEIR PROGRESS IN REDUCING PRETERM BIRTH. IN 2015, TWO SIGNIFICANT NEW ELEMENTS WERE ADDED TO THE REPORT CARDS: AN INDEX OF RACIAL AND ETHNIC DISPARITIES IN

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ATTACHMENT 1 (CONT'D)

EACH STATE, AND GRADES FOR CITIES AND COUNTIES WITH THE HIGHEST BIRTH VOLUME IN EACH STATE.

THE DISPARITY INDEX, CREATED BY THE MARCH OF DIMES PERINATAL DATA CENTER, QUANTIFIES RACIAL/ETHNIC DISPARITIES, ALLOWS FOR STATES TO BE RANKED COMPARED TO ONE ANOTHER, AND PROVIDES A RELIABLE MEASURE TO TRACK PROGRESS IN REDUCING DISPARITIES IN PRETERM BIRTH OVER TIME.

FOR THE FIRST TIME, 2015 STATE REPORT CARDS ALSO INCLUDED GRADES FOR UP TO SIX OF THE LARGEST CITIES OR COUNTIES IN EACH STATE. IN ADDITION, THE MARCH OF DIMES ISSUED GRADES FOR THE 100 U.S. CITIES WITH THE GREATEST NUMBERS OF LIVE BIRTHS.

ATTACHMENT 2

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

PUBLIC AND PROFESSIONAL EDUCATION - 2015 EXPENDITURES \$78,011,534

THE MARCH OF DIMES SHARES VITAL HEALTH INFORMATION WITH THE GENERAL PUBLIC, WOMEN AND PROFESSIONALS THROUGH THE INTERNET, EDUCATIONAL MATERIALS AND PUBLIC SERVICE ADVERTISING IN BOTH ENGLISH AND SPANISH. THE MATERIALS FOR THE PUBLIC ARE WRITTEN IN "PLAIN LANGUAGE" AND HAVE WON NUMEROUS AWARDS. ALL MARCH OF DIMES EDUCATIONAL MATERIALS ARE STRONGLY EVIDENCE-BASED AND DEPEND ON THE PEER-REVIEWED MEDICAL AND SCIENTIFIC LITERATURE, AS WELL AS ON RELIABLE SOURCES, SUCH AS THE CENTERS FOR DISEASE CONTROL AND

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ATTACHMENT 2 (CONT'D)

PREVENTION, THE AMERICAN ACADEMY OF PEDIATRICS, THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS, AND OTHERS.

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

IN 2014, WE SIGNED A MEMORANDUM OF UNDERSTANDING WITH THE INTERNATIONAL FEDERATION OF OBSTETRICS AND GYNECOLOGY (FIGO) TO POOL ACTIVITIES AND RESOURCES OF THE MARCH OF DIMES WITH THE ACTIVITIES AND INFRASTRUCTURE OF FIGO IN ORDER TO HELP REDUCE WORLDWIDE RATES OF PRETERM BIRTH. AS PART OF THIS AGREEMENT, MARCH OF DIMES AND FIGO HAVE CONTRACTED WITH THE BOSTON CONSULTING GROUP ON A STUDY TO UNDERSTAND THE DRIVERS OF DIFFERENCES IN PRETERM BIRTH ACROSS AND WITHIN COUNTRIES OVER TIME, ON THE BASIS OF THESE FINDINGS IDENTIFY OPPORTUNITIES TO REDUCE PRETERM BIRTH IN HIGH-INCOME COUNTRIES AND, SUBSEQUENTLY, SELECTED MIDDLE-INCOME COUNTRIES AND IDENTIFY GAPS IN KNOWLEDGE AND IMPLICATIONS FOR RESEARCH. WE ARE ALSO WORKING WITH THE MARCH OF DIMES GLOBAL NETWORK FOR MATERNAL AND INFANT HEALTH IN LEBANON, MALAWI AND THE PHILIPPINES TO IMPROVE THE HEALTH OF ADOLESCENTS AND YOUNG WOMEN BEFORE THEY BECOME PREGNANT AND HELD THE 7TH INTERNATIONAL CONFERENCE ON THE PREVENTION OF BIRTH DEFECTS AND DISABILITY IN THE DEVELOPING WORLD TO BE HELD IN DAR ES SALAAM, TANZANIA IN SEPTEMBER.

