

MARCH OF DIMES FOUNDATION  
FORM 990  
TAX YEAR 2014

Form **8453-EO****Exempt Organization Declaration and Signature for Electronic Filing**

OMB No. 1545-1879

For calendar year 2014, or tax year beginning \_\_\_\_\_, 2014, and ending \_\_\_\_\_, 20\_\_\_\_

**2014**Department of the Treasury  
Internal Revenue Service**For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868**

Name of exempt organization

Employer identification number

March of Dimes Foundation

13-1846366

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

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

<b>1a</b>	Form 990 check here <input checked="" type="checkbox"/>	<b>b</b>	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b>	195,886,297
<b>2a</b>	Form 990-EZ check here <input type="checkbox"/>	<b>b</b>	Total revenue, if any (Form 990-EZ, line 9)	<b>2b</b>	
<b>3a</b>	Form 1120-POL check here <input type="checkbox"/>	<b>b</b>	Total tax (Form 1120-POL, line 22)	<b>3b</b>	
<b>4a</b>	Form 990-PF check here <input type="checkbox"/>	<b>b</b>	Tax based on investment income (Form 990-PF, Part VI, line 5)	<b>4b</b>	
<b>5a</b>	Form 8868 check here <input type="checkbox"/>	<b>b</b>	Balance due (Form 8868, Part I, line 3c or Part II, line 8c)	<b>5b</b>	

**Part II Declaration of Officer**

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

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2014 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign  
Here

Signature of officer

Date 5/12/2015

Senior VP & CFO  
Title**Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)**

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

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

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

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Jocelyne C Miller	Jocelyne C. Miller	5/12/15		P00634378
	Firm's name ▶ KPMG LLP				Firm's EIN ▶ 13-5565207
Firm's address ▶ 345 Park Avenue New York NY 10154					Phone no. 212-758-9700

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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

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

**2014****Open to Public  
Inspection****A For the 2014 calendar year, or tax year beginning , 2014, and ending , 20**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization MARCH OF DIMES FOUNDATION		<b>D</b> Employer identification number 13-1846366	
	Doing business as			
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1275 MAMARONECK AVENUE		<b>E</b> Telephone number (914) 428-7100	
	City or town, state or province, country, and ZIP or foreign postal code WHITE PLAINS, NY 10605			
	<b>F</b> Name and address of principal officer: DR. JENNIFER HOWSE 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605		<b>G</b> Gross receipts \$ 239,045,161.	
<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>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>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		

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: THE MISSION OF THE MARCH OF DIMES IS TO IMPROVE THE HEALTH OF BABIES BY PREVENTING BIRTH DEFECTS, PREMATURE BIRTH AND INFANT MORTALITY. SEE PART III, LINE 1 FOR MORE INFORMATION.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	29.
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	29.
	<b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a)	<b>5</b>	1,638.
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	3,000,000.
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	195,237,139.	187,516,021.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,786,401.	1,840,158.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,075,480.	5,023,591.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,712,900.	1,506,527.
		202,811,920.	195,886,297.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	28,089,160.	29,600,942.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	104,203,416.	95,974,780.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	1,120,396.	959,708.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 26,525,690.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	79,125,453.	77,258,587.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	212,538,425.	203,794,017.
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-9,726,505.	-7,907,720.
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	153,954,900.	139,978,215.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.	78,877,204.	115,360,770.
		75,077,696.	24,617,445.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer		Date	
	Type or print name and title			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name JOCELYNE C MILLER	Preparer's signature <i>Joelyne C. Miller</i>	Date 5/12/15	Check <input type="checkbox"/> if self-employed PTIN P00634378
	Firm's name ▶ KPMG, LLP		Firm's EIN ▶ 13-5565207	
	Firm's address ▶ 345 PARK AVENUE NEW YORK, NY 10154		Phone no. 212-758-9700	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2014)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**1** Briefly describe the organization's mission:

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

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ 31,103,722. including grants of \$ 24,492,031. ) (Revenue \$ )

ATTACHMENT 1

**4b** (Code: ) (Expenses \$ 74,513,673. including grants of \$ 3,402,086. ) (Revenue \$ 1,840,158. )

ATTACHMENT 2

**4c** (Code: ) (Expenses \$ 50,052,940. including grants of \$ 1,706,825. ) (Revenue \$ )

ATTACHMENT 3

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

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

**4e** Total program service expenses ► 155,670,335.

**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> . . . . .	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	<b>2</b>	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> . . . . .	<b>3</b>	X
<b>4</b> <b>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> . . . . .	<b>4</b> 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>5</b>	X
<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> . . . . .	<b>6</b>	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> . . . . .	<b>7</b>	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> . . . . .	<b>8</b>	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> . . . . .	<b>9</b>	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> . . . . .	<b>10</b> 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> . . . . .	<b>11a</b> 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> . . . . .	<b>11b</b> 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> . . . . .	<b>11c</b>	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> . . . . .	<b>11d</b> 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> . . . . .	<b>11e</b> 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> . . . . .	<b>11f</b> 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> . . . . .	<b>12a</b> 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> . . . . .	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> . . . . .	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	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> . . . . .	<b>14b</b> 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> . . . . .	<b>15</b> 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> . . . . .	<b>16</b>	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 (see instructions).</i> . . . . .	<b>17</b> 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> . . . . .	<b>18</b> 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> . . . . .	<b>19</b> X	
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i> . . . . .	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b>	

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .	<b>21</b> 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> . . . . .	<b>22</b> 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> . . . . .	<b>23</b> 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> . . . . .	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	
<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>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	
<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> . . . . .	<b>25a</b>	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> . . . . .	<b>25b</b>	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> . . . . .	<b>26</b>	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> . . . . .	<b>27</b>	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> . . . . .	<b>28a</b>	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> . . . . .	<b>28b</b>	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> . . . . .	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .	<b>29</b> 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> . . . . .	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .	<b>31</b>	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> . . . . .	<b>32</b>	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> . . . . .	<b>33</b>	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> . . . . .	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>35a</b>	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>35b</b>	
<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> . . . . .	<b>36</b>	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> . . . . .	<b>37</b>	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. . . . .	<b>38</b> X	

Form **990** (2014)

**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

☒

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b> 967		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b> 29		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	X	
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	<b>2a</b> 1,638		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . . .	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>	X	
<b>b</b> If "Yes," enter the name of the foreign country: <b>ATTACHMENT 4</b> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>	X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>	X	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>		

**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**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . . <b>1a</b> 29		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . . <b>1b</b> 29		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		<b>X</b>
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . .		<b>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . .		<b>X</b>
<b>6</b> Did the organization have members or stockholders? . . . . .	<b>X</b>	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	<b>X</b>	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		<b>X</b>
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . .	<b>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>X</b>	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		<b>X</b>

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .	<b>X</b>	
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . .	<b>X</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	<b>X</b>	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>X</b>	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>X</b>	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	<b>X</b>	
<b>13</b> Did the organization have a written whistleblower policy? . . . . .	<b>X</b>	
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . .	<b>X</b>	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .	<b>X</b>	
<b>b</b> Other officers or key employees of the organization . . . . .	<b>X</b>	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		<b>X</b>
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ► ATTACHMENT 5
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►

DAVID HORNE 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605

914 428-7100



**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII. ☒ X**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LAVERNE H. COUNCIL CHAIRMAN	3.00 0	X		X				0	0	0
(2) GARY DIXON VICE CHAIR	1.00 0	X		X				0	0	0
(3) JONATHAN SPECTOR VICE CHAIR	1.00 0	X		X				0	0	0
(4) DON GERMANO TRUSTEE	1.00 0	X						0	0	0
(5) H. EDWARD HANWAY VICE CHAIR	1.00 0	X		X				0	0	0
(6) HARRIS BROOKS TRUSTEE	1.00 0	X						0	0	0
(7) JOHN BURBANK TRUSTEE	1.00 0	X						0	0	0
(8) HARVEY COHEN, MD, PHD TRUSTEE	1.00 0	X						0	0	0
(9) JOSE CORDERO, MD, MPH TRUSTEE	1.00 0	X						0	0	0
(10) VIRGINIA DAVIS FLOYD, MD, MPH TRUSTEE	1.00 0	X						0	0	0
(11) STEVEN FREIBERG TRUSTEE	1.00 0	X						0	0	0
(12) ALEEM GILLANI TRUSTEE	1.00 0	X						0	0	0
(13) DAVID H. LISSY TRUSTEE	1.00 0	X						0	0	0
(14) KIRK PERRY TRUSTEE	1.00 0	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 ) TROY RUHANEN TRUSTEE	1.00 0	X						0	0	0
( 16 ) ROGER CHARLES YOUNG, MD, PHD. TRUSTEE	1.00 0	X						0	0	0
( 17 ) HARRY JOHNSON, ESQ. TRUSTEE	1.00 0	X						0	0	0
( 18 ) DEIDRA C. MERRIWETHER TREASURER	1.00 0	X		X				0	0	0
( 19 ) DANA W. POINTS TRUSTEE	1.00 0	X						0	0	0
( 20 ) WILL A. SMITH TRUSTEE	1.00 0	X						0	0	0
( 21 ) F. SESSIONS COLE, III, MD TRUSTEE	1.00 0	X						0	0	0
( 22 ) JAMES M. CORBETT TRUSTEE	1.00 0	X						0	0	0
( 23 ) MONICA LUECHTEFELD SECRETARY	1.00 0	X		X				0	0	0
( 24 ) JOHN D. RAINEY TRUSTEE	1.00 0	X						0	0	0
( 25 ) KATHLEEN ROOSEVELT TRUSTEE	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> . . . . .								3,279,323.	0	107,657.
<b>d Total (add lines 1b and 1c)</b> . . . . .								3,279,323.	0	107,657.

**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 ► 129

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

**Section B. Independent Contractors**

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

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

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 60

**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 ) LISA BELKIN TRUSTEE *EFF 6/20/14	1.00 0	X						0	0	0
( 27 ) DR. REGINA BENJAMIN TRUSTEE *EFF 6/20/14	1.00 0	X						0	0	0
( 28 ) GRETCHEN CARLSON TRUSTEE *EFF 6/20/14	1.00 0	X						0	0	0
( 29 ) ALFREDO GANGOTENA TRUSTEE *EFF 6/20/14	1.00 0	X						0	0	0
( 30 ) G. BRENT MINOR TERM ENDED 6/20/14	1.00 0	X						0	0	0
( 31 ) F. ROBERT WOULDSTRA TERM ENDED 6/20/14	1.00 0	X						0	0	0
( 32 ) SHANNON BROWN TERM ENDED 6/20/14	1.00 0	X						0	0	0
( 33 ) AL CHILDS TERM ENDED 6/20/14	1.00 0	X		X				0	0	0
( 34 ) CAROL EVANS TERM ENDED 6/20/14	1.00 0	X						0	0	0
( 35 ) KENNETH A. MAY TERM ENDED 6/20/14	1.00 0	X						0	0	0
( 36 ) JENNIFER HOWSE, PHD PRESIDENT	50.00 0			X				503,692.	0	6,684.
<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 **129**

- 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 . . . . .
- 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 . . . . .
- 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 . . . . .

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		X

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 37 ) RICHARD E. MULLIGAN EXECUTIVE VICE PRESIDENT	50.00 0			X				398,847.	0	18,184.
( 38 ) LISA BELLSEY, ESQ. ASSISTANT SECRETARY	50.00 0			X				299,972.	0	7,098.
( 39 ) DAVID HORNE ASSISTANT TREASURER	50.00 0			X				245,526.	0	18,184.
( 40 ) EDWARD MCCABE, M.D. MEDICAL DIRECTOR	50.00 0			X				376,614.	0	0
( 41 ) JOSEPH L SIMPSON, MD SENIOR V.P.	50.00 0					X		366,620.	0	6,684.
( 42 ) SCOTT D BERNIS, MD SENIOR V.P.	50.00 0					X		279,212.	0	1,463.
( 43 ) PAULA R RANSOM SENIOR V.P.	50.00 0					X		319,866.	0	18,184.
( 44 ) ALAN D KAUFFMAN SENIOR V.P.	50.00 0					X		249,298.	0	15,684.
( 45 ) DOUGLAS STAPLES SENIOR V.P.	50.00 0					X		239,676.	0	15,492.
<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 ► 129

- 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* . . . . .
- 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* . . . . .
- 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* . . . . .

	Yes	No
<b>3</b>		X
<b>4</b>	X	
<b>5</b>		X

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII. ☒ X

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>	1,109,946.			
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>	127,606,598.			
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions). . . . .	<b>1e</b>	2,971,908.			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	55,827,569.			
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$ . . . . .		347,385.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		187,516,021.			
<b>Program Service Revenue</b>				<b>Business Code</b>			
	<b>2a</b>	SALE OF EDUCATION MATERIAL		900099	1,347,981.	1,347,981.	
	<b>b</b>	SYMPOSIUM CONFERENCE		900099	330,481.	330,481.	
	<b>c</b>	PROGRAM SPONSORSHIP		900099	161,696.	161,696.	
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue . . . . .					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		1,840,158.			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 7 . . . . .		1,749,072.			1,749,072.
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .		0			
	<b>5</b>	Royalties . . . . .		760,195.			760,195.
			(i) Real	(ii) Personal			
	<b>6a</b>	Gross rents . . . . .					
	<b>b</b>	Less: rental expenses . . . . .					
	<b>c</b>	Rental income or (loss) . . . . .					
	<b>d</b>	Net rental income or (loss) . . . . .		0			
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			31,798,341.				
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .		28,523,822.			
	<b>c</b>	Gain or (loss) . . . . .		3,274,519.			
	<b>d</b>	Net gain or (loss) . . . . .		3,274,519.			3,274,519.
	<b>8a</b>	Gross income from fundraising events (not including \$ 127,606,598. of contributions reported on line 1c). See Part IV, line 18 . . . . .		14,635,042.			
	<b>b</b>	Less: direct expenses . . . . .		14,635,042.			
	<b>c</b>	Net income or (loss) from fundraising events. ATTACH 9 . . . . .		0			
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .		313,463.			
<b>b</b>	Less: direct expenses . . . . .						
<b>c</b>	Net income or (loss) from gaming activities. ATTACH 10 . . . . .		313,463.			313,463.	
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .						
<b>b</b>	Less: cost of goods sold . . . . .						
<b>c</b>	Net income or (loss) from sales of inventory. . . . .		0				
<b>Miscellaneous Revenue</b>				<b>Business Code</b>			
<b>11a</b>	GRANT REFUNDS		900099	228,889.			228,889.
<b>b</b>	ALL OTHER REVENUE		900099	203,980.			203,980.
<b>c</b>							
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		432,869.				
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .		195,886,297.	1,840,158.		6,530,118.	

**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

☒ X**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	28,386,287.	28,386,287.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	45,000.	45,000.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	1,169,655.	1,169,655.		
<b>4</b> Benefits paid to or for members . . . . .	0			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	1,874,800.	1,446,989.	194,930.	232,881.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
<b>7</b> Other salaries and wages . . . . .	77,740,281.	60,000,717.	8,082,972.	9,656,592.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	4,981,720.	3,565,417.	686,979.	729,324.
<b>9</b> Other employee benefits . . . . .	5,602,477.	4,841,744.	264,669.	496,064.
<b>10</b> Payroll taxes . . . . .	6,008,383.	4,592,972.	652,239.	763,172.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0			
<b>b</b> Legal . . . . .	135,990.	61,506.	45,739.	28,745.
<b>c</b> Accounting . . . . .	255,402.	119,677.	83,412.	52,313.
<b>d</b> Lobbying . . . . .	0			
<b>e</b> Professional fundraising services. See Part IV, line 17.	726,827.			726,827.
<b>f</b> Investment management fees . . . . .	0			
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	13,851,242.	7,830,620.	3,532,599.	2,488,023.
<b>12</b> Advertising and promotion . . . . .	0			
<b>13</b> Office expenses . . . . .	0			
<b>14</b> Information technology . . . . .	0			
<b>15</b> Royalties . . . . .	0			
<b>16</b> Occupancy . . . . .	8,536,857.	6,764,810.	783,934.	988,113.
<b>17</b> Travel . . . . .	6,375,720.	5,115,681.	538,187.	721,852.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0			
<b>19</b> Conferences, conventions, and meetings . . . . .	2,843,090.	2,471,013.	162,869.	209,208.
<b>20</b> Interest . . . . .	89,660.	40,642.	30,091.	18,927.
<b>21</b> Payments to affiliates . . . . .	0			
<b>22</b> Depreciation, depletion, and amortization . . . . .	3,103,849.	2,197,813.	442,000.	464,036.
<b>23</b> Insurance . . . . .	0			
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <u>PRINTING</u> . . . . .	19,867,792.	12,583,977.	2,658,514.	4,625,301.
<b>b</b> <u>POSTAGE &amp; SHIPPING</u> . . . . .	11,175,701.	6,809,482.	1,667,279.	2,698,940.
<b>c</b> <u>EQUIPMENTAL RENTAL</u> . . . . .	2,155,857.	1,499,444.	340,728.	315,685.
<b>d</b> <u>TELEMARKETING/DATA FEES</u> . . . . .	6,328,022.	4,278,043.	1,082,893.	967,086.
<b>e</b> All other expenses . . . . .	2,539,405.	1,848,846.	347,958.	342,601.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	203,794,017.	155,670,335.	21,597,992.	26,525,690.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	30,021,000.	18,243,000.	4,769,000.	7,009,000.

