MARCH OF DIMES FOUNDATION FORM 990 TAX YEAR 2015

Form 845	Electronic Filing For calendar year 2015, or tax year beginning , 2015, and ending a Treasury Service For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868	, 20	OMB No. 1545-1879
Name of exempt	organization	Employer iden	tification number
Check the bo check the bo leave line 1b,	ype of Return and Return Information (Whole Dollars Only) x for the type of return being filed with Form 8453-EO and enter the applicable amo c on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being fil 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- of below. Do not complete more than one line in Part I.	unt, if any fr	om the return. If you form was blank, then then enter -0- on the
1a Form 99 2a Form 99 3a Form 11 4a Form 99	0 check here > □ b Total revenue, if any (Form 990, Part VIII, column (A), line 1 0-EZ check here > □ b Total revenue, if any (Form 990-EZ, line 9) 20-POL check here >> □ b Total tax (Form 1120-POL, line 22). 0-PF check here >> □ b Tax based on investment income (Form 990-FF, Part 168 check here >> 58 check here >> □ b Balance due (Form 8868, Part I, line 3c or Part II, line 8c)	2)	lb186,724,568 2b bb bb
Part II	eclaration 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 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/900-EZ/990-EZ/900-EZ/990-EZ/900-

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2015 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic 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 JOIL Senior VP & CFO Here Signature of office

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 organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use	ERO's signat Firm's	name (or	Date	Check if also paid preparer	Check if self- employed	ERO's SSN or PTIN	
Only	addres	if self-employed), 🏚				EIN	
			od the all success to a state		<u>i</u>	Phone no.	
and belief	, they	of perjury, I declare that I have examin are true, correct, and complete. Declara Print/Type preparer's name	ation of preparer is based on	ompanying schedules	and stateme	ents, and to the best	of my knowledge
Paid		Print/Type preparer's name	Preparer's signature			er has any knowledg	e.
Prepar		Jocelyne C Miller		Joseps C. Hille	Date 5/5/16	Check if	PTIN P006345609
Use Or		Firm's name KPMG LLP				self- employed	
		Firm's address > 345 Park Avenye N	iew York NY 10154				13-5565207
For Priva	cy Act	and Paperwork Reduction Act Noti	Ce. see back of form			Phone no. 21	2-758-9700
				Cat. No.	36606Q	Form 8	453-EO (2015)

Form **990**

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

5 12 Open to Public

6

OMB No. 1545-0047

		of the Tre enue Servi			bout Form 990 an			-		-				nspec	tion
				idar year, or tax year begin				d ending	<u> </u>				, 2		
				of organization						D Employ	/er ide	ntifica	tion num	ber	
Bc	Check if a	pplicable:	MAR	CH OF DIMES FOUNDAT	TION					13-	184	6366	5		
	Addre		Doing	business as											
	Name	e change	Numb	er and street (or P.O. box if mail is	not delivered to street	address)	Roo	m/suite		E Teleph	one nu	mber			
Х	Initial	l return	127	5 MAMARONECK AVENUE	2					(914)	42	8 - 7	100		
	Final termi	return/ nated	City o	r town, state or province, country, a	nd ZIP or foreign post	al code									
	Amer returr	nded	WHI	TE PLAINS, NY 1060	5					G Gross I	receipt	s \$	231	911	,027.
		cation	F Name	and address of principal officer:	DR. JENNII	FER HOWSE				H(a) Is th	is a gro rdinates		n for	Yes	XN
	-	-	127	5 MAMARONECK AVENUE	E WHITE PLAI	INS, NY 106	505			H(b) Are a			cluded?	Yes	No
I	Tax-ex	empt sta	atus:	X 501(c)(3) 501(c) () ┥ (insert no.)	4947(a)(1)) or	527		lf "N	lo," atta	ch a list	. (see instru	ctions)	
J	Websi	ite: 🕨	WWW.M	ARCHOFDIMES.ORG						H(c) Grou	ip exem	ption nu	umber 🕨		
κ	Form	of organ	ization:	X Corporation Trust	Association Ot	her 🕨		L Year of	formati	ion: 193	8 M	State	of legal do	micile:	NY
Pa	art I	Su	mmary												
	1	Briefly	describ	e the organization's mission o	most significant ad	ctivities: THE M	IISS	ION OF	THI	E MARC	СН О	F D	IMES I	IS T	0
e				THE HEALTH OF BABIE	-										
Governance		BIRT	CH AN	D INFANT MORTALITY.	SEE PART I	II, LINE 1	. FO	R MORE	E IN	FORMAT	FION				
/err	2	Check	this box	✓ ► ☐ if the organization d	scontinued its ope	erations or dispos	sed of	more that	n 25%	of its net	asset	s.			
ģ	3	Numbe	er of vot	ting members of the governing	body (Part VI, line 1	1a)						3			27.
	4			lependent voting members of t								4			27.
ties	5			of individuals employed in cale								5		1	,583.
Activities &	6			of volunteers (estimate if necess								6	3.		000.
Act	-			d business revenue from Part V								7a	- /		0.
				business taxable income from								7b			0.
										Prior Y		1	Cur	rent Y	
	8	Contri	butions	and grants (Part VIII, line 1h)				ŀ	1	87,516	5.02	1.	181.	252	,284.
Revenue	9			ce revenue (Part VIII, line 2g)						1,84					,361.
svel	10	Invest	ment in	come (Part VIII, column (A), line	s 3 / and 7d)		• • •	••••		5,02	-				,703.
Å	11			e (Part VIII, column (A), lines 5,						1,50					,220.
	12			- add lines 8 through 11 (must				Г	1	95,880	-				, <u>568</u> .
	12			milar amounts paid (Part IX, colu						29,600					,706.
	14			to or for members (Part IX, colu						27,000	0,71	0.	27,	200	, , <u>, , , , ,</u> 0.
	4.5			r compensation, employee bene						95,974	4 7 8		103	471	,154.
Expenses	16 2										9,70		105,		,793.
ben	l ua			undraising fees (Part IX, column ing expenses (Part IX, column (I		29,767,273	2	••••			, , , , , , , , , , , , , , , , , , , ,	/0.		055	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Ě	17			es (Part IX, column (A), lines 11						77,258	8 58	7	80	234	,745.
			•		· · ·					03,794	,				,745. ,398.
	18			s. Add lines 13-17 (must equal						-7,90					,398. ,830.
	19	Reven	ue less	expenses. Subtract line 18 from						ning of Cu				of Yea	
ets c ance	20	T - 4 - 1 -						ŀ	-	39,978					
Sse Bala	20			Part X, line 16)				• • • • •		<u>15,36</u>	-				,958. ,941.
Net Assets or Fund Balances	21			s (Part X, line 26)				• • • • •		24,61					,941. ,017.
	22 art II		nature	fund balances. Subtract line 21	from line 20	<u></u>				24,01	/,44	5.	13,	415	,017.
			,	I declare that I have examined this	s roturn including or			and statem	onte a	nd to the	host o	fmyk	nowlodgo	and by	oliof it in
				. Declaration of preparer (other than							Desi U	гшук	nowieuge	anu bi	ener, it is
)E / 1	2/20	01 <i>C</i>		
Sig	ın		Signature	e of officer						Da)5/1 Ite	Z / Z (110		
He			0			DDDDTD				00					
				ENNIFER HOWSE		PRESID	EN.I.								
			,, ,		Proporaria ainterim			Data			-1		TIN		
Paid	d			parer's name	Preparer's signature			Date		Chec					
	parer	JOCE		C MILLER							employ		P006		/8
	Only			►KPMG, LLP						Firm's EIN			56520		
		Firm's		▶345 PARK AVENUE N						Phone no	. 2	212-	758-9	700	
				s return with the preparer show		uctions)								es	X No
For	Pape	rwork l	Reducti	on Act Notice, see the separat	e instructions.								For	m 99() (2015)

For Paperwork Reduction Act Notice, see the separate instructions.

For	n 990 (2015) Page 2
Pa	art III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE MISSION OF THE MARCH OF DIMES IS TO IMPROVE THE HEALTH OF BABIES
	BY PREVENTING BIRTH DEFECTS, PREMATURE BIRTH AND INFANT MORTALITY.
	THE MARCH OF DIMES CARRIES OUT ITS MISSION THROUGH PROGRAMS OF
	RESEARCH, COMMUNITY SERVICE, EDUCATION AND ADVOCACY TO SAVE BABIES.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
_	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?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 30,432,577. including grants of \$ 23,699,847.) (Revenue \$)
	ATTACHMENT 1
4b	(Code:) (Expenses \$ 78,011,534. including grants of \$ 3,305,823.) (Revenue \$ 1,832,361.)
	ATTACHMENT 2
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	
	ATTACHMENT 3
ፈላ	Other program services (Describe in Schedule O.)
Ψu	
<u> </u>	
4e	Total program service expenses ► 160,690,451.
5E1	D20 1.000 Form 990 (2015)
	4634DO 774H 5/13/2016 1:24:30 PM V 15-4.5F PAGE 2

Form 9	90 (2015)		F	Page 3
Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II.	4	Х	
5	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? If "Yes," complete Schedule C,			
	Part III.	5		X
6	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? If			
	"Yes," complete Schedule D, Part I.	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	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? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10	X	
11	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
_	complete Schedule D, Part VI	11a	X	
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? If "Yes," complete Schedule D, Part VII	11b	X	
С	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? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets		37	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	v	
Ŀ	Schedule D, Parts XI and XII	12a	X	
D		126		х
13	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	12b 13		X
		14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		
D D	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
15	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	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? If "Yes," complete Schedule F, Parts III and IV	16		х
17	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? If "Yes," complete Schedule G, Part I (see instructions).	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
.5	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
-	If "Yes," complete Schedule G, Part III	19	х	

Form **990** (2015)

Form 9	90 (2015)		F	Page 4
Part	IV Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
-	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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?	25b		х
26	If "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	230		
26	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L. Part IV	28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
Ū	was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI			X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note, All Form 990 filers are required to complete Schedule O.	38	Х	

Form **990** (2015)

Form 990 (2015)

Image: second of the second second of the second of the second of the second	Par				v
1 Enter the number reported in Box3 of Form 1096. Enter -0: find applicable. Image: Complex Statements in Complex Visit Backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize wirners? Image: Complex Visit Backup With Backup Withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize wirners? Image: Complex Visit Backup Withholding rules for reportable payments to vendors and reportable gaming (gambing) With gas to prize wirners? Image: Complex Visit Backup Withholding rules for reportable payments to vendors and reportable gaming (gambing) Withings to prize wirners? Image: Complex Visit Backup Withings To Prize Wirners Wirne		Check if Schedule O contains a response of note to any line in this Part V	<u>•••</u>		_ X
b Entor the number of Forms W-20 included in line 1a. Enter -b- if not applicable. Ib 30 c Dd the organization comply with backing withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c X 2a Enter the number of emptyees reported on Form W-3, Transmital of Wage and Tax 2a 1,563 2b If a teast one is reported on line 32, did the organization file all required federal emptyment tax returns? 2b X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3b 3a 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b 3b 3a X 3b If **s; "enter the name of the foreign country. ATTACCHMENT 4 Se instructions for filing requirements for FinCEN Form 114, Report of Foreign Bark and Financial Accounts (FBAR). 3a X 5a Was the organization aparty to a probibited tax shelter transaction at any time during the tax year? 5a Sa X 5a Was the organization nucled with every solicitation an express statement that such contributions? 5c Sa X 5a Was the organization nucled with every solicitation an express statement that such contributions? 5c Sa X 5a Was the organization nealewith e down of the walke of the goods and s	1 a	Enter the number reported in Box 3 of Form 1096. Enter -0 if not applicable $1a$ 922		103	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (ambling) winnings to price winners? 1 2					
reportable gaming (gambling) winnings to prize winners? i.e. i.e. i.e. 28 Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax i.s.693 b If at least one is reported on line 2a, did the organization file all required fedoral employment tax returns? 20 X 3a Dot the organization have unrelated business gross income of \$1,000 or more during the year? 3a Xa Xa 3b If ves, inst filed a Form Solo To this year? 3a Xa Xa Xa Xa 4a At any time during the calendar year, did the organization have an interest in, or a signature or other intancing vorte, at financial account in a foreign country to kan the able provide an explanation in Schedule O. 3b 3a 5a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5a Xa 5a Was the organization have annual gross receipts that are northibited tax sheller transaction? 5b X 6a Does the organization neaves at 937 meable party northy the cognazitation an express statement flucture arrhibited tax sheller transaction? 5b X 7 Organization receive a payment in exects of 157 meable party noft the organization receive a payment in exects of 157 meable party noft to a prohibited tax sheller transaction? 7c Xa 8a Dot the organization neave an uset of the valot aductible as charitable contributions or gi					
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 1.583 bit at least one is reported on line 2a, did the organization file at required federal employment tax returns? 2b X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3a X 3b if at least one is reported on line 2a, did the organization file at required federal employment tax returns? 3a X 3b if the organization have unrelated business gross income of \$1,000 or more during the year? 3a X 3b if Yes, 'is the file of Bom Boo Tor this year? 3a X bit Y'yes,' enter the name of the foreign country (such as a bank account, securities account, or other financial account; 'feAR). See instructions for filing requirements for FOCEN Form 114, Report of Foreign Bank and Financial Accounts; (FBAR). Sa 5a Was the organization name annual gross receipts that are normally greater than \$100,000, and did the organization that it was or is a party to a prohibited tax shelter transaction? Sa 5a Did any taxable party notify the organization that werey solicitant on an express statement that such contributions or gifts were not tax deductible as charitable contributions or gifts were not tax deductible? Sa 7b Did any taxable party notify the organization fueld with every solicitation an express statement that such contributions or gifts were not tax deductible? Sa 7c Dif due organization	-		1c	Х	
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Form 9	MARCH OF DIMES FOUNDATION 13-1846	5366	F	Page 6
Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 27			
	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	Enter the number of voting members included in line 1a, above, who are independent 1b 27			
2	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?	2		Х
3	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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	-	37	
	one or more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	76		x
	stockholders, or persons other than the governing body?	7b		A
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	8a	Х	
a		8b	X	
ь 9	Each committee with authority to act on behalf of the governing body?			
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue		ə.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х	
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?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	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?	450	v	
a	The organization's CEO, Executive Director, or top management official	15a	X X	
b	Other officers or key employees of the organization	15b	Λ	
40.5	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		x
h	with a taxable entity during the year?	Tua		21
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?	16b		
Secti	ion C. Disclosure			I
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	onlv)
	<u>available for public inspection. Indicate how you made these available. Check all that apply.</u>		.,,0,0	(, , , , , , , , , , , , , , , , , , ,
	X Own website Another's website X 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 int	erest	policv	, 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 record DAVID HORNE 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605 914 428-7100	s: 🕨		

Form **990** (2015)

Page 7

Part VII	Compensation of Officers, Independent Contractors			-	-	
	Check if Schedule O contain	s 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) (B) Position Position (B) Reportable composation from related organizations (W-2/1099-MISC) (F) Estimated amount of other Image: State of the state of the state of the state ine) Image: State of the state of t						C)					
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TRUSTEE 0. X 0. 0. 0. 0.											
(14) DEIDRA C. MERRIWETHER 1.00		+	x						0.	0.	0.
	*	+	x		Х				0.	0.	0.

JSA 5E1041 1.000

Part VII Section A. Office	ers, Directors, Trustees,	Key E	mple	bye	es,	and H	ligl	hest Compensat	ed Employ	ees (c	ontinued)
(A) Name and titl	e (B) Averag hours pr week (list hours fo	any box	k, unle cer an	Pos heck ss pe d a c	erson	e than o is both or/trust	an	(D) Reportable compensation from the	(E) Reportal compensatio relatec organizati	n from	(F) Estimated amount of other compensatior
	related organizati below dot line)	ons dire	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-		from the organization and related organizations
5) DANA W. POINTS	1.									0	
TRUSTEE		0. X		-				0.		0.	
6) WILL A. SMITH TRUSTEE	1.	0. X						0.		Ο.	
7) F. SESSIONS COLE, TRUSTEE	++	00 0. X						0.		0.	
.8) JAMES M. CORBETT TRUSTEE	1.	00 0. x						0.		0.	
.9) MONICA LUECHTEFEL								0.		0.	
SECRETARY		0. X		X				0.		Ο.	
0) JOHN D. RAINEY TRUSTEE	1.	00 0. X						0.		0.	
1) KATHLEEN ROOSEVEL	+++	00 0. x						0.		0.	
2) LISA BELKIN	1.							0		0	
TRUSTEE 23) DR. REGINA BENJAM		0. X						0.		0.	
TRUSTEE		0. X						0.		0.	
24) GRETCHEN CARLSON TRUSTEE	1.	00 0. x						0.		ο.	
25) ALFREDO GANGOTENA	1.							0.		0.	
TRUSTEE		0. X						0.		Ο.	
1b Sub-total								0.		0.	
c Total from continuation s							►	3,798,699.		0.	94,37
d Total (add lines 1b and 1c 2 Total number of individuals	(including but not limited t	o those	liste						\$100,000 o	0. f	94,37
reportable compensation f	rom the organization F	13	8								Yes
	any former officer, dire										3 X
organization and related	on line 1a, is the sum of organizations greater th	nan \$1	50,0)00?	i If	"Yes	,"	complete Schedu	le J for s	uch	4 X
5 Did any person listed on	line 1a receive or accrue or accrue organization? If "Yes," com	compe	nsat	ion	fron	n any	un	related organization	on or individ	lual	5
Section B. Independent Cont											
	ur five highest compensate ganization. Report compens										
	(A)							(B)			(C)
Ν	lame and business address						1	Description of se		~	ompensation

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

ATTACHMENT 6

	t VII Section A. Officers, Directors, Tru		y 111	ipiu				ngi				,		—
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	not ch unles	Pos neck ss pe	erson	e than o is both or/truste employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation related organizatior (W-2/1099-MI	from	(F) Estima amour othe compen from organiz and rel organiza	ated nt of er satio the atior ated	on 1
6)	LAVERNE H. COUNCIL	1.00												
7)	TERM ENDED JUNE 2015	0.	X		Х				0.		0.			_
<u>/)</u>	TROY RUHANEN TERM ENDED AUG 2015	<u>1.00</u> 0.	x						0.		0.			
8)	STEVEN FREIBERG	1.00							0.		0.			_
	TERM ENDED DEC 2015	0.	x						0.		ο.			
<u>۹</u> ۱	KIRK PERRY	1.00	A	$\left \right $					0.					
21	TERM ENDED SEPT 2015	0.	x						0.		ο.			
0)	DAVID LAKEY, MD	1.00	A	$\left \right $					0.					
	TRUSTEE *EFF JUNE 2015	0.	x						0.		ο.			
1 \	CHARLES LOCKWOOD, MD	1.00	A	$\left \right $					0.					-
<u>+</u> /	TRUSTEE *EFF JUNE 2015	0.	x						0.		ο.			
2)	JENNIFER HOWSE, PHD	50.00									<u> </u>			-
	PRESIDENT	0.			х				504,919.		ο.	7	,0	¢
3)	LISA BELLSEY, ESQ.	50.00											/ 0	-
	EVP	0.			х				431,215.		ο.	7	,5	-
4)	DAVID HORNE	50.00							101/1101				,.	-
	ASSISTANT TREASURER	0.			х				254,971.		ο.	19	,1	2
5)	EDWARD MCCABE, M.D.	50.00											,	-
	MEDICAL DIRECTOR	0.			Х				414,633.		ο.			
6)	KAREN ANDREWS, ESQ	50.00							,					-
_ <u>`</u> _	ASST SECRETARY *EFF JUNE 2015	0.			Х				165,173.		ο.	5	, 9	ç
c d 2	Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c) Total number of individuals (including but not reportable compensation from the organization	ection A limited to t		liste		bove	e) who	re	eceived more than	\$100,000 of				
												Ye	es	I
3	Did the organization list any former offic	er, directo	or, or	tru	iste	e,	key e	mp	oloyee, or highes	t compensate	ed [ĺ
	employee on line 1a? If "Yes," complete Sched											3 2	Z I	
1	For any individual listed on line 1a, is the	sum of rep	ortab	le c	com	per	satior	n ai	nd other compens	sation from th	ne			
	organization and related organizations gro <i>individual</i>	eater than	\$15	50,00	00?	If	"Yes	;,"	complete Schedu	le J for su	ch	4 2	Σ	
	Did any person listed on line 1a receive or													ļ
	for services rendered to the organization? If "Ye											5		
	tion B. Independent Contractors													
	Complete this table for your five highest com compensation from the organization. Report c year.											s tax		
									(D)			(0)		
	(A)								(B)			(C)		
	(A) Name and business add	Iress							(B) Description of se	ervices	Cor	(C) npensatio	on	

