

# Return of Organization Exempt From Income Tax

**2017**

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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2017 calendar year, or tax year beginning **2017**, and ending **20**

<b>B</b> Check if applicable: <input checked="" type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization MARCH OF DIMES INC.		<b>D</b> Employer identification number 13-1846366	
	Doing business as		<b>E</b> Telephone number (571) 257-2324	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1550 CRYSTAL DRIVE STE 1300		<b>G</b> Gross receipts \$ 206,847,169.	
	City or town, state or province, country, and ZIP or foreign postal code ARLINGTON, VA 22202		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<b>F</b> Name and address of principal officer: DAVID C. DAMOND 1550 CRYSTAL DRIVE STE 1300 ARLINGTON, VA 22202				
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
<b>J</b> Website: ▶ WWW.MARCHOFDIMES.ORG				
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				
<b>L</b> Year of formation: 1938 <b>M</b> State of legal domicile: NY				

ATT. 4

Part I Summary		Prior Year	Current Year
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.		
	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	23.
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23.
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	1,284.
	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	8 Contributions and grants (Part VIII, line 1h)	163,557,497.	152,799,982.
	9 Program service revenue (Part VIII, line 2g)	1,414,714.	273,595.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,541,760.	9,706,558.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,798,893.	1,428,294.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	169,312,864.	164,208,429.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	22,343,691.	20,913,162.
	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)	87,981,344.	69,670,517.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	532,789.	2,613,338.
	16b Total fundraising expenses (Part IX, column (D), line 25) ▶ 22,983,087.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	67,180,033.	59,273,252.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	178,037,857.	152,470,269.	
19 Revenue less expenses. Subtract line 18 from line 12	-8,724,993.	11,738,160.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 94,169,960.	End of Year 78,011,318.
	21 Total liabilities (Part X, line 26)	107,073,305.	88,891,675.
	22 Net assets or fund balances. Subtract line 21 from line 20	-12,903,345.	-10,880,357.

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

Sign Here	Signature of officer	Date
	DAVID C. DAMOND SR. VP & CFO	9/21/18
Type or print name and title		

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MARY-EVELYN ANTONETTI	<i>Mary Evelyn Antonetti</i>	9/20/2018	<input type="checkbox"/>	P00431862
	Firm's name ▶ KPMG LLP	Firm's EIN ▶ 13-5565207	Phone no. 212-758-9700		

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2017)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

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

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

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

4a (Code: ) (Expenses \$ 57,413,386. including grants of \$ 2,794,083. ) (Revenue \$ 887,274. ) PUBLIC AND PROFESSIONAL EDUCATION: MARCH OF DIMES CREATES AND DISSEMINATES HEALTH CONTENT ON PRECONCEPTION, PREGNANCY AND NEWBORN HEALTH. WE SHARE VITAL HEALTH INFORMATION WITH CONSUMERS (WOMEN AND FAMILIES) AND HEALTH PROFESSIONALS THROUGH VARIOUS COMMUNICATION CHANNELS, INCLUDING WEB, PRINT, VIDEOS, SOCIAL MEDIA, TOOLKITS AND CONTINUING EDUCATION ACTIVITIES. FOR MORE INFORMATION, SEE SCHEDULE O.

4b (Code: ) (Expenses \$ 36,351,344. including grants of \$ 957,257. ) (Revenue \$ ) COMMUNITY SERVICES: MARCH OF DIMES STAFF AND VOLUNTEERS INVEST TIME AND RESOURCES IN LOCAL PROGRAMS AND ACTIVITIES IN THE UNITED 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. FOR MORE INFORMATION SEE SCHEDULE O.

4c (Code: ) (Expenses \$ 20,545,829. including grants of \$ 17,161,822. ) (Revenue \$ ) RESEARCH AND MEDICAL SUPPORT: MARCH OF DIMES FUNDS RESEARCH INTO THE CAUSES OF BIRTH DEFECTS, PREMATURE BIRTH AND OTHER THREATS TO BABIES' HEALTH AS WELL AS WAYS TO PREVENT AND TREAT THEM. MARCH OF DIMES CONSISTENTLY THROUGHOUT ITS HISTORY HAS SELECTED BOLD PROBLEMS - FROM CONQUERING POLIO TO PREVENTING PREMATUREITY - AND HAS BEEN SUCCESSFUL THROUGH CAREFUL PLANNING AND EXECUTION TO ACHIEVE OUR MISSION. MARCH OF DIMES ALSO HAS DEVELOPED PARTNERSHIPS TO LEVERAGE ITS EFFORTS TOGETHER WITH THOSE OF OTHER ORGANIZATIONS IN THE U.S. AND GLOBALLY. FOR MORE INFORMATION SEE SCHEDULE O.

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

4e Total program service expenses 114,310,559.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> . . . . .	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .		X
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> . . . . .		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> . . . . .	X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i> . . . . .		
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> . . . . .		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> . . . . .		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> . . . . .		X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> . . . . .		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> . . . . .	X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> . . . . .	X	
<b>b</b> Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> . . . . .		X
<b>c</b> Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> . . . . .		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> . . . . .	X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> . . . . .	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i> . . . . .	X	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.</i> . . . . .		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> . . . . .		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i> . . . . .	X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV.</i> . . . . .	X	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV.</i> . . . . .		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions). . . . .	X	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> . . . . .	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> . . . . .	X	

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, sub-part, and Yes/No boxes. Includes questions 1a-14b regarding Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 720, and Form 702.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (23), 1b (23), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 1
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: DAVID C. DAMOND 1550 CRYSTAL DRIVE, SUITE 1300 ARLINGTON, VA 22202 571-257-2324

**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) REGINA BENJAMIN, MD TRUSTEE	1.00 0.	X					0.	0.	0.	
(2) JOHN BURBANK TRUSTEE	1.00 0.	X					0.	0.	0.	
(3) GRETCHEN CARLSON TRUSTEE	1.00 0.	X					0.	0.	0.	
(4) HARVEY COHEN, MD TRUSTEE	1.00 0.	X					0.	0.	0.	
(5) F. SESSIONS COLE, MD TRUSTEE	1.00 0.	X					0.	0.	0.	
(6) JAMES CORBETT TRUSTEE	1.00 0.	X					0.	0.	0.	
(7) GARY DIXON CHAIRMAN	1.00 0.	X		X			0.	0.	0.	
(8) BILL A. FITZGERALD TRUSTEE	1.00 0.	X					0.	0.	0.	
(9) ALFREDO GANGOTENA TRUSTEE	1.00 0.	X					0.	0.	0.	
(10) DON GERMANO VICE CHAIR	1.00 0.	X		X			0.	0.	0.	
(11) ALEEM GILLANI TRUSTEE	1.00 0.	X					0.	0.	0.	
(12) DAVID LAKEY, MD TRUSTEE	1.00 0.	X					0.	0.	0.	
(13) CHARLES LOCKWOOD, MD TRUSTEE	1.00 0.	X					0.	0.	0.	
(14) MONICA LUECHTEFELD 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 POINTS TRUSTEE	1.00 0.	X						0.	0.	0.
( 16) JOHN RAINEY SECRETARY	1.00 0.	X						0.	0.	0.
( 17) JUAN SALGADO-MORALES, MD TRUSTEE	1.00 0.	X						0.	0.	0.
( 18) SUSAN SCHICK TRUSTEE	1.00 0.	X						0.	0.	0.
( 19) JONATHAN SPECTOR VICE CHAIR	1.00 0.	X		X				0.	0.	0.
( 20) FRANK WALL TRUSTEE	1.00 0.	X						0.	0.	0.
( 21) DONALD WARNE, M.D. TRUSTEE	1.00 0.	X						0.	0.	0.
( 22) ROGER YOUNG, MD TRUSTEE	1.00 0.	X						0.	0.	0.
( 23) HARRY JOHNSON, ESQ. TRUSTEE	1.00 0.	X						0.	0.	0.
( 24) LISA BELKIN TRUSTEE - END 1/24/17	1.00 0.	X						0.	0.	0.
( 25) HARRIS BROOKS TRUSTEE - END 7/18/17	1.00 0.	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								4,861,782.	0.	151,521.
<b>d Total (add lines 1b and 1c)</b>								4,861,782.	0.	151,521.

**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 **▶ 112**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶ 40**



**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) DEIDRA MERRIWETHER ----- TRUSTEE - END 6/15/17	1.00 ----- 0.	X					0.	0.	0.	
( 27) WILL SMITH ----- TRUSTEE - END 6/7/17	1.00 ----- 0.	X					0.	0.	0.	
( 28) STACEY STEWART ----- PRESIDENT - START 1/1/17	50.00 ----- 0.			X			516,837.	0.	17,256.	
( 29) KAREN ANDREWS ESQ. ----- EVP & GENERAL COUNSEL	50.00 ----- 0.			X			284,212.	0.	17,290.	
( 30) EDWARD MCCABE, M.D. ----- CMO - END 2/16/17	50.00 ----- 0.			X			61,002.	0.	0.	
( 31) PAUL JARRIS, MD ----- SVP & CMO - START 2/1/17	50.00 ----- 0.			X			415,232.	0.	0.	
( 32) DAVID C. HORNE ----- SVP & CFO - END 12/31/17	50.00 ----- 0.			X			263,269.	0.	17,016.	
( 33) JOSEPH L. SIMPSON, M.D. ----- SVP RESEARCH & GLOBAL PROG	50.00 ----- 0.				X		379,980.	0.	7,212.	
( 34) FREDERICK A. BROGDON ----- SVP & CHIEF OPERATING OFFICER	50.00 ----- 0.				X		256,445.	0.	17,290.	
( 35) CHRISTOPHER L. MADDOCKS ----- SVP CHIEF MARKETING OFFICER	50.00 ----- 0.				X		243,864.	0.	17,016.	
( 36) DAVID J. HAMPTON II ----- SVP CHIEF DEVELOPMENT OFFICER	50.00 ----- 0.				X		237,458.	0.	6,237.	
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 112

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
( 37) LISA B. BUTCHER SVP STRATEGY & TRANSFORMATION	50.00 0.				X			213,914.	0.	17,290.	
( 38) PAULA R. RANSOM SVP & CHIEF VOLUNTEER OFFICER	50.00 0.				X			336,872.	0.	17,290.	
( 39) CYNTHIA JOHNSON SVP PUBLIC POLICY/ GOV AFFAIRS	50.00 0.					X		229,013.	0.	1,498.	
( 40) NICHOLAS DIFRANZA SVP & CHIEF TECH OFFICER	50.00 0.					X		225,316.	0.	15,922.	
( 41) DEBORAH BARGE SVP MARKET LEADERSHIP * DEVEL.	50.00 0.					X		204,906.	0.	0.	
( 42) CATHERINE SELLERS SVP SCIENCE AND STRATEGY	50.00 0.					X		199,956.	0.	0.	
( 43) JANIS BIERMANN SVP EDUCATION AND HEALTH	50.00 0.					X		195,080.	0.	204.	
( 44) JENNIFER HOWSE FORMER PRESIDENT	0. 0.						X	598,426.	0.	0.	
<b>1b Sub-total</b> . . . . .											
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .											
<b>d Total (add lines 1b and 1c)</b> . . . . .											

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 112

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .	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? If "Yes," complete Schedule J for such individual . . . . .	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? If "Yes," complete Schedule J for such person . . . . .		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.

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>	722,833.					
	<b>b</b> Membership dues . . . . .	<b>1b</b>						
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	96,359,755.					
	<b>d</b> Related organizations . . . . .	<b>1d</b>						
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	2,872,784.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	52,844,610.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ . . . . .		124,400.					
	<b>h Total.</b> Add lines 1a-1f . . . . .			152,799,982.				
	<b>Program Service Revenue</b>				<b>Business Code</b>			
<b>2a</b> SYMPOSIUM CONFERENCE . . . . .			813219	193,029.	193,029.			
<b>b</b> PROGRAM SPONSORSHIP . . . . .			813219	80,566.	80,566.			
<b>c</b> . . . . .								
<b>d</b> . . . . .								
<b>e</b> . . . . .								
<b>f</b> All other program service revenue . . . . .								
<b>g Total.</b> Add lines 2a-2f . . . . .				273,595.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 3 . . . . .			891,385.			891,385.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .			0.				
	<b>5</b> Royalties . . . . .			590,729.			590,729.	
	<b>6a</b> Gross rents . . . . .	(i) Real	(ii) Personal					
		<b>b</b> Less: rental expenses . . . . .						
		<b>c</b> Rental income or (loss) . . . . .						
		<b>d</b> Net rental income or (loss) . . . . .			0.			
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses . . . . .						
		<b>c</b> Gain or (loss) . . . . .						
		<b>d</b> Net gain or (loss) . . . . .			8,815,173.			8,815,173.
	<b>8a</b> Gross income from fundraising events (not including \$ 96,359,755. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>		11,912,816.				
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>	11,912,816.				
		<b>c</b> Net income or (loss) from fundraising events . . . . .			0.			
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>		120,178.				
<b>b</b> Less: direct expenses . . . . .		<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .				120,178.			120,178.	
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>		765,575.					
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>	335,504.					
	<b>c</b> Net income or (loss) from sales of inventory . . . . .			430,071.	430,071.			
Miscellaneous Revenue			<b>Business Code</b>					
<b>11a</b> GRANT REFUNDS . . . . .		813219		183,608.	183,608.			
	<b>b</b> ALL OTHER REVENUE . . . . .		813219	103,708.			103,708.	
	<b>c</b> . . . . .							
	<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .				287,316.				
<b>12 Total revenue.</b> See instructions. . . . .				164,208,429.	887,274.		10,521,173.	