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	6,036,354.	<b>1</b>	9,156,643.
	<b>2</b> Savings and temporary cash investments	5,608,412.	<b>2</b>	4,015,096.
	<b>3</b> Pledges and grants receivable, net	2,328,883.	<b>3</b>	2,307,675.
	<b>4</b> Accounts receivable, net	5,553,510.	<b>4</b>	5,032,022.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use	4,188,338.	<b>8</b>	4,006,307.
	<b>9</b> Prepaid expenses and deferred charges	2,011,928.	<b>9</b>	1,843,291.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 55,937,728.		
	<b>b</b> Less: accumulated depreciation	10b 45,440,057.		
	<b>11</b> Investments - publicly traded securities	12,982,241.	<b>10c</b>	10,497,671.
	<b>12</b> Investments - other securities. See Part IV, line 11	77,730,117.	<b>11</b>	70,237,056.
	<b>13</b> Investments - program-related. See Part IV, line 11	26,295,710.	<b>12</b>	21,738,612.
	<b>14</b> Intangible assets	0	<b>13</b>	0
	<b>15</b> Other assets. See Part IV, line 11	0	<b>14</b>	0
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	11,219,407.	<b>15</b>	11,143,842.	
<b>17</b> Accounts payable and accrued expenses	153,954,900.	<b>16</b>	139,978,215.	
<b>Liabilities</b>	<b>18</b> Grants payable	10,963,792.	<b>17</b>	9,905,687.
	<b>19</b> Deferred revenue	19,331,017.	<b>18</b>	19,886,464.
	<b>20</b> Tax-exempt bond liabilities	1,668,665.	<b>19</b>	2,043,590.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>20</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>21</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	0	<b>22</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	0	<b>23</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	0	<b>24</b>	5,000,000.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25	46,913,730.	<b>25</b>	78,525,029.
	<b>27</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>	78,877,204.	<b>26</b>	115,360,770.
<b>Net Assets or Fund Balances</b>	<b>28</b> Unrestricted net assets			
	<b>29</b> Temporarily restricted net assets	58,125,021.	<b>27</b>	6,937,768.
	<b>30</b> Permanently restricted net assets	3,732,000.	<b>28</b>	4,380,000.
	<b>31</b> <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>	13,220,675.	<b>29</b>	13,299,677.
	<b>32</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>33</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>34</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>35</b> <b>Total net assets or fund balances</b>	75,077,696.	<b>33</b>	24,617,445.
<b>36</b> <b>Total liabilities and net assets/fund balances</b>	153,954,900.	<b>34</b>	139,978,215.	

Form **990** (2014)

**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>	195,886,297.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	203,794,017.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	-7,907,720.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	75,077,696.
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	-1,585,666.
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	0
<b>7</b>	Investment expenses . . . . .	<b>7</b>	0
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	-40,966,865.
<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>	24,617,445.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

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

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

Form **990** (2014)



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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (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) 2014

**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**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	201,374,024.	200,078,092.	198,602,163.	195,237,139.	187,516,021.	982,807,439.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3. . . . .	201,374,024.	200,078,092.	198,602,163.	195,237,139.	187,516,021.	982,807,439.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						0
<b>6 Public support.</b> Subtract line 5 from line 4. . . . .						982,807,439.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4 . . . . .	201,374,024.	200,078,092.	198,602,163.	195,237,139.	187,516,021.	982,807,439.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	3,533,262.	4,292,871.	3,345,135.	2,702,538.	2,509,267.	16,383,073.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . <b>ATCH. 1</b> . . . . .	307,127.	494,623.	756,520.	638,657.	432,869.	2,629,796.
<b>11 Total support.</b> Add lines 7 through 10. . . . .						1,001,820,308.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	8,953,459.
<b>13 First five years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	98.10 %
<b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14 . . . . .	<b>15</b>	98.00 %
<b>16a 33 1/3% support test - 2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.  
If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First five years.</b> 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 <b>stop here</b> . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2014</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2013</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**b 33 1/3% support tests - 2013.** 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 on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 11a or 11b 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b>, 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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</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).</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 <b>Part VI</b>.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>c</b> Did a disqualified person (as defined in line 9(a)) 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 <b>Part VI</b>.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) 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>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</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? If "No," describe in <b>Part VI</b> 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.		
<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? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

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

**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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<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? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<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? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**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 <b>line 2</b> below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).			
<b>2</b> Activities Test. Answer (a) and (b) below.			
<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? If "Yes," then in <b>Part VI</b> 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.			
<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? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<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? Provide details in <b>Part VI</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? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			

**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. **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>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2014

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

Section D - Distributions		Current Year	
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes		
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations		
<b>4</b>	Amounts paid to acquire exempt-use assets		
<b>5</b>	Qualified set-aside amounts (prior IRS approval required)		
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.		
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.		
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.		
<b>9</b>	Distributable amount for 2014 from Section C, line 6		
<b>10</b>	Line 8 amount divided by Line 9 amount		

  

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
<b>1</b>	Distributable amount for 2014 from Section C, line 6			
<b>2</b>	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
<b>3</b>	Excess distributions carryover, if any, to 2014:			
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>	From 2013 . . . . .			
<b>f</b>	<b>Total</b> of lines 3a through e			
<b>g</b>	Applied to underdistributions of prior years			
<b>h</b>	Applied to 2014 distributable amount			
<b>i</b>	Carryover from 2009 not applied (see instructions)			
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b>	Distributions for 2014 from Section D, line 7: \$			
<b>a</b>	Applied to underdistributions of prior years			
<b>b</b>	Applied to 2014 distributable amount			
<b>c</b>	Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b>	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b>	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7</b>	<b>Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
<b>8</b>	Breakdown of line 7:			
<b>a</b>				
<b>b</b>				
<b>c</b>				
<b>d</b>	Excess from 2013 . . . . .			
<b>e</b>	Excess from 2014 . . . . .			

Schedule A (Form 990 or 990-EZ) 2014

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).ATTACHMENT 1

## SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2010	2011	2012	2013	2014	TOTAL
OTHER INCOME	307,127.	494,623.	756,520.	638,657.	432,869.	2,629,796.
TOTALS	<u>307,127.</u>	<u>494,623.</u>	<u>756,520.</u>	<u>638,657.</u>	<u>432,869.</u>	<u>2,629,796.</u>



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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2014

**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.			
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(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					

Schedule C (Form 990 or 990-EZ) 2014

**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)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers?	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
<b>c</b> Media advertisements?		X	
<b>d</b> Mailings to members, legislators, or the public?	X		1,731.
<b>e</b> Publications, or published or broadcast statements?	X		210.
<b>f</b> Grants to other organizations for lobbying purposes?		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	X		570,789.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		1,392,372.
<b>i</b> Other activities?	X		2,720.
<b>j</b> Total. Add lines 1c through 1i			1,967,822.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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).

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

**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."

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

**Part IV** Supplemental Information

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

SEE PAGE 4

**Part IV** Supplemental Information (continued)

## SCHEDULE C PART II B

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

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

MARCH OF DIMES FOUNDATION

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public  
Inspection

Employer identification number

13-1846366

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

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

	(a) Donor advised funds	(b) Funds and other accounts
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? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
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? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.**

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
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.	
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	2d
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? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

Schedule D (Form 990) 2014

**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 **d** ☐ Loan or exchange programs  
**b** ☐ Scholarly research **e** ☐ Other \_\_\_\_\_  
**c** ☐ Preservation for future generations

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

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

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

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

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

	Amount
<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 in Part XIII. ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	4,334,207.	3,942,563.	3,545,416.	3,586,883.	3,581,383.
<b>b</b> Contributions			12,425.	12,338.	5,500.
<b>c</b> Net investment earnings, gains, and losses	271,581.	616,899.	589,394.	-53,805.	496,649.
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	228,000.	225,255.	204,672.		496,649.
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	4,377,788.	4,334,207.	3,942,563.	3,545,416.	3,586,883.

**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 ☐ 82.5000 %

**c** Temporarily restricted endowment ☐ 17.5000 %

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

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

**(i)** unrelated organizations ☐ **3a(i)** ☐ Yes ☒ No  
**(ii)** related organizations ☐ **3a(ii)** ☐ Yes ☒ No

**b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ☐ **3b** ☐ Yes ☐ No

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land		918,326.		918,326.
<b>b</b> Buildings		28,155,960.	24,911,711.	3,244,249.
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		26,863,442.	20,528,346.	6,335,096.
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				10,497,671.

Schedule D (Form 990) 2014

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A) MULTI STRATEGY HEDGE FUND	13,093,165.	FMV
(B) INTERNATIONAL ALTERNATIVE INV	8,645,447.	FMV
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►	21,738,612.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1) TRUSTS HELD BY OTHERS	11,143,842.
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . . ►	11,143,842.

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) ACCRUED PENSION LIABILITIES	62,676,446.	
(3) ACCRUED MEDICAL BENEFITS	15,848,583.	
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	78,525,029.	

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	196,523,883.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-1,585,666.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	2,223,252.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	637,586.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	195,886,297.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	195,886,297.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	206,017,269.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	2,223,252.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	2,223,252.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	203,794,017.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	203,794,017.

**Part XIII Supplemental Information.**

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

SEE PAGE 5



**Part XIII** Supplemental Information *(continued)*

---

## SCHEDULE D PART X

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

## SCHEDULE D PART V

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

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

MARCH OF DIMES FOUNDATION

**Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

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

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

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 region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
<b>(1)</b> EUROPE			GRANTMAKING	RESEARCH & MEDICAL	199,655.
<b>(2)</b> MIDDLE EAST AND NORTH AFRICA			GRANTMAKING	RESEARCH & MEDICAL	30,000.
<b>(3)</b> NORTH AMERICA			GRANTMAKING	RESEARCH & MEDICAL	900,000.
<b>(4)</b> EAST ASIA AND THE PACIFIC			GRANTMAKING	RESEARCH & MEDICAL	30,000.
<b>(5)</b> SOUTH ASIA			GRANTMAKING	RESEARCH & MEDICAL	10,000.
<b>(6)</b> EUROPE			INVESTMENTS		8,645,447.
<b>(7)</b> CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		13,093,165.
<b>(8)</b>					
<b>(9)</b>					
<b>(10)</b>					
<b>(11)</b>					
<b>(12)</b>					
<b>(13)</b>					
<b>(14)</b>					
<b>(15)</b>					
<b>(16)</b>					
<b>(17)</b>					
<b>3a</b> Sub-total . . . . .					22,908,267.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)					22,908,267.

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

**Schedule F (Form 990) 2014**

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA	RESEARCH & MEDICAL	150,000.	CHECK			
(2)			NORTH AMERICA	RESEARCH & MEDICAL	300,000.	CHECK			
(3)			NORTH AMERICA	RESEARCH & MEDICAL	300,000.	CHECK			
(4)			NORTH AMERICA	RESEARCH & MEDICAL	150,000.	CHECK			
(5)			EUROPE/ICELAND/GREENLAND	RESEARCH & MEDICAL	10,000.	CHECK			
(6)			MIDDLE EAST/NORTH AFRICA	RESEARCH & MEDICAL	30,000.	ACH			
(7)			EAST ASIA/PACIFIC	RESEARCH & MEDICAL	30,000.	ACH			
(8)			SOUTH ASIA	RESEARCH & MEDICAL	10,000.	CHECK			
(9)			EUROPE/ICELAND/GREENLAND	RESEARCH & MEDICAL	159,655.	CHECK			
(10)			EUROPE/ICELAND/GREENLAND	RESEARCH & MEDICAL	10,000.	CHECK			
(11)			EUROPE/ICELAND/GREENLAND	RESEARCH & MEDICAL	20,000.	CHECK			
(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. . . . . 11.
- 3 Enter total number of other organizations or entities. . . . .

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

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

Schedule F (Form 990) 2014

**Part IV Foreign Forms**

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . . ☐ Yes ☒ No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* . . . . . ☐ Yes ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* . . . . . ☐ Yes ☒ No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* . . . . . ☐ Yes ☒ No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . . ☐ Yes ☒ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* . . . . . ☒ Yes ☐ No

Schedule F (Form 990) 2014

**Part V** **Supplemental Information**

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

## SCHEDULE F MONITORING GRANTS

GRANTEES ARE AWARDED BY COMMITTEES BASED ON VARIOUS FACTORS AND ARE RANKED USING A SCORING SYSTEM. THE COMMITTEE MEMBERS CONSIST PRIMARILY OF VOLUNTEERS WHO ARE QUALIFIED TO EVALUATE THE MERITS OF THE GRANT APPLIATIONS. ONCE SELECTED, GRANTEES ARE REQUIRED TO SUBMIT INTERIM ACCOUNTING REPORTS AS WELL AS A FINAL ACCOUNTING OF ALL EXPENDITURES, DELIVERABLES AND RESULTS, DURING AND 90 DAYS AFTER THE TERMINATION OF THE GRANT. REFER TO WEBSITE FOR FURTHER INFORMATION: [HTTP://BIT.LY/1B0R8NO](http://bit.ly/1B0R8NO)

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

MARCH OF DIMES FOUNDATION

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Employer identification number

13-1846366

**Part I**

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

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

- |   |  |
|---|--|
| <b>a</b> <input checked="" type="checkbox"/> Mail solicitations               | <b>e</b> <input checked="" type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input checked="" type="checkbox"/> Internet and email solicitations | <b>f</b> <input checked="" type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input checked="" type="checkbox"/> Phone solicitations              | <b>g</b> <input checked="" type="checkbox"/> Special fundraising events            |
| <b>d</b> <input checked="" type="checkbox"/> In-person solicitations          |  |

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>1</b> INFOCISION MGMNT GROUP	TELEMARKETING		X	7,427,543.	3,074,978.	4,352,566.
<b>2</b> ADVANCED BUSINESS TECHNOLOGY	TELEMARKETING		X	653,912.	187,676.	466,236.
<b>3</b> ODELL SIMMS & LYNCH	FUNDRAISE		X		403,293.	
<b>4</b> HAYES & ASSOCIATES	FUNDRAISE		X	805,724.	54,409.	751,315.
<b>5</b> THOMPSON HABIB & DENISON	FUNDRAISE		X		611,948.	
<b>6</b> THE MANESS GROUP	FUNDRAISE		X	120,000.	28,000.	92,000.
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						
<b>Total</b> .....				9,007,179.	4,360,304.	5,662,117.

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

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

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

		(a) Event #1 MARCH/WALK (event type)	(b) Event #2 SPECIAL EVENTS (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts . . . . .	97,696,502.	44,545,138.		142,241,640.
	2 Less: Contributions . . . . .	91,012,630.	36,593,968.		127,606,598.
	3 Gross income (line 1 minus line 2). . . . .	6,683,872.	7,951,170.		14,635,042.
Direct Expenses	4 Cash prizes . . . . .				
	5 Noncash prizes . . . . .				
	6 Rent/facility costs . . . . .	3,200,355.	3,214,046.		6,414,401.
	7 Food and beverages . . . . .				
	8 Entertainment . . . . .				
	9 Other direct expenses . . . . .	3,483,518.	4,737,123.		8,220,641.
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				14,635,042.
	11 Net income summary. Subtract line 10 from line 3, column (d) . . . . .				

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue . . . . .			313,463.	313,463.
Direct Expenses	2 Cash prizes . . . . .				
	3 Noncash prizes . . . . .				
	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .				
	6 Volunteer labor . . . . .	<input checked="" type="checkbox"/> Yes _____% <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____% <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____% <input checked="" type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . .				313,463.

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: \_\_\_\_\_

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

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



- 11** Does the organization 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:
- |                                      |            |            |
|--------------------------------------|------------|------------|
| <b>a</b> The organization's facility | <b>13a</b> | 100.0000 % |
| <b>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 ▶ DAVID HORNE

Address ▶ 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605

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

Name ▶

Address ▶

**16** Gaming manager information:

Name ▶

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

Description of services provided ▶

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:

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

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

SCHEDULE G, PART I - FUNDRAISING ACTIVITIES

THE AMOUNTS PAID TO EACH PROFESSIONAL FUNDRAISER INCLUDE TELEMARKETING

FEES AND PROFESSIONAL FUNDRAISING EXPENSES SUCH AS ENVELOPES, PAPER AND

POSTAGE AS REPORTED ON THE STATEMENT OF FUNCTIONAL EXPENSE.

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>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).