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 **>**

	Yes	No
3	Х	
4	Х	
5		Х

Part VII Section	A. Officers, Directors, Tr	usiees, ne	у∟п	ipio	yee			ngi	nest compensat		663 (00)	nunue	u)	
Na	(A) Name and title		box, office	not ch unles er and	is pe	ition more rson irect	e than c is both or/trust	an tee)	(D) Reportable compensation from the	(E) Reportab compensation related organization	n from	Est am c comp	(F) imated ount o other pensati	of ion
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-N	MISC)	orga and	m the nizatio related nizatio	on d
7) JOSEPH L SI SENIOR V.P.	MPSON, MD	50.00	-				Х		388,608.		0.		7,0	29
8) PAULA R RAN SENIOR V.P.	SOM	50.00	-				X		338,782.		0.		9,9	
9) NORA S. GOO SENIOR V.P.	СН	50.00	-				x		297,306.		0.		7,5	
0) DANICA MONT		50.00	-											
VP PHILANTH	ARRINO	50.00	-				X		291,648.		0.		14,0	
SENIOR V.P. 2) RICHARD E.		0.					Х		289,683.		0.		6,5	
FORMER EVP		0.						X	421,761.		0.		9,5	5
														_
			-											
			-											
														-
c Total from contin d Total (add lines 2 Total number of i	nuation sheets to Part VII, S 1b and 1c) ndividuals (including but not	limited to t		• • •		•••		► ► ►	eceived more than	\$100,000 o	f			_
reportable compe	ensation from the organizatio	n 🕨	138	3									Yes	
	ation list any former offic 1a? If "Yes," complete Scheo											3	Х	
organization and	al listed on line 1a, is the d related organizations gr	eater than	\$15	50,00	00?	lf	"Yes	s," (complete Schedu	le J for s	uch			
Did any person	listed on line 1a receive or	accrue co	mpen	satio	on f	rom	n any	un	related organization	on or individ	lual	4	X	
for services rende Section B. Independ	ered to the organization? If "Y ent Contractors	es," comple	te Sch	nedu	ie J	tor	such	per	rson	<u></u>	••	5		L
Complete this tal	ble for your five highest com om the organization. Report o											s tax		_
	(A) Name and business ad	dress							(B) Description of se	ervices	Co	(C) mpens	ation	
														_
														_

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 ► JSA 5E1055 1.000

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
lts ts	1a	Federated campaigns	1a	1,054,204.				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		,,				
s, G	c	Fundraising events		125,137,650.				
Gifts, (ilar An	d	Related organizations		· · ·				
imi	e	Government grants (contribu		1,912,470.				
itioi er S	f	All other contributions, gifts,						
2th		and similar amounts not included	-	53,147,960.				
onti od O	g	Noncash contributions included	in lines 1a-1f [.] \$	1,695,485.				
	h	Total. Add lines 1a-1f			181,252,284.			
anu				Business Code				
sver	2a	SALE OF EDUCATION MATERIA	AL	900099	1,351,617.	1,351,617.		
e Re	b	SYMPOSIUM CONFERENCE		900099	351,790.	351,790.		
vice	с	PROGRAM SPONSORSHIP		900099	128,954.	128,954.		
Ser	d							
an	е							
Program Service Revenue	f	All other program service rev	venue					
Pr	g	Total. Add lines 2a-2f	<u></u>	<u></u>	1,832,361.			
	3		cluding divider					
		and other similar amounts).	ATTACHMENT	7	1,126,564.			1,126,564.
	4	Income from investment of	tax-exempt bond	proceeds . 🕨	0.			
	5	Royalties			781,668.			781,668.
			(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses						
	с	Rental income or (loss)						
	d	Net rental income or (loss) .			0.			
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	31,316,416.					
	b	Less: cost or other basis						
		and sales expenses	30,300,277.					
	c	Gain or (loss)		L				
	d	Net gain or (loss)		· · · · · · · >	1,016,139.			1,016,139.
ne	8a	Gross income from fundra	0	АТСН 8				
ven		events (not including \$ 125		AICII 0				
Re		of contributions reported on						
Other Revenue		See Part IV, line 18						
ð	b	Less: direct expenses Net income or (loss) from fu	b					
	c				0.			
	9a	Gross income from gaming See Part IV, line 19		0.01 0.05				
	.							
	b c	Less: direct expenses Net income or (loss) from g	b barning activities		261,297.			261,297.
					201,297.			201,297.
	10a	Gross sales of inventor returns and allowances	a					
	b c	Less: cost of goods sold Net income or (loss) from sa						
		Miscellaneous Revenu		Business Code	0.			
			-	900099	222.240			222.240
	11a	GRANT REFUNDS ALL OTHER REVENUE		900099	232,348.			232,348.
	b	THER REVENUE		500099	221,907.			221,907.
	c d	All other revenue						
	d	Total. Add lines 11a-11d			454,255.			
	e			🚩	404,200.			

Statement of Revenue

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

Form **990** (2015)

MARCH OF DIMES FOUNDATION ~ -

	F DIMES FOUNDATIO	N	13-1	846366 Page 1
Part IX Statement of Functional Expen	ses			
Section 501(c)(3) and 501(c)(4) organizations r	nust complete all column	s. All other organizatio	ns must complete colu	mn (A).
Check if Schedule O contains a re	esponse or note to any line	e in this Part IX		[
Do not include amounts reported on lines 6b, 7 8b, 9b, and 10b of Part VIII.		(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organization and domestic governments. See Part IV, line 21		27,480,753.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22		290,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	n 1,468,953.	1,468,953.		
4 Benefits paid to or for members	. 0.			
5 Compensation of current officers, directors trustees, and key employees		1,362,867.	196,716.	251,004
6 Compensation not included above, to disqualifier persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	d d			
7 Other salaries and wages		61,622,717.	8,894,624.	11,349,258
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contribution	e	7,240,550.	1,428,408.	1,592,592
9 Other employee benefits		3,337,583.	-116,482.	216,763
10 Payroll taxes		4,550,486.	686,049.	858,019
11 Fees for services (non-employees):			-	·
a Management	0.			
b Legal		68,177.	50,977.	33,027
c Accounting		148,255.	110,253.	71,408
d Lobbying				
e Professional fundraising services. See Part IV, line 1				639,793
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, colur				
(A) amount, list line 11g expenses on Schedule O.)	15 161 060	9,497,629.	3,186,617.	2,779,822
12 Advertising and promotion				
13 Office expenses				
14 Information technology	. 0.			
15 Royalties	. 0.			
16 Occupancy	9,087,943.	7,017,778.	870,131.	1,200,034
17 Travel		4,975,033.	563,177.	818,534
18 Payments of travel or entertainment expense	s			
for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	-	2,937,369.	204,662.	285,580
20 Interest		54,828.	39,702.	25,556
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,827,308.	1,278,167.	261,290.	287,851
23 Insurance	. 0.			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. I				
line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.				
aPRINTING	_ 20,419,907.	12,794,573.	2,939,184.	4,686,150
bPOSTAGE & SHIPPING		7,256,109.	1,967,472.	2,907,452
cEQUIPMENTAL RENTAL	2,441,710.	1,648,059.	390,243.	403,408
dTELEMARKETING/DATA FEES	6,140,164.	4,033,065.	1,107,847.	999,252
e All other expenses	2,336,074.	1,627,500.	346,804.	361,770
 25 Total functional expenses. Add lines 1 through 24. 26 Joint costs. Complete this line only if th organization reported in column (B) joint cost from a combined educational campaign an fundraising solicitation. Check here ► X is 	e 213,585,398. e is d	160,690,451.	23,127,674.	29,767,273
following SOP 98-2 (ASC 958-720)		18.570.000	5,292,000	7.244.000

JSA 5E1052 1.000

following SOP 98-2 (ASC 958-720)

7,244,000. Form 990 (2015)

5,292,000.

. . . .

31,106,000.

18,570,000.

Form 990 (2015)

		2015)			Page II
Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this P	art X		X
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	, ,	1	8,579,682.
	2	Savings and temporary cash investments	4,015,096.	2	4,870,959.
	3	Pledges and grants receivable, net	2,307,675.	3	2,134,834.
	4	Accounts receivable, net	5,032,022.	4	5,942,051.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
ets	7	Notes and loans receivable, net		7	0.
Assets	8	Inventories for sale or use		8	3,870,461.
∢	9	Inventories for sale or use Prepaid expenses and deferred charges ATCH 11		9	1,663,755.
	-	Land, buildings, and equipment: cost or		-	,,
		other basis. Complete Part VI of Schedule D 10a 55,611,722.			
	b	Less: accumulated depreciation	10,497,671.1	10c	8,766,552.
	11	Investments - publicly traded securities ATCH 12		11	50,779,872.
	12	Investments - other securities. See Part IV, line 11		12	10,924,933.
	13	Investments - program-related. See Part IV, line 11		13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11		15	15,329,859.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	139,978,215.	16	112,862,958.
	17	Accounts payable and accrued expenses	9,905,687.	17	15,997,707.
	18	Grants payable	19,886,464.	18	22,645,726.
	19	Deferred revenue ATCH 13	2,043,590.	19	2,249,408.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
es	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
abi		disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties		23	0.
	24	Unsecured notes and loans payable to unrelated third parties	5,000,000.	24	5,000,000.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	53,555,100.
	26	Total liabilities. Add lines 17 through 25	115,360,770.	26	99,447,941.
sec		Organizations that follow SFAS 117 (ASC 958), check here \blacktriangleright X and complete lines 27 through 29, and lines 33 and 34.			
ano	27	Unrestricted net assets		27	-3,788,718.
Bal	28	Temporarily restricted net assets		28	4,558,000.
Fund Balances	29	Permanently restricted net assets	13,299,677.	29	12,645,735.
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
ts (30	Capital stock or trust principal, or current funds		30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ä	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances		33	13,415,017.
_	34	Total liabilities and net assets/fund balances		34	112,862,958.

Form 990 (2015)

Form 9	90 (2015)				Pa	ge 12	
Part	XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI					X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	86,7	24,5	568.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	13,5	85,3	398.	
3	Revenue less expenses. Subtract line 2 from line 1	3	١	26,8	60,8	330.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		24,617,445.			
5							
6							
7	Investment expenses	7				0.	
8	Prior period adjustments	8				0.	
9	Other changes in net assets or fund balances (explain in Schedule O)	9		19,0	39,6	582.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10		13,4	15,0)17.	
Part	XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	n in				
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	lor				
	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?			2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audi						
	separate basis, consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	overs	iaht				
	of the audit, review, or compilation of its financial statements and selection of an independent acc		•	2c	Х		
	If the organization changed either its oversight process or selection process during the tax year, e						
	Schedule O.	1.2.0	,				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	n in				
Ju	the Single Audit Act and OMB Circular A-133?			3a	Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und						
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au			3b	Х		

Form **990** (2015)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

Name of the organization Employer identification number 13-184636 RAPCH OF DURKES FOUNDATION Image: 13-1846366 Reason for Public Charity Status (All organizations must complete this part). See instructions. Image: 13-1846366 The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) Image: 13-1846366 1 A check convention of thurches, or association of churches described in section 170(b)(1)(A)(ii). 2 A school described in section or 170(b)(1)(A)(ii). 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital is mane, city, and state. 5 An organization operated for the barefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(V). (Complete Part II) 6 A foderal, state, or local government or governmental unit described in section 170(b)(1)(A)(V). (Complete Part II) 7 X hor organization that romally receives (1) more than 33 vs % of its support from contributions, membership fees, and gross receipts from activities related to its secure to publics (2) excession 11 (2)(1) (A)(V). (Complete Part II) 9 An organization organization and unrelated for publics (2)(2). See section 509(c)(2). 10 An organization organization and unrelated for publics (2) vs essection 509(c)(2). 11 A hotypital describes in		tment of the Treasury al Revenue Service	Information		Attach to Form 990 or (Form 990 or 990-EZ) a			is at www.irs.gov/form9	90. Inspection			
Part I Reson for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation baccuse it is: (For insta 1 through 11, chack only one box) A church, convention of churches, or association of churches described in section 170(b)(1(A)(i)). A A achold described in section 170(b)(1(A)(ii)). A An organization operated in conjunction with a hospital described in section 170(b)(1(A)(ii)). A model research organization operated in conjunction with a hospital described in section 170(b)(1(A)(ii)). A field and a cooperative hospital service organization described in section 170(b)(1(A)(ii)). A field and a solution operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1(A)(ii)). A field and state: A field and state: A field and state: A field and state and a substantial part of its support from a governmental unit for from the general public described in section 170(b)(1(A)(v)). (Complete Part II.) A field and state: A field and state: A field and state and the integrity owned or operated by a governmental unit described and section 170(b)(1(A)(v)). (Complete Part II.) A field and state: A field and state a substantial part of its support from contributions, membership lees, and gross receips from activities related to its exempt functions - subject to cartain exceptions, and (2) no more than 33 in % of its support from goranization nath enveloperate dural stable income (lees section 501 (a)(find bit in businesses acquired by the organization aperated exclusively to the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization sections A and B. D Type II. A supporting organization section A and B. D Type II. A supporting organization sections A and B. D Type II. A supporting organization sections A and B. D Type II. A supporting organization supervised or controlled in connection with its supported organization(s) by having confic	Name				. ,							
Earth Reason for Public Charity Status (All organizations must complete this part); See instructions. The organization is not a private foundation baccuse it is: (For instead to the bac); 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)). 3 A hospital or a cooperative hospital service organization described in section 170(b)(1(A)(iii). 4 A medical reasarch organization operated in conjunction with a hospital described in section 170(b)(1(A)(ii)). 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)(V). 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 from the general public describes from activities related to its exempt functions - subject to cartain exceptions, and (2) no more than 33 in % of its support from contributions, membraship fees, and gross receipts from activities related and operated exclusively to the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization section 509(a)(2). 10 An organization organization adperated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organization section 509(a)(1) or section 509(a)(2).		-	OUNDATIO	N								
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Total		-										

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

Schedule A (Form 990 or 990-EZ) 2015

OMB No. 1545-0047

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Schedule A (Form 990 or 990-EZ) 2015

Page 2

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	200,078,092.	198,602,163.	195,237,139.	187,516,021.	181,252,284.	962,685,699.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	200,078,092.	198,602,163.	195,237,139.	187,516,021.	181,252,284.	962,685,699.
5	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.
6	Public support. Subtract line 5 from line 4.						962,685,699.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	200,078,092.	198,602,163.	195,237,139.	187,516,021.	181,252,284.	962,685,699.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,292,871.	3,345,135.	2,702,538.	2,509,267.	1,908,232.	14,758,043.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) $$_{\rm ATCH}-1	494,623.	756,520.	638,657.	432,869.	454,255.	2,776,924.
11	Total support. Add lines 7 through 10						980,220,666.
12	Gross receipts from related activities, etc. (s	see instructions)				12	9,086,607.
13	First five years. If the Form 990 is for organization, check this box and stop here	<u></u>	<u></u>				
	tion C. Computation of Public Sup	•	-				
14	Public support percentage for 2015 (li					14	98.21%
15	Public support percentage from 2014	Schedule A, Pa	rt II, line 14			15	98.10%
16a	331/3% support test - 2015. If the o	-					
	this box and stop here. The organization						
b	331/3% support test - 2014. If the c	-					
	check this box and stop here. The orga	-					
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					-	
	Part VI how the organization meets t			-	-		
	organization						
D	10%-facts-and-circumstances test - 2	-	-				
	15 is 10% or more, and if the organization						-
	Explain in Part VI how the organizati				-	-	
10	supported organization Private foundation. If the organization						
18							
	instructions						<u> </u>

Schedule A (Form 990 or 990-EZ) 2015

Schedule A (Form 990 or 990-EZ) 2015

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

(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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
•	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
5	furnished by a governmental unit to the						
	organization without charge						
6							
6 70	Total. Add lines 1 through 5						
<i>i</i> a	Amounts included on lines 1, 2, and 3						
b	received from disqualified persons 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						
	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly						
12	Carried on Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for		tion's first seco	nd third fourth	or fifth tax ve	Par as a section	501(c)(3)
.4	organization, check this box and stop here .	-					
500	tion C. Computation of Public Sup			<u></u>		<u></u>	
15	Public support percentage for 2015 (line 8,			mn (f))		15	%
	Public support percentage from 2014 Scher						
16 500	· · · · · · · · · · · · · · · · · · ·					16	%
	tion D. Computation of Investmen			0 1 (0)			
17	Investment income percentage for 2015 (lin					17	<u>%</u>
18	Investment income percentage from 2014 S					18	%
19 a	331/3% support tests - 2015. If the org						
	17 is not more than 331/3%, check this						
b	331/3% support tests - 2014. If the orga	nization did not	check a box on	line 14 or line 19	9a, and line 16 is	more than 331/3	3 %, and
	line 18 is not more than 331/3%, check	this box and st	op here. The or	ganization qualifi	es as a publicly	supported organia	zation
20	Private foundation. If the organization of	lid not check	a box on line	14, 19a, or 19b			
JSA 5E122	1 1.000				S	chedule A (Form 9	90 or 990-EZ) 2015

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

10b Schedule A (Form 990 or 990-EZ) 2015

	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.	1
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	
0		2
Seci	tion C. Type II Supporting Organizations	
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed	
	the supported organization(s).	1
Sect	tion D. All Type III Supporting Organizations	
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a paper of the Form 000 that was most recently filed as of the date of patients and (iii) ensure of	

	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			

3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's</i>	
	supported organizations played in this regard.	3

Section E. Ty

1	Che	nck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
а		The organization satisfied the Activities Test. Complete line 2 below.
b		The organization is the parent of each of its supported organizations. Complete line 3 below.