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	20,200,662.	20,200,662.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	280,000.	280,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	432,500.	432,500.		
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	3,941,407.	2,501,410.	964,320.	475,677.
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 . . . . .	62,101,626.	46,467,996.	6,797,116.	8,836,514.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,317,098.	1,325,404.	-330,603.	322,297.
9 Other employee benefits . . . . .	-2,887,235.	-1,094,173.	-910,175.	-882,887.
10 Payroll taxes . . . . .	5,197,621.	3,848,405.	584,526.	764,690.
11 Fees for services (non-employees):				
a Management . . . . .	0.			
b Legal . . . . .	90,327.	39,915.	29,619.	20,793.
c Accounting . . . . .	328,844.	144,428.	108,979.	75,437.
d Lobbying . . . . .	2,607,917.	2,607,917.		
e Professional fundraising services. See Part IV, line 17.	2,613,338.			2,613,338.
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.) . . . . .	8,874,126.	6,548,852.	1,002,460.	1,322,814.
12 Advertising and promotion . . . . .	100,014.		100,014.	
13 Office expenses . . . . .	40,169.		40,169.	
14 Information technology . . . . .	5,000.		5,000.	
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	6,804,467.	5,198,426.	672,662.	933,379.
17 Travel . . . . .	2,626,955.	2,035,490.	282,318.	309,147.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . . .	1,286,143.	1,153,658.	57,241.	75,244.
20 Interest . . . . .	78,453.	35,176.	25,486.	17,791.
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	1,335,611.	929,897.	182,613.	223,101.
23 Insurance . . . . .	0.			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PRINTING	16,074,728.	9,848,313.	2,406,138.	3,820,277.
b POSTAGE	9,514,326.	5,680,394.	1,554,387.	2,279,545.
c EQUIPMENT RENTAL	2,192,421.	1,309,577.	453,262.	429,582.
d TELEMARKETING/DATA FEES	5,364,209.	3,380,837.	915,794.	1,067,578.
e All other expenses	1,949,542.	1,435,475.	235,297.	278,770.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	152,470,269.	114,310,559.	15,176,623.	22,983,087.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	25,361,951.	15,022,419.	4,290,511.	6,049,021.

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	12,754,692.	<b>1</b>	8,716,762.
	<b>2</b> Savings and temporary cash investments	5,877,770.	<b>2</b>	3,297,099.
	<b>3</b> Pledges and grants receivable, net	2,560,630.	<b>3</b>	3,131,173.
	<b>4</b> Accounts receivable, net	6,857,490.	<b>4</b>	6,463,827.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use	3,285,297.	<b>8</b>	1,899,718.
	<b>9</b> Prepaid expenses and deferred charges	1,420,766.	<b>9</b>	1,531,340.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 55,117,278.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 49,309,067.	7,166,122.	<b>10c</b> 5,808,211.
	<b>11</b> Investments - publicly traded securities	43,317,271.	<b>11</b>	36,065,042.
	<b>12</b> Investments - other securities. See Part IV, line 11	0.	<b>12</b>	0.
	<b>13</b> Investments - program-related. See Part IV, line 11	0.	<b>13</b>	0.
	<b>14</b> Intangible assets	0.	<b>14</b>	0.
	<b>15</b> Other assets. See Part IV, line 11	10,929,922.	<b>15</b>	11,098,146.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	94,169,960.	<b>16</b>	78,011,318.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	14,905,346.	<b>17</b>	12,563,766.
	<b>18</b> Grants payable	19,746,191.	<b>18</b>	12,184,389.
	<b>19</b> Deferred revenue	3,943,270.	<b>19</b>	3,416,971.
	<b>20</b> Tax-exempt bond liabilities	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	0.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	0.	<b>24</b>	0.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	68,478,498.	<b>25</b>	60,726,549.
	<b>26 Total liabilities.</b> Add lines 17 through 25	107,073,305.	<b>26</b>	88,891,675.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	-30,926,123.	<b>27</b>	-30,634,572.
	<b>28</b> Temporarily restricted net assets	5,205,617.	<b>28</b>	5,948,390.
	<b>29</b> Permanently restricted net assets	12,817,161.	<b>29</b>	13,805,825.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> Total net assets or fund balances	-12,903,345.	<b>33</b>	-10,880,357.
<b>34</b> Total liabilities and net assets/fund balances	94,169,960.	<b>34</b>	78,011,318.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	164,208,429.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	152,470,269.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	11,738,160.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	-12,903,345.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-6,800,142.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	50,581.
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-2,965,611.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	-10,880,357.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	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.	X	
<b>3a</b>	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? . . . . .	X	
<b>b</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.	X	

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

Name of the organization

MARCH OF DIMES INC.

Employer identification number

13-1846366

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

The organization is not a private foundation because it is: (For lines 1 through 12, 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - 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. . . . .

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 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)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2017

JSA  
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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) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (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. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (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. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2017 (98.44%); 15 Public support percentage from 2016 Schedule A, Part II, line 14 (98.27%); 16a 33 1/3% support test - 2017 (checked); 16b 33 1/3% support test - 2016; 17a 10%-facts-and-circumstances test - 2017; 17b 10%-facts-and-circumstances test - 2016; 18 Private foundation.



Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, 2017, 2016. Row 15: Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2016 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2017, 2016. Row 17: Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2016 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

19b 33 1/3% support tests - 2016. 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 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> 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>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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>		
<b>8</b> 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>		
<b>9a</b> 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>b</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>		
<b>c</b> 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>		
<b>10a</b> 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>b</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)**

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	<b>11 a</b>	
<b>b</b> A family member of a person described in (a) above?	<b>11 b</b>	
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	<b>11 c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	<b>1</b>	
<b>2</b> 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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?	<b>1</b>	
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	<b>2</b>	
<b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	<b>3</b>	

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).	<b>8</b>		

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

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		

**7**  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 <b>Total annual distributions.</b> 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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013 . . . . .			
c From 2014 . . . . .			
d From 2015 . . . . .			
e From 2016 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7:                     \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013 . . . . .			
b Excess from 2014 . . . . .			
c Excess from 2015 . . . . .			
d Excess from 2016 . . . . .			
e Excess from 2017 . . . . .			

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

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ATTACHMENT 1

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## SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2013	2014	2015	2016	2017	TOTAL
GAMING ACTIVITIES	310,364.	313,463.	261,297.	313,142.	120,178.	1,318,444.
ALL OTHER REVENUE	308,345.	203,980.	221,907.	1,398,297.	103,708.	2,236,237.
TOTALS	<u>618,709.</u>	<u>517,443.</u>	<u>483,204.</u>	<u>1,711,439.</u>	<u>223,886.</u>	<u>3,554,681.</u>

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2017**

**Open to Public Inspection**

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

- ▶ **Complete if the organization is described below.**
- ▶ **Attach to Form 990 or Form 990-EZ.**
- ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

**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 INC.	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. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) . . . . . ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (see instructions) . . . . .

**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) 2017

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

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

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

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

**4-Year Averaging Period Under section 501(h)**

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

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					



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

Table with 3 main columns: Description, (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...; 2a Did the activities in line 1 cause the organization to be not described...; b If "Yes," enter the amount of any tax incurred...; c If "Yes," enter the amount of any tax incurred...; 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 3 columns: Question, 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 campaign activity 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 3 columns: Question, Yes, No. 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...; 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 MARCH OF DIMES FOUR MISSION STRATEGIES. MARCH OF DIMES PUBLIC AFFAIRS AGENDA FOCUSES ON FEDERAL, STATE AND LOCAL PUBLIC POLICIES AND PROGRAMS THAT RELATE TO MARCH OF DIMES' MISSION IMPROVE THE HEALTH OF BABIES 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., MARCH OF DIMES HAS GOVERNMENT AFFAIRS STAFF AND VOLUNTEERS IN MOST STATES AND PUERTO RICO AS WELL AS CONTRACT CONSULTANTS THAT ASSIST US ON STATE AND LOCAL ISSUES.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2017

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

MARCH OF DIMES INC.

Employer identification number

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: 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: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on 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 on 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) 2017

JSA 7E1268 2.000

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other \_\_\_\_\_
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" 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?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	4,249,671.	4,082,606.	4,377,788.	4,334,207.	3,942,563.
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses	595,947.	390,778.	-87,587.	271,581.	616,899.
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	241,448.	223,713.	207,595.	228,000.	225,255.
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	4,604,170.	4,249,671.	4,082,606.	4,377,788.	4,334,207.

**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  78.4400 %
- c** Temporarily restricted endowment  21.5600 %

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:

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

	Yes	No
<b>3a(i)</b>		X
<b>3a(ii)</b>		X
<b>3b</b>		

**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.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		918,326.		918,326.
<b>b</b> Buildings		28,354,696.	25,671,309.	2,683,387.
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		25,844,256.	23,637,758.	2,206,498.
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				5,808,211.

**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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) ASSETS HELD IN TRUSTS BY OTHER	11,061,997.
(2) INTEREST RECEIVABLES	36,149.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ▶	11,098,146.

**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 LIABILITY	58,810,177.
(3) ACCRUED MEDICAL BENEFITS	1,916,372.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	60,726,549.

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



**Part XIII** Supplemental Information (continued)

## SCHEDULE D PART X

## TAXES

THE TAX CUTS AND JOBS ACT (THE TAX ACT) WAS SIGNED INTO LAW ON DECEMBER 22, 2017. THE TAX ACT INCLUDES SEVERAL CHANGES RELEVANT TO TAX-EXEMPT ORGANIZATIONS, PRIMARILY RELATED TO UNRELATED BUSINESS INCOME, NET OPERATING LOSSES, CERTAIN NEW EXCISE TAXES, AND CHANGES AFFECTING THE DEDUCTIBILITY OF CERTAIN EXPENSES. MANAGEMENT IS CURRENTLY IN THE PROCESS OF EVALUATING THE NEW LAW AND THE IMPACT IT MAY HAVE ON THE ORGANIZATION.

THE ORGANIZATION 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

ASSETS HELD IN TRUST	\$1,054,830
LOSSES ON PRIOR YEAR PLEDGES	\$50,581
	-----
TOTAL:	\$1,105,411

**Part XIII** Supplemental Information (continued)

SCHEDULE D PART XI LINE 4B

COST OF GOODS SOLD \$(335,504)

SCHEDULE D PART XII LINE 2D

PENSION COST \$4,020,440

SCHEDULE D PART XII LINE 4B

COST OF GOODS SOLD \$(335,504)



**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2017**

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

MARCH OF DIMES INC.

Employer identification number

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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
(1) NORTH AMERICA			GRANTMAKING	RESEARCH & MEDICAL	225,000.
(2) EUROPE			GRANTMAKING	RESEARCH & MEDICAL	97,500.
(3) SOUTH AMERICA			GRANTMAKING	RESEARCH & MEDICAL	50,000.
(4) EAST ASIA AND THE PACIFIC			GRANTMAKING	RESEARCH & MEDICAL	30,000.
(5) MIDDLE EAST AND NORTH AFRICA			GRANTMAKING	RESEARCH & MEDICAL	30,000.
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .					432,500.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)					432,500.

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

Schedule F (Form 990) 2017

JSA  
7E1274 1.000

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA	RESEARCH & MEDICAL	225,000.	CHECK			
(2)			SOUTH AMERICA	RESEARCH & MEDICAL	50,000.	CHECK			
(3)			MIDDLE EAST/NORTH AFRICA	RESEARCH & MEDICAL	30,000.	ACH			
(4)			EAST ASIA/PACIFIC	RESEARCH & MEDICAL	30,000.	CHECK			
(5)			EUROPE/ICELAND/GREENLAND	RESEARCH & MEDICAL	25,000.	CASH			
(6)			EUROPE/ICELAND/GREENLAND	RESEARCH & MEDICAL	25,000.	CHECK			
(7)			EUROPE/ICELAND/GREENLAND	RESEARCH & MEDICAL	20,000.	CHECK			
(8)			EUROPE/ICELAND/GREENLAND	RESEARCH & MEDICAL	17,500.	CHECK			
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... 8.

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 noncash assistance	(g) Description of noncash 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; don't 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; don't file with Form 990)* . . . . .  Yes  No

**Part V Supplemental Information**

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

## 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 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/RESEARCH/RESEARCH-GRANTS.ASPX#](http://www.marchofdimes.org/research/research-grants.aspx#)

## SCHEDULE F PART I REPORTING

GRANTMAKING IS REPORTED ON THE ACCRUAL METHOD.

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2017**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest instructions.

Name of the organization  
MARCH OF DIMES INC.

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 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 INFOCISION MGMT CORP	TELEMKT.		X	2,041,596.	1,256,202.	785,394.
2 THOMPSON HABIB & DENISON	FUNDRAISING CONSULTANT		X		806,057.	
3 THE MANESS GROUP	DONOR SOLICIATION		X	1,100,500.	53,162.	1,047,338.
4 TRANSCEND MARKETING & EVE	FUNDRAISING CONSULTANT		X		47,917.	
5 BLUE STATE DIGITAL INC	FUNDRAISING CONSULTANT		X	1,957,328.	450,000.	1,507,328.
6						
7						
8						
9						
10						
<b>Total</b> .....				5,099,424.	2,613,338.	3,340,060.

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	SPECIAL EVENTS	(total number)	(add col. (a) through col. (c))	
		(event type)	(event type)			
Revenue	1	Gross receipts . . . . .	75,406,424.	32,866,147.	108,272,571.	
	2	Less: Contributions . . . . .	69,875,354.	26,484,401.	96,359,755.	
	3	Gross income (line 1 minus line 2) . . . . .	5,531,070.	6,381,746.	11,912,816.	
Direct Expenses	4	Cash prizes . . . . .				
	5	Noncash prizes . . . . .				
	6	Rent/facility costs . . . . .	2,865,413.	3,127,632.	5,993,045.	
	7	Food and beverages . . . . .				
	8	Entertainment . . . . .				
	9	Other direct expenses . . . . .	3,403,012.	2,516,759.	5,919,771.	
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				11,912,816.
	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))
		1	Gross revenue . . . . .		
Direct Expenses	2	Cash prizes . . . . .			
	3	Noncash prizes . . . . .			
	4	Rent/facility costs . . . . .			
	5	Other direct expenses . . . . .			
	6	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 50.0000% <input 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) . . . . . ▶				120,178.