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

AK, CA, CO, FL, GA, ID, IL,

IA, KS, KY, LA, ME, MD, MI, MO, NE, NJ, NY, NC, ND, OH, OR, PA, SC, TN, TX, WA, WI, WY,

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

MARCH OF DIMES FOUNDATION

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public  
Inspection

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" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) A WOMAN'S PLACE 5640 READ BLVD NEW ORLEANS, LA 70127	800186117	501 (C) (3)	5,758.				COMMUNITY SERVICES
(2) ADAMS COUNTY HEALTH DEPARTMENT 330 VERMONT STREET QUINCY, IL 62301	376000379		8,730.				COMMUNITY SERVICES
(3) ADENA HEALTH SYSTEM 272 HOSPITAL ROAD CHILLICOTHE, OH 45644	314379443		23,121.				PUB & PROF EDUCATION
(4) ALAMEDA COUNTY PUBLIC HEALTH DEPARTMENT 1000 BROADWAY OAKLAND, CA 94607	946000501	501 (C) (3)	50,000.				COMMUNITY SERVICES
(5) ALAMEDA HEALTH SYSTEM FOUNDATION 350 FRANK H. OGAWA PLAZA, STE.900	943103136		49,985.				COMMUNITY SERVICES
(6) ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVE. BRONX, NY 10461	131624225	501 (C) (3)	350,000.				RESEARCH & MEDICAL SUPPORT
(7) ALICE PECK DAY HOSPITAL 125 MASCOMA STREET LEBANON, NH 03766	020222791	501 (C) (3)	6,000.				PUB & PROF EDUCATION
(8) ALPHA PI ZETA CHAPTER STORK'S P.O BOX 34326 SAN ANTONIO, TX 78265	830409059	501 (C) (3)	7,050.				PUB & PROF EDUCATION
(9) AMERICAN ACADEMY OF PEDIATRICS 1400 N. PROVIDENCE ROAD MEDIA, PA 19063	362275597	501 (C) (7)	20,950.				COMMUNITY SERVICES
(10) AMERICAN COLLEGE OF OBGYN 409 12TH STREET S.W WASHINGTON, DC 20024	362217981	501 (C) (3)	8,655.				COMMUNITY SERVICES
(11) AMERICAN COLLEGE OF OBGYN 409 12TH STREET S.W WASHINGTON, DC 20024	362217981	501 (C) (3)	9,905.				PUB & PROF EDUCATION
(12) AMERICAN COLLEGE OF OBGYN 409 12TH STREET S.W WASHINGTON, DC 20024	362217981	501 (C) (3)	31,440.				RESEARCH & MEDICAL SUPPORT

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

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

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

Schedule I (Form 990) (2014)

JSA

4E1288 1.000

4634DO 774H 5/13/2015 9:01:57 AM V 14-4.6F

PAGE 41

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

MARCH OF DIMES FOUNDATION

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public  
Inspection

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" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) AMERICAN SOCIETY OF GENE & CELL THERAPY 555 E WELLS STREET MILWAUKEE, WI 53202	911766321	501 (C) (3)	7,500.				RESEARCH & MEDICAL SUPPORT
(2) ARIZONA PARTNERSHIP FOR IMMUNIZATION 700 E JEFFERSON ST PHOENIX, AZ 85034	454185015	501 (C) (3)	15,000.				PUB & PROF EDUCATION
(3) BALTIMORE CITY HEALTH DEPARTMENT 1001 EAST FAYETTE ST. BALTIMORE, MD 21202	526000769	501 (C) (3)	20,000.				PUB & PROF EDUCATION
(4) BALTIMORE WASHINGTON MEDICAL CENTER 301 HOSPITAL DRIVE GLEM BURNIE, MD 21061	521813656		29,000.				PUB & PROF EDUCATION
(5) BAPTIST HOSPITAL OF SOUTHEAST 3080 COLLEGE STREET BEAUMONT, TX 77704	741303720	501 (C) (3)	10,000.				PUB & PROF EDUCATION
(6) BARREN RIVER DISTRICT HEALTH DEPT 1109 STATE STREET BOWLING GREEN, KY 42102	611010874	501 (C) (3)	14,000.				PUB & PROF EDUCATION
(7) BAY AREA COUNCIL ECONOMIC INSTITUTE 353 SACRAMENTO ST SAN FRANCISCO, CA 94111	201826827	501 (C) (3)	25,000.				COMMUNITY SERVICES
(8) BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030	741613878	501 (C) (3)	200,000.				RESEARCH & MEDICAL SUPPORT
(9) BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030	741613878	501 (C) (3)	5,250.				COMMUNITY SERVICES
(10) BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030	741613878	501 (C) (3)	18,750.				PUB & PROF EDUCATION
(11) BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030	741613878	501 (C) (3)	6,000.				RESEARCH & MEDICAL SUPPORT
(12) BAYLOR COLLEGE OF MEDICINE-TEEN HEALTH 1504 TAUB LOOP HOUSTON, TX 77030	741613878	501 (C) (3)	7,250.				PUB & PROF EDUCATION

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

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

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

Schedule I (Form 990) (2014)

JSA

4E1288 1.000

4634DO 774H 5/13/2015 9:01:57 AM V 14-4.6F

PAGE 42

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

MARCH OF DIMES FOUNDATION

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public  
Inspection

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" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) BIRTH MATTERS 424 MUSTANG DRIVE SPARTANBURG, SC 29037	454900759	501 (C) (3)	9,750.				COMMUNITY SERVICES
(2) BIRTH WELL PARTNERS 976 LINWOOD RD BIRMINGHAM, AL 35222	452384335	501 (C) (3)	7,500.				COMMUNITY SERVICES
(3) BOARD OF REGENTS OF UNIVESITY OF WISCONSIN OFFICE FOR RESAERCH & SPONSORED, DRAWER #53	396006492	501 (C) (3)	12,000.				PUB & PROF EDUCATION
(4) BOARD OF REGENTS UNIV. OF WISCONSIN 750 UNIVERSITY AVENUE MADISON, WI 53706	398006492	501 (C) (3)	275,000.				RESEARCH & MEDICAL SUPPORT
(5) BOARD OF REGENTS UNIV. OF WISCONSIN 750 UNIVERSITY AVENUE MADISON, WI 53706	398006492	501 (C) (3)	150,000.				RESEARCH & MEDICAL SUPPORT
(6) BOARD OF REGENTS UNIV. OF WISCONSIN 750 UNIVERSITY AVENUE MADISON, WI 53706	398006492	501 (C) (3)	150,000.				RESEARCH & MEDICAL SUPPORT
(7) BOONE COUNTY HEALTH DEPT 1204 LOGAN AVENUE BELVIDERE, IL 61008	366006525	501 (C) (3)	5,944.				COMMUNITY SERVICES
(8) BOSTON UNIVERSITY SCHOOL OF MEDICINE 72 EAST CONCORD STREET BOSTON, MA 02118	042103547		278,000.				RESEARCH & MEDICAL SUPPORT
(9) BRISAK INCORPORADO - MIMA NATURAL CALLE JOSE C.VAZQUEZ AIBINITO, PR 00705	660786955	501 (C) (3)	6,350.				PUB & PROF EDUCATION
(10) CANCER ASSOCIATION OF GREATER NEW ORLEANS 824 ELMWOOD PARK BLVD NEW ORLEANS, LA 70123	720517802	501 (C) (3)	7,202.				COMMUNITY SERVICES
(11) CAPITAL HEALTH SYSTEM 446 BELLEVUE AVE. TRENTON, NJ 08618	223548695	501 (C) (3)	65,500.				PUB & PROF EDUCATION
(12) CARILION MEDICAL CENTER 213 MCCLANAHAN ST ROANOKE, VA 24014	540506332	501 (C) (3)	10,612.				PUB & PROF EDUCATION

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

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

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

Schedule I (Form 990) (2014)

JSA

4E1288 1.000

4634DO 774H 5/13/2015 9:01:57 AM V 14-4.6F

PAGE 43

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

MARCH OF DIMES FOUNDATION

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public  
Inspection

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" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CARILION NEW RIVER VALLEY MEDICAL CENTER 2900 LAMB CIRCLE CHRISTIANSBURG, VA 24073	540553805	501 (C) (3)	6,897.				PUB & PROF EDUCATION
(2) CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVENUE CLEVELAND, OH 44106	341018992	501 (C) (3)	200,223.				RESEARCH & MEDICAL SUPPORT
(3) CATAWBA VALLEY MEDICAL CENTER 810 FAIRGROVE CHURCH RD HICKORY, NC 28602	560789196	501 (C) (3)	29,262.				PUB & PROF EDUCATION
(4) CATHOLIC CHARITIES OF THE DIOCESE 429 WEST 10TH STREET PUEBLO, CO 81003	840471001	501 (C) (3)	10,000.				PUB & PROF EDUCATION
(5) CATHOLIC COMMUNITY SERVICES PO BOX 20400 SALEM, OR 97307	930903773	501 (C) (3)	14,000.				RESEARCH & MEDICAL SUPPORT
(6) CENTER FOR BLACK WOMEN'S WELLNESS 477 WINDSOR STREET ATLANTA, GA 30312	582212203	501 (C) (3)	25,000.				COMMUNITY SERVICES
(7) CENTER FOR COURT INNOVATION 300 S STATE STREET SYRACUSE, NY 13202	132612524	501 (C) (3)	107,460.				PUB & PROF EDUCATION
(8) CENTERING HEALTHCARE INSTITUTE 89 SOUTH STREET BOSTON, MA 02111	061622668	501 (C) (3)	15,500.				PUB & PROF EDUCATION
(9) CHATTANOOGA-HAMILTON CO. HEALTH 921 EAST THIRD STREET CHATTANOOGA, TN 37403	626000636	501 (C) (3)	20,000.				COMMUNITY SERVICES
(10) CHESHIRE MEDICAL CENTER 590 COURT STREET KEENE, NH 03431	020354549	501 (C) (3)	20,040.				PUB & PROF EDUCATION
(11) CHILDREN'S HEALTH AND RESEARCH 1 N. LEXINGTON AVE. WHITE PLAINS, NY 10601	272415391	501 (C) (3)	49,103.				PUB & PROF EDUCATION
(12) CHILDREN'S HOME AND AID 403 S STATE ST BLOOMINGTON, IL 61701	362167743	501 (C) (3)	7,000.				COMMUNITY SERVICES

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

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

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

Schedule I (Form 990) (2014)

JSA

4E1288 1.000

4634DO 774H 5/13/2015 9:01:57 AM V 14-4.6F

PAGE 44

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

MARCH OF DIMES FOUNDATION

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public  
Inspection

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" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CHILDREN'S HOSPITAL BOSTON P.O. BOX 414413 BOSTON, MA 02241	042774441	501 (C) (3)	150,000.				RESEARCH & MEDICAL SUPPORT
(2) CINCINNATI CHILDREN'S HOSP RESEARCH FDN 3333 BURNET AVENUE CINCINNATI, OH 45299	310833936	501 (C) (3)	150,000.				RESEARCH & MEDICAL SUPPORT
(3) CINCINNATI CHILDREN'S HOSPITAL 3333 BURNET AVENUE CINCINNATI, OH 45229	310833936	501 (C) (3)	2,000,000.				RESEARCH & MEDICAL SUPPORT
(4) CINCINNATI CHILDREN'S HOSPITAL 3333 BURNET AVENUE CINCINNATI, OH 45229	310833936	501 (C) (3)	375,000.				RESEARCH & MEDICAL SUPPORT
(5) CINCINNATI CHILDREN'S HOSPITAL 3333 BURNET AVENUE CINCINNATI, OH 45229	310833936	501 (C) (3)	260,000.				RESEARCH & MEDICAL SUPPORT
(6) CINCINNATI CHILDREN'S HOSPITAL 3333 BURNET AVENUE CINCINNATI, OH 45229	310833936	501 (C) (3)	210,870.				RESEARCH & MEDICAL SUPPORT
(7) CITY OF LONG BEACH DEPT. OF HEALTH 2525 GRAND AVE. LONG BEACH, CA 90815	956000733	501 (C) (3)	42,239.				COMMUNITY SERVICES
(8) CITY OF PORT ARTHUR, TEXAS 449 AUSTIN AVE. PORT ARTHUR, TX 77640	746001885	501 (C) (3)	6,500.				PUB & PROF EDUCATION
(9) CLARK COUNTY HEALTH DEPARTMENT 517 COURT STREET NEILLSVILLE, WI 54456	396005679		6,000.				PUB & PROF EDUCATION
(10) CLAYTON COUNTY BOARD OF HEALTH 1117 BATTLECREEK ROAD JONESBORO, GA 30236	581108112		20,000.				COMMUNITY SERVICES
(11) CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVE. CLEVELAND, OH 44195	340714585	501 (C) (3)	7,500.				RESEARCH & MEDICAL SUPPORT
(12) CLINICA TEPEYAC, INC 5075 LINCOLN STREET DENVER, CO 80216	841285505	501 (C) (3)	10,000.				PUB & PROF EDUCATION

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

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

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

Schedule I (Form 990) (2014)

JSA

4E1288 1.000

4634DO 774H 5/13/2015 9:01:57 AM V 14-4.6F

PAGE 45

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

MARCH OF DIMES FOUNDATION

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public  
Inspection

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" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) COASTAL FAMILY HEALTH CENTER INC 1046 DIVISION STREET BILOXI, MS 39530	640592416		25,000.				PUB & PROF EDUCATION
(2) COASTAL FAMILY HEALTH CENTER INC 1046 DIVISION STREET BILOXI, MS 39530	640592416		12,500.				PUB & PROF EDUCATION
(3) COASTAL FAMILY HEALTH CENTER INC 1046 DIVISION STREET BILOXI, MS 39530	640592416		12,500.				PUB & PROF EDUCATION
(4) COLD SPRING HARBOR LABORATORY PO BOX 100 COLD SPRING HARBOR, NY 11724	112013303		7,500.				RESEARCH & MEDICAL SUPPORT
(5) COMMUNITY CONNECTIONS, INC. 215 S. WALKER ST. PRINCETON, WV 24740	550740913		25,366.				PUB & PROF EDUCATION
(6) COMMUNITY FOUNDATION OF N.E ALABAMA P.O BOX 2610 ANNISTON, AL 36202	630308398		7,000.				PUB & PROF EDUCATION
(7) COMMUNITY HEALTH CENTER, INC 635 MAIN ST MIDDLETOWN, CT 06457	060897105	501 (C) (3)	16,275.				PUB & PROF EDUCATION
(8) COMMUNITY HEALTH NETWORK 7240 SHADELAND STAT. INDIANAPOLIS, IN 46256	510181688		10,380.				PUB & PROF EDUCATION
(9) COMMUNITY HEALTHNET-CENTERING PREGNANCY 1021 WEST 5TH AVE GARY, IN 46402	352048141	501 (C) (3)	12,650.				PUB & PROF EDUCATION
(10) COMMUNITYCARE P.O BOX 17366 AUSTIN, TX 78760	550853118	501 (C) (3)	20,000.				PUB & PROF EDUCATION
(11) CONNECTICUT CHILDRENS MEDICAL CENTER 282 WASHINGTON STREET HARTFORD, CT 06106	06-0646755	501 (C) (3)	15,000.				PUB & PROF EDUCATION
(12) COUNCIL ON ALCOHOL/DRUG ABUSE 1801 S. ALAMEDA CORPUS CHRISTI, TX 78404	741696491	501 (C) (3)	30,000.				PUB & PROF EDUCATION

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

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

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

Schedule I (Form 990) (2014)

JSA

4E1288 1.000

4634DO 774H 5/13/2015 9:01:57 AM V 14-4.6F

PAGE 46



SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

MARCH OF DIMES FOUNDATION

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public  
Inspection

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" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) COVENANT MEDICAL CENTER 3421 WEST NINTH ST. WATERLOO, IA 50702	421264647	501 (C) (3)	22,843.				PUB & PROF EDUCATION
(2) CRAWFORD COUNTY HEALTH DEPARTMENT 410 E. ATKINSON PITTSBURGH, KS 66762	486042132	501 (C) (3)	20,000.				PUB & PROF EDUCATION
(3) CROUSE HEALTH FOUNDATION, INC. 736 IRVING AVE. SYRACUSE, NY 13210	161035427		11,500.				PUB & PROF EDUCATION
(4) DAUGHTERS OF CHARITY SERVICES PO BOX 4148 NEW ORLEANS, LA 70178	721332678	501 (C) (3)	14,340.				COMMUNITY SERVICES
(5) DEACONESS FAMILY PRACTICE CENTER 600 MARY STREET EVANSVILLE, IN 47747	350593390	501 (C) (3)	20,840.				PUB & PROF EDUCATION
(6) DELAWARE COUNTY COMMUNITY COLLEGE 901 S MEDIA LINE RD MEDIA, PA 19063	232143790	501 (C) (3)	10,000.				COMMUNITY SERVICES
(7) DENVER HEALTH AND HOSPITAL AUTHORITY 12600 ALBROOK DR DENVER, CO 80239	841343242	501 (C) (3)	10,000.				PUB & PROF EDUCATION
(8) DENVER HEALTH AND HOSPITAL AUTHORITY 777 BANNOCK STREET DENVER, CO 80204	841343242	501 (C) (3)	8,000.				PUB & PROF EDUCATION
(9) DEPARTMENT OF OBSTETRICS AND GYNECOLOGY PO BOX 113201L GAINESVILLE, FL 32611	596002052	501 (C) (3)	25,000.				PUB & PROF EDUCATION
(10) DEPARTMENT OF STATE HEALTH SERVICES 1100 W 49TH STREET AUSTIN, TX 78714	320113643	501 (C) (3)	7,000.				PUB & PROF EDUCATION
(11) DIGNITY HEALTH DBA CALIFORNIA MEDICAL CENTE 1401 S. GRAND AVE. LOS ANGELES, CA 90015	941196203	501 (C) (3)	38,644.				COMMUNITY SERVICES
(12) DIMOCK COMMUNITY HEALTH CENTER 1800 COLUMBUS AVENUE ROXBURY, MA 02119	043487833	501 (C) (3)	9,000.				PUB & PROF EDUCATION