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ATTACHMENT 2 (CONT'D)

WORLD PREMATUREITY DAY CONTINUES TO EXPAND AROUND THE WORLD,
RAISING AWARENESS ABOUT THE SERIOUS PROBLEM OF PREMATURE BIRTH.
BEGUN AS PREMATUREITY AWARENESS DAY® IN THE UNITED STATES, NOVEMBER
17TH IS NOW MARKED BY ACTIVITIES IN MORE THAN 100 COUNTRIES WITH
PARENT GROUPS RECRUITED TO LEAD THE EFFORTS IN MANY OF THESE
COUNTRIES.

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

[HTTP://WWW.MARCHOFDIMES.ORG/MISSION/PROGRESS-AND-IMPACT.ASPX](http://www.marchofdimes.org/mission/progress-and-impact.aspx)

PREGNANCY AND NEWBORN HEALTH EDUCATION CENTER
SINCE 1997, THE PREGNANCY & NEWBORN HEALTH EDUCATION CENTER (THE
CENTER) HAS SERVED WOMEN AND THEIR FAMILIES BY BEING THE TRUSTED
SOURCE OF ACCURATE, TIMELY INFORMATION ABOUT WHAT WOMEN CAN DO TO
HELP THEMSELVES BE HEALTHIER, TO HAVE A HEALTHY PREGNANCY AND
REDUCE THEIR RISK OF HAVING A PRETERM BIRTH. THROUGH THE CENTER,
MARCH OF DIMES HEALTH EXPERTS OFFER ONE-ON-ONE HEALTH EDUCATION
AND SUPPORT TO WOMEN AND FAMILIES FROM AROUND THE WORLD, IN
ENGLISH AND SPANISH.

IN 2015, THE CENTER ANSWERED 17,161 EMAILS IN ENGLISH AND SPANISH
ON TOPICS RANGING FROM PRECONCEPTION, PREGNANCY AND PREMATUREITY TO
HEALTH ADVOCACY, BABY CARE AND LOSS. THE CENTER ALSO DELIVERS
EDUCATION THROUGH SOCIAL MEDIA PLATFORMS. THE NEWS MOMS NEED BLOG
AVERAGES OVER 1300 DAILY VIEWS. THROUGH DAILY OUTREACH AND MONTHLY
BILINGUAL CHATS ON THE MARCH OF DIMES TWITTER ACCOUNTS, THE CENTER

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ATTACHMENT 2 (CONT'D)

ENGAGED OVER 95 MILLION PEOPLE WITH DETAILED EDUCATIONAL CONTENT,
AND ANSWERED INDIVIDUAL CONCERNS AS THEY AROSE.

PERISTATS AND THE PERINATAL DATA CENTER

LAUNCHED NEARLY 15 YEARS AGO, PERISTATS IS AN ONLINE SOURCE FOR
PERINATAL STATISTICS DEVELOPED BY THE MARCH OF DIMES PERINATAL
DATA CENTER, A TEAM OF EPIDEMIOLOGISTS, DATA ANALYSTS AND
EVALUATORS PROVIDING SUPPORT FOR THE FOUNDATION THROUGH DATA.

PERISTATS PROVIDES FREE ACCESS TO MATERNAL AND INFANT
HEALTH-RELATED DATA AT THE U.S., STATE, COUNTY AND CITY LEVEL AND
WAS DEVELOPED TO ENSURE THAT THE PUBLIC, INCLUDING HEALTH
PROFESSIONALS, RESEARCHERS, MEDICAL LIBRARIANS, POLICY MAKERS,
STUDENTS, AND THE MEDIA HAVE EASY ACCESS TO THIS INFORMATION. DATA
IS UPDATED THROUGHOUT THE YEAR, AND IS USEFUL FOR MULTIPLE TASKS,
INCLUDING FACT FINDING, HEALTH ASSESSMENTS, GRANT WRITING, POLICY
DEVELOPMENT, LECTURES AND PRESENTATIONS.