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	%
b An outside facility	13b	100.0000 %

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

Name ▶ DAVID J. HAMPTON II

Address ▶ 1550 CRYSTAL DRIVE, SUITE 1300 ARLINGTON, VA 22202

- 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 FOLLOWING FUNDRAISING FEE ARRANGEMENTS WERE MADE BETWEEN THOSE FUNDRAISERS LISTED ON SCHEDULE G, PART I AND THE ORGANIZATION:

1. INFOCISION MANAGEMENT CORP - PAID BY THE HOUR AS WELL AS BY THE ACTUAL NUMBER OF DONATIONS RECEIVED.
2. BLUE STATE DIGITAL - THE RETAINER THE ORGANIZATION PAYS INCLUDES THE OUTSOURCING OF OUR EMAIL MARKETING PROGRAM AMONG OTHER SERVICES. IT



- 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	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

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

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

Director/officer       Employee       Independent contractor

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

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

ULTIMATELY WORKS OUT TO BE APPROXIMATELY 50% IN GENERATING REVENUE AND 50% IN MISSION RELATED WORK.

3. THOMPSON HABIB & DENISON - PAID A CONSULTING FEE AS WELL AS A PASS THROUGH ON THE EXPENSES OF POSTAGE, ENVELOPES, AND OTHER MAILING MATERIALS.

4. THE MANESS GROUP - PAID ON AN HOURLY BASIS PER THE TERMS OF THE CONTRACT.

- 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	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

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

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

Director/officer       Employee       Independent contractor

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

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

5. TRANSCEND MARKETING - PAID HOURLY PER THE RATE CARD PROVIDED AND A  
 FLAT FEE FOR GENERAL CONSULTING SERVICES.

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

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

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

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

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

AK, AZ, AR, CO, FL, IL, IN,

IA, KS, KY, LA, MI, MN, NE, NM, NY, OK, OR, PA, RI, 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

**2017**

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

MARCH OF DIMES INC.

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 noncash assistance	(h) Purpose of grant or assistance
(1) ACOG 409 12TH ST WASHINGTON, DC 20024	36-2217981	501(C)(3)	7,500.				RESEARCH & MEDICAL
(2) ADVOCATE CHARITABLE FOUNDATION 3075 HIGHLAND PKWY DOWNERS GROVE, IL 60515	36-3297360	501(C)(3)	12,500.				PUBLIC & PROF. EDUCATION
(3) AFFINIA HEALTHCARE P.O. BOX 551 ST. LOUIS, MO 63188	43-0817642	501(C)(3)	25,000.				PUBLIC HEALTH EDUCATION
(4) ALABAMA DEPARTMENT OF PUBLIC HEALTH P.O. BOX 303017 MONTGOMERY, AL 36130	63-1106545	501(C)(3)	10,000.				COMMUNITY SERVICES
(5) ALABAMA DISTRICT EDUCATIONAL FOUNDATION 1543 BRIDGEWATER LANE HOOVER, AL 35244	47-4859126	501(C)(3)	10,000.				COMMUNITY SERVICES
(6) ALAMEDA COUNTY PUBLIC HEALTH DEPARTMENT 1000 BROADWAY, STE.500 OAKLAND, CA 94607	94-6000501	501(C)(3)	32,674.				COMMUNITY SERVICES
(7) ALAMEDA HEALTH SYSTEM FOUNDATION 350 FRANK H. OGAWA PLA OAKLAND, CA 94612	94-3103136	501(C)(3)	32,675.				COMMUNITY SERVICES
(8) ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVE. BRONX, NY 10461	13-1624225	501(C)(3)	200,000.				RESEARCH & MEDICAL
(9) ALPHA PHI ALPHA FRATERNITY P.O BOX 354 COLUMBIA, SC 29202	46-5368097	501(C)(4)	8,000.				COMMUNITY SERVICES
(10) AMERICAN COLLEGE OF MEDICAL GENETICS 9650 ROCKVILLE PIKE BETHESDA, MD 20814	52-1774227	501(C)(3)	10,000.				RESEARCH & MEDICAL
(11) ASOCIACION DE HOSPITALES DE PUERTO RICO 120 CALLE 2 STE 101 SAN JUAN, PR 00927	66-0274483	501(C)(6)	21,000.				PUBLIC & PROF. EDUCATION
(12) ASSOCIATES IN WOMEN'S HEALTH 500 RUE DE LA VIE BATON ROUGE, LA 70817	72-1413762	501(C)(3)	35,000.				PUBLIC HEALTH 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) (2017)

**SCHEDULE I  
(Form 990)**

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

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Department of the Treasury  
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Name of the organization

MARCH OF DIMES INC.

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 noncash assistance	(h) Purpose of grant or assistance
(1) AUSTIN AREA BIRTHING CENTERS 4100 DUBAL RD. STE.101 AUSTIN, TX 78759	74-2603162	501(C)(3)	7,550.				PUBLIC & PROF. EDUCATION
(2) BALTIMORE CITY FOUNDATION, INC 7 E. REDWOOD ST BALTIMORE, MD 21202	52-1212473	501(C)(3)	15,000.				PUBLIC & PROF. EDUCATION
(3) BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030	74-1613878	501(C)(3)	330,000.				RESEARCH & MEDICAL
(4) BELLIN HEALTH FOUNDATION 744 SOUTH WEBSTER AVE GREEN BAY, WI 54305	39-1809171	501(C)(3)	10,000.				PUBLIC & PROF. EDUCATION
(5) BETA ZETA CHAPTER, ZETA PHI BETA SORORITY 765 KENILWORTH TER. WASHINGTON, DC 20019	52-1344959	501(C)(3)	15,000.				PUBLIC & PROF. EDUCATION
(6) BIRMINGHAM HEALTHY START PLUS 4 AVENUE W-SUITE D BIRMINGHAM, AL 35214	46-3989456	501(C)(3)	10,000.				COMMUNITY SERVICES
(7) BIRTH MATTERS 701 SAXON AVENUE SPARTANBURG, SC 29301	45-4900759	501(C)(3)	25,000.				COMMUNITY SERVICES
(8) BLACK NURSES ASSOCIATION 700 E. JEFFERSON ST. R PHOENIX, AZ 85034	95-3543065	501(C)(3)	15,000.				PUBLIC & PROF. EDUCATION
(9) BLACK PARENT INITIATIVE 2915 NE MLK DR. BLVD PORTLAND, OR 97212	20-5686374	501(C)(3)	14,000.				RESEARCH & MEDICAL
(10) BOARD OF REGENTS OF UNIV. OF OKLAHOMA 865 RESEARCH PKWY OKLAHOMA CITY, OK 73104	73-1563627	OKLAHOMA	26,000.				PUBLIC & PROF. EDUCATION
(11) BOARD OF REGENTS UNIVERSITY OF NEVADA RENO 1664 NORTH VIRGINIA ST. RENO, NV 89557	88-6000024	501(C)(3)	24,650.				PUBLIC HEALTH EDUCATION
(12) BOARD OF REGENTS UNIVERSITY OF WISCONSIN 21 N PARK ST. SUITE 6401 MADISON, WI 53715	39-6006492	WISCONSIN	15,000.				PUBLIC HEALTH 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 ▶

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Schedule I (Form 990) (2017)

**SCHEDULE I  
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Department of the Treasury  
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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 INC.

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 noncash assistance	(h) Purpose of grant or assistance
(1) BON SECOURS MARYVIEW FOUNDATION 150 KINGSLEY LANE #55012 NORFOLK, VA 23505	52-1694731	501(C)(3)	32,663.				PUBLIC HEALTH EDUCATION
(2) BOSTON MEDICAL CENTER CORPOR. 1 BOSTON MEDICAL CTR PL BOSTON, MA 02118	04-3314093	501(C)(3)	17,000.				PUBLIC & PROF. EDUCATION
(3) BOZEMAN OB/GYN-BILLINGS CLINIC 925 HIGHLAND BLVD BOZEMAN, MT 59715	81-0231784	501(C)(3)	9,750.				PUBLIC & PROF. EDUCATION
(4) BROWARD HEALTHY START COALITION 6301 NW 5TH WAY FORT LAUDERDALE, FL 33309	65-0316363	501(C)(3)	38,969.				PUBLIC & PROF. EDUCATION
(5) CARLE FOUNDATION HOSPITAL 611 W. PARK STREET URBANA, IL 61801	37-1119538	501(C)(3)	10,000.				PUBLIC & PROF. EDUCATION
(6) CATHOLIC CHARITIES, INC 850 E. RIVER PLACE JACKSON, MS 39202	64-0466850	501(C)(3)	11,793.				PUBLIC & PROF. EDUCATION
(7) CATHOLIC HEALTH INITIATIVES COLORADO 1150 KELLY JOHNSON BL CO. SPRINGS, CO 80920	84-0902211	501(C)(3)	14,000.				PUBLIC & PROF. EDUCATION
(8) CENTER FOR COURT INNOVATION 300 S STATE STREET SYRACUSE, NY 13204	13-2612524	501(C)(3)	110,000.				COMMUNITY SERVICES
(9) CENTERING HEALTHCARE INSTITUTE 89 SOUTH ST. STE.404 BOSTON, MA 02111	06-1622668	501(C)(3)	15,275.				PUBLIC & PROF. EDUCATION
(10) CENTRAHEALTH 3300 RIVERMONT AVE. LYNCHBURG, VA 24503	54-0715569	501(C)(3)	16,000.				COMMUNITY SERVICES
(11) CHILD AND FAMILY RESOURCES INC 2800 E. BROADWAY BLVD TUCSON, AZ 85716	86-0251985	501(C)(3)	15,000.				PUBLIC & PROF. EDUCATION
(12) CHILDREN'S HOME & AID 125 S WACKER DR. CHICAGO, IL 60606	36-2167743	501(C)(3)	10,000.				PUBLIC & 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 ▶

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Schedule I (Form 990) (2017)

**SCHEDULE I  
(Form 990)**

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

**2017**

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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 INC.

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
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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 noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> CHILDRENS HOSPITAL OF PHILADELPHIA 9675 CIVIC CNTR. BL PHILADELPHIA, PA 19104	23-1352166	501(C)(3)	44,904.				RESEARCH & MEDICAL
<b>(2)</b> CHRISTUS HOSPITAL ST. ELIZABET 2830 CALDER AVE BEAUMONT, TX 77702	76-0136274	501(C)(3)	7,000.				PUBLIC & PROF. EDUCATION
<b>(3)</b> CINCINNATI CHILDREN'S HOSPITAL 3333 BURNET AVENUE CINCINNATI, OH 45229	31-0833936	501(C)(3)	2,217,500.				RESEARCH & MEDICAL
<b>(4)</b> CITY OF LONG BEACH DEPT. OF HEALTH 2525 GRAND AVE. LONG BEACH, CA 90815	95-6000733	501(C)(3)	26,492.				COMMUNITY SERVICES
<b>(5)</b> CITY OF NORWALK CONTROLLER 125 EAST AVE. NORWALK, CT 06857	06-6011881	501(C)(3)	20,000.				PUBLIC HEALTH EDUCATION
<b>(6)</b> CLERGY UNITED FOR THE COMMUNITY EMPOWERMENT 172-17 LINDEN BLVD. ST. ALBANS, NY 11434	11-3030795	501(C)(3)	11,637.				MEDICAL
<b>(7)</b> CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVE CLEVELAND, OH 44195	34-0714585	501(C)(3)	25,000.				PUBLIC & PROF. EDUCATION
<b>(8)</b> CLINTON HILL COMM AND EARLY CHILDHOOD 420 HAWTHORNE AVE. NEWARK, NJ 07112	22-3146542	501(C)(3)	7,000.				COMMUNITY SERVICES
<b>(9)</b> COLLEGE OF WILLIAM AND MARY PO BOX 8795 WILLIAMSBURG, VA 23187	54-6001711	501(C)(3)	7,816.				PUBLIC & PROF. EDUCATION
<b>(10)</b> COLORADO COMMUNITY HEALTH NETWORK 600 GRANT STREET, STE 800 DENVER, CO 80203	84-0910590	501(C)(3)	8,000.				COMMUNITY SERVICES
<b>(11)</b> COMMUNITY BIRTH & WELLNESS CENTER 8 CHURCH STREET FERGUSON, MO 63135	47-5592021	501(C)(3)	20,000.				PUBLIC & PROF. EDUCATION
<b>(12)</b> COMMUNITY CLINIC, INC 8630 FENTON ST. SILVER SPRING, MD 20910	52-0988386	501(C)(3)	20,000.				PUBLIC HEALTH EDUCATION

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

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Schedule I (Form 990) (2017)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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(1) COMMUNITY HEALTH ASSOCIATION OF SPOKANE 203 N. WASHINGTON ST. SPOKANE, WA 99201	91-1641797	501(C)(3)	25,500.				PUBLIC HEALTH EDUCATION
(2) COMMUNITY HEALTH OF CENTRAL WA 501 S. 5TH AVE. YAKIMA, WA 98902	57-1140982	501(C)(3)	10,750.				PUBLIC & PROF. EDUCATION
(3) COMMUNITY HEALTHNET-CENTERING PREGNANCY 1021 WEST 5TH AVE GARY, IN 46402	35-2048141	501(C)(3)	11,550.				PUBLIC HEALTH EDUCATION
(4) COMMUNITY SERVICE COUNCIL OF GTR TULSA 16 EAST 16TH STREET TULSA, OK 74119	73-0580282	501(C)(3)	16,500.				PUBLIC & PROF. EDUCATION
(5) CONNECTICUT HEALTHCARE RESEARCH 110 BARNES ROAD WALLINGFORD, CT 06492	06-0890298	501(C)(3)	30,000.				PUBLIC HEALTH EDUCATION
(6) CONNECTICUT WOMEN'S CONSORTIUM 2321 WHITNEY AVENUE HAMDEN, CT 06518	06-1531384	501(C)(3)	17,000.				COMMUNITY SERVICES
(7) CORNER HEALTH CENTER 47 NORTH HURON STREET YPSILANTI, MI 48197	38-2329742	501(C)(3)	24,765.				PUBLIC & PROF. EDUCATION
(8) COUNCIL ON ALCOHOL/DRUG ABUSE 1801 S.ALAMEDA ST CORPUS CHRISTI, TX 78404	74-1696491	501(C)(3)	7,500.				PUBLIC & PROF. EDUCATION
(9) COX MEDICAL CENTER BRANSON 3525 S. NATIONAL AVE SPRINGFIELD, MO 65807	44-0584290	501(C)(3)	25,000.				PUBLIC HEALTH EDUCATION
(10) DARTMOUTH COLLEGE 78 COLLEGE STREET HANOVER, NH 03755	02-0222111	501(C)(3)	19,000.				PUBLIC & PROF. EDUCATION
(11) DELTA HEALTH ALLIANCE, INC. PO BOX 277 STONEVILLE, MS 38776	47-0915576	501(C)(3)	25,000.				MEDICAL
(12) DENVER HEALTH AND HOSPITAL AUTHORITY 12600 ALBROOK DR DENVER, CO 80239	84-1343242	501(C)(3)	15,000.				PUBLIC & PROF. EDUCATION