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

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

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

Schedule I (Form 990) (2014)

JSA

4E1288 1.000

4634DO 774H 5/13/2015 9:01:57 AM V 14-4.6F

PAGE 47

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

MARCH OF DIMES FOUNDATION

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public  
Inspection

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" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) DOULA FOUNDATION OF MID-AMERICA 330 N JEFFESON SPRINGFIELD, MO 65806	300046369	501 (C) (3)	25,000.				PUB & PROF EDUCATION
(2) DUKE UNIVERSITY MEDICAL CENTER 4026 GSRB11 RESEARCH DRIVE DURHAM, NC 27710	560532129	501 (C) (3)	463,583.				RESEARCH & MEDICAL SUPPORT
(3) EAST CAROLINA UNIVERSITY 2200 S. CHARLES BLVD SUITE 2900	566000403	501 (C) (3)	150,000.				RESEARCH & MEDICAL SUPPORT
(4) EL BUEN SAMARITANO 7000 WOODHUE DRIVE AUSTIN, TX 78745	742488682	501 (C) (3)	8,000.				PUB & PROF EDUCATION
(5) EMORY UNIVERSITY PO BOX 935084 ATLANTA, GA 31193	580566256		18,153.				COMMUNITY SERVICES
(6) ETA IOTA ZETA EDUCATION FOUNDATION P.O BOX 372295 EL PASO, TX 79937	311654901	501 (C) (3)	20,000.				PUB & PROF EDUCATION
(7) FAIR HAVEN FOUNDATION, INC P.O BOX 6396 FISHERS, IN 46038	260866646	501 (C) (7)	20,562.				PUB & PROF EDUCATION
(8) FAMILY ADVOCATES 3010 W. STATE ST.,STE. 104 BOISE, ID 83703	820344205	501 (C) (3)	10,000.				PUB & PROF EDUCATION
(9) FAMILY CONNECTIONS 202 N GASRIGHT DRIVE VERSAILLES, IN 47042	351595737	501 (C) (3)	18,640.				PUB & PROF EDUCATION
(10) FASEB 9650 ROCKVILLE PIKE BETHSEDA, MD 20814-3998	520700497	501 (C) (3)	7,000.				RESEARCH & MEDICAL SUPPORT
(11) FITZGIBBON HOSPITAL 2305 S. HIGHWAY 65 MARSHALL, MO 65340	440655986		10,086.				COMMUNITY SERVICES
(12) FLORIDA ASSOCIATION OF HEALTHY 2600 EAST BAY DRIVE LARGO, FL 33771	593306893	501 (C) (3)	81,500.				PUB & PROF EDUCATION

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

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

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

Schedule I (Form 990) (2014)

JSA

4E1288 1.000

4634DO 774H 5/13/2015 9:01:57 AM V 14-4.6F

PAGE 48

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

MARCH OF DIMES FOUNDATION

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

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" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) FOREST COUNTY POTAWATOMI COMMUNITY PO BOX 340 CRANDON, WI 54520	391225059	501 (C) (3)	6,000.				PUB & PROF EDUCATION
(2) FORT WORTH INDEPENDENT SCHOOL 3150 MCCART AVENUE FORT WORTH, TX 76110	756001613		10,000.				PUB & PROF EDUCATION
(3) GEARY COMMUNITY HEALTHCARE FDN 1310 W. ASH, STE.B JUNCTION CITY, KS 66441	481045423	501 (C) (3)	16,250.				PUB & PROF EDUCATION
(4) GENTLE STORK CHILDBIRTH SERVICES 34 WOODFIN RD. NEWPORT NEWS, VA 23601	311790142	501 (C) (3)	8,780.				PUB & PROF EDUCATION
(5) GEORGE WASHINGTON UNIVERSITY D.C. 45155 RESEARCH PLACE ASHBURN, VA 20147	530196584	501 (C) (3)	300,000.				RESEARCH & MEDICAL SUPPORT
(6) GEORGIA DEPARTMENT OF PUBLIC HEALTH 2 PEACHTREE ST 15TH FL ATLANTA, GA 30303	900676388	501 (C) (3)	20,000.				COMMUNITY SERVICES
(7) GEORGIA STATE UNIVERSTIY 45155 RESEARCH PL ASHBURN, VA 20147	586002050	501 (C) (3)	330,000.				RESEARCH & MEDICAL SUPPORT
(8) GIFT OF LIFE FOUNDATION, INC. 1348 CARMICHAEL WAY MONTGOMERY, AL 36106	630978855	501 (C) (3)	15,000.				COMMUNITY SERVICES
(9) GOOD SAMARITAN HOSPITAL FOUNDATION 375 DIXMYTH AVENUE CINCINNATI, OH 45220	311206047	501 (C) (3)	35,000.				PUB & PROF EDUCATION
(10) GOOD SHEPHERD MEDICAL CENTER 700 E. MARSHALL AVENUE LONGVIEW, TX 75601	751041154	501 (C) (3)	7,500.				PUB & PROF EDUCATION
(11) GORDON RESEARCH CONFERENCES P.O. BOX 984 WEST KINGSTON, RI 02892	050300482	501 (C) (3)	10,000.				RESEARCH & MEDICAL SUPPORT
(12) GORDON RESEARCH CONFERENCES P.O. BOX 984 WEST KINGSTON, RI 02892	050300482		7,500.				RESEARCH & MEDICAL SUPPORT

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

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

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

Schedule I (Form 990) (2014)

JSA

4E1288 1.000

4634DO 774H 5/13/2015 9:01:57 AM V 14-4.6F

PAGE 49

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

MARCH OF DIMES FOUNDATION

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

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" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) GREATER DELTA ALLIANCE FOR HEALTH, INC 2729 HIGHWAY 65 & 82 S	263424681	501 (C) (3)	8,000.				PUB & PROF EDUCATION
(2) GREENSPOINT BAPTIST CHURCH 11703 WALTERS ROAD HOUSTON, TX 77067	742210697		25,000.				PUB & PROF EDUCATION
(3) GREENVILLE HEALTH SYSTEM 701 GROVE RD. GREENVILLE, SC 29605	576007863	501 (C) (3)	92,340.				COMMUNITY SERVICES
(4) GREENVILLE HEALTH SYSTEM 701 GROVE RD. GREENVILLE, SC 29605	576007863	501 (C) (3)	10,260.				PUB & PROF EDUCATION
(5) GUILFORD CO. DEPT. OF PUBLIC HEALTH 1100 E. WENDOVER AVE GREENSBORO, NC 27405	566000305	501 (C) (3)	37,980.				PUB & PROF EDUCATION
(6) HEALTHY MOTHERS, HEALTHY BABIES 500 GULFSTREAM BLVD DELRAY BEACH, FL 33483	592657051	501 (C) (3)	28,000.				PUB & PROF EDUCATION
(7) HENDRICKS REGIONAL HEALTH 1000 E MAIN ST DANVILLE, IN 46122	351361243	501 (C) (3)	11,328.				PUB & PROF EDUCATION
(8) HENRY FORD HEALTH SYSTEM ONE FORD PLACE, 5A DETROIT, MI 48202	381357020	501 (C) (3)	25,000.				PUB & PROF EDUCATION
(9) HENRY M JACKSON FOUNDATION 6720-A ROCKLEDGE DR SUITE 100	521317896	501 (C) (3)	24,800.				PUB & PROF EDUCATION
(10) HIGH COUNTRY HEALTHCARE OBGYN P.O BOX 1292 FRISCO, CO 80443	841075506	501 (C) (3)	10,000.				PUB & PROF EDUCATION
(11) HIGHLAND UNITED METHODIST CHURCH 1808 N DIXIE BLVD ODESSA, TX 79761	756003777	501 (C) (3)	20,000.				PUB & PROF EDUCATION
(12) HILLTOP COMMUNITY RESOURCES 1331 HERMOSA AVENUE	742321009	501 (C) (3)	10,000.				PUB & PROF EDUCATION

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

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

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

Schedule I (Form 990) (2014)

JSA

4E1288 1.000

4634DO 774H 5/13/2015 9:01:57 AM V 14-4.6F

PAGE 50

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

MARCH OF DIMES FOUNDATION

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public  
Inspection

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" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) HOLY FAMILY SERVICES 5819 NORTH FM88 WESLACO, TX 78596	742282624	501 (C) (3)	10,600.				PUB & PROF EDUCATION
(2) HURLEY FOUNDATION MEDICAL CENTER ONE HURLEY PLAZA FLINT, MI 48503	383085047	501 (C) (3)	25,000.				PUB & PROF EDUCATION
(3) INDEPENDENT HEALTH FOUNDATION 777 INTERNATIONAL DRIVE BUFFALO, NY 14221	161417199	501 (C) (3)	43,174.				PUB & PROF EDUCATION
(4) INSTITUTE FOR FAMILY HEALTH 16 EAST 16TH STREET NEW YORK, NY 10003	133273402	501 (C) (3)	48,417.				PUB & PROF EDUCATION
(5) INTERFAITH PARTNERSHIPS 11975 SEAWAY RD. GULFPORT, MS 39503	640902148	501 (C) (3)	11,600.				PUB & PROF EDUCATION
(6) JACKSON LABORATORY 600 MAIN STREET BAR HARBOR, ME 04609	010211513	501 (C) (3)	20,000.				RESEARCH & MEDICAL SUPPORT
(7) JOHNS HOPKINS UNI. SCHOOL OF MEDICINE 725 N. WOFFE STREET BALTIMORE, MD 21205	520595110		150,000.				RESEARCH & MEDICAL SUPPORT
(8) KALEIDA HEALTH 726 EXCHANGE ST. STE.2 BUFFALO, NY 14210	161533232	501 (C) (3)	10,000.				PUB & PROF EDUCATION
(9) KANSAS INFANT DEATH AND SIDS NETWORK, INC 1148 S. HILLSIDE, STE. 10 WICHITA, KS 67211	481213707	501 (C) (3)	13,500.				PUB & PROF EDUCATION
(10) KELSEY RESEARCH FOUNDATION 5615 KIRBY DR SUITE 660 HOUSTON, TX 77005	760637670		25,000.				PUB & PROF EDUCATION
(11) KENT COUNTY HEALTH DEPARTMENT 700 GULLER AVE. NE GRAND RAPIDS, MI 49503	386004862	501 (C) (3)	25,000.				PUB & PROF EDUCATION
(12) KEYSTONE SYMPOSIA P.O. BOX 1630 SILVERTHORNE, CO 80498	841326605		15,000.				RESEARCH & MEDICAL SUPPORT

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

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

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

Schedule I (Form 990) (2014)

JSA

4E1288 1.000

4634DO 774H 5/13/2015 9:01:57 AM V 14-4.6F

PAGE 51

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

MARCH OF DIMES FOUNDATION

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public  
Inspection

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" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) KEYSTONE SYMPOSIA P.O. BOX 1630 SILVERTHORNE, CO 80498	841326605		10,000.				RESEARCH & MEDICAL SUPPORT
(2) KINGS COUNTY MEDICAL CENTER 451 CLARKSON AVENUE BROOKLYN, NY 11203	132655001		6,000.				COMMUNITY SERVICES
(3) KOKUA KALIHI VALLEY COMP FAMILY SVCS 2239 NORTH SCHOOL ST HONOLULU, HI 96819	990149797	501 (C) (3)	17,500.				PUB & PROF EDUCATION
(4) LAKE CUMBERLAND DISTRICT HEALTH 500 BOURNE AVE. SOMERSET, KY 42501	610999046	501 (C) (3)	6,724.				PUB & PROF EDUCATION
(5) LAKEWOOD HEALTH SYSTEM 49725 COUNTY 83 STAPLES, MN 56479	411842965		20,000.				PUB & PROF EDUCATION
(6) LANAI COMMUNITY HEALTH CENTER P.O BOX 630142 LANAI CITY, HI 96763	202509287	501 (C) (3)	7,500.				PUB & PROF EDUCATION
(7) LEGACY COMMUNITY HEALTH SERVICES 1415 CALIFORNIA STREET HOUSTON, TX 77006	760009637	501 (C) (3)	20,000.				PUB & PROF EDUCATION
(8) LEXINGTON FAYETTE COUNTY HEALTH 650 NEWTON PIKE LEXINGTON, KY 40508	610920825	501 (C) (3)	15,000.				PUB & PROF EDUCATION
(9) LIPSCOMB UNIVERSITY ONE UNIVERSITY PARK DR NASHVILLE, TN 37204	620485733	501 (C) (3)	10,000.				COMMUNITY SERVICES
(10) LOMA LINDA UNIVERSITY 11145 ANDERSON STREET LOMA LINDA, CA 92354	951816009	501 (C) (3)	27,852.				COMMUNITY SERVICES
(11) LOS ANGELES BIOMEDICAL RESEARCH 1000 WEST CARSON STREET TORRANCE, CA 90502	952138184	501 (C) (3)	250,000.				RESEARCH & MEDICAL SUPPORT
(12) LOUISVILLE METRO PUBLIC HEALTH 650 NEWTOWN PIKE LOUISVILLE, KY 40508	320049006	501 (C) (3)	16,040.				PUB & PROF EDUCATION

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

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

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

Schedule I (Form 990) (2014)

JSA

4E1288 1.000

4634DO 774H 5/13/2015 9:01:57 AM V 14-4.6F

PAGE 52

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

MARCH OF DIMES FOUNDATION

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

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" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) LOWER ELWHA KLALLAM TRIBE 2243511 HWY 101 W. PORT ANGELES, WA 98363	910838085	501 (C) (3)	19,974.				PUB & PROF EDUCATION
(2) LUDWIG INSTITUTE FOR CANCER RESEARCH 9500 GILMAN DRIVE LA JOLLA, CA 92093-0660	237121131	501 (C) (3)	292,630.				RESEARCH & MEDICAL SUPPORT
(3) MALAMA NA MAKUA A KEIKI 388 ANO STREET KAHULUI, HI 96732	990293044	501 (C) (3)	17,500.				PUB & PROF EDUCATION
(4) MARY'S CENTER FOR MATERNAL & CHILD CARE 2333 ONTARIO RD. N.W. WASHINGTON, DC 20009	521594116	501 (C) (3)	117,803.				PUB & PROF EDUCATION
(5) MCCG CENTERING PREGNANCY COMMITTEE 764 PINE ST. MACON, GA 31201	582149128	501 (C) (3)	11,250.				COMMUNITY SERVICES
(6) MCLEOD REGIONAL MEDICAL CENTER P.O. BOX 100551 FLORENCE, SC 29501	570270242	501 (C) (3)	9,749.				PUB & PROF EDUCATION
(7) MEADOWS REGIONAL MEDICAL CENTER 1 MEADOWS PARKWAY VIDALIA, GA 30474	582044503	501 (C) (3)	5,950.				COMMUNITY SERVICES
(8) MEMORIAL HERMANN HEALTHCARE SYSTEM 6411 FANNIN HOUSTON, TX 77030	741152597	501 (C) (3)	5,500.				PUB & PROF EDUCATION
(9) MEMPHIS/SHELBY COUNTY HEALTH DEPT 814 JEFFERSON AVE. MEMPHIS, TN 38105	626000841	501 (C) (3)	10,000.				COMMUNITY SERVICES
(10) METROHEALTH FOUNDATION 2500 METROHEALTH DR. CLEVELAND, OH 44109	346607695		35,000.				PUB & PROF EDUCATION
(11) MID COAST HEALTH SERVICES 121 MEDICAL CENTER PKWY BRUNSWICK, ME 04011	010215911	501 (C) (3)	26,280.				PUB & PROF EDUCATION
(12) MILLE LACS BAND OF OJIBWE PUBLIC HEALTH 43408 OODENA DRIVE ONAMIA, MN 56359	411661577	501 (C) (3)	5,600.				PUB & PROF EDUCATION

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

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

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

Schedule I (Form 990) (2014)