PERISTATS PROVIDES ACCESS TO THE MOST CURRENT MATERNAL AND INFANT
HEALTH STATISTICS ON TOPICS SUCH AS PRETERM BIRTH, INFANT
MORTALITY, TOBACCO USE, CESAREAN SECTION RATES, AND BIRTH DEFECTS.
DETAILED INFORMATION BY RACE, ETHNICITY, AND MATERNAL AGE FOR MANY
INDICATORS IS ALSO AVAILABLE. TO COMMUNICATE THIS INFORMATION,
DATA ARE PRESENTED ALONG WITH WRITTEN STATEMENTS FOR EASY
INTERPRETATION AND TAKE-AWAY MESSAGES. PERISTATS PRODUCES
PRINTER-READY GRAPHS, MAPS, AND TABLES THAT CAN ALSO BE DOWNLOADED
INTO REPORTS AND PRESENTATIONS. THE SITE ALSO PROVIDES COMPARISONS
BETWEEN STATES, COUNTIES, CITIES AND TO THE UNITED STATES. OVER
100,000 GRAPHS, MAPS, AND TABLES ARE AVAILABLE ON PERISTATS.

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ATTACHMENT 2 (CONT'D)

PERISTATS USES DATA COMPILED FROM NUMEROUS GOVERNMENT AGENCIES AND ORGANIZATIONS, INCLUDING CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), NATIONAL CENTER FOR HEALTH STATISTICS (NCHS), SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA) AND THE U.S. CENSUS BUREAU AMONG MANY OTHERS. THE MARCH OF DIMES IS GRATEFUL TO THESE ORGANIZATIONS, FOR WITHOUT THEIR DEDICATION AND COOPERATION, IT WOULD BE IMPOSSIBLE TO PROVIDE A RICH SET OF PERINATAL HEALTH INDICATORS ON A COMMON PLATFORM.

PERISTATS HAS BEEN EXPANDED OVER THE PAST FEW YEARS TO INCLUDE DATA FROM THE CDC'S PREGNANCY RISK ASSESSMENT MONITORING SYSTEM (PRAMS) AND THE NATIONAL BIRTH DEFECTS PREVENTION NETWORK (NBDPN). PRAMS IS A SYSTEM OF STATE- AND POPULATION-BASED SURVEYS THAT ROUTINELY COLLECT INFORMATION ABOUT MATERNAL BEHAVIORS AND EXPERIENCES BEFORE, DURING, AND SHORTLY AFTER PREGNANCY. TOPICS AVAILABLE ON PERISTATS FROM PRAMS INCLUDE PRECONCEPTION AND INTERCONCEPTION CARE, SMOKING AND ALCOHOL USE, HEALTH INSURANCE COVERAGE, BREASTFEEDING AND INFANT HEALTH CARE. THE NBDPN, IN COLLABORATION WITH THE CDC, COLLECTS AND REPORTS DATA ON MAJOR BIRTH DEFECTS FROM STATE BIRTH DEFECTS SURVEILLANCE SYSTEMS. BIRTH DEFECTS DATA FROM THE NBDPN FOR 2007-2011 FROM 37 STATES AND 47 CONDITIONS ARE AVAILABLE ON PERISTATS WITH UPDATES EXPECTED ANNUALLY. CONDITION PREVALENCE RATES ARE PROVIDED BY MATERNAL RACE/ETHNICITY AND SELECT CHROMOSOMAL DEFECTS ARE ALSO PROVIDED BY MATERNAL AGE, A KNOWN RISK FACTOR FOR THESE DEFECTS.

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ATTACHMENT 3

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

COMMUNITY SERVICES - 2015 EXPENDITURE \$52,246,340

MARCH OF DIMES CHAPTER STAFF AND VOLUNTEERS INVEST TIME AND RESOURCES IN LOCAL PROGRAMS AND ACTIVITIES IN ALL 50 STATES, WASHINGTON, D.C., AND PUERTO RICO, PLAYING A VITAL ROLE IN IMPROVING MATERNAL AND CHILD HEALTH IN THEIR COMMUNITIES, TO ENHANCING AND EXPANDING SERVICES AVAILABLE TO WOMEN AND THEIR FAMILIES.