			VI how you supported a	

~			Yes	No
2 a	Activities Test. <i>Answer (a) and (b) below.</i> 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 Part VI identify <i>those supported organizations and explain</i> 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.	2a		
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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

below, the governing body of a supported organization? **b** A family member of a person described in (a) above?

Supporting Organizations (continued)

Schedule A (Form 990 or 990-EZ) 2015

Part IV

11

Secti	Section B. Type I Supporting Organizations								
C	A 35% controlled entit	y of a person describ	bed in (a) or (b)	above? If "Yes	s" to a, b, or c,	provide detail in Part VI .			
D D	A family member of a	person described in (

a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)

1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, des

or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's ed organizations played in this regard.
pe III Functionally-Integrated Supporting Organizations
he box next to the method that the organization used to satisfy the Integral Part Test during the year (se
he organization satisfied the Activities Test. Complete line 2 below.
he organization is the parent of each of its supported organizations. Complete line 3 below.
he organization supported a governmental entity. Describe in Part VI how you supported a government entity
s Test. Answer (a) and (b) below.
stantially all of the organization's activities during the tax year directly further the exempt purposes of ported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify pported organizations and explain how these activities directly furthered their exempt purposes, organization was responsive to those supported organizations, and how the organization determined se activities constituted substantially all of its activities.
activities described in (a) constitute activities that, but for the organization's involvement, one or more rganization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the</i> to the organization's position that its supported organization(s) would have engaged in these s but for the organization's involvement.
of Supported Organizations. Answer (a) and (b) below. organization have the power to regularly appoint or elect a majority of the officers, directors, or s of each of the supported organizations? <i>Provide details in Part VI.</i>
organization exercise a substantial degree of direction over the policies, programs, and activities of ea pported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>
Schedule A (I

Has the organization accepted a gift or contribution from any of the following persons?

11a

11b 11c Yes No

Yes No

Yes No

Yes No

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Schedule A (Form 990 or 990-EZ) 2015			Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ			
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must con			nstructions. All
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) 	6		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
		· I =	

7 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) 2015

Schedu Part	Ile A (Form 990 or 990-EZ) 2015 V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizat	ions (continued)	Page
	ion D - Distributions	Supporting Organizat		Current Year
		vomet euroeeee		Current real
1	Amounts paid to supported organizations to accomplish ex		l	
2	Amounts paid to perform activity that directly furthers exer			
•	organizations, in excess of income from activity	and of an and an and an and the		
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organi	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	1		
:	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а				
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section			
•	D, line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2015 distributable amount			
<u>с</u>	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			
5	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6				
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			

Page 8

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).

SCHEDULE A, PART II - OTHER INCOME							
DESCRIPTION	2011	2012	2013	2014	2015	TOTAL	
OTHER INCOME	494,623.	756,520.	638,657.	432,869.	454,255.	2,776,924.	
TOTALS	494,623.	756,520.	638,657.	432,869.	454,255.	2,776,924.	

SCHEDULE C Political Campaign and Lobbying Activities						OMB No. 15	545-0047		
(Form 990 or 990-EZ) For Organizations Exempt From Income Tax Under section 501(c) and section 527							27	20-	15
	rtment of the Treasury al Revenue Service		lete if the organization is described be tion about Schedule C (Form 990 or 9			or Form 990-l vw.irs.gov/for		Open to Inspec	
	•	•	on Form 990, Part IV, line 3, or Form Complete Parts I-A and B. Do not compl		6 (Political Ca	mpaign Activi	ties), tl	nen	
		0	on 501(c)(3)) organizations: Complete F		Do not comple	ete Part I-B.			
	Section 527 organiz		5						
			on Form 990, Part IV, line 4, or Form that have filed Form 5768 (election un					Port II_B	
		0	that have NOT filed Form 5768 (election di		•		•		
If the	e organization answ	ered "Yes,"	on Form 990, Part IV, line 5 (Proxy	. ,	, .		•		
	(see separate instru								
	e of organization	5), 01 (6) 01ga	anizations: Complete Part III.			Employer ide	ntificat	ion number	
	CH OF DIMES	FOUNDATT	ON			13-18			
-			organization is exempt under	section 501(c) or	is a sectio			-	
1			organization's direct and indirect p						
2									
3									
Par	t I-B Comple	te if the c	organization is exempt under s	section 501(c)(3).					
1			ise tax incurred by the organizatio						
2			sise tax incurred by organization m						
3			a section 4955 tax, did it file Form					Yes	No
							•••	Yes	No
	If "Yes," describe		organization is exempt under	soction 501(c) or	cont cocti	on 501/c)/3	•		
							·)·		
1	activities		xpended by the filing organizatior			►\$			
2	527 exempt func	tion activiti	ng organization's funds contributed			►\$			
3	line 17b		enditures. Add lines 1 and 2. En			▶\$			
4			e Form 1120-POL for this year?					Yes	No
5			and employer identification numb s. For each organization listed, en						
			ributions received that were prom						
	as a separate seg	regated fur	nd or a political action committee (I	AC). If additional sp	ace is need	led, provide i	nform	ation in Pa	rt IV.
	(a) Name		(b) Address	(c) EIN	filing org	nt paid from anization's ne, enter -0	contri pro deli	Amount of p butions rece omptly and d vered to a se	eived and irectly eparate
								tical organiz none, enter ·	
(1)									
(2)									
(3)									
(4)									
(5)									
(3)									

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

(6)

Schedule C (Form 990 or 990-EZ) 2015

SCI	IEQUIE C (FOITH 990 OF 990-EZ) 2015 MARCH	OF DIMES FOUNDATION	13-1	
P	art II-A Complete if the organizati section 501(h)).	on is exempt under section 501(c)(3) and	filed Form 5768 (elec	tion under
Α		belongs to an affiliated group (and list in Pa enses, and share of excess lobbying expend		oup member's
в	Check ► if the filing organization	checked box A and "limited control" provisi	ons apply.	
	Limits on Lobb	ying Expenditures	(a) Filing	(b) Affiliated
	(The term "expenditures" me	eans amounts paid or incurred.)	organization's totals	group totals
1a	a Total lobbying expenditures to influence	public opinion (grass roots lobbying)		
		a legislative body (direct lobbying)		
(Total lobbying expenditures (add lines 1	a and 1b)		
C				
		d lines 1c and 1d)		
f	Lobbying nontaxable amount. Enter the	e amount from the following table in both		
	columns.			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
ç	g Grassroots nontaxable amount (enter 28	5% of line 1f)		
ł	n Subtract line 1g from line 1a. If zero or le	ess, enter -0-		
i	Subtract line 1f from line 1c. If zero or le			
j		on either line 1h or line 1i, did the organiza		
		<u></u>		Yes No
		4-Year Averaging Period Under section 501(h)		

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

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

Schedule C (Form 990 or 990-EZ) 2015

D	- 5
Page	

Schee	Jule C (Form 990 or 990-EZ) 2015					F	Page 3
Par	t II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T file	d For	m 5768	3		
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(8	a)		(b)		
	cription of the lobbying activity.	Yes	No		Amou	Int	
1	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:						
а		x					
b	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Х					
С	Media advertisements?		Х				
d	Mailings to members, legislators, or the public?	Х				2	,418
е	Publications, or published or broadcast statements?	Х					435
f	Grants to other organizations for lobbying purposes?		Х				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Х					,595
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Х			1,	437	,164
i	Other activities?	X					655
j	Total. Add lines 1c through 1i				2,	028	,267
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X				
b	If "Yes," enter the amount of any tax incurred under section 4912						
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(C)(5)), or s	ection			
				-		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?				3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501						
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."	OR (b) Pa	rt III-A,	line :	3, is	
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou						
-	political expenses for which the section 527(f) tax was paid).		•.				
а	Current year			2a			
b	Carryover from last year		•••	2b			
с	Total			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) due			3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion		ne				
	excess does the organization agree to carryover to the reasonable estimate of nondeductible le						
	and political expenditure next year?			4			
5	Taxable amount of lobbying and political expenditures (see instructions)	<u></u>	<u> </u>	5			
Par	t 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

Page 4

Schedule C (Form 990 or 990-EZ) 2015

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.

SCHEE	DULE	D
(Form	990)	

Part I

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Part III

4634DO 774H 5/13/2016

Part II

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Open to Public Attach to Form 990. Department of the Treasury Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Inspection Internal Revenue Service Name of the organization Employer identification number MARCH OF DIMES FOUNDATION 13-1846366 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 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? Yes No 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 No Yes **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. Total number of conservation easements 2a 2b Total acreage restricted by conservation easements 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear 🕨 Number of states where property subject to conservation easement is located **b** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? No Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) No and section 170(h)(4)(B)(ii)? Yes 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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. 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:

	public service, provide the ronowing 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 fin	ancial gain, provide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenue included in Form 990, Part VIII, line 1	▶ \$
b	Assets included in Form 990, Part X	▶ \$
For F	Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2015
JSA		
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OMB No. 1545-0047

10	1010	200
13	1846	366

Osha		CH OF DIMES FO	OUNDA'I'10	N				13-184	46366	-	
_	t III Organizations Maintaining	a Collections of	Art Hist	orical T	roseuro	26 01	Othor Si	milar Asso			$\frac{2}{2}$
3	Using the organization's acquisition								•		<u> </u>
3	collection items (check all that apply			13, 01100	k any or	ine i	onowing the	at are a sigi	meant	u3e (/ 113
а	Public exhibition).	d	loan	or excha	inde ni	rograms				
b	Scholarly research		e	Other		inge pi	logianio				
c	Preservation for future genera	ations									
4	Provide a description of the organi		and expla	in how t	they furt	ther th	ne organizat	ion's exemp	t purpos	se in	Part
•	XIII.		ana ospia		liney run		io organizat		, puipe		i art
5	During the year, did the organization	n solicit or receive d	onations of	art hist	orical tre	asure	s or other s	imilar			
Ū	assets to be sold to raise funds rathe							_	Yes		No
Par	t IV Escrow and Custodial Arr				organiza						1.10
T G	Complete if the organization		" on Form	990. Pa	art IV. lii	ne 9.	or reported	an amoun	t on Fo	m	
	990, Part X, line 21.		•••••••		,						
1a	Is the organization an agent, trustee	e. custodian or othe	r intermed	iarv for c	ontributi	ions or	other assets	s not			
	included on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in]
					 [Amount			
с	Beginning balance				F	1c					
d	Additions during the year				_	1d					
e	Distributions during the year					1e					
f	Ending balance					1f					
2a	Did the organization include an amo						odial accour	nt liability?	Yes		No
	If "Yes," explain the arrangement in		•	-				, L			
1	t V Endowment Funds.									-	
	Complete if the organization	on answered "Yes	" on Form	990, Pa	art IV, li	ne 10					
	i	(a) Current year	(b) Prior		(c) Two			ree years back	(e) Fou	r years	back
1a	Beginning of year balance	4,377,788.	4,334	1,207.	3,9	942,5	63. 3,	545,416.	3,	586,	883.
b	Contributions							12,425.		12	338.
c	Net investment earnings, gains,										
C	and losses	-87,587.	271	L,581.	6	516,8	399.	589,394.		-53	805.
Ч	Grants or scholarships										
	Other expenditures for facilities										
C	and programs	207,595.	228	3,000.	2	225,2	255.	204,672.			
f	Administrative expenses										
י מ	End of year balance	4,082,606.	4,377	7,788.	4,3	334,2	207. 3,	942,563.	3,	545,	416.
g 2	Provide the estimated percentage of	of the current year of	and halance	(line 1a	column	(a)) ha	ald as:				
a	Board designated or quasi-endowne	ent ►	%	, (inte Tg,	column	(a)) 10	au as.				
b	Permanent endowment 88.4										
С	Temporarily restricted endowment										
	The percentages on lines 2a, 2b, ar		00%.								
3a	Are there endowment funds not in the	•		tion that	are held	and a	administered	for the			
	organization by:		J						[Yes	No
	(i) unrelated organizations								3a(i)		Х
	(ii) related organizations								3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related								3b		
4	Describe in Part XIII the intended us	0	•								
-	t VI Land, Buildings, and Equir	oment.									
	Complete if the organization	on answered "Ye									
	Description of property	(a) Cost or (invest			or other bas other)	sis	(c) Accumulate depreciation	d (0	d) Book va	lue	
1a	Land		/		918,32	6.			9	18,3	326.
b	Buildings				255,31		25,166,65	55.			558.
с	Leasehold improvements										
d	Equipment			26,4	138,08	3. 2	21,678,51	5.	4,7	59,5	68.
е	Other									•	
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Forn	n 990, Part .	X, colum	n (B), lin	e 10c.)	. •	8,7	66,5	52.
	- · · ·	· · · ·				,		· · · · ·			

Schedule D (Form 990) 2015

(6)(7)

Part VII **Investments - Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (1) Financial derivatives (2) Closely-held equity interests (3) Other (A) MULTI STRATEGY HEDGE FUND 5,475,395 FMV (B) INTERNATIONAL ALTERNATIVE INV 5,449,538 FMV (C) (D) (E) (F) (G) (H) 10,924,933 Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related. Part VIII Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value 10,250,229. (1) TRUSTS HELD BY OTHERS (2) INVESTMENT RECEIVABLE 5,079,630. (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) 15,329,859 ► Part X Other Liabilities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. 1. (a) Description of liability (b) Book value (1) Federal income taxes (2) ACCRUED PENSION LIABILITIES 44,743,441 (3) ACCRUED MEDICAL BENEFITS 8,811,659 (4)(5)

(8)(9) 53,555,100. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►

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 JSA 5E1270 1.000

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MARCH OF DIMES FOUNDATIO	MARCH	OF DI	MES F	FOUND	IOITA	J
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	MARCH OF DIMES FOUNDATION	13-10	540300
Schedu	le D (Form 990) 2015		Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur	n.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	185,117,217.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
- a	Net unrealized gains (losses) on investments $-3,381,280$.		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
e u	Add lines 2a through 2d	2e	-1,607,351.
3	Subtract line 2e from line 1	3	186,724,568.
3 4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	-	
-	Investment expenses not included on Form 990, Part VIII, line 75 4a		
a L	Other (Describe in Part XIII.)		
b	Add lines 4a and 4b	4c	
с 5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)		186,724,568.
Part			100772170001
i art	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
4		1	215,728,798.
1	Total expenses and losses per audited financial statements	-	220772077201
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a		-	
b		-	
C.		-	
d		2e	2,143,400.
e	Add lines 2a through 2d	3	213,585,398.
3	Subtract line 2e from line 1	5	215,505,550.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a Other (Describe in Part XIII.)	-	
b		4.	
	Add lines 4a and 4b	4c	212 505 200
5 Port	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) XIII Supplemental Information.	5	213,585,398.
	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part IV,	art \/ I	ine 4. Part Y line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
, ,			

SEE PAGE 5

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5E1271 1.000

Schedule D (Form 990) 2015

SCHEDULE D PART X

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

SCHEDULE D PART V

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

SCHEDULE D PART XI LINE 2D THE FOUNDATION HAD LOSSES ON PRIOR YEAR PLEDGES OF \$369,471.

JSA 5E1226 1.000

SCHEDULE F (Form 990)	Statement of	Activities	Outside the Uni	ted States	OMB No. 1545-0047
(i oim 550)	► Complete if the organ		"Yes" on Form 990, Part IV,	line 14b, 15, or 16.	2015
Internal Revenue Service	Information about Sch		to Form 990.) and its instructions is at <i>w</i> v	.	Open to Public Inspection
Name of the organization MARCH OF DIMES FOUN	TTATTON			Employer identif	
		s Outside the	United States. Complete		
Form 990, Part			-		
-	es' eligibility for the gra	ants or assistanc	substantiate the amount o e, and the selection criter	•	X Yes No
2 For grantmakers. Des assistance outside the l		organization's p	rocedures for monitoring	g the use of its grants	s and other
3 Activities per Region. (The following Part I, li	ne 3 table can b	e duplicated if additional sp	pace is needed.)	
(a) Region	(b) Number of offices in the region		(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EAST ASIA AND THE PACE	IFIC		GRANTMAKING	RESEARCH & MEDICAL	185,000.
(2) EUROPE			GRANTMAKING	RESEARCH & MEDICAL	1,033,953.
(3) CENTRAL AMERICA/CARIBB	BEAN		INVESTMENTS		5,475,395.
(4) EUROPE			INVESTMENTS		5,449,538.
(5) NORTH AMERICA			GRANTMAKING	RESEARCH & MEDICAL	155,000.
(6) SUB-SAHARAN AFRICA			GRANTMAKING	RESEARCH & MEDICAL	95,000.
_(7)					
_(8)					
(9)					
<u>(10)</u>					
<u>(11)</u>					
<u>(12)</u>					
<u>(13)</u>					
<u>(14)</u>					
<u>(15)</u>					
(16)					
<u>(</u> 17)					
3a Sub-total					12,393,886.
For Paperwork Reduction Act		ions for Form 990.		Sched	lule F (Form 990) 2015

For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 5E1274 1.000 4634DO 774H 5/13/2016 1:24:30 PM V 15-4.5F

Schedule F (Form 990) 2015

Part II	Grants and Other Assist Part IV, line 15, for any re							ed "Yes" on F	orm 990,
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)
				RESEARCH & M					
(1)			EAST ASIA/PACIFIC	SUPPORT	155,000.	CHECK			
				RESEARCH & M					
(2)			EAST ASIA/PACIFIC	SUPPORT	25,000.	CHECK			
				RESEARCH & M					
(3)			EUROPE/ICELAND/GREENLAND	SUPPORT	10,000.	ACH			
				RESEARCH & M					
(4)			EUROPE/ICELAND/GREENLAND	SUPPORT	350,000.	CHECK			
				RESEARCH & M					
(5)			EUROPE/ICELAND/GREENLAND	SUPPORT	230,000.	CHECK			
				RESEARCH & M	· · ·				
(6)			EUROPE/ICELAND/GREENLAND	SUPPORT	7,500.	CHECK			
				RESEARCH & M	,				
(7)			EUROPE/ICELAND/GREENLAND	SUPPORT	403,953.	ACH			
				RESEARCH & M					
(8)			EUROPE/ICELAND/GREENLAND	SUPPORT	15,000.	CHECK			
				RESEARCH & M					
(9)			EUROPE/ICELAND/GREENLAND	SUPPORT	7,500.	CHECK			
<u>(-)</u>				RESEARCH & M	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
(10)			NORTH AMERICA	SUPPORT	150,000.	CHECK			
(10)				RESEARCH & M	150,000.				
(11)			SUB-SAHARAN AFRICA	SUPPORT	20,000.	CHECK			
(/				RESEARCH & M	20,000.				
(12)			SUB-SAHARAN AFRICA	SUPPORT	50,000.	ACH			
(-=)			SOB SANAKAN AFRICA	RESEARCH & M	50,000.	Acti			
(13)			SUB-SAHARAN AFRICA	SUPPORT	25,000.	ACH			
(,			DOD DARAKAN AFRICA	JOPPORI	25,000.	АСП			
(14)									
(14)									
(15)									
(10)									
(16)									
(10)									

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

13.

3 Enter total number of other organizations or entities..... Schedule F (Form 990) 2015

Page 2

Schedule F (Form 990) 2015

(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)							
0)							
11)							
2)							
13)							
4)							
15)							
16)							
17)							
8)							

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.