JSA

4E1288 1.000

4634DO 774H 5/13/2015 9:01:57 AM V 14-4.6F

PAGE 53

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

MARCH OF DIMES FOUNDATION

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

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" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MINNESOTA BREASTFEEDING COALITION 1941 ASHLAND AVENUE ST PAUL, MN 55104	320293108	501 (C) (3)	20,000.				PUB & PROF EDUCATION
(2) MINNESOTA VISITING NURSE AGENCY 200 SUMMER ST MINNEAPOLIS, MN 55413	410693895	501 (C) (3)	12,525.				PUB & PROF EDUCATION
(3) MOMSBLOOM, INC 3292 N EVERGREEN DR GRAND RAPIDS, MI 49525	260578009	501 (C) (3)	16,523.				PUB & PROF EDUCATION
(4) MS STATE DEPARTMENT OF HEALTH 570 EAST WOODROW WILSON JACKSON, MS 39215	645000775		25,000.				PUB & PROF EDUCATION
(5) MT SINAI SCHOOL OF MEDICINE 1 GUSTAVE LEVY PLACE NEW YORK, NY 10029	136171197	501 (C) (3)	250,000.				RESEARCH & MEDICAL SUPPORT
(6) MULTNOMAH COUNTY HEALTH 426 SW STARK ST PORTLAND, OR 97204	936002309	501 (C) (3)	12,000.				RESEARCH & MEDICAL SUPPORT
(7) NATIONAL EYE INSTITUTE 35 CONVENT DRIVE BETHESDA, MD 20892	520858115	501 (C) (3)	44,212.				RESEARCH & MEDICAL SUPPORT
(8) NATIONWIDE CHILDREN'S HOSPITAL 700 CHILDREN'S DRIVE COLUMBUS, OH 43205	316056230	501 (C) (3)	270,000.				RESEARCH & MEDICAL SUPPORT
(9) NEOPDX 13215 NW 42ND CT. VANCOUVER, WA 98685	462367150	501 (C) (3)	10,000.				RESEARCH & MEDICAL SUPPORT
(10) NEW MILLENIUM OB/GYN,LLC 83 UPPER RIVERDALE RIVERDALE, GA 30274	582430877	501 (C) (3)	15,000.				COMMUNITY SERVICES
(11) NEW YORK UNIVERSITY 838 BROADWAY NEW YORK, NY 10003	135562308	501 (C) (3)	150,000.				RESEARCH & MEDICAL SUPPORT
(12) NEW YORK UNIVERSITY SCHOOL OF MEDICINE 550 FIRST AVENUE NEW YORK, NY 10016-6481	135562308	501 (C) (3)	200,000.				RESEARCH & MEDICAL SUPPORT

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

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

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

Schedule I (Form 990) (2014)

JSA

4E1288 1.000

4634DO 774H 5/13/2015 9:01:57 AM V 14-4.6F

PAGE 54



SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

MARCH OF DIMES FOUNDATION

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public  
Inspection

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" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) NEW YORK UNIVERSITY SCHOOL OF MEDICINE 550 FIRST AVENUE NEW YORK, NY 10016-6481	135562308	501 (C) (3)	150,000.				RESEARCH & MEDICAL SUPPORT
(2) NEWARK COMMUNITY HEALTH CENTER 741 BROADWAY NEWARK, NJ 07104	222747589	501 (C) (3)	47,766.				PUB & PROF EDUCATION
(3) NH ALCOHOL AND OTHER DRUG SERVICES 10 FERRY ST. STE.308 CONCORD, NH 03301	830393316	501 (C) (3)	10,000.				PUB & PROF EDUCATION
(4) NIAGARA FALLS MEMORIAL MEDICAL 621 10TH STREET NIAGARA FALLS, NY 14302	160743094	501 (C) (3)	55,000.				PUB & PROF EDUCATION
(5) NORTH CENTRAL PUBLIC HEALTH DISTRICT 419 E. 7TH ST. THE DALLAS, OR 97058	461790232	501 (C) (3)	14,000.				RESEARCH & MEDICAL SUPPORT
(6) NORTH HAWAII COMMUNITY HOSPITAL INC 67-1123 MAMALAOA HWY KAMUELA, HI 96743	990260423	501 (C) (3)	7,500.				PUB & PROF EDUCATION
(7) NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVENUE BOSTON, MA 02115	041679980		400,000.				RESEARCH & MEDICAL SUPPORT
(8) NORTHERN COUNTIES HEALTH CARE 165 SHERMAN DR ST JOHNSBURY, VT 05819	510199559	501 (C) (3)	9,000.				PUB & PROF EDUCATION
(9) NORTHWEST COLORADO VISITING NURSE ASSOC 940CENTRL PK DR STEAMBOAT SPRINGS, CO 80487	840564998	501 (C) (3)	10,000.				PUB & PROF EDUCATION
(10) NORTHWESTERN UNIVERSITY 633 CLARK ST. EVANSTON, IL 60208	362167817	501 (C) (3)	150,000.				RESEARCH & MEDICAL SUPPORT
(11) NORTON MINISTRIES 2260 GRAND AVE #248 BALDWIN, NY 11510	463283415	501 (C) (3)	40,000.				PUB & PROF EDUCATION
(12) OFFICE OF PERINATAL QUALITY IMPROVEMENT 800 NE 15TH ROB 204 OKLAHOMA CITY, OK 73104	736017987	501 (C) (3)	28,000.				PUB & PROF EDUCATION

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

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

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

Schedule I (Form 990) (2014)

JSA

4E1288 1.000

4634DO 774H 5/13/2015 9:01:57 AM V 14-4.6F

PAGE 55

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

MARCH OF DIMES FOUNDATION

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

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" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) OHIO STATE UNIVERSITY 2400 OLENTANGY RIVER RD COLUMBUS, OH 43210	316401599		150,000.				RESEARCH & MEDICAL SUPPORT
(2) OKLAHOMA CITY-COUNTY HEALTH DEPT 921 NE 23 OKLAHOMA CITY, OK 73105	731323004	501 (C) (3)	10,000.				PUB & PROF EDUCATION
(3) OKLAHOMA MEDICAL RESEARCH FOUNDATION 825 NE 13TH STREET OKLAHOMA CITY, OK 73104	730580274		302,377.				RESEARCH & MEDICAL SUPPORT
(4) OMICRON PHI ZETA CHAPTER OF ZETA PHI BETA S P.O BOX 71335 WASHINGTON, DC 20024	521848244	501 (C) (3)	8,000.				PUB & PROF EDUCATION
(5) OPTIONS FOR YOUTH 5235 S. BLACKSTONE CHICAGO, IL 60615	201438278	501 (C) (7)	11,007.				COMMUNITY SERVICES
(6) PARKLAND FOUNDATION 2777 N. STEMMONS FREEWAY DALLAS, TX 75207	752089180	501 (C) (3)	9,500.				PUB & PROF EDUCATION
(7) PARKVIEW HOSPITAL FOUNDATION 11109 PARKVIEW PLAZA DR FT WAYNE, IN 46845	237220589	501 (C) (3)	10,000.				PUB & PROF EDUCATION
(8) PASOS'S PROGRAM 901 SUMTER ST. 5TH FL COLUMBIA, SC 29208	570967350	501 (C) (3)	169,200.				COMMUNITY SERVICES
(9) PEACEHEALTH SW MEDICAL FOUNDATION PO BOX 1600 VANCOUVER, WA 98668	911231436	501 (C) (3)	20,000.				RESEARCH & MEDICAL SUPPORT
(10) PEAK VISTA COMMUNITY HEALTH CENTER 340 PRINTERS PARKWAY COLORADO SPRINGS 80910	840617567	501 (C) (3)	11,770.				PUB & PROF EDUCATION
(11) PENNSYLVANIA STATE UNIVERSITY 227 W. BEAVER AVE UNIVERSITY PARK PA 16801	246000376	501 (C) (3)	150,000.				RESEARCH & MEDICAL SUPPORT
(12) PGDIS 2910 MACARTHUR BLVD NORTHBROOK, IL 60062	113689109	501 (C) (3)	7,500.				RESEARCH & MEDICAL SUPPORT

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

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

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

Schedule I (Form 990) (2014)

JSA

4E1288 1.000

4634DO 774H 5/13/2015 9:01:57 AM V 14-4.6F

PAGE 56

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

MARCH OF DIMES FOUNDATION

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public  
Inspection

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" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) PILLAGER FAMILY COUNCIL 305 FIR AVENUE WEST PILLAGER, MN 56473	411811057		20,000.				PUB & PROF EDUCATION
(2) PREGNANCY SUPPORT CENTER OF JOHNSON 617 CROSSROADS DR MOUNTAIN CITY, TN 37683	273438026	501 (C) (3)	20,000.				COMMUNITY SERVICES
(3) PRESIDENT AND FELLOWS OF HARVARD COLLEGE 7 DIVINITY AVE. CAMBRIDGE, MA 02138	042103580	501 (C) (3)	350,000.				RESEARCH & MEDICAL SUPPORT
(4) PROVIDENCE HEALTH FOUNDATION 1150 VARNUM RD, NE WASHINGTON, DC 20017	521275583	501 (C) (3)	17,500.				PUB & PROF EDUCATION
(5) REACHUP INC. 2902 N. ARMENIA AVE TAMPA, FL 33607	208437749	501 (C) (3)	11,966.				PUB & PROF EDUCATION
(6) REGENTS OF UNIVERSITY OF MICHIGAN 3003 S.STATE STREET ANN ARBOR, MI 48109	386006309	501 (C) (3)	350,000.				RESEARCH & MEDICAL SUPPORT
(7) REGENTS OF UNIVERSITY OF MICHIGAN 3003 S.STATE STREET ANN ARBOR, MI 48109	386006309	501 (C) (3)	315,000.				RESEARCH & MEDICAL SUPPORT
(8) REGENTS OF UNIVERSTY OF MINNESOTA 200 OAK ST MINNEAPOLIS, MN 55455	416007513	501 (C) (3)	400,000.				RESEARCH & MEDICAL SUPPORT
(9) RENO COUNTY HEALTH DEPTMENT 209 WEST 2ND AVE. HUTCHINSON, KS 67501	486015542	501 (C) (3)	15,000.				PUB & PROF EDUCATION
(10) RENSSELAER POLYTECHNIC INSTITUTE 110 8TH STREET CBIS 2147 TROY, NY 12180	141340095	501 (C) (3)	150,000.				RESEARCH & MEDICAL SUPPORT
(11) RESEARCH FOUNDATION OF SUNY 750 EAST ADAMS ST SYRACUSE, NY 13210	141368361	501 (C) (3)	150,000.				RESEARCH & MEDICAL SUPPORT
(12) RICHMOND UNIVERSITY MEDICAL CENTER 355 BARD AVENUE STATEN ISLAND, NY 10310	743177454	501 (C) (3)	9,809.				PUB & PROF EDUCATION

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

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

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

Schedule I (Form 990) (2014)

JSA

4E1288 1.000

4634DO 774H 5/13/2015 9:01:57 AM V 14-4.6F

PAGE 57

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

MARCH OF DIMES FOUNDATION

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public  
Inspection

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" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) RILEY COUNTY HEALTH DEPARTMENT 2030 TECUMSEH MANHATTAN, KS 66503	486023850	501 (C) (3)	15,000.				PUB & PROF EDUCATION
(2) ROBESON COUNTY DEPARTMENT OF HEALTH 460 COUNTRY CLUB ROAD LUMBERTON, NC 28360	566000335		14,878.				PUB & PROF EDUCATION
(3) ROWAN UNIVERSITY FOUNDATION 40N. ACADEMY STREET GLASSBORO, NJ 08028	222482802	501 (C) (3)	14,820.				PUB & PROF EDUCATION
(4) RUTGERS UNIVERSITY FOUNDATION 7 COLLEGE AVENUE NEW BRUNSWICK, NJ 08901	237318742	501 (C) (3)	8,000.				RESEARCH & MEDICAL SUPPORT
(5) RUTLAND REGIONAL MEDICAL CENTER 160 ALLEN STREET RUTLAND, VT 05701	030183483	501 (C) (3)	10,000.				PUB & PROF EDUCATION
(6) SAINT LOUIS UNIVERSITY 3839 LINDELL BLVD ST. LOUIS, MO 63108	430654872	501 (C) (3)	7,500.				RESEARCH & MEDICAL SUPPORT
(7) SAINT THOMAS COMMUNITY HEALTH 1020 ST ANDREWS ST NEW ORLEANS, LA 70130	141958494	501 (C) (3)	25,000.				PUB & PROF EDUCATION
(8) SAINT THOMAS COMMUNITY HEALTH 1020 ST ANDREWS ST NEW ORLEANS, LA 70130	141958494	501 (C) (3)	12,500.				PUB & PROF EDUCATION
(9) SAINT THOMAS COMMUNITY HEALTH 1020 ST ANDREWS ST NEW ORLEANS, LA 70130	141958494	501 (C) (3)	12,500.				PUB & PROF EDUCATION
(10) SALINE COUNTY HEALTH DEPARTMENT 125 W. ELM SALINA, KS 67401	486086715	501 (C) (3)	12,500.				PUB & PROF EDUCATION
(11) SALK INSTITUTE FOR BIOLOGICAL 10010 NORTH TORREY PINES LA JOLLA, CA 92186	952160097		1,000,000.				RESEARCH & MEDICAL SUPPORT
(12) SANFORD HEALTH FOUNDATION 1305 W. 18TH STREET SIOUX FALLS, SD 57117	363297853	501 (C) (3)	6,000.				PUB & PROF EDUCATION

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

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

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

Schedule I (Form 990) (2014)

JSA

4E1288 1.000

4634DO 774H 5/13/2015 9:01:57 AM V 14-4.6F

PAGE 58

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

MARCH OF DIMES FOUNDATION

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

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" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SHENANDOAH WOMEN'S HEALTHCARE 240 LUCY DRIVE HARRISONBURG, VA 22801	541920395	501 (C) (3)	8,572.				PUB & PROF EDUCATION
(2) SHUTTER BOOTH SOUTH CAROLINA 2131 WOODRUFF ROAD BLOOMINGTON, IL 29607	943488229	501 (C) (3)	15,000.				COMMUNITY SERVICES
(3) SIMPLY STRATEGY 12 ALGONQUIN WOOD PLACE ST. LOUIS, MO 63122	262845601	501 (C) (3)	25,000.				PUB & PROF EDUCATION
(4) SISTERHOOD OF FAITH IN ACTION 1311 W. DONOVAN ST. HOUSTON, TX 77091	760446282	501 (C) (3)	8,500.				PUB & PROF EDUCATION
(5) SOCIETY FOR REPRODUCTIVE INVESTIGATION 555 EASTWELLS STREET MILWAUKEE, WI 53202	952293816	501 (C) (3)	7,500.				RESEARCH & MEDICAL SUPPORT
(6) SOUTH SHORE HOSPITAL CENTERING 55 FOGG ROAD SOUTH WEYMOUTH, MA 02191	042769210	501 (C) (3)	9,000.				PUB & PROF EDUCATION
(7) SOUTHEAST HEALTH DISTRICT 9-2 1115 CHURCH ST SUITE A WAYCROSS, GA 31501	586000372	501 (C) (3)	15,000.				COMMUNITY SERVICES
(8) SOUTHERN ILLINOIS HEALTHCARE FDN 8080 STATE STREET EAST ST. LOUIS, IL 62203	371158318	501 (C) (3)	5,601.				COMMUNITY SERVICES
(9) SOUTHWEST LOUISIANA AHEC 103 INDEPENDENCE BLVD. LAFAYETTE, LA 70506	721191867	501 (C) (3)	25,000.				PUB & PROF EDUCATION
(10) SOUTHWEST PUBLIC HEALTH DISTRICT 1710 S. SLAPPY BLVD. ALBANY, GA 31706	237379607	501 (C) (3)	37,652.				COMMUNITY SERVICES
(11) SPECIAL SERVICE FOR GROUPS 905 EAST 8TH ST. LOS ANGELES, CA 90021	951716914	501 (C) (3)	42,280.				COMMUNITY SERVICES
(12) ST JOSEPH MERCY ACADEMIC OB-GYN CLINIC 5333 MCAULEY DR YPSILANTI, MI 48197	383175878	501 (C) (3)	25,000.				PUB & PROF EDUCATION

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

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

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

Schedule I (Form 990) (2014)

JSA

4E1288 1.000

4634DO 774H 5/13/2015 9:01:57 AM V 14-4.6F

PAGE 59

SCHEDULE I  
(Form 990)

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

Part I General Information on Grants and Assistance

- 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" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ST JOSEPH'S FOUNDATION 350 WEST THOMAS RD PHOENIX, AZ 85013	942941245	501 (C) (3)	20,000.				PUB & PROF EDUCATION
(2) ST JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105	620646012	501 (C) (3)	150,000.				RESEARCH & MEDICAL SUPPORT
(3) ST VINCENT FOUNDATION 2800 UNIVERSITY BLVD BIRMINGHAM, AL 35233	630868066	501 (C) (3)	7,000.				COMMUNITY SERVICES
(4) ST. ELIZABETH HEALTHCARE 1 MEDICAL VILLAGE DR. EDGEWOOD, KY 41017	610445850	501 (C) (3)	7,236.				PUB & PROF EDUCATION
(5) ST. ROSE DOMINICAN HEALTH FOUNDATION 3001 ST. ROSE PARKWAY HENDERSON, NV 89052	880349432	501 (C) (3)	6,500.				PUB & PROF EDUCATION
(6) ST. VINCENT HOSPITAL AND HEALTH CARE 8402 HARCOURT RD INDIANAPOLIS, IN 46260	350869066	501 (C) (3)	8,150.				PUB & PROF EDUCATION
(7) STANFORD UNIVERSITY 450 SERRA MALL STANFORD, CA 94305-4125	941156365	501 (C) (3)	2,000,000.				RESEARCH & MEDICAL
(8) STE GENEVIEVE COUNTY MEMORIAL 800 STE GENEVIEVE DR STE GENEVIEVE MO 63670	841633893	501 (C) (3)	18,000.				COMMUNITY SERVICES
(9) STOWERS INSTITUTE FOR MEDICAL RESEARCH P.O. BOX 412411 KANSAS CITY, MO 64141	202993509	501 (C) (3)	235,000.				RESEARCH & MEDICAL SUPPORT
(10) SUWANNEE RIVER AHEC 14646 NW 151ST BLVD ALACHUA, FL 32615	593112649	501 (C) (3)	17,434.				PUB & PROF EDUCATION
(11) SYRACUSE UNIVERSITY 113 BROWNE HALL SYRACUSE, NY 13244	150532081	501 (C) (3)	150,000.				RESEARCH & MEDICAL SUPPORT
(12) TASC, INC. 1500 N. HALSTED ST. CHICAGO, IL 60642	362870923	501 (C) (3)	7,000.				COMMUNITY SERVICES