CHAPTER STAFF AND VOLUNTEERS PARTNER WITH LOCAL HEALTH AGENCIES, COMMUNITY-BASED ORGANIZATIONS, PROFESSIONAL ASSOCIATIONS, HOSPITALS, AND OTHERS TO DETERMINE THE MOST PRESSING MATERNAL AND CHILD HEALTH NEEDS AND TO DEVELOP A MULTI-YEAR STRATEGIC PLAN THAT WILL POSITIVELY IMPACT THE HEALTH STATUS OF COMMUNITIES. STAFF AND VOLUNTEERS THEN WORK TO ENHANCE AND EXPAND COMMUNITY SERVICES, AND TO IMPROVE SYSTEMS OF CARE FOR MOTHERS, BABIES, AND THEIR FAMILIES THROUGH ADVOCACY, LEADERSHIP EDUCATIONAL PROGRAMS AND COMMUNITY GRANTS. IN 2015, MARCH OF DIMES CHAPTERS AWARDED 375 COMMUNITY GRANTS.

THROUGH ITS COMMUNITY GRANTS AND PROGRAM SERVICES, MARCH OF DIMES AIMS TO: IMPROVE THE HEALTH OF MOTHERS AND BABIES THROUGH EDUCATION ON HEALTHY PREGNANCY; PRENATAL CARE AND OTHER SERVICES TO REDUCE THE RISK OF PREMATURE BIRTH AND OTHER POOR BIRTH OUTCOMES; AND SUPPORT FOR FAMILIES WHOSE BABIES NEED SPECIALIZED CARE IN THE NEWBORN INTENSIVE CARE UNIT (NICU).

HEALTHY BABIES ARE WORTH THE WAIT (HBWW) COMMUNITY PROGRAM IS A MARCH OF DIMES CHAPTER-LED PARTNERSHIP FOCUSED ON DECREASING

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ATTACHMENT 3 (CONT'D)

PRETERM BIRTH BY IMPROVING THE QUALITY OF HEALTH CARE DELIVERY, INCREASING ACCESS TO PREVENTION SERVICES, PROVIDING EDUCATION FOR PREGNANT WOMEN, PERINATAL PROVIDERS AND THE GREATER COMMUNITY. PROGRAM PARTNERS WORK TOGETHER TO INTEGRATE CLINICAL AND PUBLIC HEALTH INTERVENTIONS THAT ARE PROVEN TO REDUCE PRETERM BIRTH. THESE INTERVENTIONS INCLUDE: PATIENT NAVIGATION/CARE COORDINATION, HOSPITAL QUALITY IMPROVEMENT TO REDUCE EARLY ELECTIVE DELIVERIES, GROUP PRENATAL CARE, AND SMOKING CESSATION, PREVENTION OF REPEAT PRETERM BIRTHS AND INFECTION DIAGNOSIS AND TREATMENT. IN 2015, 30 SITES IN 8 STATES CONDUCTED THE HBWW COMMUNITY PROGRAM. SUPPORTING FAMILIES AFFECTED BY OUR MISSION

THE MARCH OF DIMES HAS A PORTFOLIO OF PRODUCTS AND SERVICES DESIGNED TO EDUCATE AND SUPPORT FAMILIES WHO HAVE A BABY ADMITTED TO A NEWBORN INTENSIVE CARE UNIT (NICU), AND TO THE STAFF WHO PROVIDE CLINICAL CARE TO THE BABIES. THE MARCH OF DIMES OFFERS SERVICES TO OVER 125,000 FAMILIES AND STAFF ANNUALLY THROUGH ITS NICU INITIATIVES.

THE MARCH OF DIMES NICU FAMILY SUPPORT PROGRAM IS OFFERED TO OVER 90,000 FAMILIES ANNUALLY. THE SERVICES PROVIDED MAY INCLUDE PARENT-TO-PARENT SUPPORT, PARENT EDUCATION, PRINT AND ONLINE MATERIALS, AND SUPPORTIVE ACTIVITIES FOR SIBLINGS AND EXTENDED FAMILY, ALL DESIGNED TO PROVIDE COMFORT AND CRITICAL HEALTH CARE MESSAGES TO FAMILIES IN CRISIS. SERVICES ARE PROVIDED DURING THE NICU STAY, THROUGH THE TRANSITION HOME AND IN THE EVENT OF A NEWBORN LOSS. THE PROGRAM ALSO PROVIDES EDUCATION TO STAFF ON TOPICS DESIGNED TO ENGAGE THE FAMILY AS PART OF THE CARE TEAM. THE

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 ATTACHMENT 3 (CONT'D)

PROGRAM IS IMPLEMENTED IN OVER 130 HOSPITALS NATIONWIDE, INCLUDING THE DISTRICT OF COLUMBIA AND PUERTO RICO.