Schedule F (Form 990) 2015

JSA

Page 3

MARCH OF DIMES FOUNDATION

		F

Sched	ule F (Form 990) 2015		Page 4
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	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X 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	X 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	X 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	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2015

Part V Supplemental Information

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

SCHEDULE F MONITORING GRANTS

GRANTEES ARE AWARDED BY COMMITTEES BASED ON VARIOUS FACTORS AND ARE

RANKED USING A SCORING SYSTEM. THE COMMITTEE MEMBERS CONSIST PRIMARILY OF

VOLUNTEERS WHO ARE QUALIFIED TO EVALUATE THE MERITS OF THE GRANT

APPLIATIONS. ONCE SELECTED, GRANTEES ARE REQUIRED TO SUBMIT INTERIM

ACCOUNTING REPORTS AS WELL AS A FINAL ACCOUNTING OF ALL EXPENDITURES,

DELIVERABLES AND RESULTS, DURING AND 90 DAYS AFTER THE TERMINATION OF THE

GRANT. REFER TO WEBSITE FOR FURTHER INFORMATION:

HTTP://WWW.MARCHOFDIMES.ORG/MATERIALS/POLICIES-AND-INSTRUCTIONS-FOR-RESEAR

CH-GRANTS.PDF

SCHEDULE G	Supplemer	ntal Information R	egarding	g Fundrai	sing or Gaming	Activities	OMB No. 1545-0047				
(Form 990 or 990-EZ)	Complete if t	19, or if the	2015								
Department of the Treasury		Attach to Form 990 or Form 990-EZ.									
Internal Revenue Service	Information al	Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.									
Name of the organization Employer identification											
MARCH OF DIMES F						13-184636					
Part I Fundraisi	ng Activities. Cor	nplete if the orga	nization a	answered	"Yes" on Form §	990, Part IV, line	17.				
Fail Form 990	-EZ filers are not	required to comp	lete this p	oart.							
1 Indicate whether	the organization rai	sed funds through	any of the	following	activities. Check a	II that apply.					
a X Mail solicitat	ions	е	X Solic	itation of	non-government g	rants					
b X Internet and	email solicitations	f	X Solic	itation of	government grants	5					
c X Phone solicit	ations	g	X Spec	cial fundra	ising events						
d X In-person so	licitations										
2a Did the organizat	ion have a written o	r oral agreement w	ith any ind	dividual (in	cluding officers, d	irectors, trustees					
	s listed in Form 990						X Yes No				
b If "Yes," list the te	en highest paid ind	ividuals or entities	(fundraise	ers) pursua	ant to agreements	under which the	fundraiser is to be				
compensated at l	east \$5,000 by the	organization.									
	Z · · · · · · ·		(iii) Did fun	draiser have		(v) Amount paid to	(vi) Amount paid to				
(i) Name and addre or entity (fur		(ii) Activity	custody or control of contributions?		(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by)				
			contric	outions?		col. (i)	organization				
			Yes	No							
1		TELEMARKETI									
INFOCISION MGMNT	GROUP	NG		X	2,364,218.	1,806,024	558,194.				
2		TELEMARKETI									
ADVANCED BUSINES	S TECHNOLOGY	NG		X	387,447.	115,099	272,347.				
3											
THOMPSON HABIB &	DENISON	FUNDRAISE		X		701,407					
4											
THE MANESS GROUP		FUNDRAISE		X	833,598.	70,883	. 762,715.				
5 COMMUNITY COU	NSELLING	FUNDRAISE									
SERVICE		CONSULTANT		X	2,237,652.	1,222,028	1,015,624.				
6		TELEMARKETI			1 010 015						
DONOR CARE CENTE	IR INC	NG		X	1,019,817.	650,076	369,741.				
-		FUNDRAISING			1 222 004	E 00 101	COF 100				
THE PURSUANT GRO	OUP INC	CONSULTANT		X	1,333,224.	728,101	605,123.				
8											
9											
9											
10											
Total											
Total				🕨	8,175,956.	5,293,618	3,583,744.				

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

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

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I.

Page 2

MARCH OF DIMES FOUNDATION 13-1846366 Schedule G (Form 990 or 990-EZ) 2015 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events MARCH/WALK SPECIAL EVENTS (add col. (a) through col. (c)) (event type) (event type) (total number) Revenue 1 Gross receipts 95,717,558. 44,306,273. 0. 140,023,831. 2 Less: Contributions 0 88,893,282. 36,244,367. 125,137,649. 3 Gross income (line 1 minus 6,824,276. 0. line 2) 8,061,906. 14,886,182. 0 4 Cash prizes 5 Noncash prizes 0. Expenses 6 Rent/facility costs 3,543,142. 3,343,017. 0. 6,886,159. 7 Food and beverages 0. Direct 8 Entertainment 0. 9 Other direct expenses 3,281,134. 4,718,889. 0. 8,000,023. 10 Direct expense summary. Add lines 4 through 9 in column (d) 14,886,182. Net income summary. Subtract line 10 from line 3, column (d) 11 ► Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (c) Other gaming (a) Bingo bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 261,297. 261,297. 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes % % Yes % Yes 6 Volunteer labor х Х XNO No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 261,297. Enter the state(s) in which the organization conducts gaming activities: SEE SUPPLEMENTAL PAGE 9 a Is the organization licensed to conduct gaming activities in each of these states? X Yes

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes X No **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2015

b If "No," explain:

No

MARCH	OF	DIMES	FOUNDATION

	MARCH OF DIMES FOUNDATION 1	3-18463	66	
Sched	ule G (Form 990 or 990-EZ) 2015			Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	X 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	XNo
4.0		• • • ∟		
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility		.00.00	000 %
b	An outside facility	b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books a	and		
	records:			
	Name > DAVID HORNE			
	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 ga	ming		
	revenue?		Yes	X No
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ an	d the		
	amount of gaming revenue retained by the third party \triangleright \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address ►			
16	Gaming manager information:			
10	Caning manager mormation.			
	Nama N			
	Name			
	Gaming manager compensation ► \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	-			
а	Is the organization required under state law to make charitable distributions from the gaming proce		г	
	retain the state gaming license?		Yes	∆_ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organi	zations		
	or spent in the organization's own exempt activities during the tax year 🕨 \$			
Part	t IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (ii) and (v),	and	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additiona	l informat	ion	
	(see instructions).			
SCHI	EDULE G, PART I - FUNDRAISING ACTIVITIES			
JCH	EDORE O' LUKI I LONDKATOING ACIIVIITEO			
THE	AMOUNTS PAID TO THE PROFESSIONAL FUNDRAISER INCLUDE TELEMARKETING			
FEE:	S, CONSULTING FEES AND PROFESSIONAL FUNDRAISING EXPENSES SUCH AS			
FNN	ELOPES, PAPER AND POSTAGE AS REPORTED ON THE STATEMENT OF FUNCTIONAL			
	LEGIES, THER HAD FOUNDE AS REFORTED ON THE DIFFEMENT OF FUNCTIONAL			
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Schedule G (Form 990 or 990-EZ) 2015

	MARCH OF DIMES FOUNDATION	13-1846	5366	
Sched	ule G (Form 990 or 990-EZ) 2015			Page 3
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 ent			
	formed to administer charitable gaming?	- r	Yes	No
13	Indicate the percentage of gaming activity conducted in:			
a	The organization's facility	13a		%
b	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events boo			/0
	records:			
	Name ▶			
	Address ►			
15 a	Does the organization have a contract with a third party from whom the organization receives	aamina		
	revenue?		Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$			
	amount of gaming revenue retained by the third party ► \$			
c	If "Yes," enter name and address of the third party:			
Ū				
	Name ►			
	Address ►			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ► \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming pr			
	retain the state gaming license?	l	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt org	anizations		
	or spent in the organization's own exempt activities during the tax year 🕨 \$			
Part				
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition	onal inform	ation	
	(see instructions).			
SCH	EDULE G, PART III-STATES IN WHICH ORG. OPERATES GAMING ACTIVITIES			

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

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

Schedule G (Form 990 or 990-EZ) 2015

(Form 990) Covernments, and Individuals in the United States Department of the transvery Internal Revenue Series Department of the organization > Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Department of the organization inspection Name of the organization means of the organization means of the organization means of the organization maintain records to substantiate the amount of the grants or assistance. If the organization maintain records to substantiate the amount of the grant or assistance. If the organization maintain records to substantiate the amount of the grant or assistance. If the organization maintain records to substantiate the amount of the grant or assistance. Complete if the organization answered "Yes" on Form 990, Part IV, the organizations and Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Name and address of organization or government. (b) Part Duplicated if additional space is needed. (b) Part Duplicated if additional space	SCHEDULE I Grants and Other Assistance to Organizations,					tions.	1	OMB No. 1545-0047				
Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Inspection Name of the quantation Employer identification number 13-1446366 Part I General Information on Grants and Assistance 13-1446366 Part I Does the organization information on Grants and Assistance Image: Imag	(Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.							the United States 2015				
Name of the organization Employe identification number Name of the organization minitain records to substantiale the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection minitain records to substantiale the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection minitain records to substantiale the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection minitain records to substantiale the amount of the grants or assistance. Image: Complete the grants or assistance, and the selection minitain records to monitoring the use of grant funds in the United States. PartIIII Crants and Other Assistance to Domestic Organizations and Domestic Organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (b) Purpose of grant (1) write can be duplicated of additional space is needed. (1) Minited at society or decision of government. (b) EN (e) Received and the selection of grant assistance at minited at the selection of grant assistance at minited at the selection of organization and the selection of the selection of grant assistance at minited assistance at the selection of grant assistance at minited the selection of grant assistance at minited at the selection of grant assistance at minited at the selection of gran	Internal Revenue Service		Inspection									
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300 LONGWOOD AVE. BOSTON, MA 02115 042774441 501 (C) (3) 645,000. SUPPORT (8) CHILDREN'S HOSPITAL OF PHILADELPHIA RESEARCH & MEDICAL RESEARCH & MEDICAL 3615 CIVICCENTER BLVD PHILADELPHIA 231352166 501 (C) (3) 380,000. SUPPORT (9) CINCINNATI CHILDREN'S HOSPITAL RESEARCH & MEDICAL SUPPORT RESEARCH & MEDICAL 3333 BURNET AVE CINCINNATI, OH 45229 310833936 501 (C) (3) 2,315,974. SUPPORT (10) COLUMBIA UNIVERSITY RESEARCH & MEDICAL SUPPORT RESEARCH & MEDICAL SUPPORT (11) CORNELL UNIVERSITY RESEARCH & MEDICAL SUPPORT RESEARCH & MEDICAL SUPPORT (12) DUKE UNIVERSITY MEDICAL CENTER ISO532082 501 (C) (3) 144,764. SUPPORT (12) DUKE UNIVERSITY MEDICAL CENTER RESEARCH & MEDICAL SUPPORT SUPPORT (12) DUKE UNIVERSITY MEDICAL CENTER RESEARCH & MEDICAL SUPPORT (12) DUKE UNIVERSITY MEDICAL CENTER SUPPORT RESEARCH & MEDICAL 101 SCIENCE DRIVE DURHAM, NC 27710 560532129 501 (C) (3) 15,500. SUPPORT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	75 FRANCIS STREET BOSTON, MA 02115	042312909	501 (C) (3)	150,000.				SUPPORT				
(8) CHILDREN'S HOSPITAL OF PHILADELPHIA RESEARCH & MEDICAL 3615 CIVICCENTER BLUD PHILADELPHIA PA 19104 231352166 501 (C) (3) 380,000. SUPPORT (9) CINCINNATI CHILDREN'S HOSPITAL RESEARCH & MEDICAL SUPPORT 3333 BURNET AVE CINCINNATI, OH 45229 310833936 501 (C) (3) 2,315,974. SUPPORT (10) COLUMBIA UNIVERSITY RESEARCH & MEDICAL SUPPORT (11) CORNELL UNIVERSITY RESEARCH & MEDICAL SUPPORT (11) CORNELL UNIVERSITY RESEARCH & MEDICAL SUPPORT (12) DUKE UNIVERSITY RESEARCH & MEDICAL SUPPORT (12) DUKE UNIVERSITY MEDICAL CENTER SUPPORT RESEARCH & MEDICAL 101 SCIENCE DRIVE DURHAM, NC 27710 560532129 501 (C) (3) 15,500. SUPPORT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table SupPort	(7) CHILDREN'S HOSPITAL CORPORATION	_						RESEARCH & MEDICAL				
3615 CIVICCENTER BLVD PHILADELPHIA PA 19104 231352166 501 (C) (3) 380,000. SUPPORT (9) CINCINNATI CHILDREN'S HOSPITAL RESEARCH & MEDICAL SUPPORT 3333 BURNET AVE CINCINNATI, OH 45229 310833936 501 (C) (3) 2,315,974. SUPPORT (10) COLUMBIA UNIVERSITY RESEARCH & MEDICAL SUPPORT 630 WEST 168TH STREET NEW YORK, NY 10032 135598093 501 (C) (3) 144,764. SUPPORT (11) CORNELL UNIVERSITY RESEARCH & MEDICAL SUPPORT P.O. BOX 22 ITHACA, NY 14850 150532082 501 (C) (3) 400,000. SUPPORT (12) DUKE UNIVERSITY MEDICAL CENTER RESEARCH & MEDICAL SUPPORT 101 SCIENCE DRIVE DURHAM, NC 27710 560532129 501 (C) (3) 15,500. SUPPORT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table SUPPORT	300 LONGWOOD AVE. BOSTON, MA 02115	042774441	501 (C) (3)	645,000.				SUPPORT				
(9) CINCINNATI CHILDREN'S HOSPITAL RESEARCH & MEDICAL 3333 BURNET AVE CINCINNATI, OH 45229 310833936 501 (C) (3) 2,315,974. SUPPORT (10) COLUMBIA UNIVERSITY RESEARCH & MEDICAL SUPPORT 630 WEST 168TH STREET NEW YORK, NY 10032 135598093 501 (C) (3) 144,764. SUPPORT (11) CORNELL UNIVERSITY RESEARCH & MEDICAL SUPPORT P.O. BOX 22 ITHACA, NY 14850 150532082 501 (C) (3) 400,000. SUPPORT (12) DUKE UNIVERSITY MEDICAL CENTER RESEARCH & MEDICAL SUPPORT 101 SCIENCE DRIVE DURHAM, NC 27710 560532129 501 (C) (3) 15,500. SUPPORT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 15,500. SUPPORT 3 Enter total number of other organizations listed in the line 1 table SUPPORT SUPPORT	(8) CHILDREN'S HOSPITAL OF PHILADELPHIA	_						RESEARCH & MEDICAL				
3333 BURNET AVE CINCINNATI, OH 45229 310833936 501 (C) (3) 2,315,974. SUPPORT (10) COLUMBIA UNIVERSITY RESEARCH & MEDICAL RESEARCH & MEDICAL SUPPORT 630 WEST 168TH STREET NEW YORK, NY 10032 135598093 501 (C) (3) 144,764. SUPPORT (11) CORNELL UNIVERSITY RESEARCH & MEDICAL SUPPORT RESEARCH & MEDICAL SUPPORT (12) DUKE UNIVERSITY MEDICAL CENTER 150532082 501 (C) (3) 15,500. SUPPORT 101 SCIENCE DRIVE DURHAM, NC 27710 560532129 501 (C) (3) 15,500. SUPPORT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Table	3615 CIVICCENTER BLVD PHILADELPHIA PA 19104	231352166	501 (C) (3)	380,000.				SUPPORT				
(10) COLUMBIA UNIVERSITY RESEARCH & MEDICAL 630 WEST 168TH STREET NEW YORK, NY 10032 135598093 501 (C) (3) 144,764. SUPPORT (11) CORNELL UNIVERSITY RESEARCH & MEDICAL SUPPORT P.O. BOX 22 ITHACA, NY 14850 150532082 501 (C) (3) 400,000. SUPPORT (12) DUKE UNIVERSITY MEDICAL CENTER RESEARCH & MEDICAL SUPPORT 101 SCIENCE DRIVE DURHAM, NC 27710 560532129 501 (C) (3) 15,500. SUPPORT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Table	(9) CINCINNATI CHILDREN'S HOSPITAL	_						RESEARCH & MEDICAL				
630 WEST 168TH STREET NEW YORK, NY 10032 135598093 501 (C) (3) 144,764. SUPPORT (11) CORNELL UNIVERSITY P.O. BOX 22 ITHACA, NY 14850 150532082 501 (C) (3) 400,000. SUPPORT (12) DUKE UNIVERSITY MEDICAL CENTER ISO532129 501 (C) (3) 15,500. SUPPORT 101 SCIENCE DRIVE DURHAM, NC 27710 560532129 501 (C) (3) 15,500. SUPPORT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Iso532000 Iso532000 Iso532000 3 Enter total number of other organizations listed in the line 1 table Iso532000 Iso532000 Iso532000 Iso532000	3333 BURNET AVE CINCINNATI, OH 45229	310833936	501 (C) (3)	2,315,974.				SUPPORT				
(11) CORNELL UNIVERSITY RESEARCH & MEDICAL P.O. BOX 22 ITHACA, NY 14850 150532082 501 (C) (3) 400,000. SUPPORT (12) DUKE UNIVERSITY MEDICAL CENTER BOD SOLUCE DRIVE DURHAM, NC 27710 560532129 501 (C) (3) 15,500. SUPPORT 101 SCIENCE DRIVE DURHAM, NC 27710 560532129 501 (C) (3) 15,500. SUPPORT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Liber 1 table Enter total number of other organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	(10) COLUMBIA UNIVERSITY	_						RESEARCH & MEDICAL				
P.O. BOX 22 ITHACA, NY 14850 150532082 501 (C) (3) 400,000. SUPPORT (12) DUKE UNIVERSITY MEDICAL CENTER RESEARCH & MEDICAL RESEARCH & MEDICAL 101 SCIENCE DRIVE DURHAM, NC 27710 560532129 501 (C) (3) 15,500. SUPPORT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Table	630 WEST 168TH STREET NEW YORK, NY 10032	135598093	501 (C) (3)	144,764.				SUPPORT				
(12) DUKE UNIVERSITY MEDICAL CENTER RESEARCH & MEDICAL 101 SCIENCE DRIVE DURHAM, NC 27710 560532129 501 (C) (3) 15,500. 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Image: Comparization in the line 1 table Image: Comparization in the line 1 table 3 Enter total number of other organizations listed in the line 1 table Image: Comparization in the line 1 table Image: Comparization in the line 1 table	(11) CORNELL UNIVERSITY	_						RESEARCH & MEDICAL				
101 SCIENCE DRIVE DURHAM, NC 27710 560532129 501 (C) (3) 15,500. SUPPORT 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table		150532082	501 (C) (3)	400,000.				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 	(12) DUKE UNIVERSITY MEDICAL CENTER	4						RESEARCH & MEDICAL				
3 Enter total number of other organizations listed in the line 1 table								SUPPORT				
		-	-									
						<u></u>	<u></u>					

Schedule I (Form 990) (2015)

SCHEDU	JLE I	Grants and Other Assistance to Organizations,	ļ	OMB No. 1545-0047			
(Form 99	Governments, and Individuals in the United States			2015			
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.		Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.					
Department of	of the Treasury		Open to Public				
	Internal Revenue Service Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.			Inspection			
Name of the	organization		Employer ide	entification number			
MARCH C	OF DIMES H	FOUNDATION	13-1846	366			
Part I	General In	formation on Grants and Assistance					
1 Does	s the organiza	ation maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants o	r assistance,	and			
the s	the selection criteria used to award the grants or assistance?						
		V the organization's procedures for monitoring the use of grant funds in the United States.					