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(1) EAST BAY COMMUNITY ACTION PROGRAM 100 BULLOCKS PT AVE E. PROVIDENCE, RI 02915	05-0310024	501(C)(3)	6,000.				PUBLIC & PROF. EDUCATION
(2) EAST TENNESSEE STATE UNIVERSITY P.O. BOX 70565 JOHNSON CITY, TN 37614	62-6021046	TENNESSEE	27,500.				PUBLIC HEALTH EDUCATION
(3) EL CENTRO DE CORAZON 5001 NAVIGATION HOUSTON, TX 77223	76-0442781	501(C)(3)	6,000.				PUBLIC & PROF. EDUCATION
(4) ERIE FAMILY HEALTH CENTER, INC 1701 WEST SUPERIOR STR CHICAGO, IL 60622	36-3088628	501(C)(3)	12,500.				PUBLIC & PROF. EDUCATION
(5) ESCAMBIA COUNTY HEALTHY START COALITION 1804 W. GARDEN ST. PENSACOLA, FL 32502	59-3151838	501(C)(3)	16,000.				PUBLIC & PROF. EDUCATION
(6) ESKENAZI HEALTH 740 ESKENAZI AVE. INDIANAPOLIS, IN 46202	35-6005697	501(C)(3)	18,750.				PUBLIC HEALTH EDUCATION
(7) ETA IOTA ZETA EDUCATION FOUNDATION 8500 DYER SUITE 32A EL PASO, TX 79904	31-1654901	501(C)(7)	6,000.				PUBLIC & PROF. EDUCATION
(8) FAMILY HEALTH CENTER OF WORCES 26 QUEEN STREET WORCESTER, MA 01610	04-2485308	501(C)(3)	9,000.				PUBLIC & PROF. EDUCATION
(9) FASEB 9650 ROCKVILLE PIKE BETHSEDA, MD 20814	52-0700497	501(C)(3)	15,000.				RESEARCH & MEDICAL
(10) FOUNDATION FOR THE NIH 1 CLOISTER COURT BETHESDA, MD 20814	52-1986675	501(C)(3)	20,000.				RESEARCH & MEDICAL
(11) FRANCISCAN MEDICAL GROUP 1717 SOUTH J ST. TACOMA, WA 98405	91-1939739	501(C)(3)	12,250.				PUBLIC HEALTH EDUCATION
(12) GENTLE STORK CHILDBIRTH SERVICE 7202 GARLAND AVENUE TAKOMA PARK, MD 20912	31-1790142	501(C)(3)	5,500.				COMMUNITY SERVICES

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(1) GEORGIA DEPARTMENT OF PUBLIC HEALTH 2 PEACHTREE ST. ATLANTA, GA 30303	90-0676388	501(C)(3)	45,000.				PUBLIC HEALTH EDUCATION
(2) GOOD SAMARITAN HOSPITAL FOUNDATION 375 DIXMYTH AVENUE CINCINNATI, OH 45220	31-1206047	501(C)(3)	25,000.				PUBLIC HEALTH EDUCATION
(3) GOODWILL INDUSTRIES OF CENTRAL INDIANA 1635 W. MICHIGAN ST INDIANAPOLIS, IN 46222	35-0893506	501(C)(3)	32,820.				PUBLIC & PROF. EDUCATION
(4) GORDON RESEARCH CONFERENCES P.O. BOX 984 W. KINGSTON, RI 02892	05-0300482	501(C)(3)	20,000.				RESEARCH & MEDICAL
(5) GREAT RIVER PHYSICIANS AND CLINICS, INC. 1223 S. GEAR AVE W. BURLINGTON, IA 52655	42-1307141		10,000.				PUBLIC HEALTH EDUCATION
(6) GREATER PRINCE WILLIAM COMMUN. CENTER 4379 RIDGEWOOD CENTER WOODBRIDGE, VA 22912	83-0435138	501(C)(3)	7,850.				PUBLIC HEALTH EDUCATION
(7) GREENVILLE HEALTH SYSTEM 701 GROVE RD. GREENVILLE, SC 29605	57-6007863	501(C)(3)	25,000.				COMMUNITY SERVICES
(8) GUILFORD CHILD DEVELOPMENT 1200 ARLINGTON STREET GREENSBORO, NC 27406	56-0863474	501(C)(3)	22,500.				PUBLIC & PROF. EDUCATION
(9) HARRIS HEALTH SYSTEM 5656 KELLY STREET HOUSTON, TX 77026	74-1536936	TX COUNTY AGEN.	7,500.				PUBLIC & PROF. EDUCATION
(10) HEALTHY BABY NETWORK 693 EAST AVE ROCHESTER, NY 14607	16-1509322	501(C)(3)	50,000.				COMMUNITY SERVICES
(11) HEALTHY COMMUNITIES OF THE CAPITAL AREA 36 BRUNSWICK AVENUE GARDINER, ME 04345	41-2097383	501(C)(3)	20,000.				PUBLIC HEALTH EDUCATION
(12) HEALTHY MOTHERS HEALTHY BABIES 4601 LAKE WORTH ROAD GREENACRES, FL 33463	59-2657051	501(C)(3)	16,000.				PUBLIC & PROF. EDUCATION

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(1) HEALTHY MOTHERS HEALTHY BABIES 310 PAOKALANI AVE. HONOLULU, HI 96815	99-0299264	501(C)(3)	7,000.				COMMUNITY SERVICES
(2) HEALTHY START COALITION OF HARDEE 650 EAST DAVIDSON STREET BARTOW, FL 33830	59-3167649	501(C)(3)	16,000.				PUBLIC & PROF. EDUCATION
(3) HEALTHY START COALITION OF HILLSBOROUGH 2806 N. ARMENIA AVE. TAMPA, FL 33607	59-3127943	501(C)(3)	16,000.				PUBLIC & PROF. EDUCATION
(4) HEALTHY START COALITION OF ORANGE COUNTY 1040 WOODCOCK ROAD ORLANDO, FL 32803	59-3125675	501(C)(3)	16,000.				PUBLIC & PROF. EDUCATION
(5) HEALTHY START COALITION OF SARASOTA 1750 17TH ST, BLDG A SARASOTA, FL 34234	31-1591167	501(C)(3)	16,000.				PUBLIC & PROF. EDUCATION
(6) HEALTHY START COALITION OF SOUTHWEST FL 1921 JEFFERSON AVE. FORT MYERS, FL 33901	65-0378720	501(C)(3)	16,000.				PUBLIC & PROF. EDUCATION
(7) HEALTHY START OF NORTH CENTRAL 1785 NW 80TH BLVD GAINESVILLE, FL 32606	59-3118984	501(C)(3)	16,000.				PUBLIC & PROF. EDUCATION
(8) HEART OF TEXAS COMMUNITY CENTER 1600 PROVIDENCE DRIVE WACO, TX 76707	74-2867580	501(C)(3)	6,750.				PUBLIC & PROF. EDUCATION
(9) HEKTOEN INSTITUTE, LLC 2240 W. OGDEN AVE., 2N CHICAGO, IL 60612	36-2244897	501(C)(3)	10,000.				PUBLIC & PROF. EDUCATION
(10) HOLY FAMILY SERVICES 5819 NORTH FM88 WESLACO, TX 78596	74-2282624	501(C)(3)	10,500.				PUBLIC & PROF. EDUCATION
(11) HOPE CLINIC FOR WOMEN 1810 HAYES ST. NASHVILLE, TN 37203	62-1164825	501(C)(3)	22,500.				PUBLIC HEALTH EDUCATION
(12) HOUCK TRANSIT ADVERTISING 1025 TOMLYN AVE., #100 SAINT PAUL, MN 55126	41-1740703		7,565.				PUBLIC HEALTH EDUCATION

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<b>(1)</b> HOUSTON HEALTHCARE 233 N. HOUSTON ROAD WARNER ROBINS, GA 31093	58-0833515	501(C)(3)	38,000.				COMMUNITY SERVICES
<b>(2)</b> ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI ONE GUSTAVE L. LEVY PL. NEW YORK, NY 10029	13-6171197	501(C)(3)	150,000.				RESEARCH & MEDICAL
<b>(3)</b> INSTITUTE FOR FAMILY HEALTH 16 EAST 16TH STREET NEW YORK, NY 10003	13-3273402	501(C)(3)	39,174.				COMMUNITY SERVICES
<b>(4)</b> INTERNATIONAL SOCIETY FOR PRENATAL DIAGNOSI 154 HANSEN RD CHARLOTTEVILLE, VA 22911	20-3021146	501(C)(3)	10,000.				RESEARCH & MEDICAL
<b>(5)</b> JACKSON LABORATORY 600 MAIN STREET BAR HARBOR, ME 04609	01-0211513	501(C)(3)	20,000.				RESEARCH & MEDICAL
<b>(6)</b> JAMAICA HOSPITAL MEDICAL CENTER 8900 VAN WYCK EXPRESSWAY JAMAICA, NY 11418	11-1631788	501(C)(3)	8,650.				PUBLIC HEALTH EDUCATION
<b>(7)</b> JERICHO ROAD COMMUNITY HEALTH 184 BARTON ST. BUFFALO, NY 14213	42-1571876	501(C)(3)	25,000.				MEDICAL
<b>(8)</b> JOHNS HOPKINS UNIVERSITY 1101 EAST 33RD STREET BALTIMORE, MD 21218	52-0595110	501(C)(3)	535,000.				RESEARCH & MEDICAL
<b>(9)</b> JSI RESEARCH & TRAINING INSTITUTE 44 FARNSWORTH ST. BOSTON, MA 02210	04-2679824	501(C)(3)	20,000.				PUBLIC HEALTH EDUCATION
<b>(10)</b> KEYSTONE SUBSTANCE ABUSE SERVICES 199 S. HERLONG AVE ROCK HILL, SC 29732	57-0526943	501(C)(3)	8,000.				COMMUNITY SERVICES
<b>(11)</b> KOKUA KALIHI VALLEY COMP FAMILY 2239 NORTH SCHOOL STREET HONOLULU, HI 96819	99-0149797	501(C)(3)	18,000.				PUBLIC & PROF. EDUCATION
<b>(12)</b> LAMBDA ZETA COMMUNITY SERVICES P.O BOX 14730 HOUSTON, TX 77221	76-0349151	501(C)(3)	9,500.				PUBLIC & PROF. EDUCATION

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(1) LE BONHEUR COMMUNITY HEALTH AND WELL 50 PEABODY PLACE MEMPHIS, TN 38103	62-1251288	501(C)(3)	21,000.				PUBLIC & PROF. EDUCATION
(2) LEGACY COMMUNITY HEALTH SERVICE 1415 CALIFORNIA STREET HOUSTON, TX 77006	76-0009637	501(C)(3)	8,000.				PUBLIC & PROF. EDUCATION
(3) LEXINGTON FAYETTE COUNTY HEALTH 650 NEWTON PIKE LEXINGTON, KY 40508	61-0920825	501(C)(3)	10,900.				PUBLIC & PROF. EDUCATION
(4) LIFESTEPS COUNCIL ON ALCOHOL AND DRUGS 2021 MAYS STREET GEORGETOWN, TX 78627	74-1997977	501(C)(3)	10,000.				PUBLIC & PROF. EDUCATION
(5) LOMA LINDA UNIVERSITY 11145 ANDERSON STREET LOMA LINDA, CA 92354	95-1816009	501(C)(3)	23,839.				COMMUNITY SERVICES
(6) LOUISVILLE-JEFFERSON CO. HEALT 400 EAST GRAY STREET LOUISVILLE, KY 40202	61-6000860	KY COUNTY AGEN.	14,393.				PUBLIC & PROF. EDUCATION
(7) MAGEE WOMEN'S RESEARCH INSTITUTE FOUNDATION 3339 WARD STREET PITTSBURGH, PA 15213	25-1462312	501(C)(3)	10,000.				RESEARCH & MEDICAL
(8) MAINE GENERAL MEDICAL CENTER 35 MEDICAL CENTER PKWY AUGUSTA, ME 04330	04-3369653	501(C)(3)	9,127.				PUBLIC & PROF. EDUCATION
(9) MAMATOTO VILLAGE, INC. 311 47TH ST NE WASHINGTON, DC 20019	46-2564702	501(C)(3)	6,000.				PUBLIC & PROF. EDUCATION
(10) MEMORIAL HEALTH UNIVERSITY MED. CENTER 4750 WATERS AVE SAVANNAH, GA 31404	31-1126469	501(C)(3)	34,000.				COMMUNITY SERVICES
(11) MEMORIAL HERMANN HOSPITAL SYSTEM 909 FROSTWOOD DR. HOUSTON, TX 77024	74-1152597	501(C)(3)	7,000.				PUBLIC & PROF. EDUCATION
(12) MEMORIAL SLOAN KETTERING CANCER CENTER 633 THIRD AVENUE NEW YORK, NY 10017	13-1624182	501(C)(3)	250,000.				RESEARCH & MEDICAL

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

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Schedule I (Form 990) (2017)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2017**

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

MARCH OF DIMES INC.