SHARE YOUR STORY IS THE MARCH OF DIMES ONLINE COMMUNITY FOR FAMILIES WHO HAVE BEEN AFFECTED BY OUR MISSION. THE COMMUNITY PROVIDES A SAFE ENVIRONMENT WHERE FAMILIES WHO HAVE EXPERIENCED THE CHALLENGES AND UNCERTAINTIES OF THE NICU CAN CONNECT WITH EACH OTHER. THERE ARE OVER 30,000 ENGAGED USERS OF THE COMMUNITY.

MARCH OF DIMES FAMILY-CENTERED CARE WORKSHOPS PROVIDE CONTINUING NURSE EDUCATION CREDITS ON A VARIETY OF TOPICS, INCLUDING SKIN TO SKIN HOLDING, COMMUNICATION AND SUPPORTING FAMILIES IN CRISIS, PROVIDING SUPPORT TO SHORTER STAY FAMILIES AND PARTNERING WITH PARENTS TO IMPROVE PATIENT SAFETY. THE WORKSHOPS ARE PRESENTED BY FAMILY CENTERED CARE EXPERTS AT OVER 35 HOSPITALS NATIONWIDE, EDUCATING OVER 8,000 PROFESSIONALS ANNUALLY.

MATERNAL AND CHILD HEALTH ADVOCACY

THE MARCH OF DIMES UTILIZES UNRESTRICTED DONATIONS TO FUND EXTENSIVE ADVOCACY EFFORTS AT THE FEDERAL LEVEL AND IN EVERY STATE, THE DISTRICT OF COLUMBIA, AND PUERTO RICO TO IMPROVE MATERNAL AND CHILD HEALTH. THESE EFFORTS FALL INTO FOUR CATEGORIES: ACCESS TO AND QUALITY OF HEALTH CARE; RESEARCH AND SURVEILLANCE; PREVENTION AND EDUCATION; AND ISSUES IMPORTANT TO TAX-EXEMPT ORGANIZATIONS.

THE MARCH OF DIMES PURSUES A WIDE RANGE OF POLICIES CHANGES IN SUPPORT OF THE PREMATURITY CAMPAIGN. WE ADVOCATE ON THE FEDERAL AND STATE LEVELS TO IMPROVE ACCESS TO CARE AND QUALITY OF SERVICES, LIMIT ACCESS TO TOBACCO AND MAKE CESSATION PROGRAMS

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ATTACHMENT 3 (CONT'D)

READILY AVAILABLE, AND REDUCE ENVIRONMENTAL RISKS FOR PRETERM BIRTH. OUR RECENT VICTORIES HAVE INCLUDED EXTENSION OF THE FEDERAL CHILDREN'S HEALTH INSURANCE PROGRAM AND NUMEROUS STATE-LEVEL LAWS TO PROTECT AND EXPAND ACCESS TO CARE FOR PREGNANT WOMEN.

THE MARCH OF DIMES ALSO ADVOCATES ON OTHER IMPORTANT MATERNAL AND CHILD HEALTH PRIORITIES, SUCH AS IMMUNIZATIONS, NEWBORN SCREENING, AND OPIOIDS. OUR VOLUNTEERS AND STAFF HAVE BEEN PART OF SUCCESSFUL EFFORTS TO EXPAND ACCESS TO IMMUNIZATIONS AND LIMIT PHILOSOPHICAL EXEMPTIONS. OUR FIELD STAFF LOBBY EXTENSIVELY TO ENSURE THAT EVERY STATE TESTS ALL NEWBORNS FOR ALL CONDITIONS ON THE RECOMMENDED UNIFORM SCREENING PANEL. AS THE OPIOIDS EPIDEMIC SPREAD, THE MARCH OF DIMES ADVOCATED FOR POLICIES AND PROGRAMS TO ASSIST PREGNANT WOMEN AND TREAT INFANTS BORN EXPOSED TO OPIOIDS.