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

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

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

Schedule I (Form 990) (2014)

JSA

4E1288 1.000

4634DO 774H 5/13/2015 9:01:57 AM V 14-4.6F

PAGE 60

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

MARCH OF DIMES FOUNDATION

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public  
Inspection

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" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) TAZEWEILL COUNTY HEALTH DEPARTMENT 21306 IL ROUTE 9 TREMONT, IL 61568	376002170		6,000.				COMMUNITY SERVICES
(2) TEEN OUTREACH PREGNANCY SERVICE 3024 E. FT LOWELL RD TUCSON, AZ 85716	861005133		17,680.				PUB & PROF EDUCATION
(3) TELAMON CORPORATION 5560 MUNFORD RD SUITE 201 RALEIGH, NC 27612	561022483	501 (C) (3)	25,000.				PUB & PROF EDUCATION
(4) TERATOLOGY SOCIETY 50 PEGOUT AVE NEW LONDON, CT 06320	520962081	501 (C) (3)	10,000.				RESEARCH & MEDICAL SUPPORT
(5) TEXAS CHILDREN'S HEALTH PLAN, INC 2450 HOLCOMBE BLVD HOUSTON, TX 77021	760486264		16,775.				PUB & PROF EDUCATION
(6) TEXAS CHILDREN'S HOSPITAL 1250 MOURSUND STREET HOUSTON, TX 77030	760461578		250,000.				RESEARCH & MEDICAL SUPPORT
(7) TEXAS TECH UNIVERSITY HEALTH SYSTEM 3601 4TH STREET LUBBOCK, TX 79430	752668014	501 (C) (3)	35,200.				PUB & PROF EDUCATION
(8) THE NEMOURS FOUNDATION 1600 ROCKLAND ROAD WILMINGTON, DE 19803	590634433	501 (C) (3)	34,000.				COMMUNITY SERVICES
(9) THE RECTOR & VISITORS OF THE UNIVERSITY 1340 JEFFERSON PK AVE CHARLOTTESVILLE VA	546001796	501 (C) (3)	200,000.				RESEARCH & MEDICAL SUPPORT
(10) THE RESEARCH FOUNDATION OF SUNY 90 PRESIDENTIAL PLAZA SYRACUSE, NY 13202	141368361	501 (C) (3)	10,000.				PUB & PROF EDUCATION
(11) THE TINY MIRACLES FOUNDATION 25-13 OLD KING HIGHWAY DARIEN, CT 06820	412125069	501 (C) (3)	16,000.				PUB & PROF EDUCATION
(12) TRUSTEES OF DARTMOUTH COLLEGE 11 ROPE FERRY ROAD, #6210 HANOVER, NH 03755	020222111	501 (C) (3)	150,000.				RESEARCH & MEDICAL SUPPORT

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

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

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

Schedule I (Form 990) (2014)

JSA

4E1288 1.000

4634DO 774H 5/13/2015 9:01:57 AM V 14-4.6F

PAGE 61

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

MARCH OF DIMES FOUNDATION

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public  
Inspection

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" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) TRUSTEES OF INDIANA UNIVERSITY 635 BARNHILL DRIVE INDIANAPOLIS, IN 46202	356001673	501 (C) (3)	300,018.				RESEARCH & MEDICAL SUPPORT
(2) TRUSTEES OF PRINCETON UNIVERSITY WASHINGTON ROAD PRINCETON, NJ 08544	210634501	501 (C) (3)	275,000.				RESEARCH & MEDICAL SUPPORT
(3) TRUSTEES OF THE UNIVERSITY OF PA 3451 WALNUT STREET PHILADELPHIA, PA 19104	231353685	501 (C) (3)	16,000.				COMMUNITY SERVICES
(4) UC HEALTH 3200 BURNET AVENUE CINCINNATI, OH 45229	311435820	501 (C) (3)	35,000.				PUB & PROF EDUCATION
(5) UNC CENTER FOR MATERNAL AND INFANT HEALTH 590 MANNING DR CHAPEL HILL, NC 27599	566001393	501 (C) (3)	28,365.				PUB & PROF EDUCATION
(6) UNITED MITOCHONDRIAL DISEASE FOUNDATION 8085 SALTSBURG RD PITTSBURGH, PA 15239	251767180	501 (C) (3)	7,500.				RESEARCH & MEDICAL
(7) UNIVERSITY HEALTH SYSTEM 4502 MEDICAL DRIVE SAN ANTONIO, TX 78229	746082164	501 (C) (3)	11,500.				PUB & PROF EDUCATION
(8) UNIVERSITY HOSPITAL NJ 150 BERGEN STREET NEWARK, NJ 07103	221775306	501 (C) (3)	12,000.				PUB & PROF EDUCATION
(9) UNIVERSITY OF ALABAMA OBGYN 619 19TH STREET SOUTH BIRMINGHAM, AL 35249	636005396	501 (C) (3)	17,000.				COMMUNITY SERVICES
(10) UNIVERSITY OF CALIFORNIA AT BERKELEY 142 LSA #3200 BERKELEY, CA 94720-3200	196002123	501 (C) (3)	150,000.				RESEARCH & MEDICAL SUPPORT
(11) UNIVERSITY OF CALIFORNIA AT SAN DIEGO 9500 GILMAN DRIVE LA JOLLA, CA 92093	956006144	501 (C) (3)	225,000.				RESEARCH & MEDICAL SUPPORT
(12) UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 513 PARNASSAUS AVE SAN FRANCISCO, CA 94143	946036493	501 (C) (3)	200,000.				RESEARCH & MEDICAL SUPPORT

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

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

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

Schedule I (Form 990) (2014)

JSA

4E1288 1.000

4634DO 774H 5/13/2015 9:01:57 AM V 14-4.6F

PAGE 62



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

MARCH OF DIMES FOUNDATION

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

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" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF CINCINNATI PO BOX 210641 CINCINNATI, OH 45221	316000989	501 (C) (3)	25,000.				PUB & PROF EDUCATION
(2) UNIVERSITY OF COLORADO AT BOULDER 347 UCB BOULDER, CO 80309	846000555	501 (C) (3)	327,055.				RESEARCH & MEDICAL SUPPORT
(3) UNIVERSITY OF GEORGIA 745 MORTH LUMPKIN STREET ATHENS, GA 30602	581353149	501 (C) (3)	150,000.				RESEARCH & MEDICAL SUPPORT
(4) UNIVERSITY OF HAWAII 2530 DOLE STREET HONOLULU, HI 96822	996000354	501 (C) (3)	150,000.				RESEARCH & MEDICAL SUPPORT
(5) UNIVERSITY OF ILLINOIS 600 S MATTHEWS DR URBANA, IL 61801	376000511	501 (C) (3)	150,000.				RESEARCH & MEDICAL SUPPORT
(6) UNIVERSITY OF ILLINOIS COMMUNITY SERVICE 1603 W. TAYLOR ST CHICAGO, IL 60612-7259	376000511	501 (C) (3)	22,000.				COMMUNITY SERVICES
(7) UNIVERSITY OF IOWA 4 JESSUP HALL IOWA CITY, IA 52242	426004813	501 (C) (3)	42,456.				RESEARCH & MEDICAL SUPPORT
(8) UNIVERSITY OF MAINE 217 HITCHNER HALL ORONO, ME 04469	016000769	501 (C) (3)	280,000.				RESEARCH & MEDICAL SUPPORT
(9) UNIVERSITY OF MASSACHUSETTS MEDICAL CENTER 364 PLANTATION STREET WORCESTER, MA 01605	043167352	501 (C) (3)	440,000.				RESEARCH & MEDICAL SUPPORT
(10) UNIVERSITY OF MICHIGAN 2047 BSRB ANN ARBOR, MI 48109	386006309	501 (C) (3)	150,000.				RESEARCH & MEDICAL SUPPORT
(11) UNIVERSITY OF MISSISSIPPI MEDICAL CENTER 2500 N. STATE ST. JACKSON, MS 39216	646005820	501 (C) (3)	7,578.				PUB & PROF EDUCATION
(12) UNIVERSITY OF NEW MEXICO MSC01 1300 SUITE 2600 ALBUQUERQUE, NM 87131	856000642	501 (C) (3)	310,000.				RESEARCH & MEDICAL SUPPORT

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

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

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

Schedule I (Form 990) (2014)

JSA

4E1288 1.000

4634DO 774H 5/13/2015 9:01:57 AM V 14-4.6F

PAGE 63

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

MARCH OF DIMES FOUNDATION

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public  
Inspection

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" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF NORTH CAROLINA 104 AIRPORT DRIVE CHAPEL HILL, NC 27599	566001393	501 (C) (3)	313,459.				RESEARCH & MEDICAL SUPPORT
(2) UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET PHILADELPHIA, PA 19104	231352685	501 (C) (3)	333,333.				RESEARCH & MEDICAL SUPPORT
(3) UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET PHILADELPHIA, PA 19104	231352685	501 (C) (3)	150,000.				RESEARCH & MEDICAL SUPPORT
(4) UNIVERSITY OF PITTSBURGH 3017 CATHEDRAL OF LEARNING PITTSBURGH PA	250965591	501 (C) (3)	150,000.				RESEARCH & MEDICAL SUPPORT
(5) UNIVERSITY OF PITTSBURGH 3017 CATHEDRAL OF LEARNING PITTSBURGH PA	250965591	501 (C) (3)	150,000.				RESEARCH & MEDICAL SUPPORT
(6) UNIVERSITY OF ROCHESTER 601 ELMWOOD AVENUE ROCHESTER, NY 14627	160743209	501 (C) (3)	200,000.				RESEARCH & MEDICAL SUPPORT
(7) UNIVERSITY OF ROCHESTER 601 ELMWOOD AVENUE ROCHESTER, NY 14627	160743209	501 (C) (3)	150,000.				RESEARCH & MEDICAL SUPPORT
(8) UNIVERSITY OF SOUTH ALABAMA 307 UNIVERSITY BLVD MOBILE, AL 36688-0002	630477348	501 (C) (3)	7,000.				COMMUNITY SERVICES
(9) UNIVERSITY OF SOUTH FLORIDA 3650 SPECTRUM BLVD TAMPA, FL 33612	593102112	501 (C) (3)	150,000.				COMMUNITY SERVICES
(10) UNIVERSITY OF TEXAS MEDICAL BRANCH PO BOX 660120 DALLAS, TX 75266	746000949	501 (C) (3)	22,000.				PUB & PROF EDUCATION
(11) UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CT 5323 HARRY HINES BLVD DALLAS, TX 75390	756002868	501 (C) (3)	321,675.				RESEARCH & MEDICAL
(12) UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CT P.O. BOX 841573 DALLAS, TX 75284	756002868	501 (C) (3)	300,000.				RESEARCH & MEDICAL SUPPORT

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

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

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

Schedule I (Form 990) (2014)

JSA

4E1288 1.000

4634DO 774H 5/13/2015 9:01:57 AM V 14-4.6F

PAGE 64

SCHEDULE I  
(Form 990)

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

Part I General Information on Grants and Assistance

- 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" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CT P.O. BOX 841573 DALLAS, TX 75284	756002868	501 (C) (3)	300,000.				RESEARCH & MEDICAL SUPPORT
(2) UNIVERSITY OF UTAH 15 NORTH 2030 SALT LAKE CITY, UT 84112	876000626	501 (C) (3)	310,000.				RESEARCH & MEDICAL SUPPORT
(3) UNIVERSITY OF UTAH 15 NORTH 2030 SALT LAKE CITY, UT 84112	876000626	501 (C) (3)	150,000.				RESEARCH & MEDICAL SUPPORT
(4) UNIVERSITY OF VERMONT 89 BEAUMONT AVENUE BURLINGTON, VT 05405	030179440	501 (C) (3)	150,000.				RESEARCH & MEDICAL SUPPORT
(5) UNIVERSITY OF WASHINGTON 1959 N.E. PACIFIC STREET SEATTLE, WA 98195	916001537	501 (C) (3)	12,500.				PUB & PROF EDUCATION
(6) UPMC PRESBYTERIAN SHADYSIDE 200 LOTHROP STREET PITTSBURGH, PA 15213	250965480	501 (C) (3)	43,651.				COMMUNITY SERVICES
(7) UPR-RECINTO DE CIENCIAS MEDICAS P.O BOX 365067 SAN JUAN, PR 00936	660433762	501 (C) (3)	7,000.				PUB & PROF EDUCATION
(8) USA MEDDAC FORT DRUM OB/GYN 11050 MT. BELVEDERE BLVD FT. DRUM, NY 13602	300507027	501 (C) (3)	31,236.				COMMUNITY SERVICES
(9) UTAH WOMEN AND NEWBORN QUALITY 670 E. 3900 SO SALT LAKE CITY, UT 84107	465755162	501 (C) (3)	10,000.				COMMUNITY SERVICES
(10) VIRGINIA COMMONWEALTH UNIVERSITY 327 W. MAIN STREET RICHMOND, VA 23284	546001758	501 (C) (3)	27,501.				PUB & PROF EDUCATION
(11) VIRTUA HEALTH SYSTEMS 20 WEST STOW RD MARLTON, NJ 08053	223524939	501 (C) (3)	46,000.				PUB & PROF EDUCATION
(12) VISITING NURSE ASSOCIATION HEALTH CARE 400 N. HIGHLAND AVE AURORA, IL 60506	470690286	501 (C) (3)	19,300.				COMMUNITY SERVICES

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

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

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

Schedule I (Form 990) (2014)

JSA

4E1288 1.000

4634DO 774H 5/13/2015 9:01:57 AM V 14-4.6F

PAGE 65

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

MARCH OF DIMES FOUNDATION

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public  
Inspection

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" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) WACO CENTER FOR WOMEN'S HEALTH 6901 MEDICAL PARKWAY WACO, TX 76710	742696970	501 (C) (3)	11,000.				PUB & PROF EDUCATION
(2) WAKE FOREST UNIVERSITY HEALTH P.O BOX 27157 WINSTON-SALEM, NC 27157	223849199	501 (C) (3)	29,757.				PUB & PROF EDUCATION
(3) WASHINGTON UNIVERSITY 660 S.EUCLID AVE. ST. LOUIS, MO 63110	430653611	501 (C) (3)	350,000.				RESEARCH & MEDICAL
(4) WASHINGTON UNIVERSITY 660 S.EUCLID AVE. ST. LOUIS, MO 63110	430653611	501 (C) (3)	333,333.				RESEARCH & MEDICAL SUPPORT
(5) WASHINGTON UNIVERSITY 660 S.EUCLID AVE. ST. LOUIS, MO 63110	430653611	501 (C) (3)	225,000.				RESEARCH & MEDICAL SUPPORT
(6) WASHINGTON UNIVERSITY SCHOOL OF MEDICINE 660 S. EUCLID AVE ST LOUIS, MO 63110	430653611	501 (C) (3)	300,000.				RESEARCH & MEDICAL SUPPORT
(7) WASHINGTON UNIVERSITY SCHOOL OF MEDICINE 660 S. EUCLID AVE ST LOUIS, MO 63110	430653611	501 (C) (3)	80,000.				RESEARCH & MEDICAL SUPPORT
(8) WAYNE STATE UNIVERSITY 5401 CASS AVENUE DETROIT, MI 48202	386028429	501 (C) (3)	150,000.				RESEARCH & MEDICAL SUPPORT
(9) WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY 1300 YORK AVENUE NEW YORK, NY 10021	131623978	501 (C) (3)	375,000.				RESEARCH & MEDICAL SUPPORT
(10) WEST SIDE COMMUNITY HEALTH SERVICES 153 CESAR CHAVEZ STREET ST PAUL, MN 55107	237156236	501 (C) (3)	9,375.				PUB & PROF EDUCATION
(11) WEST TENNESSEE AREA HEALTH EDUCATION 316 MIDLAND STREET SOMERVILLE, TN 38068	621332822	501 (C) (3)	20,000.				COMMUNITY SERVICES
(12) WESTERN CONNECTICUT HOME CARE 4 LIBERTY STREET DANBURY, CT 06810	060655138	501 (C) (3)	14,000.				PUB & PROF EDUCATION

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

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

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

Schedule I (Form 990) (2014)