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 noncash assistance	(h) Purpose of grant or assistance
(1) MENTAL HEALTH AMERICA OF LAKE COUNTY 5311 HOHMAN AVENUE HAMMOND, IN 46320	35-1014213	501(C)(3)	11,860.				PUBLIC & PROF. EDUCATION
(2) METROHEALTH FOUNDATION 2500 METROHEALTH DR. CLEVELAND, OH 44109	34-6607695	501(C)(3)	22,000.				PUBLIC HEALTH EDUCAT
(3) MHA HEALTH RESEARCH & EDUCATION 116 WOODGREEN CROSSING MADISON, MS 39110	23-7068714	501(C)(3)	25,000.				PUBLIC & PROF. EDUCATION
(4) MICHIGAN DEPARTMENT OF HEALTH 333 SOUTH GRAND BLVD LANSING, MI 48193	38-6000134	MICHIGAN	15,000.				PUBLIC & PROF. EDUCATION
(5) MIDDLE TENNESSEE STATE UNIVERCITY CENTER PO BOX 99 MURFREESBORO, TN 37132	62-6005794	TENNESSEE	30,000.				PUBLIC & PROF. EDUCATION
(6) MIDLAND MEMORIAL HOSPITAL 400 ROSALIND REDFERN PK. MIDLAND, TX 79701	75-1584559	501(C)(3)	8,250.				PUBLIC & PROF. EDUCATION
(7) MINNESOTA PERINATAL ORGANIZATION 18024 TURTLE COURT COLD SPRINGS, MN 56320	41-1377912	501(C)(3)	10,000.				COMMUNITY SERVICES
(8) MULTICARE HEALTH FOUNDATION P.O. BOX 5296 TACOMA, WA 98415	91-1514257	501(C)(3)	15,600.				PUBLIC & PROF. EDUCATION
(9) MULTNOMAH COUNTY HEALTH 426 SW STARK ST. PORTLAND, OR 97204	93-6002309	501(C)(3)	14,000.				RESEARCH & MEDICAL
(10) MUNSON HEALTHCARE FOUNDATION 1150 MED CAMPUS DR. TRAVERSE CITY, MI 49684	38-2642724	501(C)(3)	33,735.				PUBLIC & PROF. EDUCATION
(11) NATIONAL CAMPAIGN TO PREVENT TEEN PREG. 1776 MASSACHUSSETS AVE WASHINGTON, DC 20036	52-1974611	501(C)(3)	8,090.				PUBLIC HEALTH EDUCATION
(12) NATIONWIDE CHILDREN'S HOSPITAL 700 CHILDREN'S DRIVE COLUMBUS, OH 43205	31-6056230	501(C)(3)	55,000.				RESEARCH & MEDICAL

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(1) NEIGHBORHOOD HEALTH CENTER 155 LAWN AVENUE BUFFALO, NY 14207	16-1294447	501(C)(3)	78,000.				PUBLIC & PROF. EDUCATION
(2) NEVADA ACTION COALITION 4300 SOUTH MARYLAND PA LAS VEGAS, NV 89119	47-4234219	501(C)(3)	6,022.				PUBLIC & PROF. EDUCATION
(3) NEWARK COMMUNITY HEALTH CENTER 741 BROADWAY NEWARK, NJ 07104	22-2747589	501(C)(3)	27,500.				COMMUNITY SERVICES
(4) NEWMAN HOSPITAL REGIONAL HEALTH FOUNDATION 1201 W. 12TH AVE. EMPORIA, KS 66801	48-1230936	501(C)(3)	10,000.				PUBLIC HEALTH EDUCATION
(5) NIAGRA FALLS MEMORIAL MEDICAL CENTER 621 10TH STREET NIAGRA FALLS, NY 14302	16-0743094	501(C)(3)	55,000.				COMMUNITY SERVICES
(6) NORTHEAST FLORIDA HEALTHY START 644 CESERY BLVD. JACKSONVILLE, FL 32211	59-3139801	501(C)(3)	16,000.				PUBLIC & PROF. EDUCATION
(7) OLSON CENTER FOR WOMEN'S HEALTH 988148 NEBRASKA MED CTR. OMAHA, NE 68198	91-1858433	501(C)(3)	7,000.				PUBLIC & PROF. EDUCATION
(8) PARKVIEW HOSPITAL FOUNDATION 10622 PARKVIEW PLAZA DR FT WAYNE, IN 46845	23-7220589	501(C)(3)	24,860.				PUBLIC HEALTH EDUCATION
(9) PARTNERSHIP FOR MATERNAL AND CHILD 50 PARK PLACE 7TH FL NEWARK, NJ 07102	52-1815234	501(C)(3)	8,500.				COMMUNITY SERVICES
(10) PASOS'S PROGRAM 901 SUMTER ST. 5TH FL COLUMBIA, SC 29208	57-0967350	501(C)(3)	25,000.				COMMUNITY SERVICES
(11) PEACEHEALTH ST. JOSEPH MEDICAL CENTER 2901 SQUALICUM PARKWAY BELLINGHAM, WA 98225	72-1545902	501(C)(3)	5,500.				PUBLIC & PROF. EDUCATION
(12) PUBLIC HEALTH SOLUTION 40 WORTH STREET NEW YORK, NY 10013	13-5669201	501(C)(3)	61,420.				PUBLIC HEALTH EDUCATION

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<b>(1)</b> PUEBLO COMMUNITY HEALTH CENTER 110 EAST ROUTH AVE. PUEBLO, CO 81004	84-0921521	501(C)(3)	10,000.				PUBLIC & PROF. EDUCATION
<b>(2)</b> QUEENS COMPREHENSIVE PERINATAL COUNCIL 115-44 SUTPHIN BLVD JAMAICA, NY 11434	11-2870422	501(C)(3)	20,000.				MEDICAL
<b>(3)</b> RASOPATHIES NETWORK USA 244 TAOS ROAD ALTADENA, CA 91001	27-3775851	501(C)(3)	10,000.				RESEARCH & MEDICAL
<b>(4)</b> REGENTS OF UNI. CALIFORNIA, LOS ANGELES 10920 WILSHIRE BLVD. LOS ANGELES, CA 90095	95-6006143	501(C)(3)	625,000.				RESEARCH & MEDICAL
<b>(5)</b> REGENTS OF UNIV. OF CA DAVIS ONE SHIELDS AVE. DAVIS, CA 95616	94-6036494	501(C)(3)	150,000.				RESEARCH & MEDICAL
<b>(6)</b> REGENTS OF UNIVERSITY OF CALIFORNIA 1855 FOLSOM ST. SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	325,000.				RESEARCH & MEDICAL
<b>(7)</b> REGENTS OF UNIVERSTY OF MINNESOTA 200 OAK ST. MINNEAPOLIS, MN 55455	41-6007513	501(C)(3)	300,000.				RESEARCH & MEDICAL
<b>(8)</b> REGENTS OF UNVERSTY OF COLORADO CAMPUS BOX UCB BOULDER, CO 80309	84-6000555	501(C)(3)	325,000.				RESEARCH & MEDICAL
<b>(9)</b> RENO COUNTY HEALTH DEPT 209 WEST 2ND HUTCHINSON, KS 67501	48-6015542	501(C)(3)	12,000.				PUBLIC HEALTH EDUCATION
<b>(10)</b> ROBERTA'S HOUSE INC. 2510 ST. PAUL STREET BALTIMORE, MD 21218	26-0517415	501(C)(3)	15,000.				PUBLIC & PROF. EDUCATION
<b>(11)</b> ROCKEFELLER UNIVERSITY PO BOX 5108 GPO NEW YORK, NY 10065	13-1624158	501(C)(3)	150,000.				RESEARCH & MEDICAL
<b>(12)</b> SALK INSTITUTE FOR BIOLOGICAL STUDIES 10010 NORTH TORREY PINES LA JOLLA, CA 92037	95-2160097	501(C)(3)	1,000,000.				RESEARCH & MEDICAL

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(1) SINAI HOSPITAL OF BALTIMORE 2401 W BELVEDERE AVE BALITIMORE, MD 21215	52-0486540	501(C)(3)	10,000.				PUBLIC HEALTH EDUCATION
(2) SIOUXLAND COMMUNITY HEALTH CENTER 1021 NEBRASKA STREET SIOUX CITY, IA 51105	42-1374894	501(C)(3)	10,000.				PUBLIC HEALTH EDUCATION
(3) SOCIETY FOR REPRODUCTIVE INVESTIGATION 555 EASTWELLS STREET MILWAUKEE, WI 53202	95-2293816	501(C)(3)	7,500.				RESEARCH & MEDICAL
(4) SOCIETY FOR THE STUDY OF REPRODUCTION 1619 MONROE STREET MADISON, WI 53711	38-6144910	501(C)(3)	10,000.				RESEARCH & MEDICAL
(5) SOUTH CAROLINA PERINATAL ASSOC. P.O. BOX 5247 COLUMBIA, SC 29205	57-0656784	501(C)(3)	8,000.				COMMUNITY SERVICES
(6) SOUTHERN NEVADA HEALTH DISTRICT 560 NELLIS BVLD LAS VEGAS, NV 89110	88-0151573	NV COUNTY AGEN.	19,328.				PUBLIC HEALTH EDUCATION
(7) SOUTHWEST PUBLIC HEALTH DISTRICT 1710 S. SLAPPY BLVD. ALBANY, GA 31706	23-7379607	501(C)(3)	10,688.				PUBLIC HEALTH EDUCATION
(8) SPARTANBURG REGIONAL HEALTHCARE 101 EAST WOOD ST. SPARTANBURG, SC 29303	57-6000934	501(C)(3)	9,000.				COMMUNITY SERVICES
(9) SPECIAL SERVICE FOR GROUPS 905 EAST 8TH ST. LOS ANGELES, CA 90021	95-1716914	501(C)(3)	23,320.				COMMUNITY SERVICES
(10) SPECTRUM HEALTH FOUNDATION 100 MICHIGAN ST GRAND RAPIDS, MI 49503	38-2752328	501(C)(3)	11,500.				PUBLIC & PROF. EDUCATION
(11) ST JOSEPH MERCY OAKLAND/HEALTH 44405 WOODWARD AVENUE, PONTIAC, MI 48341	38-2113393	501(C)(3)	15,000.				PUBLIC & PROF. EDUCATION
(12) ST. JOSEPH REGIONAL MEDICAL CENTER 215 W. FOURTH ST MISHAWAKA, IN 46544	35-1654543	501(C)(3)	6,000.				PUBLIC & PROF. EDUCATION

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(1) ST. LOUIS COUNTY DEPT OF PUBLIC HEALTH 6121 N. HANLEY ROAD BERKLEY, MO 63134	43-6003242	MO COUNTY AGEN.	25,000.				PUBLIC & PROF. EDUCATION
(2) ST. MARY MEDICAL CENTER 18300 HIGHWAY 18 APPLE VALLEY, CA 92307	95-1914489	501(C)(3)	10,000.				MEDICAL
(3) ST. VINCENT HOSPITAL & HLTH SV 8414 NAAB ROAD INDIANAPOLIS, IN 46260	35-0869066	501(C)(3)	25,000.				PUBLIC HEALTH EDUCATION
(4) STANFORD UNIVERSITY 450 SERRA MALL STANFORD, CA 94305	94-1156365	501(C)(3)	2,000,000.				RESEARCH & MEDICAL
(5) STOWERS INSTITUTE FOR MEDICAL RESEARCH P.O. BOX 412411 KANSAS CITY, MO 64141	20-2993509	501(C)(3)	150,000.				RESEARCH & MEDICAL
(6) TERATOLOGY SOCIETY 50 PEGOUT AVE. NEW LONDON, CT 06320	52-0962081	501(C)(3)	10,000.				RESEARCH & MEDICAL
(7) TEXAS TECH UNIVERSITY HEALTH SCIENCE 3601 4TH STREET LUBBOCK, TX 79430	75-2668014	501(C)(3)	39,195.				PUBLIC & PROF. EDUCATION
(8) THE RECTOR & VISITORS OF THE UNIVERSITY 1340 JEFFERSON PK CHARLOTTESVILLE, VA 22908	54-6001796	501(C)(3)	8,600.				COMMUNITY SERVICES
(9) TJ SAMSON COMMUNITY HOSPITAL 1301 N RACE STREET GLASGOW, KY 42141	61-0461767	501(C)(3)	20,000.				PUBLIC HEALTH EDUCATION
(10) TRUSTEES OF BOSTON UNIVERSITY 801 MASSACHUSETTS AVE BOSTON, MA 02118	04-2103547	501(C)(3)	275,000.				RESEARCH & MEDICAL
(11) UC HEALTH 3200 BURNET AVENUE CINCINNATI, OH 45229	31-1435820	501(C)(3)	25,000.				PUBLIC HEALTH EDUCATION
(12) UNITED COMMUNITY ACTION NETWORK 280 KENNETH FORD DRIVE ROSEBURG, OR 97470	93-0587136	501(C)(3)	14,000.				RESEARCH & MEDICAL