HISPANIC OUTREACH

THE INCREASING NUMBER OF HISPANIC WOMEN IN THE UNITED STATES, COUPLED WITH THEIR HIGHER FERTILITY RATES AND INCREASED RISK OF ADVERSE BIRTH OUTCOMES, CALL FOR GREATER ATTENTION TO THEIR PRECONCEPTION, MATERNAL AND NEWBORN HEALTH NEEDS. TO ADDRESS THESE NEEDS, THE MARCH OF DIMES OFFERS NUMEROUS EDUCATION AND HEALTH PROMOTION RESOURCES THAT REACH MILLIONS OF SPANISH-SPEAKING WOMEN AND FAMILIES GLOBALLY. IN 2014, THE MARCH OF DIMES RELAUNCHED NACERSANO.ORG, THE FOUNDATION'S CULTURALLY AND LINGUISTICALLY RELEVANT SOURCE OF MATERNAL AND BABY HEALTH INFORMATION FOR SPANISH-SPEAKING HISPANIC COMMUNITY AT LARGE. THE NEW MOBILE-READY SITE FEATURES HUNDREDS OF HEALTH ARTICLES, INTERACTIVE TOOLS, EDUCATIONAL VIDEOS AND OTHER RESOURCES, INCLUDING EASY ACCESS TO

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ATTACHMENT 3 (CONT'D)

SOCIAL MEDIAL PLATFORMS WHERE HEALTH INFORMATION IS ALSO PROVIDED. THE SITE REACHED MORE THAN 3.5 MILLION USERS IN 2015. IN ADDITION, THE NACERSANO BLOG (ONE OF THE SOCIAL MEDIA PLATFORMS) HAD 4,903 AVERAGE VIEWS PER DAY, A 33 PERCENT INCREASE OVER 2014 AND THE HIGHEST SINCE ITS IMPLEMENTATION IN 2007.

HISPANIC ADVISORY COUNCIL

THE MARCH OF DIMES CREATED A NATIONAL HISPANIC ADVISORY COUNCIL IN 2014. THIS GROUP OF PROFESSIONALS ADVISES THE MARCH OF DIMES ON BEST PRACTICES FOR IMPROVING THE HEALTH OF HISPANIC MOTHERS AND BABIES. IT ALSO HELPS THE ORGANIZATION TO COMMUNICATE THE MISSION WITH THE HISPANIC COMMUNITY FOR LONG-TERM ENGAGEMENT AND HELP IMPROVE HEALTH OUTCOMES.

FDA AND CORN MASA FLOUR

THE MARCH OF DIMES LED A WORKING GROUP COMPRISED OF OTHER HEALTH ORGANIZATIONS AND A COMPANY INTERESTED IN FORTIFYING CORN MASA FLOUR AND ITS RELATED PRODUCTS (E.G., TORTILLAS AND TORTILLA CHIPS) WITH FOLIC ACID IN THE U.S. TO PREPARE A FOOD ADDITIVE PETITION TO THE FDA. THIS PETITION, WHICH WOULD ALLOW VOLUNTARY FORTIFICATION OF CORN MASA FLOUR WITH FOLIC ACID IF APPROVED, WAS SUBMITTED TO THE FDA IN APRIL 2012. THE MARCH OF DIMES HAS SINCE CONTINUED TO WORK WITH THE FDA TO ADDRESS THEIR CONCERNS AND QUESTIONS REGARDING ASPECTS OF THE INFORMATION SUBMITTED IN THE PETITION. THE MARCH OF DIMES FUNDED AN ADDITIONAL STABILITY STUDY TO EXAMINE THE LEVELS OF FOLIC ACID PRESENT IN FORTIFIED CORN MASA FLOUR AND ITS RELATED PRODUCTS OVER TIME. SUCH DATA WOULD ALLOW THE FDA TO CONFIRM THAT THE FOLIC ACID IS PRESENT AT EXPECTED OR

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ATTACHMENT 3 (CONT'D)

APPRECIABLE LEVELS IN CORN MASA FLOUR AND ITS RELATED PRODUCTS SUFFICIENT TO ACHIEVE THE INTENDED EFFECT OF REDUCING NEURAL TUBE DEFECTS IN THE U.S. THIS STUDY WAS FINISHED BY END OF 2015.

PATIENT SAFETY AND QUALITY

THE MARCH OF DIMES IS INFUSING PATIENT SAFETY AND QUALITY THROUGHOUT ITS MISSION ACTIVITIES. THIS INVOLVES CREATING A "CULTURE OF SAFETY" IN THESE AREAS, BASED ON THE FEATURES OF HIGH RELIABILITY ORGANIZATIONS AND NATURAL ACCIDENT THEORY.