JSA

4E1288 1.000

4634DO 774H 5/13/2015 9:01:57 AM V 14-4.6F

PAGE 66

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

MARCH OF DIMES FOUNDATION

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public  
Inspection

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" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) WHEELER AVENUE 5C'S, INC 3826 WHEELER AVENUE HOUSTON, TX 77004	741952632	501 (C) (3)	25,000.				PUB & PROF EDUCATION
(2) WISCONSIN GUILD OF MIDWIVES, INC 428 9TH ST. NEEHAN, WI 54956	562529144	501 (C) (3)	6,000.				PUB & PROF EDUCATION
(3) WOMANS HOSPITAL OF TEXAS 7600 FANNIN ST HOUSTON, TX 77054	621810381		5,500.				PUB & PROF EDUCATION
(4) WOMEN & INFANTS HOSPITAL OF RHODE ISLAND 101 DUDLEY ST. PROVIDENCE, RI 02905	050258937	501 (C) (3)	400,000.				RESEARCH & MEDICAL
(5) WOMEN AND INFANTS HOSPITAL 101 DUDLEY STREET PROVIDENCE, RI 02905	050258937	501 (C) (3)	8,500.				PUB & PROF EDUCATION
(6) WOMEN'S HEALTH SPECIALISTS 1500 E 2ND STREET RENO, NV 89502	880292315	501 (C) (3)	8,350.				PUB & PROF EDUCATION
(7) WRIGHT COUNTY HEALTH DEPARTMENT 115 1ST ST, SE CLARION, IA 50525	426004388	501 (C) (3)	25,000.				PUB & PROF EDUCATION
(8) YAKIMA VALLEY MEMORIAL HOSPITAL 2701 TIETON DRIVE YAKIMA, WA 98902	911022358		22,526.				PUB & PROF EDUCATION
(9) YMCA OF AUSTIN 3208 RED RIVER,STE 100 AUSTIN, TX 78705	741193464	501 (C) (3)	10,000.				PUB & PROF EDUCATION
(10) YSLETA INDEPENDENT SCHOOL DISTRICT 9600 SIMS DR. EL PASO, TX 74600	746002473	501 (C) (3)	8,000.				PUB & PROF EDUCATION
(11) YUKON KUSKOKWIN HEALTH CORPORATION P.O BOX 528 BETHEL, AK 99559	920041414	501 (C) (3)	10,000.				PUB & PROF EDUCATION
(12) ZETA PHI BETA 237 SWANDALE DRIVE COLUMBIA, SC 29203	576029795	501 (C) (3)	7,200.				PUB & PROF EDUCATION

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

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

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

Schedule I (Form 990) (2014)

JSA

4E1288 1.000

4634DO 774H 5/13/2015 9:01:57 AM V 14-4.6F

PAGE 67

SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

MARCH OF DIMES FOUNDATION

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2014

Open to Public  
Inspection

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" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ZETA PHI BETA SORORITY, INC P.O BOX 733 BRONX, NY 10467	592650064	501 (C) (7)	10,000.				COMMUNITY SERVICES
(2) ZETA PHI BETA SORORITY, INC STATE OF GA P.O BOX 490718 ATLANTA, GA 30349	900428225	501 (C) (7)	10,000.				COMMUNITY SERVICES
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 256.

3 Enter total number of other organizations listed in the line 1 table 41.

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

Schedule I (Form 990) (2014)

JSA

4E1288 1.000

4634DO 774H 5/13/2015 9:01:57 AM V 14-4.6F

PAGE 68

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
<b>1</b> COLONEL SANDERS AWARD	2.	20,000.			
<b>2</b> AGENES HIGGINS AWARD	1.	5,000.			
<b>3</b> GRADUATE NURSING SCHOLARSHIP AWARD	4.	20,000.			
<b>4</b>					
<b>5</b>					
<b>6</b>					
<b>7</b>					

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

SCHEDULE I MONITORING GRANTS

GRANTEES ARE AWARDED BY COMMITTEES BASED ON VARIOUS FACTORS AND ARE RANKED USING A SCORING SYSTEM. THE COMMITTEE MEMBERS CONSIST PRIMARILY OF VOLUNTEERS WHO ARE QUALIFIED TO EVALUATE THE MERITS OF THE GRANT APPLICATIONS. ONCE SELECTED, GRANTEES ARE REQUIRED TO SUBMIT INTERIM ACCOUNTING REPORTS AS WELL AS A FINAL ACCOUNTING OF ALL EXPENDITURES, DELIVERABLES AND RESULTS, DURING AND, 90 DAYS AFTER THE TERMINATION OF THE GRANT. REFER TO WEBSITE FOR FURTHER INFORMATION:  
[HTTP://BIT.LY/1B0R8NO](http://bit.ly/1B0R8NO)

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

MARCH OF DIMES FOUNDATION

**Compensation Information**

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Employer identification number

13-1846366

**Part I Questions Regarding Compensation**

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

☒  
☐  
☒  
☐

First-class or charter travel

Travel for companions

Tax indemnification and gross-up payments

Discretionary spending account

☐  
☐  
☐  
☐

Housing allowance or residence for personal use

Payments for business use of personal residence

Health or social club dues or initiation fees

Personal services (e.g., maid, chauffeur, chef)

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

	Yes	No
<b>1b</b>	X	

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

<b>2</b>	X	
----------	---	--

**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.

☒  
☒  
☒

Compensation committee

Independent compensation consultant

Form 990 of other organizations

☐  
☒  
☒

Written employment contract

Compensation survey or study

Approval by the board or compensation committee

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

**a** Receive a severance payment or change-of-control payment?

<b>4a</b>		X
-----------	--	---

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

<b>4b</b>	X	
-----------	---	--

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

<b>4c</b>		X
-----------	--	---

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

**a** The organization?

<b>5a</b>		X
-----------	--	---

**b** Any related organization?

<b>5b</b>		X
-----------	--	---

If "Yes" to line 5a or 5b, describe in Part III.

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

**a** The organization?

<b>6a</b>		X
-----------	--	---

**b** Any related organization?

<b>6b</b>		X
-----------	--	---

If "Yes" to line 6a or 6b, describe in Part III.

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

<b>7</b>		X
----------	--	---

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

<b>8</b>		X
----------	--	---

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

<b>9</b>		
----------	--	--

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

Schedule J (Form 990) 2014



Schedule J (Form 990) 2014

Page **2****Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> JENNIFER HOWSE, PHD PRESIDENT	(i)	495,468.	0	8,224.	0	6,684.	510,376.	0
	(ii)	0	0	0	0	0	0	0
<b>2</b> RICHARD E. MULLIGAN EXECUTIVE VICE PRESIDENT	(i)	342,105.	0	56,742.	0	18,184.	417,031.	0
	(ii)	0	0	0	0	0	0	0
<b>3</b> LISA BELLSEY, ESQ. ASSISTANT SECRETARY	(i)	287,298.	0	12,674.	0	7,098.	307,070.	0
	(ii)	0	0	0	0	0	0	0
<b>4</b> DAVID HORNE ASSISTANT TREASURER	(i)	244,896.	0	630.	0	18,184.	263,710.	0
	(ii)	0	0	0	0	0	0	0
<b>5</b> EDWARD MCCABE, M.D. MEDICAL DIRECTOR	(i)	371,280.	0	5,334.	0	0	376,614.	0
	(ii)	0	0	0	0	0	0	0
<b>6</b> JOSEPH L SIMPSON, MD SENIOR V.P.	(i)	357,968.	0	8,652.	0	6,684.	373,304.	0
	(ii)	0	0	0	0	0	0	0
<b>7</b> SCOTT D BERNES, MD SENIOR V.P.	(i)	275,533.	0	3,679.	0	1,463.	280,675.	0
	(ii)	0	0	0	0	0	0	0
<b>8</b> PAULA R RANSOM SENIOR V.P.	(i)	306,196.	0	13,670.	0	18,184.	338,050.	0
	(ii)	0	0	0	0	0	0	0
<b>9</b> ALAN D KAUFFMAN SENIOR V.P.	(i)	247,466.	0	1,832.	0	15,684.	264,982.	0
	(ii)	0	0	0	0	0	0	0
<b>10</b> DOUGLAS STAPLES SENIOR V.P.	(i)	238,696.	0	980.	0	15,492.	255,168.	0
	(ii)	0	0	0	0	0	0	0
<b>11</b>	(i)							
	(ii)							
<b>12</b>	(i)							
	(ii)							
<b>13</b>	(i)							
	(ii)							
<b>14</b>	(i)							
	(ii)							
<b>15</b>	(i)							
	(ii)							
<b>16</b>	(i)							
	(ii)							

Schedule J (Form 990) 2014

**Part III Supplemental Information**

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

SUPPLEMENTAL NONQUALIFIED RETIREMENT INCLUDING RELATED TAX GROSS UP PMTS

JENNIFER HOWSE, PHD. \$2,890; RICHARD MULLIGAN \$53,930;

LISA BELLSEY, ESQ. \$10,868; SCOTT BERNIS, MD \$2,699; PAULA RANSOM \$11,838

FIRST CLASS TRAVEL

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

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

MARCH OF DIMES FOUNDATION

**Noncash Contributions**

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

OMB No. 1545-0047

**2014**

**Open To Public  
Inspection**

Employer identification number

13-1846366

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .	X	150.	95,514.	SELLING PRICE
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	36.	251,871.	SELLING PRICE
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

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

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

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

Schedule M (Form 990) (2014)

JSA

4E1298 1.000

4634DO 774H 5/13/2015 9:01:57 AM V 14-4.6F

PAGE 73

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

CAR DONATION PROGRAM

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

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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2014**

**Open to Public  
Inspection**

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

PART VI SECTION A LINE 6-7B

THE MARCH OF DIMES HAS A VOLUNTEER BOARD OF TRUSTEES WHO ARE CONSIDERED MEMBERS BY THE IRS DEFINITION AND HAVE THE AUTHORITY TO ELECT OTHER MEMBERS AS WELL AS MAKE DECISIONS WHICH ARE SUBJECT TO APPROVAL BY OTHER MEMBERS.

PART VI REVIEW OF 990 BY GOVERNING BODY LINE 11B

THE MARCH OF DIMES IRS FORM 990 IS PREPARED BY STAFF AND REVIEWED BY MANAGEMENT. UPON IT'S COMPLETION IT IS THEN REVIEWED BY A PAID PREPARER, THE PRESIDENT AND THE FOUNDATION'S AUDIT COMMITTEE OF THE BOARD OF TRUSTEES PRIOR TO ELECTRONICALLY FILING WITH THE IRS. THE FINAL FORM 990 IS PROVIDED TO ALL MEMBERS OF THE BOARD PRIOR TO ELECTRONICALLY FILING WITH THE IRS.

PART VI SECTION B CONFLICT OF INTEREST LINE 12C

ANNUALLY THE MARCH OF DIMES ASKS THEIR BOARD MEMBERS AND OFFICERS (BOTH NATIONAL AND CHAPTER) TO REVIEW AND SIGN A CONFLICT OF INTEREST POLICY. VOLUNTEER BOARD MEMBERS ARE GIVEN A HARD COPY TO SIGN. EMPLOYEES ACCESS THE FOUNDATION'S INTRANET WEBSITE TO REVIEW AND SIGN THE POLICY. THE FOUNDATION'S LEGAL COUNSEL DETERMINES WHETHER A CONFLICT EXISTS AND RESOLVES ANY ACTUAL CONFLICTS. ANY BOARD MEMBERS WITH A CONFLICT IN A MATTER REQUIRING ACTION BY THE BOARD ARE PROHIBITED FROM PARTICIPATING IN THE BOARD'S DELIBERATIONS OR DECISIONS REGARDING THE MATTER UNDER CONSIDERATION.

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

## PART VI SECTION B: POLICIES LINE 15

DETERMINATION OF EXECUTIVE COMPENSATION AT THE MARCH OF DIMES IS A THREE STAGE PROCESS, DESIGNED TO ENSURE AN INDEPENDENT AND TRANSPARENT APPROACH TO THE REVIEW OF THE MARCH OF DIMES OFFICERS AND ENSURE THAT THEIR COMPENSATION REFLECTS FAIR MARKET VALUE. THE FIRST STAGE OF THE PROCESS IS PERFORMED BY THE EXECUTIVE COMPENSATION COMMITTEE. THE EXECUTIVE COMPENSATION COMMITTEE WAS ORGANIZED TO CLARIFY AND SIMPLIFY THE COMPENSATION REVIEW PROCESS FOR THE PRESIDENT AND STAFF OFFICERS. THE COMMITTEE IS COMPRISED OF 3 INDEPENDENT TRUSTEES WHO MEET ANNUALLY TO REVIEW AND DISCUSS THE SALARY RANGES FOR THE PRESIDENT AND STAFF OFFICERS OF THE MARCH OF DIMES, INCLUDING MERIT, VARIABLE PAY AND BENEFITS. IT TYPICALLY RECEIVES A BENCHMARKING REPORT FROM AN OUTSIDE CONSULTANT, WHICH COMPARES THE COMPENSATION DATA TO OTHER SIMILAR CHARITIES. THE COMMITTEE THEN MAKES ITS RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE. THE SECOND STAGE OF THE PROCESS IS THE PRESENTATION OF THE EXECUTIVE COMPENSATION COMMITTEE'S FINDINGS AND RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE CONSIDERS AND DISCUSSES THE RECOMMENDATIONS, AND THEN TAKES A VOTE ON COMPENSATION. THE THIRD STAGE IS WHEN THE FULL BOARD OF DIRECTORS IS BRIEFED ON THE EXECUTIVE COMMITTEE'S FINDINGS AND CONCLUSIONS. MINUTES ARE TAKEN CONTEMPORANEOUSLY TO RECORD THE DISCUSSION AND CONCLUSIONS REACHED, AND ARE KEPT ON FILE. 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.

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

## PART VI SECTION C: DISCLOSURES LINE 19

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

## PART XI RECONCILIATION OF NET ASSETS

## LINE 9 OTHER CHANGES IN NET ASSETS

THE OTHER CHANGES IN NET ASSETS IS MADE UP OF PENSION/POST RETIREMENT  
COSTS OF \$40,966,865. THIS AMOUNT IS THE NET RESULT OF INCREASES IN  
PREVAILING INTEREST RATES USED TO VALUE PENSION LIABILITIES AND  
INVESTMENT GAINS THAT EXCEEDED ACTUARIAL ASSUMPTIONS. FURTHER, A 2013  
PLAN AMENDMENT ELIMINATED CERTAIN BENEFITS FOR ACTIVE AND RETIRED  
EMPLOYEES WHO DID NOT MEET CERTAIN ELIGIBILITY REQUIREMENTS. THE IMPACT  
ON EXPENSE WILL BE RECOGNIZED OVER THE NEXT SEVERAL YEARS.

IN 2014, THE FOUNDATION USED THE SOCIETY OF ACTUARIES BASE RP MORTALITY  
TABLE WITH A GENERATIONAL MORTALITY IMPROVEMENT PROJECTION SCALE TO VALUE  
ITS PENSION AND POSTRETIREMENT OBLIGATION. THE UPDATED MORTALITY TABLE  
INCREASED THE PROJECTED BENEFIT OBLIGATION FOR THE PENSION AND  
POSTRETIREMENT PLAN.

ATTACHMENT 1FORM 990, PART III - PROGRAM SERVICE, LINE 4A

RESEARCH &amp; MEDICAL SUPPORT

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

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

ATTACHMENT 1 (CONT'D)

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

SINCE THE START OF OUR NATIONAL PREMATURITY CAMPAIGN IN 2003,  
RATES OF PRETERM BIRTH HAVE DECLINED FOR 7 YEARS IN A ROW TO 11.4%  
AND HAVE REACHED A 16-YEAR LOW. SINCE 2006, AN ESTIMATED 210,000  
BABIES HAVE BEEN SPARED THE CONSEQUENCES OF AN EARLY BIRTH, AND  
OUR COUNTRY HAS SAVED AT LEAST \$11.9 BILLION IN EXCESS HEALTH CARE  
COSTS. WE ACHIEVED THESE RESULTS THROUGH SUSTAINED LEADERSHIP AND  
A VARIETY OF PARTNERSHIPS.

WE OPENED FOUR MARCH OF DIMES PREMATURITY RESEARCH CENTERS, THE  
FIRST ONE AT STANFORD UNIVERSITY IN 2011, THE SECOND AS THE OHIO  
COLLABORATIVE IN 2013, AND THE THIRD AND FOURTH IN 2014 AT  
WASHINGTON UNIVERSITY IN ST. LOUIS AND THE UNIVERSITY OF  
PENNSYLVANIA. THESE PREMATURITY RESEARCH CENTERS TAKE A UNIQUE  
TEAM SCIENCE APPROACH TO SPEEDING UP 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. A TOTAL OF FIVE CENTERS ARE PLANNED, AND THE FIFTH  
HAS BEEN APPROVED BY OUR BOARD OF TRUSTEES, BUT NOT YET ANNOUNCED.

IT WILL BE ANNOUNCED IN Q2 OF 2015.