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(1) UNIVERSITY HOSPITAL 140 BERGEN STREET NEWARK, NJ 07103	22-1775306	501(C)(3)	27,500.				COMMUNITY SERVICES
(2) UNIVERSITY HOSPITAL MACDONALD 11100 EUCLID AVENUE CLEVELAND, OH 44106	34-0714775	501(C)(3)	25,000.				PUBLIC & PROF. EDUCATION
(3) UNIVERSITY OF ALABAMA 1670 UNIVERSITY BLVD BIRMINGHAM, AL 35294	63-6005396	501(C)(3)	39,999.				PUBLIC & PROF. EDUCATION
(4) UNIVERSITY OF CHICAGO 5801 SOUTH ELLIS AVE. CHICAGO, IL 60637	36-2177139	501(C)(3)	2,000,000.				RESEARCH & MEDICAL
(5) UNIVERSITY OF KANSAS MEDICAL CENTER 3901 RAINBOW BLVD. KANSAS CITY, KS 66160	48-1124839	KANSAS	6,685.				PUBLIC & PROF. EDUCATION
(6) UNI OF KANSAS MEDICAL CENTER RESEARCH INST 3901 RAINBOW BLVD. KANSAS CITY, KS 66160	48-1108830	KANSAS	18,000.				PUBLIC HEALTH EDUCATION
(7) UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION 109 KINKEAD HALL LEXINGTON, KY 40506	61-6033693	KENTUCKY	24,500.				PUBLIC HEALTH EDUCATION
(8) UNIVERSITY OF LOUISVILLE RESEARCH FOUND. 501 E. BROADWAY LOUISVILLE, KY 40202	61-1029626	501(C)(3)	19,100.				PUBLIC HEALTH EDUCATION
(9) UNIVERSITY OF MARYLAND COMMUNITY 7556 TEAGUE RD, STE.430 HANOVER, MD 21076	52-1874111	MARYLAND	20,000.				PUBLIC HEALTH EDUCATION
(10) UNIVERSITY OF PENNSYLVANIA SCHOOL OF MED. 3451 WALNUT STREET PHILADELPHIA, PA 19104	23-1352685	PENNSYLVANIA	2,000,000.				RESEARCH & MEDICAL
(11) UNIVERSITY OF SOUTHERN CALIFORNIA 2250 ALCAZAR ST LOS ANGELES, CA 90089	95-1642394	CALIFORNIA	150,000.				RESEARCH & MEDICAL
(12) UPSON REGIONAL MEDICAL CENTER 801 W GORDON STREET THOMASTON, GA 30286	58-1734026	501(C)(3)	30,000.				PUBLIC HEALTH EDUCATION

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(1) UNIVERSITY OF UTAH 75 SOUTH 2000 EAST SALT LAKE CITY, UT 84112	87-6000525	UTAH	8,000.				PUBLIC & PROF. EDUCATION
(2) UZAZI VILLAGE 3647 TROOST AVE. KANSAS CITY, MO 64109	46-0589830	501(C)(3)	23,893.				PUBLIC & PROF. EDUCATION
(3) VANDERBILT UNIVERSITY MEDICAL CENTER 3319 WEST END AVENUE NASHVILLE, TN 37203	62-0476822	501(C)(3)	427,500.				RESEARCH & MEDICAL
(4) VARIETY CARE, INC. 3000 N. GRAND BLVD OKLAHOMA CITY, OK 73107	73-1088577	501(C)(3)	20,000.				PUBLIC & PROF. EDUCATION
(5) VICKSBURG FAMILY DEVELOPMENT SRVC 1205 MONROE STREET VICKSBURG, MS 39183	64-0810167	501(C)(3)	6,907.				PUBLIC & PROF. EDUCATION
(6) VIRGINIA COMMONWEALTH UNIVERSITY 327 W. MAIN STREET RICHMOND, VA 23284	54-6001758	VIRGINIA	8,482.				PUBLIC HEALTH EDUCATION
(7) WASHINGTON UNIVERSITY 660 S.EUCLID AVE. ST. LOUIS, MO 63110	43-0653611	501(C)(3)	2,300,000.				RESEARCH & MEDICAL
(8) WEILL MEDICAL COLLEGE OF CORNELL UNIV. 1300 YORK AVENUE NEW YORK, NY 10021	13-1623978	501(C)(3)	150,000.				RESEARCH & MEDICAL
(9) WELCO, LKA INC 1869 CAMP ST EXT JAMESTOWN, NY 14701	10-0002541		6,160.				PUBLIC & PROF. EDUCATION
(10) WEST VIRGINIA COMMUNITY VOICE 1018 KANAWHA BLVD CHARLESTON, WV 25301	20-0625456	501(C)(3)	10,000.				PUBLIC HEALTH EDUCATION
(11) WESTIN LOMBARD 70 YORKTOWN CENTER LOMARD, IL 60148	45-0527524	501(C)(3)	20,000.				PUBLIC & PROF. EDUCATION
(12) WHEATON FRANCISCAN HEALTHCARE 3805-B SPRING ST. STE. 220 RACINE, WI 53405	39-1570877	501(C)(3)	7,500.				PUBLIC & 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) (2017)

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

MARCH OF DIMES INC.

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 noncash assistance	(h) Purpose of grant or assistance
(1) WHEATON FRANCISCAN-ST.JOSEPH FOUNDATION 5000 W. CHAMBERS STREET MILWAUKEE, WI 53210	39-1636804	501(C)(3)	10,000.				PUBLIC HEALTH EDUCATION
(2) WHITEHEAD INSTITUTE FOR BIOMEDICAL RESEARCH NINE CAMBRIDGE CENTER CAMBRIDGE, MA 02142	06-1043412	501(C)(3)	300,000.				RESEARCH & MEDICAL
(3) WILLIS-KNIGHTON MEDICAL CENTER 2600 GREENWOOD RD. SHREVEPORT, LA 71103	72-0400933	501(C)(3)	6,000.				COMMUNITY SERVICES
(4) WISCONSIN WOMEN'S HEALTH FOUNDATION 2503 TODD DR. MADISON, WI 53713	39-1900678	501(C)(3)	25,000.				PUBLIC HEALTH EDUCATION
(5) WOMANCARE CENTERS 100 KINGSLEY, STE. 200 NORFOLK, VA 23505	54-1820401		22,892.				PUBLIC HEALTH EDUCATION
(6) YOURCARE HEALTH PLAN, INC. 1120 PITTS. VICTOR RD PITTSFORD, NY 14534	16-1500379	501(C)(3)	10,000.				MEDICAL
(7) YWCA OF GREENSBORO 1807 E.WENDOVER AVE. GREENSBORO, NC 27405	56-0529936	501(C)(3)	15,000.				PUBLIC & PROF. EDUCATION
(8) ZETA PHI BETA SORORITY INC PO BOX 34326 SAN ANTONIO, TX 78265	23-7206960	501(C)(7)	7,500.				PUBLIC & PROF. EDUCATION
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 204.

3 Enter total number of other organizations listed in the line 1 table ▶ 8.

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

Schedule I (Form 990) (2017)

**Part III Grants and Other Assistance to Domestic Individuals.** 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 COLONEL SANDERS AWARD	1.	10,000.			
2 PRIZE IN DEVELOPMENT BIOLOGY	1.	250,000.			
3 SCHOLARSHIP AWARD	4.	20,000.			
4					
5					
6					
7					

**Part IV Supplemental Information.** 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/RESEARCH/RESEARCH-GRANTS.ASPX#](http://www.marchofdimes.org/research/research-grants.aspx#)

**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.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

MARCH OF DIMES INC.

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 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 (such as, 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 on 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 checked="" 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" on 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 nonfixed 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" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1a</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2017

**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 aren't 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	STACEY STEWART PRESIDENT - START 1/1/17	(i) 470,940.	25,000.	20,897.	0.	17,256.	534,093.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	KAREN ANDREWS ESQ. EVP & GENERAL COUNSEL	(i) 282,406.	0.	1,806.	0.	17,290.	301,502.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3	PAUL JARRIS, MD SVP & CMO - START 2/1/17	(i) 413,400.	0.	1,832.	0.	0.	415,232.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4	DAVID C. HORNE SVP & CFO - END 12/31/17	(i) 262,630.	0.	639.	0.	17,016.	280,285.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5	JOSEPH L. SIMPSON, M.D. SVP RESEARCH & GLOBAL PROG	(i) 366,356.	0.	13,624.	0.	7,212.	387,192.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6	FREDERICK A. BROGDON SVP & CHIEF OPERATING OFFICER	(i) 255,806.	0.	639.	0.	17,290.	273,735.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7	CHRISTOPHER L. MADDOCKS SVP CHIEF MARKETING OFFICER	(i) 242,680.	0.	1,184.	0.	17,016.	260,880.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8	DAVID J. HAMPTON II SVP CHIEF DEVELOPMENT OFFICER	(i) 237,170.	0.	288.	0.	6,237.	243,695.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9	LISA B. BUTCHER SVP STRATEGY & TRANSFORMATION	(i) 212,934.	0.	980.	0.	17,290.	231,204.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10	PAULA R. RANSOM SVP & CHIEF VOLUNTEER OFFICER	(i) 312,271.	0.	24,601.	0.	17,290.	354,162.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11	JENNIFER HOWSE FORMER PRESIDENT	(i) 0.	0.	598,426.	0.	0.	598,426.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12	CYNTHIA JOHNSON SVP PUBLIC POLICY/ GOV AFFAIRS	(i) 228,374.	0.	639.	0.	1,498.	230,511.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13	NICHOLAS DIFRANZA SVP & CHIEF TECH OFFICER	(i) 224,890.	0.	426.	0.	15,922.	241,238.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14	DEBORAH BARGE SVP MARKET LEADERSHIP * DEVEL.	(i) 204,495.	0.	411.	0.	0.	204,906.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15	CATHERINE SELLERS SVP SCIENCE AND STRATEGY	(i) 199,340.	0.	616.	0.	0.	199,956.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
16	JANIS BIERMANN SVP EDUCATION AND HEALTH	(i) 192,338.	0.	2,742.	0.	204.	195,284.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.



**Part III Supplemental Information**

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

SUPPLEMENTAL NONQUALIFIED RETIREMENT INCLUDING RELATED TAX GROSS UP PMTS

JOSEPH L SIMPSON \$4,869; PAULA RANSOM \$22,769

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

IN JANUARY 2017 A SETTLEMENT OF SERP BENEFITS WAS MADE FOR DR. JENNIFER DUE TO HER RETIREMENT. THIS AMOUNT WAS ACCUMULATED OVER THE PRIOR 26 YEARS. OF THIS AMOUNT \$598,426 HAS BEEN REPORTED AS COMPENSATION.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2017**

**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.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization <b>MARCH OF DIMES INC.</b>	Employer identification number <b>13-1846366</b>
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**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	152.	53,688.	SELLING PRICE
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	35.	192,596.	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
<b>30a</b> 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 isn't required to be used for exempt purposes for the entire holding period? . . . . .	<b>30a</b>		X
<b>b</b> If "Yes," describe the arrangement in Part II.			
<b>31</b> Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .	<b>31</b>	X	
<b>32a</b> Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	<b>32a</b>	X	
<b>b</b> If "Yes," describe in Part II.			
<b>33</b> If the organization didn't 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) (2017)

JSA

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

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**NONCASH CONTRIBUTIONS**

OTHER THAN CONTRIBUTIONS OF MARKETABLE SECURITIES AND VEHICLES, NON-CASH ITEMS ARE NOT INCLUDED IN THE FINANCIAL STATEMENTS OF THE ORGANIZATION UNLESS THEY ARE SIGNIFICANT IN AMOUNT. IN 2017, THE ORGANIZATION RECEIVED AUCTION ITEMS, WHICH WERE RECORDED AT ZERO VALUE.

**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 INC.

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Employer identification number

13-1846366

PART III LINE 4A: PROGRAM SERVICE ACCOMPLISHMENTS

PUBLIC AND PROFESSIONAL EDUCATION

MARCH OF DIMES CREATES AND DISSEMINATES HEALTH CONTENT ON PRECONCEPTION, PREGNANCY AND NEWBORN HEALTH. WE SHARE VITAL HEALTH INFORMATION WITH CONSUMERS (WOMEN AND FAMILIES) AND HEALTH PROFESSIONALS THROUGH VARIOUS COMMUNICATION CHANNELS, INCLUDING WEB, PRINT, VIDEOS, SOCIAL MEDIA, TOOLKITS AND CONTINUING EDUCATION ACTIVITIES.

ALL MARCH OF DIMES EDUCATION CONTENT IS EVIDENCE-BASED AND REFLECTS PEER-REVIEWED MEDICAL AND SCIENTIFIC LITERATURE. SOURCES INCLUDE THE CENTERS FOR DISEASE CONTROL AND PREVENTION, THE AMERICAN ACADEMY OF PEDIATRICS AND THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS.

SINCE 1997, MARCH OF DIMES HAS SERVED AS THE TRUSTED SOURCE OF ACCURATE, TIMELY INFORMATION TO HELP WOMEN BE HEALTHY AND HAVE HEALTHY PREGNANCIES AND HEALTHY BABIES. MARCH OF DIMES HEALTH EXPERTS OFFER ONE-ON-ONE EDUCATION AND SUPPORT TO WOMEN AND FAMILIES FROM AROUND THE WORLD IN ENGLISH AND SPANISH.

MARCH OF DIMES MAINTAINS MATERNAL/CHILD HEALTH CONTENT FOR CONSUMERS ON TWO WEBSITES: MARCHOFDIMES.ORG AND NACERSANO.ORG. IN 2017, HEALTH CONTENT ON MARCHOFDIMES.ORG WAS VIEWED BY 5,201,351 UNIQUE VISITORS. NACERSANO.ORG HAD 3,316,770 UNIQUE VISITORS. BOTH SITES INCLUDE AWARD-WINNING ARTICLES, VIDEOS, INFOGRAPHICS AND INTERACTIVE FEATURES.

Name of the organization MARCH OF DIMES INC.	Employer identification number 13-1846366
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IN 2017, MARCH OF DIMES HEALTH EDUCATION SPECIALISTS ANSWERED 18,476 INQUIRIES IN ENGLISH AND SPANISH ON TOPICS RANGING FROM PRECONCEPTION, PREGNANCY AND PREMATUREITY TO HEALTH ADVOCACY, BABY CARE AND LOSS. WE ALSO DELIVER EDUCATION THROUGH BLOGS AND SOCIAL MEDIA PLATFORMS. IN 2017, THE NEW MOMS NEED BLOG HAD 264,901 TOTAL VIEWS AND THE NACERSANO BLOG HAD 822,663. THROUGH OUR HEALTH-FOCUSED TWITTER ACCOUNTS (@MODHEALTHTALK, @NACERSANO AND @NACERSANOBABY), WE HAD 44 MILLION IMPRESSIONS AND REACHED 63 MISSION CHAT ACCOUNTS. TOPICS COVERED ON TWITTER AND IN TWITTER CHATS INCLUDED BIRTH DEFECTS AND FOLIC ACID; ZIKA; FLU; NUTRITION; HEALTH EDUCATION FOR LATINAS, PREECLAMPSIA; AND PREMATUREITY AWARENESS.