GLOBAL PROGRAMS

MARCH OF DIMES CONDUCTS ITS GLOBAL ACTIVITIES THROUGH VARIOUS MEANS, INCLUDING MISSION PARTNERSHIPS AND PROJECTS WITH WORLD-CLASS ACADEMIC INSTITUTIONS IN MIDDLE- AND LOW-INCOME COUNTRIES; THE PUBLISHING OF FIRST-OF-A-KIND REPORTS ON NEGLECTED GLOBAL HEALTH PROBLEMS; THE SPONSORING OF INTERNATIONAL CONFERENCES TO BRING UNDERSERVED PROBLEMS TO THE ATTENTION OF INTERNATIONAL POLICYMAKERS AND DONORS; AND STAFF PARTICIPATION ON HIGH-LEVEL, INTERNATIONAL TECHNICAL COMMITTEES AND WORKING GROUPS OF THE UN/WHO, U.S. AND OTHER NATIONAL GOVERNMENTS, NON-GOVERNMENTAL ORGANIZATIONS AND ACADEMIC INSTITUTIONS. THESE ACTIVITIES AND THE GLOBAL PROGRAMS STAFF WHICH DIRECTS THEM HAVE CONTRIBUTED TO THE MARCH OF DIMES BEING RECOGNIZED AS THE WORLD'S LEADING ORGANIZATION FOCUSED ON PREVENTION OF BIRTH DEFECTS AND PRETERM BIRTH.

AS AN EXAMPLE OF OUR MISSION PARTNERSHIPS, GLOBAL PROGRAMS IN 2008 ESTABLISHED THE GLOBAL NETWORK FOR MATERNAL AND INFANT HEALTH

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ATTACHMENT 3 (CONT'D)

(GNMIH), A NETWORK OF INTERLINKED MISSION ALLIANCES, TO REDUCE MORTALITY AND DISABILITY FROM BIRTH DEFECTS AND PRETERM BIRTH IN PARTNER COUNTRIES. THE CORE PHILOSOPHY OF GNMIH IS ONE OF COMMUNICATION AND COLLABORATION AMONG ALL MEMBERS, FROM THE EARLIEST STAGES OF PROPOSAL DEVELOPMENT THROUGH THE CONDUCT AND EVALUATION OF NETWORK PROJECTS AND PUBLICATION OF RESEARCH FINDINGS. RECENT ACTIVITIES HAVE INCLUDED A PARTNERSHIP WITH THE BAYLOR COLLEGE OF MEDICINE TO DECREASE THE HIGH MORBIDITY AND MORTALITY FROM PRETERM BIRTH IN THE REPUBLIC OF MALAWI. WE ARE ALSO PARTNERING WITH COLLEAGUES AT THE AMERICAN UNIVERSITY OF BEIRUT AND UNIVERSITY OF THE PHILIPPINES TO DEVELOP A WORKPLACE WELLNESS PROGRAM TO IMPROVE THE HEALTH KNOWLEDGE, BEHAVIOR AND OUTCOMES OF WOMEN AND MEN IN THEIR REPRODUCTIVE YEARS. THE PROGRAM WILL FORM THE BASIS FOR A WORKPLACE HEALTH EDUCATION MODEL THAT CAN BE ADAPTED FOR USE THROUGHOUT THE DEVELOPING WORLD.

A GOOD EXAMPLE OF THE FIRST-OF-A-KIND REPORTS ON NEGLECTED GLOBAL HEALTH PROBLEMS IS THE 2012 BORN TOO SOON GLOBAL ACTION REPORT ON PRETERM BIRTH MENTIONED IN THE SECTION ON PUBLIC AND PROFESSIONAL EDUCATION. LED, CO-AUTHORED AND CO-EDITED BY GLOBAL PROGRAMS STAFF, THE REPORT REACHED AN AUDIENCE OF OVER ONE BILLION PEOPLE WORLDWIDE AND RESULTED IN SIGNIFICANT INCREASES IN POLICY AND FUNDING DIRECTED TO THE PREVENTION AND CARE OF PRETERM BIRTH, ESPECIALLY IN THE HIGHEST BURDEN, MOST VULNERABLE COUNTRIES IN AFRICA AND SOUTH ASIA.