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) EMORY UNIVERSITY							RESEARCH & MEDICAL
1784 NORTH DECATUR RD ATLANTA, GA 30322	158056625	501 (C) (3)	300,000.				SUPPORT
(2) FASEB							RESEARCH & MEDICAL
9650 ROCKVILLE PIKE BETHSEDA, MD 20814	520700497	501 (C) (3)	47,000.				SUPPORT
(3) GEORGE WASHINGTON UNIVERSITY D.C.	_						RESEARCH & MEDICAL
45155 RESEARCH PLACE ASHBURN, VA 20147	530196584	501 (C) (3)	245,000.				SUPPORT
(4) GORDON RESEARCH CONFERENCES	_						RESEARCH & MEDICAL
P.O. BOX 984 WEST KINGSTON, RI 02892	050300482	501 (C) (3)	47,500.				SUPPORT
(5) GREENWOOD GENETIC CENTER FOR DAVID SMITH WO							RESEARCH & MEDICAL
101 GREGOR MENDEL CIRCLE GREENWOOD SC 29646	570604070	501 (C) (3)	7,500.				SUPPORT
(6) INDIANA UNIVERSITY							RESEARCH & MEDICAL
601 E. KIRKWOOD AVE BLOOMINGTON, IN 47405	356001673	501 (C) (3)	498,618.				SUPPORT
(7) INTERNATIONAL SOCIETY FOR PRENATAL DIAGNOSI							RESEARCH & MEDICAL
154 HANSEN RD CHARLOTTEVILLE, VA 22911	203021146	501 (C) (3)	20,000.				SUPPORT
(8) JACKSON LABORATORY							RESEARCH & MEDICAL
600 MAIN STREET BAR HARBOR, ME 04609	010211513	501 (C) (3)	20,000.				SUPPORT
(9) JOHNS HOPKINS UNIVERSITY							RESEARCH & MEDICAL
1101 EAST 33RD STREET BALTIMORE, MD 21218	520595110	501 (C) (3)	150,000.				SUPPORT
(10) KEYSTONE SYMPOSIA							RESEARCH & MEDICAL
3075 THOUSAND OAKS BLVD WESTLAKE VILLAGE CA	841326605	501 (C) (3)	15,000.				SUPPORT
(11) MASSACHUSETTS GENERAL HOSPITAL							RESEARCH & MEDICAL
PO BOX 3829 BOSTON, MA 02241	042697983	501 (C) (3)	350,000.				SUPPORT
(12) METRO HEALTH MEDICAL CENTER							RESEARCH & MEDICAL
2500 METROHEALTH DR TOWERS 135	346004382	501 (C) (3)	200,000.				SUPPORT
2500 METROHEALTH DR TOWERS 135 2 Enter total number of section 501(c)(3) an 3 Enter total number of other organizations I	d governmer	nt organizations	listed in the line 1 t				SUPPORT

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

Schedule I (Form 990) (2015)

SCHEDULE I	Grants a	nd Other	Assistance t	o Organiza	tions,		OMB No. 1545-0047
(Form 990) Governments, and Individuals in the United States							
Com	plete if the c	organization ans	swered "Yes" on F	orm 990, Part IV	line 21 or 22.		2015
Department of the Treasury		► At	tach to Form 990.				Open to Public
	tion about S	Schedule I (Forn	n 990) and its instr	uctions is at www	v.irs.gov/form990.		Inspection
Name of the organization						Employer identific	ation number
MARCH OF DIMES FOUNDATION						13-1846366	5
Part I General Information on Grants an	d Assistand	e					
1 Does the organization maintain records to s	ubstantiate t	he amount of the	e grants or assista	nce, the grantees	' eligibility for the grants	s or assistance, and	
the selection criteria used to award the gran	ts or assistan	ce?					X Yes No
2 Describe in Part IV the organization's proce	dures for mo	nitoring the use	of grant funds in the	e United States.			
Part II Grants and Other Assistance to D 990, Part IV, line 21, for any recip					ed if additional space		(h) Purpose of grant
or government		if applicable	grant	cash assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance
(1) MOBILE SPECIALTY VEHICLES INC							
700 AIR PARK DRIVE JASPER, TX 75951	760023199	501 (C) (3)	8,873.				PUB & PROF EDUCATION
(2) NATIONAL JEWISH HEALTH CENTER							RESEARCH & MEDICAL
1400 JACKSON STREET DENVER, CO 80206	742044647	501 (C) (3)	325,000.				SUPPORT
(3) NEW YORK UNIVERSITY							RESEARCH & MEDICAL
838 BROADWAY NEW YORK, NY 10016	135562308	501 (C) (3)	150,000.				SUPPORT
(4) OHIO HEALTH CORPORATION							
180 E. BROAD ST. COLUMBUS, OH 43215	314394942		50,000.				PUB & PROF EDUCATION
(5) PRESIDENT AND FELLOWS OF HARVARD COLLEGE							RESEARCH & MEDICAL
1350 MASSACHUSETTS AVE CAMBRIDGE, MA 02138	042103580		150,000.				SUPPORT
(6) REGENTS OF THE UNIVERSITY OF CALIFORNIA							RESEARCH & MEDICAL
10920 WILSHIRE BLVD LOS ANGELES CA 90095	956006143	501 (C) (3)	250 000				SUDDORT

(7) REGENTS OF THE UNIVERSITY OF CALIFORNIA					RESEARCH & MEDICAL
3201 SAASB BLDG SANTA BARBARA, CA 93106	956006145	501 (C) (3)	150,000.		SUPPORT
(8) REGENTS OF UNIVERSITY CALIFORNIA					RESEARCH & MEDICAL
111 ACADEMY WAY IRVINE, CA 92697	952226406	501 (C) (3)	572,000.		SUPPORT
(9) REGENTS OF UNIVERSITY OF CALIFORNIA LA JOLL					RESEARCH & MEDICAL
9500 GILMAN DRIVE LA JOLLA, CA 92093	956006144	501 (C) (3)	150,000.		SUPPORT
(10) REGENTS OF UNIVERSITY OF CALIFORNIA, BERKEL					RESEARCH & MEDICAL
481 UNIVERSITY HALL BERKELEY, CA 94720	194600212	501 (C) (3)	150,000.		SUPPORT
(11) REGENTS OF UNIVERSITY OF MICHIGAN					RESEARCH & MEDICAL
3003 S.STATE ST ANN ARBOR, MI 48109	386006309	501 (C) (3)	150,000.		SUPPORT
(12) RESEARCH FOUNDATION OF SUNY					RESEARCH & MEDICAL
750 EAST ADAMS ST SYRACUSE, NY 13210	141368361	501 (C) (3)	319,170.		SUPPORT
2 Enter total number of section 501(c)(3) and	d governmen	t organizations	listed in the line 1 tab	le	 · · · · · · · · · •
3 Enter total number of other organizations I	isted in the lir	ne 1 table			

Schedule I (Form 990) (2015)

JSA 5E1288 1.000

SCHEDULE I	Grants a	nd Other	Assistance t	o Organiza	tions.	1	OMB No. 1545-0047
(Form 990)			ndividuals i				
		•	swered "Yes" on F				2015
		-	tach to Form 990.	onn 990, Part IV	, inte 21 01 22.		Open to Public
Department of the Treasury Internal Revenue Service	ation about S		n 990) and its inst	uctions is at www	v.irs.aov/form990.		Inspection
Name of the organization		, ,	,			Employer identific	ation number
MARCH OF DIMES FOUNDATION						13-1846366	5
Part I General Information on Grants a	nd Assistand	ce					· · · · · · · · · · · · · · · · · · ·
1 Does the organization maintain records to			e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and	
the selection criteria used to award the gra							X Yes No
2 Describe in Part IV the organization's proc							
Part II Grants and Other Assistance to					ploto if the organize	ation answard "V	os" on Form
990, Part IV, line 21, for any reci							
		ceived more in	an \$5,000. T art n				
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) RHODE ISLAND HOSPITAL							RESEARCH & MEDICAL
55 CLAVERICK STREET PROVIDENCE, RI 02906	050258954	501 (C) (3)	419,000.				SUPPORT
(2) SAINT THOMAS COMMUNITY HEALTH							PUB & PROF EDUCATION
1020 ST ANDREWS ST NEW ORLEANS, LA 70130	141958494	501 (C) (3)	62,500.				SUPPORT
(3) SALK INSTITUTE FOR BIOLOGICAL							RESEARCH & MEDICAL
10010 NORTH TORREY PINES LA JOLLA, CA 9203	952160097	501 (C) (3)	1,000,000.				SUPPORT
(4) SOCIETY FOR REPRODUCTIVE INVESTIGATION							RESEARCH & MEDICAL
555 EASTWELLS STREET SUITE 1100	952293816	501 (C) (3)	7,500.				SUPPORT
(5) SOCIETY FOR THE STUDY OF REPRODUCTION							RESEARCH & MEDICAL
1619 MONROE STREET MADISON, WI 53711	386144910	501 (C) (3)	20,000.				SUPPORT
(6) STANFORD UNI.SCH.OF MEDI.DEPT.							RESEARCH & MEDICAL
291 CAMPUS DRIVE STANFORD, CA 94305	941156365	501 (C) (3)	299,000.				SUPPORT
(7) STANFORD UNIVERSITY							RESEARCH & MEDICAL
450 SERRA MALL STANFORD, CA 94305	941156365	501 (C) (3)	2,550,000.				SUPPORT
(8) TENSAS COMMUNITY HEALTH CENTER							
402 LEVEE ROAD ST. JOSEPH, LA 71366	200375450	501 (C) (3)	20,000.				PUB & PROF EDUCATION
(9) TERATOLOGY SOCIETY							
50 PEGOUT AVE. NEW LONDON, CT 06320	520962081	501 (C) (3)	10,000.				RESEARCH & MEDICAL
(10) TOUGALOO COLLEGE							
500 COUNTY LINE ROAD TOUGALOO, MS 39174	640303093	501 (C) (3)	50,000.				PUB & PROF EDUCATION
(11) TRUSTEES UNIVERSITY OF PENNSYLVANIA							RESEARCH & MEDICAL
3451 WALNUT ST. PHILADELPHIA, PA 19104	231352685	501 (C) (3)	300,000.				SUPPORT
(12) UNIVERSITY OF ARIZONA							RESEARCH & MEDICAL

 1007 E. LOWELL STREET TUCSON, AZ 85721
 742852689
 501 (C) (3)
 150,000.
 support

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

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

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

Schedule I (Form 990) (2015)

SCHEDULE I (Form 990)	Form 990) Governments, and Individuals in the United States					
Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or ► Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/		20 15 Open to Public Inspection				
Name of the organization		Employer identification number				
MARCH OF DIMES	FOUNDATION	13-1846366				
Part I General I	nformation on Grants and Assistance					
the selection crit	zation maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants o eria used to award the grants or assistance? IV the organization's procedures for monitoring the use of grant funds in the United States.					
	d Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization					

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

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

Schedule I (Form 990) (2015)

SCHEDULE I (Form 990)	Go	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.									
Department of the Treasury Internal Revenue Service	► Informa	tion about S	chedule I (Form		Open to Public Inspection						
Name of the organization				,			Employer identific	ation number			
MARCH OF DIMES	FOUNDATION						13-1846366	5			
Part I General Ir	nformation on Grants and	d Assistand	e								
the selection crite 2 Describe in Part Part II Grants an	ation maintain records to su eria used to award the grant IV the organization's procee Id Other Assistance to D IV, line 21, for any recipi	s or assistand dures for mo omestic Or	ce? nitoring the use ganizations ar	of grant funds in the nd Domestic Gov	e United States. vernments. Com	plete if the organiza	tion answered "Ye	X Yes No			
	address of organization overnment	(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 UTA	Н							RESEARCH & MEDICAL			
	T LAKE CITY, UT 84112	876000626	501 (C) (3)	325,000.				SUPPORT			
(2) UNIVERSITY OF VIR	GINIA							RESEARCH & MEDICAL			
	RK AVE CHARLOTTESVILLE VA	546001796	501 (C) (3)	400,000.				SUPPORT			
(3) WASHINGTON UNIVER	SITY							RESEARCH & MEDICAL			

						RESEARCH & MEDICAL		
430653611	501 (C) (3)	2,455,000.				SUPPORT		
						RESEARCH & MEDICAL		
386028429	501 (C) (3)	425,849.				SUPPORT		
						RESEARCH & MEDICAL		
131623978	501 (C) (3)	247,000.				SUPPORT		
						RESEARCH & MEDICAL		
060646973	501 (C) (3)	150,000.				SUPPORT		
						RESEARCH & MEDICAL		
060646973	501 (C) (3)	289,000.				SUPPORT		
751038849	501 (C) (3)	10,240.				PUBLIC & PROF & COMM		
_								
376000379	501 (C) (3)	7,000.				COMMUNITY SERVICES		
237039683	501 (C) (3)	35,043.				COMMUNITY SERVICES		
_								
630798492	501 (C) (3)	20,000.				COMMUNITY SERVICES		
474859126	501 (C) (3)	10,000.				COMMUNITY SERVICES		
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table								
isted in the li	ne 1 table	<u> </u>		<u></u>	<u> </u>			
	386028429 131623978 060646973 060646973 751038849 376000379 237039683 630798492 474859126 d governmer	386028429 501 (C) (3) 131623978 501 (C) (3) 060646973 501 (C) (3) 060646973 501 (C) (3) 751038849 501 (C) (3) 376000379 501 (C) (3) 237039683 501 (C) (3) 630798492 501 (C) (3) 474859126 501 (C) (3) d government organizations	386028429 501 (C) (3) 425,849. 131623978 501 (C) (3) 247,000. 060646973 501 (C) (3) 150,000. 060646973 501 (C) (3) 289,000. 751038849 501 (C) (3) 10,240. 376000379 501 (C) (3) 7,000. 237039683 501 (C) (3) 35,043. 630798492 501 (C) (3) 10,200. 474859126 501 (C) (3) 10,000. d government organizations listed in the line 1 to 1000000000000000000000000000000000000	386028429 501 (C) (3) 425,849. 131623978 501 (C) (3) 247,000. 060646973 501 (C) (3) 150,000. 060646973 501 (C) (3) 289,000. 060646973 501 (C) (3) 289,000. 751038849 501 (C) (3) 10,240. 376000379 501 (C) (3) 7,000. 237039683 501 (C) (3) 35,043. 630798492 501 (C) (3) 20,000. 474859126 501 (C) (3) 10,000. d government organizations listed in the line 1 table	386028429 501 (C) (3) 425,849. 131623978 501 (C) (3) 247,000. 060646973 501 (C) (3) 150,000. 060646973 501 (C) (3) 289,000. 060646973 501 (C) (3) 289,000. 751038849 501 (C) (3) 10,240. 376000379 501 (C) (3) 7,000. 237039683 501 (C) (3) 35,043. 630798492 501 (C) (3) 10,000. 474859126 501 (C) (3) 10,000. d government organizations listed in the line 1 table 1000000000000000000000000000000000000	386028429 501 (C) (3) 425,849. 131623978 501 (C) (3) 247,000. 060646973 501 (C) (3) 150,000. 060646973 501 (C) (3) 289,000. 751038849 501 (C) (3) 10,240. 376000379 501 (C) (3) 7,000. 237039683 501 (C) (3) 35,043. 630798492 501 (C) (3) 10,000.		

Schedule I (Form 990) (2015)

SCHEDULE I	Grants a	nd Other	Assistance t	o Organiza	tions.		OMB No. 1545-0047
(Form 990) Ge	overnme	ents, and Ir	ndividuals ir	n the United	d States		2015
Com	plete if the c	-	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		Open to Public
Department of the Treasury Internal Revenue Service	ation about S		tach to Form 990. n 990) and its instr	uctions is at www	v.irs.gov/form990.		Inspection
Name of the organization						Employer identific	ation number
MARCH OF DIMES FOUNDATION						13-1846366	
Part I General Information on Grants ar	nd Assistand	e					
1 Does the organization maintain records to s	substantiate t	he amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and	
the selection criteria used to award the grar	nts or assistan	ce?					X Yes No
2 Describe in Part IV the organization's proce	dures for mo	nitoring the use	of grant funds in the	United States.			
Part IIGrants and Other Assistance to I990, Part IV, line 21, for any recip		-			ed if additional space		es" on Form
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) ALAMEDA COUNTY PUBLIC HEALTH DEPT							
1000 BROADWAY OAKLAND, CA 94607	946000501	501 (C) (3)	50,000.				COMMUNITY SERVICES
(2) ALAMEDA HEALTH SYSTEM FOUNDATION							
350 FRANK H.OGAWA PLAZA OAKLAND, CA 94612	943103136	501 (C) (3)	50,000.				COMMUNITY SERVICES
(3) ALPHA PHI ALPHA FRATERNITY	_						
P.O BOX 354 COLUMBIA, SC 29202	010593969	501 (C) (3)	10,000.				PUB & PROF EDUCATION
(4) AMERICAN ACADEMY OF PEDIATRICS							
1400 N. PROVIDENCE ROAD MEDIA, PA 19063	362275597	501 (C) (7)	29,820.				COMMUNITY SERVICES
(5) AMERICAN INDIAN HEALTH AND FAMILY							
4880 LAWNDALE ST. DETROIT, MI 48210	383081615	501 (C) (3)	17,780.				PUB & PROF EDUCATION
(6) AMERICAN LUNG ASSOCIATION	_						
10615 DOUBLE R. BLVD. RENO, NV 89521	860111676	501 (C) (3)	7,260.				PUB & PROF EDUCATION
(7) ARIZONA PARTNERSHIP FOR IMMUNIZATIONS	_						
700 E JEFFERSON ST PHOENIX, AZ 85034	454185015	501 (C) (3)	14,000.				PUB & PROF EDUCATION
(8) AUSTIN AREA BIRTHING CENTERS, INC.	_						
4100 DUBAL RD. STE.101 AUSTIN, TX 78759	742603162	501 (C) (3)	9,000.				PUB & PROF EDUCATION
(9) BALTIMORE CITY HEALTH DEPARTMENT	_						
1001 EAST FAYETTE ST. BALTIMORE, MD 21202	526000769	501 (C) (3)	15,000.				PUB & PROF EDUCATION
(10) BALTIMORE WASHINGTON MEDICAL CENTER	_						
301 HOSPITAL DRIVE GLEM BURNIE, MD 21061	521813656	501 (C) (3)	8,500.				PUB & PROF EDUCATION
(11) BANNER HEALTH PERINATAL EDUCATION	_						
1400 S. DOBSON RD. MESA, AZ 85202	450233470	501 (C) (3)	5,562.				PUB & PROF EDUCATION
(12) BAPTIST HEALTH MADISONVILLE, INC	_						
900 HOSPITAL DRIVE MADISONVILLE, KY 42431	610654587	501 (C) (3)	23,500.				PUB & PROF EDUCATION
2 Enter total number of section 501(c)(3) and							
3 Enter total number of other organizations	listed in the l	ine 1 table			<u> </u>	<u></u>	