WE LED THE DRIVE TO ELIMINATE EARLY ELECTIVE DELIVERIES BEFORE 39



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

## ATTACHMENT 1 (CONT'D)

COMPLETED WEEKS OF PREGNANCY. THIS WORK INCLUDES QUALITY IMPROVEMENT INITIATIVES WITH OVER 100 PROMINENT HOSPITALS IN 28 STATES. A PEER-REVIEWED PUBLICATION, THE RESEARCH FOR WHICH WAS SUPPORTED BY AND THE MAJORITY OF THE AUTHORS WERE FROM THE MARCH OF DIMES, SHOWED AN 83% REDUCTION IN EARLY ELECTIVE DELIVERIES FROM JANUARY THROUGH DECEMBER OF THE SAME YEAR AMONG 25 HOSPITALS IN FIVE STATES. THIS WORK ALSO INCLUDES A NATIONAL CONSUMER EDUCATION CAMPAIGN CALLED HEALTHY BABIES ARE WORTH THE WAIT.® THE DESCRIPTION OF THE HEALTHY BABIES ARE WORTH THE WAIT PILOT IN KENTUCKY IS IN PRESS AS VOLUME 1 OF THE NEW PEER-REVIEWED MARCH OF DIMES SERIES WITH ELSEVIER AS THE PUBLISHER. THIS SHOWS THAT THERE WAS A REDUCTION IN EARLY ELECTIVE DELIVERIES IN KENTUCKY COMPARED WITH SURROUNDING STATES, AND REVIEWERS WERE HIGHLY COMPLIMENTARY OF THE MARCH OF DIMES TAKING ON A RESEARCH PROJECT OF THIS COMPLEXITY IN A "REAL WORLD SETTING."

IN 2012, THE U.S. DEPT. OF HEALTH AND HUMAN SERVICES BUILT ON THEIR 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.

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

## ATTACHMENT 1 (CONT'D)

OUR RESEARCH ADVANCES OVER THE PAST 75 YEARS ARE STILL IMPROVING HEALTH AND SAVING LIVES OF BABIES TODAY. POLIO ONCE CRIPPLED TENS OF THOUSANDS OF CHILDREN, BUT THANKS TO VACCINES DEVELOPED WITH MARCH OF DIMES SUPPORT, THIS DISEASE HAS BEEN ELIMINATED IN MOST OF THE WORLD. NEWBORN SCREENING TESTS DEVELOPED WITH FUNDING FROM THE MARCH OF DIMES CONTRIBUTE TO THE DETECTION OF THE RECOMMENDED SET OF 31 SERIOUS BUT TREATABLE DISORDERS AND SAVE LIVES. THE MARCH OF DIMES NATIONAL FOLIC ACID CAMPAIGN LED TO FORTIFICATION OF GRAIN PRODUCTS IN 1998 WITH THE B VITAMIN FOLIC ACID, AND SINCE THEN OUR NATION HAS SEEN A 36 PERCENT REDUCTION IN SPINA BIFIDA, A BIRTH DEFECT OF THE SPINAL CORD, AND A 17 PERCENT REDUCTION IN ANENCEPHALY, A VERY SERIOUS BIRTH DEFECT OF THE BRAIN THAT UNIFORMLY RESULTS IN DEATH.

REDUCING PRETERM BIRTH

THROUGH OUR PARTNERSHIP WITH THE ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS (ASTHO), HEALTH DEPARTMENTS IN EVERY STATE, PUERTO RICO AND THE DISTRICT OF COLUMBIA HAVE SET GOALS OF REDUCING THEIR RATES OF PREMATURE BIRTH BY 8 PERCENT BY 2014.

USING THE DATA FROM THE NATIONAL CENTER ON HEALTH STATISTICS (NCHS) OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), 16 STATES OR TERRITORIES HAVE ACHIEVED THEIR GOALS OF 8% REDUCTION THROUGH THE 2013 DATA: ALASKA, ARIZONA, CALIFORNIA, COLORADO, DELAWARE, DISTRICT OF COLUMBIA, INDIANA, MASSACHUSETTS, NEVADA, NEW HAMPSHIRE, NEW YORK, PUERTO RICO, RHODE ISLAND, UTAH, VERMONT, AND WYOMING.

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

ATTACHMENT 1 (CONT'D)

IN 2014, 5 STATES EARNED AN "A" ON THE MARCH OF DIMES PREMATURE BIRTH REPORT CARD: CALIFORNIA, MAINE, NEW HAMPSHIRE, OREGON AND VERMONT.

ATTACHMENT 2FORM 990, PART III - PROGRAM SERVICE, LINE 4B

## PUBLIC AND PROFESSIONAL EDUCATION

THE MARCH OF DIMES SHARES VITAL HEALTH INFORMATION WITH THE GENERAL PUBLIC, WOMEN AND PROFESSIONALS THROUGH THE INTERNET, EDUCATIONAL BOOKLETS AND PUBLIC SERVICE ADVERTISING, MANY OF WHICH ARE PROVIDED IN BOTH ENGLISH AND SPANISH. THE MATERIALS FOR THE PUBLIC ARE WRITTEN IN "PLAIN LANGUAGE" AND HAVE WON NUMEROUS AWARDS.

ALL MARCH OF DIMES EDUCATIONAL MATERIALS ARE STRONGLY EVIDENCE-BASED AND DEPEND ON THE PEER-REVIEWED MEDICAL AND SCIENTIFIC LITERATURE, AS WELL AS ON RELIABLE SOURCES, SUCH AS THE CENTERS FOR DISEASE CONTROL AND PREVENTION, THE AMERICAN ACADEMY OF PEDIATRICS, THE AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS, AND OTHERS.

WE LED THE PUBLICATION OF BORN TOO SOON: THE GLOBAL ACTION REPORT ON PRETERM BIRTH, THE FIRST GLOBAL ESTIMATES OF PREMATURE BIRTH,

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

ATTACHMENT 2 (CONT'D)

AND RECOMMENDED PREVENTION AND CARE STRATEGIES FOR THE 15 MILLION BABIES BORN PRETERM EACH YEAR. OUR GLOBAL PARTNERS ARE NOW PUSHING FORWARD TO BRING THESE LIFESAVING APPROACHES TO COUNTRIES THROUGHOUT THE WORLD.

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

WORLD PREMATUREITY DAY CONTINUES TO EXPAND AROUND THE WORLD, RAISING AWARENESS ABOUT THE SERIOUS PROBLEM OF PREMATURE BIRTH. BEGUN AS PREMATUREITY AWARENESS DAY® IN THE UNITED STATES, NOVEMBER

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

ATTACHMENT 2 (CONT'D)

17TH IS NOW MARKED BY ACTIVITIES IN MORE THAN 80 COUNTRIES WITH  
PARENT GROUPS RECRUITED TO LEAD THE EFFORTS IN MANY OF THESE  
COUNTRIES.

FOR ADDITIONAL INFORMATION ON THE FOUNDATION'S PREMATUREITY  
CAMPAIGN, PLEASE VISIT THE FOLLOWING WEBSITES:  
[HTTP://BIT.LY/1D9INZM](http://bit.ly/1d9inzM) AND [HTTP://BIT.LY/107XCVC](http://bit.ly/107xcvc)

ATTACHMENT 3FORM 990, PART III - PROGRAM SERVICE, LINE 4C

COMMUNITY SERVICES

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

CHAPTER STAFF AND VOLUNTEERS PARTNER WITH LOCAL HEALTH AGENCIES,  
COMMUNITY-BASED ORGANIZATIONS, PROFESSIONAL ASSOCIATIONS,  
HOSPITALS, AND OTHERS TO DETERMINE THE MOST PRESSING MATERNAL AND  
CHILD HEALTH NEEDS AND TO DEVELOP A MULTI-YEAR STRATEGIC PLAN THAT

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

ATTACHMENT 3 (CONT'D)

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 2014, MARCH OF DIMES CHAPTERS AWARDED 554 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 COMMUNITY PROGRAM IS A MARCH OF DIMES CHAPTER-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, AND SMOKING CESSATION, PREVENTION OF REPEAT PRETERM BIRTHS AND INFECTION DIAGNOSIS AND TREATMENT.

THE MARCH OF DIMES OFFERS INFORMATION AND COMFORT TO FAMILIES EXPERIENCING THE HOSPITALIZATION OF THEIR BABY AND PROVIDES TRAINING FOR HEALTHCARE PROFESSIONALS IN NEWBORN INTENSIVE CARE

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

ATTACHMENT 3 (CONT'D)

UNITS (NICUS) THROUGH NICU FAMILY SUPPORT. IN 2014, NICU FAMILY SUPPORT PROGRAMS SERVED OVER 92,000 FAMILIES EXPERIENCING A NICU STAY IN 132 HOSPITALS ACROSS THE UNITED STATES. ACTIVITIES PROVIDED INCLUDE PARENT-TO-PARENT SUPPORT, PRINT AND ONLINE EDUCATION FOR FAMILIES AND INNOVATIVE PROGRAMS FOR PARENTS, SIBLINGS AND GRANDPARENTS - ALL WITH THE PURPOSE OF PROVIDING COMFORT AND CRITICAL HEALTH CARE MESSAGES TO FAMILIES IN CRISIS. TO SUPPORT HOSPITAL STAFF IN THEIR ROLE, THE PROGRAM PROVIDED PROFESSIONAL DEVELOPMENT TRAININGS AND RESOURCES FOR NEONATOLOGISTS, NURSES AND OTHER CLINICIANS TO PROMOTE IMPLEMENTATION OF BEST PRACTICES IN FAMILY-CENTERED CARE.

## HISPANIC OUTREACH

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

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

ATTACHMENT 3 (CONT'D)

SOCIAL MEDIA PLATFORMS WHERE HEALTH INFORMATION IS ALSO PROVIDED. THE SITE REACHED MORE THAN 2.4 MILLION USERS IN 2014 AND HAD MORE THAN 4 MILLION PAGE VIEWS. IN ADDITION, THE NACERSANO BLOG (ONE OF THE SOCIAL MEDIA PLATFORMS) HAD 3,300 AVERAGE VIEWS PER DAY, A 42 PERCENT INCREASE OVER 2013 AND THE HIGHEST SINCE ITS IMPLEMENTATION IN 2007.

#### HISPANIC ADVISORY COUNCIL

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

#### PREGNANCY AND NEWBORN HEALTH EDUCATION CENTER

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

IN 2014, THE CENTER ANSWERED 19,870 EMAILS IN ENGLISH AND SPANISH ON TOPICS RANGING FROM PRECONCEPTION, PREGNANCY AND PREMATUREITY TO



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

ATTACHMENT 3 (CONT'D)

HEALTH ADVOCACY, BABY CARE AND LOSS. THE CENTER ALSO DELIVERS EDUCATION THROUGH SOCIAL MEDIA PLATFORMS. THE NEWS MOMS NEED BLOG AVERAGES OVER 1300 DAILY VIEWS. THROUGH DAILY OUTREACH AND MONTHLY CHATS ON THE MARCH OF DIMES TWITTER ACCOUNTS; THE CENTER ENGAGED OVER 25 MILLION PEOPLE WITH DETAILED EDUCATIONAL CONTENT, AND ANSWERED INDIVIDUAL CONCERNS AS THEY AROSE.

FDA AND CORN MASA FLOUR

THE MARCH OF DIMES PARTICIPATED IN A WORKING GROUP COMPRISED OF OTHER HEALTH ORGANIZATIONS AND A COMPANY INTERESTED IN FORTIFYING CORN MASA FLOUR AND ITS RELATED PRODUCTS (E.G., TORTILLAS AND TORTILLA CHIPS) WITH FOLIC ACID IN THE U.S. TO PREPARE A FOOD ADDITIVE PETITION TO THE FDA. THIS PETITION, WHICH WOULD ALLOW VOLUNTARY FORTIFICATION OF CORN MASA FLOUR WITH FOLIC ACID IF APPROVED, WAS SUBMITTED TO THE FDA IN APRIL 2012. THE MARCH OF DIMES HAS SINCE CONTINUED TO WORK WITH THE FDA TO ADDRESS THEIR CONCERNS AND QUESTIONS REGARDING ASPECTS OF THE INFORMATION SUBMITTED IN THE PETITION. THE MARCH OF DIMES HAS FUNDED AN ADDITIONAL STABILITY STUDY TO EXAMINE THE LEVELS OF FOLIC ACID PRESENT IN FORTIFIED CORN MASA FLOUR AND ITS RELATED PRODUCTS OVER TIME. SUCH DATA WOULD ALLOW THE FDA TO CONFIRM THAT THE FOLIC ACID IS PRESENT AT EXPECTED OR APPRECIABLE LEVELS IN CORN MASA FLOUR AND ITS RELATED PRODUCTS SUFFICIENT TO ACHIEVE THE INTENDED EFFECT OF REDUCING NEURAL TUBE DEFECTS IN THE U.S. THIS STUDY IS EXPECTED TO BE FINISHED BY END OF 2015.

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

ATTACHMENT 3 (CONT'D)

## PATIENT SAFETY AND QUALITY

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

## NBS CULTURE OF SAFETY AND AWARDS

IN NOVEMBER 2013, THE MILWAUKEE JOURNAL SENTINEL (MJS) PUBLISHED THE FIRST ARTICLE IN A SERIES TITLED "DEADLY DELAYS" IN NEWBORN SCREENING.

THIS ARTICLE DESCRIBED DEATH AND DISABILITY THAT COULD HAVE BEEN PREVENTED AMONG BABIES WHOSE NEWBORN SCREENING TESTS HAD BEEN DELAYED, FOR EXAMPLE BY BEING CLOSED ON WEEKENDS AND HOLIDAYS, AND "BATCHING" SAMPLES IN HOSPITALS OVER MULTIPLE DAYS BEFORE SENDING THEM TO THE STATE LABORATORY. WE PUBLISHED AN OP ED IN THE MJS ONE WEEK LATER AND A PEER-REVIEWED COMMENTARY IN 2014, BOTH CALLING FOR A CULTURE OF SAFETY IN NBS. WE CONVENED A NEWBORN SCREENING QUALITY IMPROVEMENT WORK GROUP TO SHARE BEST PRACTICES TO IMPROVE SAMPLE TRANSIT TIMES AND THAT GROUP NOW INCLUDES REPRESENTATIVES FROM 16 ORGANIZATIONS, SUCH AS THE AMERICAN ACADEMY OF PEDIATRICS, AMERICAN COLLEGE OF OBSTETRICS AND GYNECOLOGY, AMERICAN HOSPITAL ASSOCIATION, ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS AND OTHERS. THE WORK GROUP MEETS 2-3 TIMES PER YEAR EITHER IN PERSON OR BY CONFERENCE CALL. THE MARCH OF DIMES, IN COLLABORATION WITH THE ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS, BEGAN PROVIDING AWARDS IN 2014 TO

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

ATTACHMENT 3 (CONT'D)

STATE HEALTH OFFICIALS FOR SPECIFIC POLICIES AND PRACTICES THAT  
IMPROVE SAMPLE TRANSIT TIMES AND WE HAVE MADE TWO AWARDS TO DATE.

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

CAYMAN ISLANDS

UNITED KINGDOM

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

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

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

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

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

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
INFOCISION 325 SPRINGSIDE DRIVE AKRON, OH 44333	TELEMARKETING SERVIC	2,616,605.
PEP DIRECT 19 STONEY BROOK DRIVE WILTON, NH 03086	MAIL HOUSE	2,547,223.
BLACKBAUD PO BOX 930256 ATLANTA, GA 31193-0256	SOFTWARE HOSTING	1,887,570.

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

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
MSL GROUP INC 13273 COLLECTION CENTER DR CHICAGO, IL 60693	MARKETING	683,317.
PARADYSZ, MATERA & COMPANY INC 5 HANOVER SQUARE NEW YORK, NY 10004	LIST BROKER	1,049,627.

ATTACHMENT 7FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST ON SAVINGS	206,746.			206,746.
INTEREST & DIVIDENDS	1,542,326.			1,542,326.
TOTALS	<u>1,749,072.</u>			<u>1,749,072.</u>

ATTACHMENT 8FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION	AMOUNT
SPECIAL EVENTS	127,606,598.
TOTAL	<u>127,606,598.</u>

ATTACHMENT 9

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

ATTACHMENT 9 (CONT'D)

FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>
SPECIAL EVENTS	14,635,042.	14,635,042.
TOTALS	<u>14,635,042.</u>	<u>14,635,042.</u>

ATTACHMENT 10

FORM 990, PART VIII - GAMING ACTIVITIES

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>
GAMING ACTIVITIES	313,463.	313,463.
TOTALS	<u>313,463.</u>	<u>313,463.</u>

ATTACHMENT 11

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
PREPAID INSURANCE	298,589.
PREPAID RENT	536,413.
DEFERRED TRUST	48,637.
OTHER PREPAID EXPENSES	959,652.
TOTALS	<u>1,843,291.</u>

ATTACHMENT 12

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

ATTACHMENT 12 (CONT'D)

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
SHORT TERM SECURITY	839,215.	FMV
DOMESTIC COMMON STOCK	20,442,767.	FMV
PUBLICLY TRADED MUTUAL FUNDS	24,776,712.	FMV
INSTITUTIONAL MUTUAL FUNDS	23,903,733.	FMV
FIXED INCOME	274,629.	FMV
TOTALS	<u>70,237,056.</u>	

ATTACHMENT 13

FORM 990, PART X - DEFERRED REVENUE

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
DEFERRED REV	19,350.
DEFERRED REV - SPECIAL EVENTS	1,933,994.
DEFERRED REV - OTHER	90,246.
TOTALS	<u>2,043,590.</u>