PERISTATS AND THE PERINATAL DATA CENTER LAUNCHED MORE THAN 15 YEARS AGO, PERISTATS IS A SOURCE FOR MATERNAL AND INFANT HEALTH STATISTICS DEVELOPED BY MARCH OF DIMES PERINATAL DATA CENTER, A TEAM OF EPIDEMIOLOGISTS, DATA ANALYSTS AND EVALUATORS PROVIDING SUPPORT FOR THE ORGANIZATION 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.

Name of the organization MARCH OF DIMES INC.	Employer identification number 13-1846366
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PERISTATS PROVIDES ACCESS TO 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 IS 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. 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. 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

Name of the organization MARCH OF DIMES INC.	Employer identification number 13-1846366
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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 2010-2014 FROM 40 STATES AND 50 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.

PART III LINE 4B: PROGRAM SERVICE ACCOMPLISHMENTS

COMMUNITY SERVICES

MARCH OF DIMES STAFF AND VOLUNTEERS INVEST TIME AND RESOURCES IN LOCAL PROGRAMS AND ACTIVITIES IN THE UNITED 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.

MARCH OF DIMES 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 2017, MARCH OF DIMES

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AWARDED 303 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-LED PARTNERSHIP FOCUSED ON DECREASING PRETERM BIRTH BY IMPROVING THE QUALITY OF HEALTH CARE DELIVERY, INCREASING ACCESS TO PREVENTION SERVICES, PROVIDING EDUCATION FOR PREGNANT WOMEN, 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, SMOKING CESSATION, AND BIRTH SPACING. IN 2017, 11 STATES HAD HBWW PROGRAMS.

IN 2016 AND 2017, MARCH OF DIMES RECEIVED FUNDING TO DEVELOP A NEW MODEL OF GROUP PRENATAL CARE, SUPPORTIVE PREGNANCY CARE (SPC), WHERE PREGNANT WOMEN WITH SIMILAR DUE DATES MEET TOGETHER FOR PRENATAL CARE AND EDUCATION WITH THEIR OBSTETRIC PROVIDER. GROUP PRENATAL CARE IS AN EVIDENCE-BASED INTERVENTION THAT PROVIDES AN OPPORTUNITY TO SUPPORT



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HEALTH EQUITY AND SIGNIFICANTLY REDUCE THE OCCURRENCE OF PRETERM BIRTH. DURING GROUP SESSIONS, WOMEN LEARN HOW TO TAKE AND RECORD THEIR OWN VITAL SIGNS; RECEIVE A PRIVATE PHYSICAL ASSESSMENT WITH THEIR PROVIDER; BECOME A SUPPORT NETWORK FOR ONE ANOTHER; AND GAIN KNOWLEDGE AND SKILLS RELATED TO PREGNANCY, BIRTH, AND INFANT CARE. THE MODEL FOSTERS HEALTH LITERACY AND HEALTH EQUITY BY ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH AND MEDICAL FACTORS IN A CULTURALLY RELEVANT WAY, AND IS AN APPROACH THAT IS FLEXIBLE TO FIT A LOCAL COMMUNITY'S NEEDS AND RESOURCES.

MARCH OF DIMES CREATED ALL THE MATERIALS, TOOLS, AND TRAINING TO ASSIST HEALTH CARE SITES TO IMPLEMENT SPC IN HOSPITALS, CLINICS, AND PRIVATE PRACTICE SETTINGS IN URBAN, RURAL, AND SUBURBAN SETTINGS. A PILOT STUDY OF THE MODEL'S IMPACT HAS JUST BEEN COMPLETED AT SIX CLINICAL SITES IN TENNESSEE, WITH STUDY RESULTS EXPECTED TO BE PUBLISHED IN 2019. THE PROGRAM HAS SINCE BEEN EXPANDED TO AN ADDITIONAL FOUR SITES, WITH NEARLY A DOZEN MORE SCHEDULED FOR LAUNCH BY JANUARY 2019.

SUPPORTING FAMILIES AFFECTED BY OUR MISSION  
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. MARCH OF DIMES OFFERS EDUCATION AND SERVICES TO OVER 50,000 FAMILIES AND STAFF ANNUALLY THROUGH ITS NICU INNOVATIONS.

MARCH OF DIMES NICU FAMILY SUPPORT® PROGRAM IS OFFERED TO OVER 45,000 FAMILIES ANNUALLY. THE SERVICES PROVIDED INCLUDE PARENT EDUCATION THAT IS

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SHOWN TO IMPROVE PARENTING KNOWLEDGE AND CONFIDENCE, PRINT AND ONLINE MATERIALS WRITTEN IN PLAIN LANGUAGE, AND SUPPORTIVE ACTIVITIES DESIGNED TO IMPROVE THE NICU EXPERIENCE. 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 PROGRAM HAS A PRESENCE IN OVER 60 HOSPITALS NATIONWIDE, INCLUDING THE DISTRICT OF COLUMBIA AND PUERTO RICO.

FOR ALMOST 14 YEARS, MARCH OF DIMES ONLINE COMMUNITY SHARE YOUR STORY (WWW.SHAREYOURSTORY.ORG) HAS BEEN AN INVALUABLE RESOURCE FOR FAMILIES TO FIND SUPPORT FROM OTHER MEMBERS WHO ARE LIVING WITH THE EFFECTS OF PREMATUREITY, BIRTH DEFECTS, NEWBORN OR PREGNANCY LOSS. THIS SUPPORTIVE COMMUNITY PROVIDES FAMILIES WITH A SAFE ENVIRONMENT FOR THEM TO SHARE THEIR STORIES, FIND AND PROVIDE EMOTIONAL/PARENT-TO-PARENT SUPPORT AND ASK QUESTIONS OF OTHER MISSION-AFFECTED FAMILIES AND MARCH OF DIMES HEALTH EDUCATION PROFESSIONALS. THERE ARE MORE THAN 90,000 ENGAGED USERS OF THE COMMUNITY AND MORE THAN 89,000 UNIQUE VISITORS.

MARCH OF DIMES NICU INSTITUTE WORKSHOPS PROVIDE CONTACT HOURS FOR NURSES AND CERTIFIED PATIENT EXPERIENCE PROFESSIONALS 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 EXPERTS IN THE AREAS OF FAMILY-CENTERED CARE AND PATIENT EXPERIENCE THROUGH

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HOSPITAL-BASED TRAININGS AND 6 CONFERENCES, EDUCATING OVER 5,300 PROFESSIONALS ANNUALLY.

MATERNAL AND CHILD HEALTH ADVOCACY

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.

MARCH OF DIMES PURSUES A WIDE RANGE OF POLICY CHANGES IN SUPPORT OF THE PREMATUREITY CAMPAIGN. WE ADVOCATE ON THE FEDERAL AND STATE LEVELS TO IMPROVE ACCESS TO CARE AND QUALITY OF SERVICES BY ADVANCING POLICIES SUCH AS THOSE TO ENSURE ALL HEALTH PLANS COVER MATERNITY CARE, PROTECT COVERAGE FOR PRE-EXISTING CONDITIONS, AND LIMIT COST-SHARING. OUR RECENT VICTORIES HAVE INCLUDED EXTENSION OF THE FEDERAL CHILDREN'S HEALTH INSURANCE PROGRAM AND DOZENS OF STATE-LEVEL LAWS TO PROTECT AND EXPAND ACCESS TO CARE FOR PREGNANT WOMEN AND WOMEN OF CHILDBEARING AGE.

MARCH OF DIMES ALSO ADVOCATES ON OTHER IMPORTANT MATERNAL AND CHILD HEALTH PRIORITIES, SUCH AS PREMATUREITY PREVENTION, MATERNAL AND INFANT MORTALITY PREVENTION, IMMUNIZATIONS, TOBACCO PREVENTION AND CESSATION, NEWBORN SCREENING, AND OPIOIDS. OUR VOLUNTEERS AND STAFF HAVE BEEN PART OF SUCCESSFUL EFFORTS TO ENSURE EVERY STATE HAS A PROCESS TO EXAMINE ALL

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MATERNAL DEATHS AND RECOMMEND POLICY CHANGES TO PREVENT THEM. WE ADVOCATE FOR PREMATURITY PREVENTION MEASURES SUCH AS SUPPORTIVE PREGNANCY CARE AND ACCESS TO THE DRUG 17P. OUR FIELD STAFF LOBBY TO ENSURE THAT EVERY STATE TESTS ALL NEWBORNS FOR ALL CONDITIONS ON THE RECOMMENDED UNIFORM SCREENING PANEL. AS THE OPIOIDS EPIDEMIC HAS SPREAD, MARCH OF DIMES HAS ADVOCATED FOR POLICIES AND PROGRAMS TO SUPPORT PREGNANT WOMEN AND TREAT INFANTS BORN EXPOSED TO OPIOIDS.

#### PATIENT SAFETY AND QUALITY

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 ORGANIZATIONS IN MIDDLE- AND LOW-INCOME COUNTRIES; THE PUBLISHING OF REPORTS AND PAPERS ON GLOBAL MATERNAL AND CHILD HEALTH ISSUES; THE SPONSORING OF INTERNATIONAL CONFERENCES TO BRING THESE ISSUES TO THE ATTENTION OF INTERNATIONAL POLICYMAKERS AND DONORS; AND STAFF PARTICIPATION ON HIGH-LEVEL, INTERNATIONAL TECHNICAL COMMITTEES AND WORKING GROUPS OF THE UN, WHO, GOVERNMENTAL AND NON-GOVERNMENTAL ORGANIZATIONS. THESE GLOBAL ACTIVITIES HAVE ENABLED MARCH OF DIMES TO BE RECOGNIZED AS THE WORLD'S LEADING ORGANIZATION FOCUSED ON PREVENTION OF

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BIRTH DEFECTS AND PRETERM BIRTH.

ONE EXAMPLE OF OUR MISSION PARTNERSHIPS IS OUR GLOBAL NETWORK FOR MATERNAL AND INFANT HEALTH (GNMIH). IN 2017, THIS NETWORK INCLUDED A PARTNERSHIP WITH THE BAYLOR COLLEGE OF MEDICINE TO CONDUCT A COMMUNITY BASED PRETERM BIRTH PREVENTION PROGRAM IN THE REPUBLIC OF MALAWI; WORKPLACE WELLNESS HEALTH EDUCATION PROGRAMS IN LEBANON AND THE PHILIPPINES IN PARTNERSHIP WITH THE AMERICAN UNIVERSITY OF BEIRUT AND UNIVERSITY OF THE PHILIPPINES, RESPECTIVELY.

TO RAISE AWARENESS ABOUT THE IMPORTANCE OF IMPROVING THE HEALTH OF MOTHERS AND BABIES WORLDWIDE, MARCH OF DIMES ORGANIZES A CONFERENCE IN A DEVELOPING COUNTRY EVERY OTHER YEAR. THE 8TH INTERNATIONAL CONFERENCE ON BIRTH DEFECTS AND DISABILITIES WAS HELD IN BOGOTA, COLOMBIA IN 2017. THE CONFERENCE BROUGHT TOGETHER OVER 300 HEALTH POLICY MAKERS, DONOR ORGANIZATIONS, HEALTH CARE PROVIDERS, EXPERTS IN DATA COLLECTION AND MONITORING, RESEARCHERS, PARENT-PATIENT ORGANIZATIONS AND YOUTH VOLUNTEERS. THIS CONFERENCE WAS CO-SPONSORED BY THE US. CENTERS FOR DISEASE CONTROL AND PREVENTION AND SINCE THE CONFERENCE WAS HELD IN A LATIN AMERICAN COUNTRY, THE RECENT EPIDEMIC OF ZIKA VIRUS IN THE REGION WAS ADDRESSED BY MANY OF THE PRESENTERS.

PART III LINE 4C: PROGRAM SERVICE ACCOMPLISHMENTS

RESEARCH AND MEDICAL SUPPORT

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

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

WE LAUNCHED THE NATIONAL PREMATUREITY CAMPAIGN IN 2003, AFTER DECADES OF INCREASING PRETERM BIRTH RATES IN THE UNITED STATES. AFTER HITTING A PEAK IN 2006, PRETERM BIRTH RATES DECLINED FOR SEVERAL YEARS, BEFORE BEGINNING TO RISE AGAIN IN 2015. FROM 2015-2017, THE PRETERM BIRTH RATE ROSE FOR THREE YEARS IN A ROW. BIRTHS OCCURRING AT 34-36 WEEKS GESTATION, OR LATE PRETERM, SHOWED THE LARGEST INCREASE. WOMEN OF COLOR WERE DISPROPORTIONATELY AFFECTED.

WE OPENED FIVE MARCH OF DIMES PREMATUREITY RESEARCH CENTERS, THE 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 IN 2014 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 PREMATUREITY 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

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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 TRANSDISCIPLINARY, INTENTIONALLY DESIGNED TO ACCELERATE DISCOVERIES IN PRETERM BIRTH RESEARCH.

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 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 PREMATURE BIRTH. 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 MARCH OF DIMES MISSION.

INVESTIGATOR INITIATED GRANTS ARE ALSO SUPPORTED BY MARCH OF DIMES. THESE GRANTS ARE FOR MORE ESTABLISHED INVESTIGATORS DOING RESEARCH FOR 3 YEARS IN AREAS ALIGNED WITH MARCH OF DIMES MISSION. IN ADDITION, 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.