Schedule I (Form 990) (2015)

SCHEDULE I	Grants a	nd Other		OMB No. 1545-0047			
		nts, and Ir		୬៣ ୩ ୮			
		organization ans		2015			
		► At		Open to Public			
Department of the Treasury Internal Revenue Service	tion about S	Schedule I (Form	n 990) and its insti	uctions is at www	v.irs.gov/form990.		Inspection
Name of the organization						Employer identific	ation number
MARCH OF DIMES FOUNDATION						13-1846366	5
Part I General Information on Grants an	d Assistand	e					
 Does the organization maintain records to s the selection criteria used to award the gran Describe in Part IV the organization's procession 	ts or assistan dures for mo	ce? nitoring the use	of grant funds in th	e United States.			X Yes No
Part II Grants and Other Assistance to D 990, Part IV, line 21, for any recip							es" on Form
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) BAYLOR COLLEGE OF MEDICINE							
ONE BAYLOR PLAZA HOUSTON, TX 77030	741613878	501 (C) (3)	12,000.				PUB & PROF EDUCATION
(2) BIRTH MATTERS							
424 MUSTANG DRIVE SPARTANBURG, SC 29037	454900759	501 (C) (3)	31,951.				COMMUNITY SERVICES
(3) BLACK MOTHERS BREASTFEEDING NETWORK							
9641 HARPER AVE. DETROIT, MI 48213	743235491	501 (C) (3)	17,780.				PUB & PROF EDUCATION
(4) BOARD OF REGENTS UNIVERSITY OF WISCONSIN							
21 N PARK ST SUITE 6401 MADISON, WI 53715	396006492	501 (C) (3)	5,020.				PUB & PROF EDUCATION
(5) BOARD OF TRUSTEES OF THE UNIV OF IL.							
28395 NETWORK PLACE CHICAGO, IL 60673	376000511	501 (C) (3)	40,000.				COMMUNITY SERVICES
(6) BOONE COUNTY HEALTH DEPT	_						
1204 LOGAN AVENUE BELVIDERE, IL 61008	366006525	501 (C) (3)	17,500.				PUBLIC & PROF & COMM
(7) BREAST MILK FOR BABIES	_						
PO BOX 734 ROGERS, MN 55374	460845657	501 (C) (3)	12,000.				PUB & PROF EDUCATION
(8) BRYAN FOUNDATION	_						
1600 S. 48TH ST. LINCOLN, NE 68506	237005720	501 (C) (3)	7,000.				PUB & PROF EDUCATION
(9) CAHABA MEDICAL CARE FOUNDATION	_						
405 BELCHER STREET CENTERVILLE, AL 35042	273605364	501 (C) (3)	25,000.				COMMUNITY SERVICES
(10) CANCER ASSOCIATION OF GREATER NEW ORLEANS	_						
824 ELMWOOD PARK BLVD NEW ORLEANS, LA 70123	720517802	501 (C) (3)	7,070.				COMMUNITY SERVICES

5,200.

 261 M-62 N. CASSOPOLIS, MI 49031
 383082107
 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
 The line 1 table
 The line 1 table

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

501 (C) (3)

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

(11) CANKDESKA CIKANA COMMUNITY COLLEGE 214 2ND ST. FORT TOTTEN, ND 58335

(12) CASSOPOLIS FAMILY CLINIC NETWORK

Schedule I (Form 990) (2015)

COMMUNITY SERVICES

JSA 5E1288 1.000 450350756

SCHEDULE I Grants and Other Assistance to Organizations,								OMB No. 1545-0047	
(Form 990)			organization ans	ndividuals in wered "Yes" on F tach to Form 990.				20 15 Open to Public	
Department of the Treasury Internal Revenue Service	► Informa	tion about S		1 990) and its instr	uctions is at www	v.irs.aov/form990.		Inspection	
Name of the organization							Employer identific		
MARCH OF DIMES	FOUNDATION						13-1846366	5	
	Information on Grants and	d Assistand	ce						
	ization maintain records to s	ubstantiate t	he amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and		
	teria used to award the grant							X Yes No	
	t IV the organization's procee								
	nd Other Assistance to D			<u> </u>		nlete if the organize	ation answered "V	es" on Form	
	IV, line 21, for any recip								
550, i un					can be auphoa				
	address of organization 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) CATAWBA VALLEY M	EDICAL CENTER								
810 FAIRGROVE CH	URCH RD HICKORY, NC 28602	560789196	501 (C) (3)	25,000.				PUB & PROF EDUCATION	
(2) CATHOLIC CHARITI	ES, INC								
200 NORTH CONGRE	SS JACKSON, MS 39210	640466850	501 (C) (3)	9,164.				PUB & PROF EDUCATION	
(3) CATHOLIC COMMUNI	TY SERVICES							RESEARCH & MEDICAL	
PO BOX 20400 SAL	EM, OR 97307	930903773	501 (C) (3)	19,000.				SUPPORT	
(4) CENTER FOR COURT	INNOVATION								
300 S STATE STRE	ET SYRACUSE, NY 13202	132612524	501 (C) (3)	55,000.				COMMUNITY SERVICES	
(5) CENTERING HEALTH	CARE INSTITUTE								
89 SOUTH STREET	BOSTON, MA 02111	061622668	501 (C) (3)	58,050.				PUB & PROF EDUCATION	
(6) CENTRAHEALTH									
3300 RIVERMONT A	VE. LYNCHBURG, VA 24503	540715569	501 (C) (3)	15,000.				COMMUNITY SERVICES	
(7) CENTRO DE INTERN	ACIONAL DE MATERNIDAD								
2000 CELARVIEW A	VE DORAVILLE, GA 30340	463361291	501 (C) (3)	53,180.				COMMUNITY SERVICES	
(8) CHEROKEE NATION		_							
P.O BOX 948 TAHL	EQUAH, OK 74465	730757033	501 (C) (3)	10,000.				PUB & PROF EDUCATION	
(9) CHESTERFIELD HEA	LTH DISTRICT	_							
9501 LUCY CORR C	IRCLE CHESTERFIELD VA 23831	546001775	501 (C) (3)	12,500.				COMMUNITY SERVICES	
(10) CHILDREN'S HOME	AND AID	_							
	LOOMINGTON, IL 61701	362167743		7,000.				COMMUNITY SERVICES	
(11) CHILDREN'S HOME	SOCIETY OF NJ	_							
	N AVE TRENTON, NJ 08611	210634966	501 (C) (3)	9,000.				PUB & PROF EDUCATION	
(12) CHILDREN'S MEMOR	IAL HERMANN HOSPITAL	4							
9301 SOUTHWEST F		741152587	501 (C) (3)	20,000.				PUB & PROF EDUCATION	
	mber of section 501(c)(3) an	•	•						
	mber of other organizations I					<u> </u>			
For Paperwork Reduct	ion Act Notice, see the Instruct	ions for Form	990.				Sci	nedule I (Form 990) (2015)	

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SCHEDULE I	Grants a	nd Other	Assistance t	o Organiza	tions.	1	OMB No. 1545-0047			
(Form 990) GC Com										
Internal Revenue Service Information	ation about S	chedule I (Form	n 990) and its instr	uctions is at www	w.irs.gov/form990.		Inspection			
Name of the organization						Employer identific	ation number			
MARCH OF DIMES FOUNDATION						13-1846366	5			
Part I General Information on Grants an	nd Assistand	e								
 Does the organization maintain records to s the selection criteria used to award the gran Describe in Part IV the organization's proce 	nts or assistane dures for mo	ce? nitoring the use	of grant funds in the	e United States.			X Yes No			
Part IIGrants and Other Assistance to I990, Part IV, line 21, for any recip							es" on Form			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
(1) CHRISTUS HOSPITAL ST. ELIZABETH										
2830 CALDER AVE BEAUMONT, TX 77702	760136274	501 (C) (3)	11,000.				PUB & PROF EDUCATION			
(2) CITY OF LONG BEACH DEPT. OF HEALTH										
2525 GRAND AVE. LONG BEACH, CA 90815	956000733	501 (C) (3)	41,699.				COMMUNITY SERVICES			
(3) CITY OF NORWALK										
125 EAST AVE. NORWALK, CT 06851	066011881	501 (C) (3)	14,550.				PUB & PROF EDUCATION			
(4) CITY OF SAN ANTONIO, TEXAS										
PO BOX 839966 SAN ANTONIO, TX 78283	746002070	501 (C) (3)	10,000.				PUB & PROF EDUCATION			
(5) CLAY COUNTY HEALTH DEPARTMENT										
820 SPELLMAN CIRCLE CLAY CENTER, KS 67432	486023072	501 (C) (3)	8,000.				PUBLIC & PROF & COMM			
(6) CLINICA CAMPESINA										
1345 PLAZA COUNT LAFAYETTE, CO 80026	840743432	501 (C) (3)	15,000.				PUB & PROF EDUCATION			
(7) COMMUNITY CLINIC, INC										
8630 FENTON ST. SILVER SPRING, MD 20910	520988386	501 (C) (3)	32,000.				PUB & PROF EDUCATION			
(8) COMMUNITY HEALTH CENTER										
611 FOREST AVE. MAYSVILLE, KY 41056	610680352	501 (C) (3)	12,611.				PUB & PROF EDUCATION			
(9) COMMUNITY HEALTHNET-CENTERING PREGNANCY										
1021 WEST 5TH AVE GARY, IN 46402	352048141	501 (C) (3)	10,000.				PUB & PROF EDUCATION			
(10) COMMUNITY OF HOPE										
4 ATLANTIC ST. SW WASHINTON, DC 20032	521184749	501 (C) (3)	17,000.				PUB & PROF EDUCATION			
(11) COMMUNITYCARE										
P.O BOX 17366 AUSTIN, TX 78760	550853118	501 (C) (3)	18,500.				PUB & PROF EDUCATION			
(12) CONNECTICUT CHILDRENS MEDICAL CENTER										
282 WASHINGTON STREET HARTFORD, CT 06106		501 (C) (3)	20,000.				PUB & PROF EDUCATION			
2 Enter total number of section 501(c)(3) ar	-	-								
3 Enter total number of other organizations	listed in the li	ne 1 table			<u></u>	<u> </u>				

SCHEDULE I				Assistance t	-	-		OMB No. 1545-0047
(Form 990)			•	ndividuals i				2015
	Com	plete if the o	-	wered "Yes" on F	orm 990, Part IV	, line 21 or 22.		Open to Public
Department of the Treasury	N 1.4		,	tach to Form 990.				Inspection
Internal Revenue Service	► Informa	ition about S	schedule I (Form	n 990) and its instr	uctions is at www	w.irs.gov/form990.		
Name of the organization							Employer identifie	
MARCH OF DIMES FO							13-184636	5
Part I General Info	ormation on Grants an	d Assistanc	e					
•	tion maintain records to s			•	•	• • •		
	ia used to award the gran							X Yes No
2 Describe in Part IV	the organization's proce	dures for mo	nitoring the use	of grant funds in the	e United States.			
	dress of organization	(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) CORNER HEALTH CENTER				5.44				
	ET YPSILANTI, MI 48197	382329742	501 (C) (3)	21,845.				PUB & PROF EDUCATION
(2) COSSMA, INC								
PO BOX 1330 CIDRA, 1	PR 00739	660434923	501 (C) (3)	7,000.				PUB & PROF EDUCATION
(3) COUNCIL ON ALCOHOL/I	DRUG ABUSE							PUBLIC & PROF
1801 S.ALAMEDA ST. (CORPUS CHRISTI TX 78404	741696491	501 (C) (3)	7,475.				& COMMUNITY
(4) COX MEDICAL CENTER 1	BRANSON							
PO BOX 650 BRANSON,	MO 65615	440584290	501 (C) (3)	29,493.				COMMUNITY SERVICES
(5) CRAWFORD COUNTY HEAD	LTH DEPARTMENT							
410 E. ATKINSON PIT	TSBURGH, KS 66762	486042132	501 (C) (3)	5,081.				PUB & PROF EDUCATION
(6) CRITTENTON CENTERS								
442 W. JOHN GWYNN JI	R. AVE PEORIA, IL 61605	370661506	501 (C) (3)	6,053.				COMMUNITY SERVICES
(7) DEACONESS FAMILY PRA	ACTICE CENTER							

7,450.

16,600.

10,000.

(10) DIGNITY HEALTH DBA CALIFORNIA MEDICAL CENTE 1401 S. GRAND AVE. LOS ANGELES, CA 90015 941196203 501 (C) (3) 41,644. COMMUNITY SERVICES (11) DISTRICT VI ASSOCIATION OF NEONATOLOGIST 12913 MAPLE STREET OVERLAND PARK, KS 66209 275562458 501 (C) (3) 6,330 PUB & PROF EDUCATION (12) DOUGLAS COUNTY HEALTH DEPT. 1250 E. US HWY 36 TUSCOLA, IL 61953 376000728 501 (C) (3) 7,000 COMMUNITY SERVICES 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 🕨 🕨

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

600 MARY STREET EVANSVILLE, IN 47747

(8) DENVER HEALTH AND HOSPITAL AUTHORITY 777 BANNOCK STREET DENVER, CO 80204

(9) DEPARTMENT OF STATE HEALTH SERVICES 1100 w 49TH STREET AUSTIN, TX 78714

Schedule I (Form 990) (2015)

PUB & PROF EDUCATION

PUB & PROF EDUCATION

PUB & PROF EDUCATION

JSA 5E1288 1.000 350593390

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SCHEDULE I	Grants a	Frants and Other Assistance to Organizations,							
Cor Department of the Treasury	OVERNME		2015 Open to Public						
	nation about S	chedule I (Form	n 990) and its instr	uctions is at www	w.irs.gov/form990.		Inspection		
Name of the organization						Employer identific			
MARCH OF DIMES FOUNDATION						13-1846366	5		
Part I General Information on Grants a									
 Does the organization maintain records to the selection criteria used to award the gra Describe in Part IV the organization's proc Part II Grants and Other Assistance to 	nts or assistan edures for mo Domestic Or	ce? nitoring the use rganizations a i	of grant funds in the nd Domestic Gov	e United States. /ernments. Com	plete if the organization	ation answered "Ye	X Yes No		
990, Part IV, line 21, for any reci	pient that re	ceived more th	an \$5,000. Part II	can be duplicat	•	ce 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) EDGERTON WOMEN'S HEALTH CENTER									
1510 EAST RUSHOLME ST DAVENPORT, IA 52803	421001341	501 (C) (3)	12,500.				PUB & PROF EDUCATION		
(2) EL BUEN SAMARITANO									
7000 WOODHUE DRIVE AUSTIN, TX 78745	742488682	501 (C) (3)	6,000.				PUB & PROF EDUCATION		
(3) ELMHURST HOSPITAL CENTER									
79-01 BROADWAY ELMHURST, NY 11373	132655001	501 (C) (3)	17,500.				COMMUNITY SERVICES		
(4) EMORY UNIVERSITY OGCA									
1599 CLIFTON ROAD ATLANTA, GA 30322	580566256	501 (C) (3)	24,600.				COMMUNITY SERVICES		
(5) ESCAMBIA COUNTY HEALTHY START COALITION									
1804 W. GARDEN ST. PENSACOLA, FL 32502	593151838	501 (C) (3)	25,000.				PUB & PROF EDUCATION		
(6) ETA IOTA ZETA EDUCATION FOUNDATION									
P.O BOX 372295 EL PASO, TX 79937	311654901	501 (C) (3)	20,000.				PUB & PROF EDUCATION		
(7) FAMILY CARE CONNECTION									
6969 PASTOR BAILEY DR DALLAS, TX 75237	201211618	501 (C) (3)	9,000.				PUB & PROF EDUCATION		
(8) FAMILY CARE HEALTH CENTERS									
401 HOLLY HILLS AVE ST LOUIS, MO 63111	237076112	501 (C) (3)	30,000.				COMMUNITY SERVICES		
(9) FAMILY ROAD OF GREATER BATON ROUGE									
323 EAST AIRPORT AVE BATON ROUGE, LA 70806	721440082	501 (C) (3)	11,000.				COMMUNITY SERVICES		
(10) FIT NATION									
430 GAINSVILLE AVENUE MEMPHIS, TN 38109	273656559	501 (C) (3)	19,356.				COMMUNITY SERVICES		
(11) FITZGIBBON HOSPITAL									
2305 S. HIGHWAY 65 MARSHALL, MO 65340	440655986	501 (C) (3)	15,395.				COMMUNITY SERVICES		
(12) FLORIDA ASSOCIATION OF HEALTHY START									
1311 N PAUL RUSSELL RD TALLAHASSEE FL 3230		501 (C) (3)	50,000.				PUB & PROF EDUCATION		
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organizations 									
For Paperwork Reduction Act Notice, see the Instru					<u></u>		nedule I (Form 990) (2015)		

SCHEDULE I	Grants a	nd Other	Assistance t	o Organiza	tions.		OMB No. 1545-0047
			ndividuals in				କ ଳ - ୮
		•	swered "Yes" on F				2015
		-	tach to Form 990.				Open to Public
Department of the Treasury Internal Revenue Service	tion about S	chedule I (Form	n 990) and its instr	uctions is at www	v.irs.gov/form990.		Inspection
Name of the organization		-	-		_	Employer identific	ation number
MARCH OF DIMES FOUNDATION						13-1846366	5
Part I General Information on Grants and	d Assistand	e					
1 Does the organization maintain records to su	ubstantiate t	he amount of the	e grants or assista	nce, the grantees	' eligibility for the grant	s or assistance, and	
the selection criteria used to award the grant							X Yes No
2 Describe in Part IV the organization's proceed	dures for mo	nitoring the use	of grant funds in the	e United States.			
Part II Grants and Other Assistance to D	omestic Or	ganizations a	nd Domestic Gov	ernments. Com	plete if the organiza	ation answered "Y	es" on Form
990, Part IV, line 21, for any recip		-					
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) FORREST GENERAL HOSPITAL							
6051 US HIGHWAY 49 HATTIESBURG, MS 39403	646001587	501 (C) (3)	10,847.				PUB & PROF EDUCATION
(2) FORT WAYNE MEDICAL SOCIETY FOUNDATION							
709 CLAY ST FORT WAYNE, IN 46802	356049685	501 (C) (3)	18,000.				PUB & PROF EDUCATION
(3) FRANCISCAN FOUNDATION							
1149 MARKET ST TACOMA, WA 98402	911145592	501 (C) (3)	20,000.				PUB & PROF EDUCATION
(4) FUND FOR THE CITY OF NEW YORK							
121 AVENUE OF THE AMERICAS NY NY 10013	132612524	501 (C) (3)	60,000.				COMMUNITY SERVICES
(5) GENTLE STORK CHILDBIRTH SERVICES							
34 WOODFIN RD. TAKOMA PARK, MD 23601	311790142	501 (C) (3)	15,000.				PUB & PROF EDUCATION
(6) GEORGIA DEPARTMENT OF PUBLIC HEALTH							
2 PEACHTREE ST 15TH FL ATLANTA, GA 30303	900676388	501 (C) (3)	18,000.				COMMUNITY SERVICES
(7) GREATER PRINCE WILLIAM COMMUNITY HEALTH							
4379 RIDGEWOOD CTR WOODBRIDGE, VA 22912	830435138	501 (C) (3)	12,762.				PUB & PROF EDUCATION
(8) GREENSPOINT BAPTIST CHURCH							
11703 WALTERS ROAD HOUSTON, TX 77067	742210697	501 (C) (3)	20,000.				PUB & PROF EDUCATION
(9) GREENVILLE HEALTH SYSTEM							
701 GROVE RD. GREENVILLE, SC 29605	576007863	501 (C) (3)	122,000.				COMMUNITY SERVICES
(10) HEALTH RESEARCH, INC.							
ONE UNIVERSITY PLACE MENANDS, NY 12144	141402155	501 (C) (3)	15,000.				COMMUNITY SERVICES
(11) HEALTHY MOMS AND BABES							RESEARCH & MEDICAL
2270 BANNING RD. STE.2 CINCINNATI, OH 45239	311155292	501 (C) (3)	32,000.				SUPPORT
(12) HEALTHY MOTHERS, HEALTHY BABIES							
500 GULFSTREAM BLVD WESTPALM BEACH FL 33483	592657051	501 (C) (3)	47,500.				PUBLIC & PROF & COMM