WITH RESPECT TO ITS CO-SPONSORING OF INTERNATIONAL CONFERENCES, GLOBAL PROGRAMS IN PARTNERSHIP WITH AGA KHAN HEALTH SERVICES

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ATTACHMENT 3 (CONT'D)

HEALTH NETWORK IN EAST AFRICA HELD IN SEPTEMBER 2015 THE 7TH BIENNIAL CONFERENCE ON THE PREVENTION OF BIRTH DEFECTS AND DISABILITIES IN THE DEVELOPING WORLD IN DAR ES SALAAM, TANZANIA. ATTENDED BY MORE THAN 300 PARTICIPANTS FROM 37 HIGH-, MIDDLE- AND LOW-INCOME COUNTRIES, THE CONFERENCE BROUGHT TOGETHER HEALTH POLICY MAKERS, DONOR ORGANIZATIONS, HEALTH CARE PROVIDERS, EXPERTS IN DATA COLLECTION AND MONITORING, RESEARCHERS, PARENT-PATIENT ORGANIZATIONS AND OTHER NGOS AND YOUTH VOLUNTEERS WITH THE GOAL OF PROVIDING SPECIFIC PRACTICAL TOOLS AND APPROACHES THAT PARTICIPANTS COULD USE TO IMPLEMENT AND STRENGTHEN SERVICES WHEN THEY RETURNED TO THEIR RESPECTIVE COUNTRIES.

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,

DC, 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

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ATTACHMENT 6

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
INFOCISION 325 SPRINGSIDE DRIVE AKRON, OH 44333	TELEMARKETING SERVIC	1,806,024.
PEP DIRECT 19 STONEY BROOK DRIVE WILTON, NH 03086	MAIL HOUSE	2,653,749.
BLACKBAUD PO BOX 930256 ATLANTA, GA 31193-0256	SOFTWARE HOSTING	1,744,509.
PARADYSZ, MATERA & COMPANY INC 5 HANOVER SQUARE NEW YORK, NY 10004	LIST BROKER	1,160,823.
COMMUNITY COUNSELLING SERVICE 461 FIFTH AVENUE NEW YORK, NY 10017	FUNDRAISE CONSULTANT	1,222,028.

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	185,054.			185,054.
INTEREST & DIVIDENDS	941,510.			941,510.
TOTALS	<u>1,126,564.</u>			<u>1,126,564.</u>

ATTACHMENT 8

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
SPECIAL EVENTS	125,137,650.
TOTAL	<u>125,137,650.</u>

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ATTACHMENT 9

FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>
SPECIAL EVENTS	14,886,182.	14,886,182.
TOTALS	<u>14,886,182.</u>	<u>14,886,182.</u>

ATTACHMENT 10

FORM 990, PART VIII - GAMING ACTIVITIES

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>
GAMING ACTIVITIES	261,297.	261,297.
TOTALS	<u>261,297.</u>	<u>261,297.</u>

ATTACHMENT 11

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
PREPAID INSURANCE	298,589.	297,970.
PREPAID RENT	536,413.	476,444.
DEFERRED TRUST	48,637.	48,637.
OTHER PREPAID EXPENSES	959,652.	840,704.
TOTALS	<u>1,843,291.</u>	<u>1,663,755.</u>

ATTACHMENT 12

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ATTACHMENT 12 (CONT'D)

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
SHORT TERM SECURITY	839,215.	1,123,666.	FMV
DOMESTIC COMMON STOCK	20,442,767.	20,382,925.	FMV
PUBLICLY TRADED MUTUAL FUNDS	24,776,712.	11,456,068.	FMV
INSTITUTIONAL MUTUAL FUNDS	23,903,733.	17,625,047.	FMV
FIXED INCOME	274,629.	192,166.	FMV
TOTALS	<u>70,237,056.</u>	<u>50,779,872.</u>	

ATTACHMENT 13

FORM 990, PART X - DEFERRED REVENUE

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
DEFERRED REV	19,350.	554,000.
DEFERRED REV - SPECIAL EVENTS	1,933,994.	1,486,481.
DEFERRED REV - OTHER	90,246.	208,927.
TOTALS	<u>2,043,590.</u>	<u>2,249,408.</u>