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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 MARCH OF DIMES, SHOWED AN 83% REDUCTION IN EARLY ELECTIVE DELIVERIES FROM JANUARY THROUGH DECEMBER OF THE SAME YEAR AMONG 25 HOSPITALS IN FIVE STATES. THIS WORK ALSO INCLUDES A NATIONAL CONSUMER EDUCATION CAMPAIGN CALLED HEALTHY BABIES ARE WORTH THE WAIT®. THE DESCRIPTION OF THE HEALTHY BABIES ARE WORTH THE WAIT PILOT IN KENTUCKY 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 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. RATES OF EARLY ELECTIVE DELIVERIES HAVE CONTINUED TO DECLINE, TO 2% IN 2016.



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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 MARCH OF DIMES CONTRIBUTE TO THE DETECTION OF THE RECOMMENDED SET OF 34 SERIOUS BUT TREATABLE DISORDERS AND SAVE LIVES. 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. BUILDING UPON THIS PUBLIC HEALTH SUCCESS, MARCH OF DIMES LED EFFORTS TO ALLOW MANUFACTURERS TO FORTIFY CORN MASA FLOUR WITH FOLIC ACID.

#### REDUCING PRETERM BIRTH

IN 2016, MARCH OF DIMES DEVELOPED A PREMATUREITY CAMPAIGN STRATEGIC MAP AND A PREMATUREITY CAMPAIGN COLLABORATIVE TO ALIGN AND MOBILIZE EFFORTS WITH MANY OTHER ORGANIZATIONS AND INDIVIDUALS THAT WORK TO PREVENT PREMATURE BIRTH AND THE INEQUITY OF ITS IMPACT. THROUGH THE COLLABORATIVE, MARCH OF DIMES CONTINUES ITS PARTNERSHIP EFFORTS WITH MANY OTHER ORGANIZATIONS AND STATE HEALTH DEPARTMENTS. BEGINNING IN 2012, THROUGH A PARTNERSHIP WITH THE ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS (ASTHO), HEALTH DEPARTMENTS IN EVERY STATE, PUERTO RICO

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AND THE DISTRICT OF COLUMBIA PLEDGED TO REDUCE THEIR RATES OF PREMATURE BIRTH BY 8 PERCENT BY 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 ACHIEVED THEIR 8% BY 2014 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. MARCH OF DIMES CONTINUES TO WORK NATIONALLY AND LOCALLY TO ADVANCE 8 PRIORITY PREMATURITY CAMPAIGN INTERVENTIONS WITH ITS PARTNERS, INCLUDING PROGESTERONE TO PREVENT PRETERM BIRTH RECURRENCE, GROUP PRENATAL CARE, SMOKING CESSATION, BIRTH SPACING AND INTENTIONALITY, AND REDUCING EARLY ELECTIVE DELIVERIES.

SINCE 2008, 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 EACH STATE, AND GRADES FOR CITIES AND COUNTIES WITH THE HIGHEST BIRTH VOLUME IN EACH STATE. THE DISPARITY INDEX, CREATED BY MARCH OF DIMES PERINATAL DATA CENTER, QUANTIFIES RACIAL/ETHNIC DISPARITIES, 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,

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MARCH OF DIMES ISSUED GRADES FOR THE 100 U.S. CITIES WITH THE GREATEST NUMBERS OF LIVE BIRTHS. IN 2017, THE FOCUS ON GEOGRAPHIC AND RACIAL/ETHNIC DISPARITIES CONTINUED.

WORLD PREMATURETY DAY CONTINUES TO TAKE PLACE AROUND THE WORLD, RAISING AWARENESS ABOUT THE SERIOUS PROBLEM OF PREMATURE BIRTH. BEGUN AS PREMATURETY 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.

#### PREMATURETY COLLABORATIVE

THE NATIONAL PREMATURETY COLLABORATIVE WAS CONVENED IN 2017 TO DRIVE IMPROVEMENTS IN EQUITY AND PRETERM BIRTH BY LEVERAGING PARTNERSHIPS ACROSS SECTORS. USING A COLLECTIVE IMPACT APPROACH, THE COLLABORATIVE WORKS TO A) ADVANCE THE IMPLEMENTATION OF POLICIES, STRATEGIES AND SERVICES TO IMPROVE EQUITY AND REDUCE PRETERM BIRTH; B) ADVANCE THE COLLABORATIVE EFFORTS AND PROJECTS OF MULTIDISCIPLINARY, NATIONAL ORGANIZATIONS COLLECTIVE ACTION; AND C) IMPROVE THE CAPACITY OF PROVIDER GROUPS, COMMUNITY BASED ORGANIZATIONS, AND PUBLIC HEALTH LEADERS TO ADDRESS EQUITY AND PRETERM BIRTH. THE PREMATURETY COLLABORATIVE SERVES AS THE NATIONAL PLATFORM TO FACILITATE ALIGNMENT AND TO LEVERAGE THE EFFORTS ACROSS ORGANIZATIONS. THE COLLABORATIVE ENGAGES SIX WORKGROUPS FOCUSED ON ACTIVITIES WITHIN CLINICAL PUBLIC HEALTH PRACTICE, HEALTH EQUITY, RESEARCH, POLICY, FUNDING AND RESOURCES AND COMMUNICATIONS. THE COLLABORATIVE HAS GROWN QUICKLY TO OVER 500 INDIVIDUALS AND OVER 300 ORGANIZATIONS. THE COLLABORATIVE HAS DEMONSTRATED SUCCESS IN CONVENING

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DIVERSE PARTNERS ACROSS SECTORS TO PRODUCE RESOURCES SUCH AS THE GUIDING PRINCIPLES TO ACHIEVING EQUITY IN PRETERM BIRTH AND IN ENGAGING MEMBERS IN DEEP DIALOGUE AT VIRTUAL MEETINGS AND IN-PERSON AT THE 2018 PREMATURETY PREVENTION SUMMIT: BUILDING A BIRTH EQUITY MOVEMENT. THE COLLABORATIVE ENGAGES NATIONAL LEADERS AND COMMUNITY ADVOCATES THROUGH QUARTERLY FULL COLLABORATIVE VIRTUAL MEETINGS, BIMONTHLY WORK GROUP MEETINGS AND QUARTERLY STEERING COMMITTEE MEETINGS. THE VIRTUAL MEETINGS PROVIDE THE OPPORTUNITY FOR THOUGHT LEADERS TO CONVERGE AND DISCUSS PARTNERSHIPS, COLLABORATIONS AND SOLUTIONS TO IMPROVE EQUITY AND PRETERM BIRTH. THE VIRTUAL MEETINGS ALSO PROVIDE THE OPPORTUNITY TO SHARE EVIDENCE BASED PRACTICE, BEST PRACTICES AND TO ADVANCE PRINCIPLES OF EQUITY ACROSS THE WORK GROUPS AND ENTIRE COLLABORATIVE. THE PREMATURETY COLLABORATIVE IS DESIGNED TO ACCELERATE DEMONSTRATED IMPROVEMENTS IN PREMATURETY PREVENTION AND HEALTH EQUITY.

FOR ADDITIONAL INFORMATION ON MARCH OF DIMES' PREMATURETY CAMPAIGN COLLABORATIVE, PLEASE VISIT THE FOLLOWING:  
[MARCHOFDIMES.ORG/COLLABORATIVE](http://MARCHOFDIMES.ORG/COLLABORATIVE).

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.

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## PART VI REVIEW OF 990 BY GOVERNING BODY LINE 11B

THE MARCH OF DIMES IRS FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM BASED ON INFORMATION PROVIDED BY THE ORGANIZATION. UPON ITS COMPLETION IT IS THEN REVIEWED BY THE PRESIDENT, AND MARCH OF DIMES' AUDIT COMMITTEE OF THE BOARD OF TRUSTEES PRIOR TO 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 TO REVIEW AND SIGN A CONFLICT OF INTEREST POLICY. VOLUNTEER BOARD MEMBERS ARE GIVEN A HARD COPY TO SIGN. EMPLOYEES ACCESS MARCH OF DIMES' INTRANET WEBSITE TO REVIEW AND SIGN THE POLICY. MARCH OF DIMES' 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 LINES 15 A&amp;B

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 COMPENSATION 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

Name of the organization MARCH OF DIMES INC.	Employer identification number 13-1846366
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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 THE PRESIDENT, STAFF OFFICERS AND KEY EXECUTIVE MANAGEMENT OF THE MARCH OF DIMES, INCLUDING MERIT, VARIABLE PAY AND BENEFITS. THE COMMITTEE 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 MAKES ITS ANNUAL REPORT AND IRS FORM 990 ACCESSIBLE VIA OUR WEBSITE, WWW.MARCHOFDIMES.ORG AND UPON REQUEST.

Name of the organization MARCH OF DIMES INC.	Employer identification number 13-1846366
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## PART XI RECONCILIATION OF NET ASSETS

LINE 8, PRIOR PERIOD ADJUSTMENTS, IS MADE UP OF A LOSS ON PRIOR YEAR PLEDGES OF \$50,581.

LINE 9, OTHER CHANGES IN NET ASSETS IS MADE UP OF PENSION/POST RETIREMENT COSTS OF \$4,020,440 AND ASSETS HELD IN TRUST OF \$1,054,829. THE PENSION/POST RETIREMENT COSTS AMOUNT IS THE NET RESULT OF INCREASES IN PREVAILING INTEREST RATES AND OTHER CHANGES IN PLAN ASSUMPTIONS THAT ARE USED TO VALUE PENSION LIABILITIES.

ATTACHMENT 1

FORM 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

ATTACHMENT 2

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
BLACKBAUD, INC. PO BOX 930256 ATLANTA, GA 31193	SOFTWARE HOSTING	2,052,863.
PURPOSE 115 5TH AVENUE NEW YORK, NY 10003	VIDEO/PHOTO CONSULT.	1,661,087.
PEP DIRECT 19 STONEY BROOK DRIVE WILTON, NH 03086	MAIL HOUSE	1,592,321.
BLUE STATE DIGITAL INC 62187 COLLECTIONS, CTR DR CHICAGO, IL 60693-0621	EMAIL SVC CONSULTANT	1,408,167.
INFOCISION MGMT CORP	TELEMARKETING	1,256,202.

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

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
PO BOX 74171 CLEVELAND, OH 44194		

ATTACHMENT 3

FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	<u>(A) TOTAL REVENUE</u>	<u>(B) RELATED OR EXEMPT REVENUE</u>	<u>(C) UNRELATED BUSINESS REV.</u>	<u>(D) EXCLUDED REVENUE</u>
INTEREST ON SAVINGS	140,764.			140,764.
INTEREST & DIVIDENDS	750,621.			750,621.
TOTALS	<u>891,385.</u>			<u>891,385.</u>



FORM 990, LINE D

**STATE OF NEW YORK**  
**DEPARTMENT OF STATE**

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on February 14, 2018.

A handwritten signature in black ink, appearing to read "B. Fitzgerald", is written over a faint horizontal line.

Brendan W. Fitzgerald  
Executive Deputy Secretary of State

FORM 990, LINE D

780213000 570

**CERTIFICATE OF AMENDMENT OF THE  
CERTIFICATE OF INCORPORATION OF  
MARCH OF DIMES FOUNDATION**

Under Section 803 of the Not-for-Profit Corporation Law

- FIRST:** The name of the Corporation is: March of Dimes Foundation. The name under which the Corporation was formed is: The National Foundation for Infantile Paralysis, Inc.
- SECOND:** The certificate of incorporation was filed by the Department of State on January 3, 1938.
- THIRD:** The law the Corporation was formed under is the Membership Corporation Law.
- FOURTH:** The Corporation is a corporation as defined in subparagraph (5) of paragraph (a) of Section 102 of the Not-for-Profit Corporation Law.
- FIFTH:** The certificate of incorporation is amended as follows:

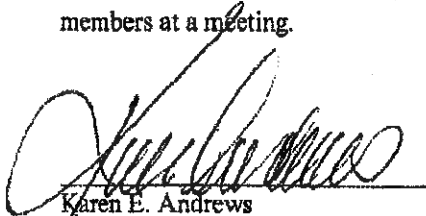
Paragraph **FIRST** of the certificate of incorporation regarding the Corporation's name is hereby amended to read in its entirety as follows:

"**FIRST:** The name of the Corporation shall be: March of Dimes Inc."

- SIXTH:** The Secretary of State is designated as agent of the corporation upon whom process against it may be served. The address to which the Secretary of State shall forward copies of process accepted on behalf of the corporation is:

March of Dimes Inc.  
1275 Mamaroneck Avenue  
White Plains, NY 10605

- SEVENTH:** This certificate of amendment was authorized unanimously by a vote of the members at a meeting.



Karen E. Andrews  
Executive Vice President and General Counsel

MARCH OF DIMES INC.

13-1846366

FORM 990, LINE D

570

**CERTIFICATE OF AMENDMENT OF THE  
CERTIFICATE OF INCORPORATION OF  
MARCH OF DIMES FOUNDATION**

Under Section 803 of the Not-for-Profit Corporation Law

**Filer's Information:**

Matthew Rosenthal  
205 E. 42<sup>nd</sup> Street, 16<sup>th</sup> Floor  
New York, NY 10017

2018 FEB 13 PM 2:24

FILED

*Mc*  
STATE OF NEW YORK  
DEPARTMENT OF STATE  
FILED FEB 13 2018  
TAX \$ 0  
BY: [Signature]

RECEIVED  
2018 FEB 13 AM 11:12

596

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

MARCH OF DIMES INC.

Employer identification number

13-1846366

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2017

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CHARITABLE REMAINDER TRUST	INVESTMENT	CA	N/A	TRUST			100.0000	X	
(2) CHARITABLE REMAINDER UNITRUST	INVESTMENT	CA	N/A	TRUST			100.0000	X	
(3) CHARITABLE REMAINDER UNITRUST	INVESTMENT	CA	N/A	TRUST			60.0000		X
(4) CHARITABLE REMAINDER UNITRUST	INVESTMNET	GA	N/A	TRUST			100.0000	X	
(5)									
(6)									
(7)									

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part VI** **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

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**Part VII** **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

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