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

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

Schedule I (Form 990) (2015)

►

SCHEDULE I	Grants a	nd Other A	Assistance t	o Organiza	tions.	1	OMB No. 1545-0047			
(Form 990) GC Comp	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990. ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.									
	tion about S	chedule I (Form	1 990) and its instr	uctions is at www	v.irs.gov/form990.		Inspection			
Name of the organization						Employer identific				
MARCH OF DIMES FOUNDATION						13-1846366				
Part I General Information on Grants and										
 Does the organization maintain records to such the selection criteria used to award the grant Describe in Part IV the organization's process Part II Grants and Other Assistance to D 990, Part IV, line 21, for any recipient 	s or assistand dures for mo omestic Or	ce? nitoring the use ganizations ar	of grant funds in the nd Domestic Gov	e United States. rernments. Com	plete if the organiza	ation answered "Ye	X Yes No			
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	(g) Description of	(h) Purpose of grant			
or government		if applicable	grant	cash assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance			
(1) HEALTHY START COALITION OF HILLSBOROUGH										
2806 N. ARMENIA AVE TAMPA, FL 33607	593127943	501 (C) (3)	40,000.				PUB & PROF EDUCATION			
(2) HENRY FORD HEALTH SYSTEM										
ONE FORD PLACE, 5A DETROIT, MI 48202	381357020	501 (C) (3)	74,973.				PUB & PROF EDUCATION			
(3) HENRY M JACKSON FOUNDATION										
6720-A ROCKLEDGE DR ROCKVILLE, MD 20817	521317896	501 (C) (3)	7,250.				PUB & PROF EDUCATION			
(4) HIGHLAND UNITED METHODIST CHURCH										
1808 N DIXIE BLVD ODESSA, TX 79761	756003777	501 (C) (3)	20,000.				PUB & PROF EDUCATION			
(5) HOLY FAMILY SERVICES										
5819 NORTH FM88 WESLACO, TX 78596	742282624	501 (C) (3)	13,000.				PUBLIC & PROF & COMM			
(6) HORIZON HEALTH CENTER										
706-714 BERGEN AVENUE JERSEY CITY, NJ 07306	221831695	501 (C) (3)	6,000.				COMMUNITY SERVICES			
(7) HOSPITAL COUNCIL OF NORTHWEST							PUBLIC & PROF			
3231 CENTRAL PARK WEST TOLEDO, OH 43617	341116795	501 (C) (3)	25,977.				& COMMUNITY			
(8) HUMILITY OF MARY HEALTH PARTNERS										
250 DEBARTOLO PLACE BOARDMAN, OH 44512	201072726	501 (C) (3)	25,000.				PUB & PROF EDUCATION			
(9) INOVA HEALTH CARE SERVICES	_									
8110 GATEHOUSE RD FALLS CHURCH, VA 22041	540620889	501 (C) (3)	11,250.				PUB & PROF EDUCATION			
(10) IU HEALTH BALL MEMORIAL HOSPITAL	_									
2401 WEST UNIVERSITY AVE MUNCIE, IN 47303	350867958	501 (C) (3)	24,865.				PUB & PROF EDUCATION			
(11) JAMAICA HOSPITAL MEDICAL CENTER	_									
8900 VAN WYCK EXPRESSWAY JAMAICA, NY 11418	111631788	501 (C) (3)	15,000.				COMMUNITY SERVICES			
(12) JERICHO ROAD COMMUNITY HEALTH CENTER	_									
184 BARTON ST. BUFFALO, NY 14213		501 (C) (3)	36,050.				PUB & PROF EDUCATION			
Enter total number of section 501(c)(3) an Enter total number of other organizations I For Paperwork Reduction Act Notice, see the Instruct	isted in the li	ne 1 table				<u></u>	 nedule I (Form 990) (2015)			

SCHEDULE I	Grants a	nd Other A	Assistance t	o Organiza	tions.	1	OMB No. 1545-0047
(Form 990) GC Department of the Treasury	DVERNME	nts, and Ir rganization ans ► At	ndividuals in wered "Yes" on F tach to Form 990.	orm 990, Part IV	d States , line 21 or 22.		20 15 Open to Public
	ation about S	chedule I (Form	990) and its instr	uctions is at www	w.irs.gov/form990.		Inspection
Name of the organization						Employer identific	
MARCH OF DIMES FOUNDATION						13-1846366	
Part I General Information on Grants an							
 Does the organization maintain records to s the selection criteria used to award the gran Describe in Part IV the organization's proce 	ts or assistan dures for mo	ce? nitoring the use	of grant funds in the	e United States.			X Yes No
Part IIGrants and Other Assistance to I990, Part IV, line 21, for any recip							es" on Form
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) KOKUA KALIHI VALLEY COMP FAMILY SVCS							
2239 NORTH SCHOOL ST HONOLULU, HI 96819	990149797	501 (C) (3)	18,000.				PUB & PROF EDUCATION
(2) LAKE COUNTY HEALTH DEPT							
3010 GRAND AVENUE WAUKEGAN, IL 60085	366006600	501 (C) (3)	8,000.				COMMUNITY SERVICES
(3) LAKE CUMBERLAND DISTRICT HEALTH							
500 BOURNE AVE. SOMERSET, KY 42501	610999046	501 (C) (3)	10,249.				PUB & PROF EDUCATION
(4) LAKEWOOD HEALTH SYSTEM							
49725 COUNTY 83 STAPLES, MN 56479	411842965	501 (C) (3)	20,000.				PUB & PROF EDUCATION
(5) LAMBDA ZETA COMMUNITY SERVICES							
P.O BOX 14730 HOUSTON, TX 77221	760349151	501 (C) (3)	8,300.				PUB & PROF EDUCATION
(6) LEGACY COMMUNITY HEALTH SERVICES							PUBLIC & PROF
1415 CALIFORNIA STREET HOUSTON, TX 77006	760009637		10,680.				& COMMUNITY SERV
(7) LEXINGTON FAYETTE COUNTY HEALTH							
650 NEWTON PIKE LEXINGTON, KY 40508	610920825		23,200.				PUB & PROF EDUCATION
(8) LOMA LINDA UNIVERSITY CHILDERN HOSPITAL							
11234 ANDERSON STREET LOMA LINDA, CA 92354	953522679	501 (C) (3)	31,835.				COMMUNITY SERVICES
(9) MACOUPIN COUNTY HEALTH DEPARTMENT							
330 VERMONT ST. QUINCY, IL 62301	376001351	501 (C) (3)	15,000.				COMMUNITY SERVICES
(10) MAINE GENERAL MEDICAL CENTER							
35 MEDICAL CENTER PKWY AUGUSTA, ME 04330	043369653	501 (C) (3)	26,280.				PUB & PROF EDUCATION
(11) MALHEUR COUNTY HEALTH DEPARTMENT							RESEARCH & MEDICAL
1108 SW 4TH ST ONTARIO, OR 97914	936002306	501 (C) (3)	8,000.				SUPPORT
(12) MARY'S CENTER FOR MATERNAL & CHILD CARE							
2333 ONTARIO RD. N.W. WASHINGTON, DC 20009	521594116		117,000.				PUB & PROF EDUCATION
2 Enter total number of section 501(c)(3) ar	-	-					
3 Enter total number of other organizations For Paperwork Reduction Act Notice, see the Instruc							nedule I (Form 990) (2015)

Department of the Treasury Internal Revenue Service	Comp		rganization ans	ndividuals in wered "Yes" on Fo tach to Form 990.		d States		20 15 Open to Public
	Information	tion about S	chedule I (Form	990) and its instr	uctions is at www	v.irs.gov/form990.		Inspection
Name of the organization							Employer identific	ation number
MARCH OF DIMES FO	UNDATION						13-1846366	5
Part I General Info	rmation on Grants and	d Assistanc	е					
1 Does the organization	on maintain records to su	ubstantiate th	ne amount of the	e grants or assistar	nce, the grantees	eligibility for the grant	s or assistance, and	
the selection criteria	a used to award the grant	s or assistand	ce?					X Yes No
	the organization's proced							
	Other Assistance to D line 21, for any recipi		-			ed if additional space		es" on Form
or gove	ernment	(,	if applicable	grant	cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
(1) MASON COUNTY HEALTH	DEPARTMENT							PUBLIC & PROF
1002 EAST LAUREL AVE	. HAVANA, IL 62644	376000149	501 (C) (3)	6,000.				& COMMUNITY SERV
(2) MATERNAL-INFANT SERV	ICES NETWORK							
10 LITTLE BRITAIN RO	AD NEWBURGH, NY 12550	061286045	501 (C) (3)	48,784.				PUB & PROF EDUCATION
(3) MEADOWS REGIONAL MED	ICAL CENTER							
1 MEADOWS PARKWAY VI	DALIA, GA 30474	582044503	501 (C) (3)	22,500.				COMMUNITY SERVICES
(4) MEDICAL CENTER OF CEN	NTRAL GEORGIA	_						
777 HEMLOCK ST. MACO	N, GA 31201	582149128		36,000.				COMMUNITY SERVICES
(5) MEMORIAL HEALTH UNIV	ERSITY MED. CTR. INC							
4750 WATERS AVE SAVA	NNAH, GA 31404	311126469		35,770.				COMMUNITY SERVICES
(6) MENTAL HEALTH CENTER	OF DENVER							
4141 E. DICKENSON PL	ACE DENVER, CO 80222	742499946	501 (C) (3)	10,670.				PUB & PROF EDUCATION
(7) METHODIST HEALTH SYS	TEM FOUNDATION							
1441 NORTH BECKLEY A	VENUE DALLAS, TX 75265	741578343	501 (C) (3)	7,500.				PUB & PROF EDUCATION
(8) MIAMI-DADE COUNTY HE	ALTH DEPARTMENT							
8600 NW 17TH STREET 1	MIAMI, FL 33126	593502843	501 (C) (3)	32,579.				COMMUNITY SERVICES
(9) MIDLAND MEMORIAL HOS	PITAL	_						PUBLIC & PROF
400 ROSALIND REDFERN	GROVER PKWY MIDLAND TX	751584559	501 (C) (3)	8,625.				& COMMUNITY
(10) MINNESOTA BREASTFEED	ING COALITION	_						
1941 ASHLAND AVENUE	ST PAUL, MN 55104	320293108	501 (C) (3)	21,000.				PUB & PROF EDUCATION
(11) MINNESOTA VISITING N	URSE AGENCY	_						
200 SUMMER ST MINNEA	POLIS, MN 55413	410693895	501 (C) (3)	12,000.				PUB & PROF EDUCATION
(12) MISSISSIPPI DEPARTME	NT OF HEALTH	4						
P.O BOX 1700 JACKSON	, мз 39215 r of section 501(c)(3) and		501 (C) (3)	24,167.				PUB & PROF EDUCATION

Schedule I (Form 990) (2015)

SCHEDULE I	Grants a	nd Other A	Assistance t	o Organiza	tions.	1	OMB No. 1545-0047
(Form 990) Go	overnme	nts, and li	ndividuals in swered "Yes" on F tach to Form 990.	n the United	d States		20 15 Open to Public
Internal Revenue Service Informa	tion about S	chedule I (Form	n 990) and its instr	uctions is at www	v.irs.gov/form990.		Inspection
Name of the organization						Employer identific	ation number
MARCH OF DIMES FOUNDATION						13-1846366	5
Part I General Information on Grants an	d Assistanc	e					
 Does the organization maintain records to s the selection criteria used to award the gran Describe in Part IV the organization's proce Part II Grants and Other Assistance to D 	ts or assistan dures for mo	ce? nitoring the use	of grant funds in the	e United States.			X Yes No
990, Part IV, line 21, for any recip							
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) MOUNTAIN AREA HEALTH EDUCATION							
121 HENDERSONVILLE ROAD ASHEVILLE, NC 28803	561071426	501 (C) (3)	45,845.				PUB & PROF EDUCATION
(2) MT. CARMEL HEALTH WELLNESS & COMMUNITY							
911 ROBINSON AVE. TRINIDAD, CO 81082	273546373	501 (C) (3)	6,500.				PUB & PROF EDUCATION
(3) NEAR NORTH HEALTH SERVICE CORP							
1276 NORTH CLYBOURN AVE. CHICAGO, IL 60610	363197647	501 (C) (3)	7,000.				COMMUNITY SERVICES
(4) NEIGHBORHOOD HEALTH SERVICES CORPORATION							
1700 MYRTLE AVE PLAINFIELD, NJ 07060	221927742	501 (C) (3)	6,000.				COMMUNITY SERVICES
(5) NEVADA OBSTETRICAL CHARITY CLINIC							
1250 S. EASTERN AVE. LAS VEGAS, NV 89104	264834603	501 (C) (3)	18,750.				PUB & PROF EDUCATION
(6) NEWARK COMMUNITY HEALTH CENTER							PUBLIC & PROF
741 BROADWAY NEWARK, NJ 07104	222747589	501 (C) (3)	33,000.				\$ COMMUNITY SERV
(7) NEWMAN HOSPITAL REGIONAL HEALTH							
1201 W. 12TH AVE. EMPORIA, KS 66801	481230936	501 (C) (3)	20,000.				PUB & PROF EDUCATION
(8) NEXUS RECOVERY CENTER, INC.							
8733 la prada dr. dallas, tx 75228	237169388	501 (C) (3)	9,000.				PUB & PROF EDUCATION
(9) NIAGARA FALLS MEMORIAL MEDICAL							
621 10TH STREET NIAGARA FALLS, NY 14302	160743094	501 (C) (3)	55,750.				COMMUNITY SERVICES
(10) NORTH COUNTRY HEALTHCARE, INC.							
2920 N. 4TH ST. FLAGSTAFF, AZ 86004	860663432	501 (C) (3)	19,438.				PUB & PROF EDUCATION
(11) NORTH SLOPE BOROUGH PUBLIC HEALTH NURSING P							
P.O. BOX 69 BARROW, AK 99723	920042378	501 (C) (3)	10,000.				PUB & PROF EDUCATION
(12) NORTON MINISTRIES							
2260 GRAND AVE #248 BALDWIN, NY 11510	463283415	501 (C) (3)	40,000.				COMMUNITY SERVICES
2 Enter total number of section 501(c)(3) an	•	•					
3 Enter total number of other organizations	listed in the li	ne 1 table			<u></u>	<u></u>	
For Paperwork Reduction Act Notice, see the Instruct	ions for Form	990.				Sci	nedule I (Form 990) (2015)

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	GO Comp	overnme	nts, and Ir rganization ans ► At	Assistance t ndividuals in swered "Yes" on F tach to Form 990. n 990) and its instr	orm 990, Part IV	d States , line 21 or 22.		OMB No. 1545-0047 20 15 Open to Public Inspection
Name of the organization							Employer identific	ation number
MARCH OF DIMES FOUNI	DATION						13-1846366	5
Part I General Informa	ation on Grants and	d Assistanc	e					
 Does the organization n the selection criteria use Describe in Part IV the 	ed to award the grant organization's proced	s or assistand dures for mor	ce? nitoring the use	of grant funds in the	e United States.			X Yes No
						plete if the organiza ed if additional space		es" on Form
1 (a) Name and address or governm		(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) OBSTETRIC & GYNECOLOGY, 2322 EAST KIMBERLY RD DA		420996945	501 (C) (3)	16,000.				PUB & PROF EDUCATION
(2) OFFICE OF PERINATAL QUAL	ITY IMPROVEMENT							
800 NE 15TH OKLAHOMA CIT		736017987	501 (C) (3)	39,500.				COMMUNITY SERVICES
(3) OHIO HEALTH FOUNDATION								RESEARCH & MEDICAL
180 E. BROAD ST. 31ST CC	DLUMBUS, OH 43215	237446919	501 (C) (3)	30,000.				SUPPORT
(4) PARKLAND FOUNDATION								PUBLIC & PROF
2777 N. STEMMONS FREEWAY	DALLAS, TX 75207	752089180	501 (C) (3)	11,500.				& COMMUNITY SERV
(5) PARKVIEW HOSPITAL								
11109 PARKVIEW PLAZA DR	FORT WAYNE IN 46845	350868085	501 (C) (3)	17,000.				PUB & PROF EDUCATION
(6) PARKVIEW HOSPITAL FOUNDA	ATION							
11109 PARKVIEW PLAZA DR	FORT WAYNE 46845	237220589	501 (C) (3)	14,525.				PUB & PROF EDUCATION
(7) PARTNERSHIP FOR MATERNAL	AND CHILD							PUBLIC & PROF
50 PARK PLACE 7TH FL NEW	IARK, NJ 07102	521815234	501 (C) (3)	27,611.				& COMMUNITY
(8) PASOS'S PROGRAM		_						
901 SUMTER ST. 5TH FL CC	DLUMBIA, SC 29208	570967350	501 (C) (3)	43,500.				COMMUNITY SERVICES
(9) PEACEHEALTH SW MEDICAL F	OUNDATION	_						RESEARCH & MEDICAL
PO BOX 1600 VANCOUVER, W	IA 98668	911231436	501 (C) (3)	19,000.				SUPPORT
(10) PEE DEE HEALTHY START		_						
314 WEST PINE STREET FLC	RENCE, SC 29501	582282396	501 (C) (3)	10,000.				PUB & PROF EDUCATION
(11) PEE DEE HEALTHY START								
314 WEST PINE STREET FLC	RENCE, SC 29501	582282396	501 (C) (3)	10,000.				COMMUNITY SERVICES
(12) PERRY COUNTY MEMORIAL HC	SPITAL	4						
434 N. WEST ST. PERRYVII	· ·	431741457	501 (C) (3)	14,377.				COMMUNITY SERVICES
2 Enter total number of3 Enter total number of		•	•					
For Paperwork Reduction Act N	Notice, see the Instructi	ions for Form 9	990.				Sch	nedule I (Form 990) (2015)

SCHEDULE I	Grants a	nd Other	Assistance t	o Organiza	tions.		OMB No. 1545-0047
(Form 990)			ndividuals i				<u>କ</u> ଳ ୍କ ଅ
		,	swered "Yes" on F				2015
		-	tach to Form 990.		,		Open to Public
Department of the Treasury Internal Revenue Service	nation about \$	Schedule I (Forn	n 990) and its inst	ructions is at www	v.irs.gov/form990.		Inspection
Name of the organization		· · ·	· ·			Employer identific	ation number
MARCH OF DIMES FOUNDATION						13-1846366	;
Part I General Information on Grants a	and Assistan	се					
1 Does the organization maintain records to	substantiate t	he amount of th	e grants or assista	nce, the grantees	eligibility for the grant	s or assistance, and	
the selection criteria used to award the gra							X Yes No
2 Describe in Part IV the organization's proc							
Part II Grants and Other Assistance to		-	-		nlete if the organiz	ation answered "Ve	s" on Form
990, Part IV, line 21, for any red							5 011 0111
			un 40,000. 1 un 1				
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) PREGNANCY AID CENTERS							
4809 GREENBELT RD. COLLEGE PARK, MD 20740	237418649	501 (C) (3)	8,000.				PUB & PROF EDUCATION
(2) PREGNANCY SUPPORT CENTER OF JOHNSON							
617 CROSSROADS DR MOUNTAIN CITY, TN 37683	273438026	501 (C) (3)	22,819.				COMMUNITY SERVICES
(3) PREVENT CHILD ABUSE - NEW JERSEY							
103 CHURCH ST NEW BRUNSWICK, NY 08901	222314861	501 (C) (3)	24,500.				PUB & PROF EDUCATION
(4) PROFESSIONAL WOMEN'S NETWORK FOR SERVICE							
PO BOX 085643 RACINE, WI 53408	050625047	501 (C) (3)	9,600.				PUB & PROF EDUCATION
(5) PUBLIC HEALTH FOUNDATION OF NORTHWEST							
10 W. LINDEN ST. FREEPORT, IL 61032	113676983	501 (C) (3)	9,870.				COMMUNITY SERVICES
(6) PUEBLO COMMUNITY HEALTH CENTER							
110 EAST ROUTT AVE. PUEBLO, CO 81004	840921521	501 (C) (3)	11,000.				PUB & PROF EDUCATION
(7) QUEENS COMPREHENSIVE PERINATAL COUNCIL							
115-44 SUTPHIN BLVD JAMAICA, NY 11434	112870422	501 (C) (3)	15,000.				COMMUNITY SERVICES
(8) RENO COUNTY HEALTH DEPARTMENT							
209 WEST 2ND AVE. HUTCHINSON, KS 67501	486015542	501 (C) (3)	17,500.				PUB & PROF EDUCATION
(9) SAFE BABIES HEALTHY FAMILIES, INC.							
137 WISCONSIN AVE WAUKESHA, WI 53186	391552886	501 (C) (3)	11,000.				PUB & PROF EDUCATION
(10) SALVATION ARMY A CALIFORNIA CORPORATION							
1904 W. BANNOCK ST. BOSIE, ID 83702	941156347	501 (C) (3)	7,500.				PUB & PROF EDUCATION
(11) SALVATION ARMY FAMILY TREATMENT SERVICES							
845 22ND AVE HONOLULU, HI 96816	990073542	501 (C) (3)	15,000.				PUB & PROF EDUCATION
(12) SCDHEC, DIVISION OF STATE AND NATIONAL							

 PO BOX 101106 COLUMBIA, SC 29211
 576000286
 501 (C) (3)
 15,000.
 PUB & PROF EDUCATION

 2
 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table
 15,000.
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 3
 Enter total number of other organizations listed in the line 1 table
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2015)

SCHEDULE I	Grants a	nd Other A	Assistance t	o Organiza	tions.	1	OMB No. 1545-0047
(Form 990) GC	OVERNME plete if the o	nts, and Ir rganization ans ► At	ndividuals in wered "Yes" on F tach to Form 990.	orm 990, Part IV	d States , line 21 or 22.		20 15 Open to Public
	ation about S	chedule I (Form	n 990) and its instr	uctions is at www	v.irs.gov/form990.		Inspection
Name of the organization						Employer identific	
MARCH OF DIMES FOUNDATION						13-1846366	5
Part I General Information on Grants an							
 Does the organization maintain records to s the selection criteria used to award the gran Describe in Part IV the organization's proce Part II Grants and Other Assistance to I 	ts or assistand dures for mo	ce? nitoring the use	of grant funds in the	e United States.			X Yes No
990, Part IV, line 21, for any recip							
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) SCDHEC, DIVISION OF STATE AND NATIONAL							
PO BOX 101106 COLUMBIA, SC 29211	576000286	501 (C) (3)	15,000.				COMMUNITY SERVICES
(2) SCOTT COUNTY HEALTH DEPARTMENT							
335 WEST CHERRY ST. WINCHESTER, IL 62694	376002093	501 (C) (3)	12,627.				COMMUNITY SERVICES
(3) SHADYSIDE HOSPITAL FOUNDATION							
532 S. AIKEN AVE PITTSBURGH, PA 15232	251290546	501 (C) (3)	11,025.				COMMUNITY SERVICES
(4) SMYTH CUNTY HEALTH DEPT.							
201 FRANCIS MARION LANE MARION, VA 24354	546001775	501 (C) (3)	6,260.				PUB & PROF EDUCATION
(5) SOMALI HEALTH BOARD							
9421 18TH AVE SW SEATTLE, WA 98106	562471205	501 (C) (3)	10,000.				PUB & PROF EDUCATION
(6) SOUTH CAROLINA PERINATAL ASSOCIATION							
P.O. BOX 5247 COLUMBIA, SC 29250	570656784		10,000.				PUB & PROF EDUCATION
(7) SOUTH LAKE HOSPITAL							
1900 DON WICKHAM DR CLERMONT, FL 34711	593322533	501 (C) (3)	6,000.				COMMUNITY SERVICES
(8) SOUTHERN CRESCENT WOMEN'S HEALTHCARE							
1279 HIGHWAY 54 W FAYETTEVILLE, GA 30214	582345264	501 (C) (3)	32,200.				COMMUNITY SERVICES
(9) SOUTHERN JERSEY FAMILY MEDICAL CENTER							
651 HIGH ST. BURLINGTON, NJ 08016	222159336	501 (C) (3)	30,000.				PUB & PROF EDUCATION
(10) SOUTHERN NEW JERSEY PERINATAL							PUBLIC & PROF
2500 MCCLELLAN AVENUE PENNSAUKEN, NJ 08109	222371223	501 (C) (3)	12,475.				& COMMUNITY SERV
11) SOUTHWEST PUBLIC HEALTH DISTRICT							
1710 S. SLAPPY BLVD. ALBANY, GA 31706	237379607	501 (C) (3)	32,500.				COMMUNITY SERVICES
(12) SPECIAL SERVICE FOR GROUPS	_						
905 EAST 8TH ST. LOS ANGELES, CA 90021		501 (C) (3)	35,220.				COMMUNITY SERVICES
2 Enter total number of section 501(c)(3) ar	•	•					
3 Enter total number of other organizations	listed in the li	ne 1 table				<u></u>	
For Paperwork Reduction Act Notice, see the Instruc	tions for Form	990.				Sci	nedule I (Form 990) (2015)

			Assistance t ndividuals ir			-	OMB No. 1545-0047
			wered "Yes" on F				2015
		-	tach to Form 990.		,		Open to Public
Department of the Treasury Internal Revenue Service	ation about S	chedule I (Form	n 990) and its instr	uctions is at www	w.irs.gov/form990.		Inspection
Name of the organization		、				Employer identific	ation number
MARCH OF DIMES FOUNDATION						13-1846366	5
Part I General Information on Grants an	d Assistanc	e					
1 Does the organization maintain records to s	ubstantiate tl	ne amount of the	e grants or assistar	nce, the grantees	' eligibility for the gran	ts or assistance, and	
the selection criteria used to award the gran							X Yes No
2 Describe in Part IV the organization's proce							
Grants and Other Assistance to I 990, Part IV, line 21, for any recip 1 (a) Name and address of organization		-			ted if additional spa		es" on Form
or government		if applicable	grant	cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
(1) SPECTRUM HEALTH FOUNDATION							
100 MICHIGAN ST GRAND RAPIDS, MI 49503	382752328		25,000.				PUB & PROF EDUCATION
(2) ST VINCENT ANDERSON REGIONAL HOSPITAL							
2015 JACKSON STREET ANDERSON, IN 46016	460877261	501 (C) (3)	30,000.				PUB & PROF EDUCATION
(3) ST VINCENT ANDERSON REGIONAL HOSPITAL							
2015 JACKSON STREET ANDERSON, IN 46016	460877261	501 (C) (3)	7,000.				PUB & PROF EDUCATION
(4) ST. JOSEPH HOSPITAL							
1960 N OGEDN STE.320 DENVER, CO 80218	840417134	501 (C) (3)	10,000.				PUB & PROF EDUCATION
(5) ST. JOSEPH REGIONAL MEDICAL CENTER							
215 W. FOURTH ST MISHAWAKA, IN 46544	351654543	501 (C) (3)	22,000.				PUB & PROF EDUCATION
(6) ST. MARY'S REGIONAL MEDICAL CENTER							
2635 NORTH 7TH ST GRAND JUNCTION, CO 81501	237001007	501 (C) (3)	10,000.				PUB & PROF EDUCATIO
(7) STONE COUNTY HEALTH DEPARTMENT							
109 E. 4TH ST. GALENA, MO 65653	431148595	501 (C) (3)	26,403.				COMMUNITY SERVICES
(8) SWEDISH FAMILY MEDICINE RESIDENCY							
550 16TH AVE. STE.100 SEATTLE, WA 98122	912000020		23,240.				PUB & PROF EDUCATION
(9) TEEN OUTREACH PREGNANCY SERVICES							
3024 E. FT LOWELL RD TUCSON, AZ 85716	861005133	501 (C) (3)	15,000.				PUB & PROF EDUCATION
10) TENDERCARE CLINIC							
803 S. MAIN ST. GREENSBORO, GA 30642	582639942	501 (C) (3)	30,000.				COMMUNITY SERVICES
11) TEXAS CHILDREN'S HEALTH PLAN, INC	_						
2450 HOLCOMBE BLVD SUITE 39-G	760486264	501 (C) (3)	16,500.				PUB & PROF EDUCATION
		1		1		1	DUDITO C DDOD
12) TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTE	_						PUBLIC & PROF

Schedule I (Form 990) (2015)

SCHEDULE I (Form 990)	Go	overnme	nts, and Ir	Assistance t Idividuals ii wered "Yes" on F	n the United	d States	-	OMB No. 1545-0047
Department of the Treasury			► Att	ach to Form 990.				Open to Public
Internal Revenue Service	Informa	tion about S	chedule I (Form	990) and its instr	uctions is at www	w.irs.gov/form990.		Inspection
Name of the organization							Employer ide	ntification number
MARCH OF DIMES	FOUNDATION						13-1846	366
Part I General I	nformation on Grants an	d Assistanc	e					
the selection crit	zation maintain records to s eria used to award the gran IV the organization's proce	ts or assistand	ce?					and X Yes No
	d Other Assistance to E IV, line 21, for any recip							"Yes" on Form
	address of organization	(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 assistan	
(1) THE CHILDREN'S CO	UNCIL							
PO BOX 171 LANCAS	TER, SC 29721	570884975	501 (C) (3)	14,523.				PUB & PROF EDUCATION
(2) THE COLLEGE OF WI	LLIAM AND MARY							

12,000.

24,450.

25,000.

35,250.

7,000.

6,040.

42,000.

14,159.

8,900

30,000

8,000

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

P.O. BOX 8795 WILLIAMSBURG, VA 23187

(3) THE CONNECTICUT WOMEN'S CONSORTIUM, INC. 2321 WHITNEY AVE HAMDEN, CT 06518

100 GRAND STREET NEW BRITAIN, CT 06050

1600 ROCKLAND ROAD WILMINGTON, DE 19803

214 NORTH 4TH ST. BURLINGTON, IA 52601

11 ROPE FERRY ROAD, #6210 HANOVER, NH 03755

2232 980 INDIANA AVE. INDIANAPOLIS IN 46202

4301 W. MARKHAM ST LITTLE ROCK, AR 72205

3200 BURNET AVENUE CINCINNATI, OH 45229

4502 MEDICAL DRIVE SAN ANTONIO, TX 78229

(7) THE RECTOR & VISITORS OF THE UNIVERSITY 1340 JEFFERSON PARK AVE CHARLOTTESVILLE VA

(4) THE HOSPITAL OF CENTRAL CONNECTICUT

(5) THE NEMOURS FOUNDATION

(6) THE NEST OF DES MOINES COUNTY

(8) TRUSTEES OF DARTMOUTH COLLEGE

(9) TRUSTEES OF INDIANA UNIVERSITY

(12) UNIVERSITY HEALTH SYSTEM

PUB & PROF EDUCATION

PUB & PROF EDUCATION

PUB & PROF EDUCATION

COMMUNITY SERVICES

PUB & PROF EDUCATION

RESEARCH & MEDICAL

SUPPORT

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3

(10) UAMS

(11) UC HEALTH

546001711

061531384

060646768

590634433

421425906

546001796

020222111

356001673

716046242

311435820

746082164

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

501 (C) (3)

Department of the Treasury Internal Revenue Service ► Information ab Name of the organization MARCH OF DIMES FOUNDATION Part I General Information on Grants and Assis 1 Does the organization maintain records to substant the selection criteria used to award the grants or asis 2 Describe in Part IV the organization's procedures for Part II Grants and Other Assistance to Domest 990, Part IV, line 21, for any recipient th	stance tiate th sistanc or mon tic Org	e e amount of the e? itoring the use ganizations ar	of grant funds in the Id Domestic Gov	nce, the grantees Durited States. ernments. Com	eligibility for the grant	tion answered "Ye	X Yes No
 MARCH OF DIMES FOUNDATION Part I General Information on Grants and Assist 1 Does the organization maintain records to substant the selection criteria used to award the grants or asis 2 Describe in Part IV the organization's procedures for Part II Grants and Other Assistance to Domestic 	tiate th sistanc or mon tic Orç at rec	e amount of the e? hitoring the use ganizations ar eived more tha	of grant funds in the Id Domestic Gov	e United States. ernments. Com	plete if the organiza	s or assistance, and	X Yes No
 Part I General Information on Grants and Assist 1 Does the organization maintain records to substant the selection criteria used to award the grants or assist 2 Describe in Part IV the organization's procedures for Part II Grants and Other Assistance to Domestic 	tiate th sistanc or mon tic Orç at rec	e amount of the e? hitoring the use ganizations ar eived more tha	of grant funds in the Id Domestic Gov	e United States. ernments. Com	plete if the organiza	s or assistance, and	X Yes No
 Does the organization maintain records to substant the selection criteria used to award the grants or as Describe in Part IV the organization's procedures for Part II Grants and Other Assistance to Domestic 	tiate th sistanc or mon tic Orç at rec	e amount of the e? hitoring the use ganizations ar eived more tha	of grant funds in the Id Domestic Gov	e United States. ernments. Com	plete if the organiza	tion answered "Ye	
 Does the organization maintain records to substant the selection criteria used to award the grants or as Describe in Part IV the organization's procedures for Part II Grants and Other Assistance to Domestic 	sistanc or mon tic Orç at rec	e? hitoring the use ganizations ar eived more tha	of grant funds in the Id Domestic Gov	e United States. ernments. Com	plete if the organiza	tion answered "Ye	
	at rec	eived more tha					s" on Form
990, Part IV, line 21, for any recipient th		1	an \$5,000. Part II	can be duplicat			
	EIN	(c) IRC section			ea if additional space	ce is needed.	
1 (a) Name and address of organization (b) or government		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 HOSPITALS OF CLEVELAND CASE MEDI							
11000 EUCLID AVE. CLEVELAND, OH 44106 34156	7805	501 (C) (3)	35,000.				PUB & PROF EDUCATION
(2) UNIVERSITY OF ALABAMA AT BIRMINGHAM							
990 1720 2ND AVE S BIRMINGHAM, AL 35294 63600	5396	501 (C) (3)	25,000.				COMMUNITY SERVICES
(3) UNIVERSITY OF ILLINOIS COMMUNITY SERVICE							
1603 W. TAYLOR STREET CHICAGO, IL 60612 37600	0511	501 (C) (3)	11,500.				COMMUNITY SERVICES
(4) UNIVERSITY OF IOWA							
200 HAWKINS DR IOWA CITY, IA 52242 42600	4813	501 (C) (3)	12,500.				PUB & PROF EDUCATION
(5) UNIVERSITY OF MARYLAND BALTIMORE							
620 WEST LEXINGTON ST BALTIMORE, MD 21201 52600.	2033	501 (C) (3)	30,000.				PUB & PROF EDUCATION
(6) UNIVERSITY OF MARYLAND COMMUNITY MEDICAL							
7556 TEAGUE RD, STE.430 HANOVER, MD 21076 52187	4111	501 (C) (3)	38,500.				PUB & PROF EDUCATION
(7) UNIVERSITY OF NEVADA SCHOOL OF MEDICINE							
2040 W CHARLESTON BLVD LAS VEGAS, NV 89102 88033	0858	501 (C) (3)	15,000.				PUB & PROF EDUCATION
(8) UNIVERSITY OF PITTSBURGH SCHOOL OF NURSING							
3500 VICTORIA ST PITTSBURGH, PA 15261 25096	5591	501 (C) (3)	15,000.				PUB & PROF EDUCATION
(9) UNIVERSITY OF ROCHESTER DEPT.							
777 S. CLINTON AVE. ROCHESTER, NY 14620 16074	3209	501 (C) (3)	62,369.				COMMUNITY SERVICES
(10) UNIVERSITY OF SOUTH FLORIDA							
3650 SPECTRUM BLVD TAMPA, FL 33612 59310.	2112	501 (C) (3)	94,907.				PUB & PROF EDUCATION
(11) UNIVERSITY OF VERMONT AND STATE							
85 SO. PROSPECT STREET BURLINGTON, VT 05405 03017	9440	501 (C) (3)	9,960.				PUB & PROF EDUCATION
(12) UNMC							
982165 NEBRASKA MEDICAL CENTER 47004		501 (C) (3)	10,000.				PUB & PROF EDUCATION
2 Enter total number of section 501(c)(3) and gove		•					
3 Enter total number of other organizations listed in	the lir	ne 1 table				<u></u>	

SCHEDULE I	C	Grants a	nd Other A	Assistance t	o Organiza	tions.	1	OMB No. 1545-0047
(Form 990)	Go	vernme	ents, and Ir	ndividuals in wered "Yes" on F tach to Form 990.	n the United	d States		20 15 Open to Public
Department of the Treasury Internal Revenue Service	► Informat	tion about S		990) and its instr	uctions is at www	v.irs.aov/form990.		Inspection
Name of the organization							Employer identific	ation number
MARCH OF DIMES	FOUNDATION						13-1846366	-
	nformation on Grants and	d Assistand	ce					
	ation maintain records to su	ubstantiate t	he amount of the	e grants or assista	nce, the grantees	' eligibility for the grants	s or assistance. and	
	eria used to award the grant							X Yes No
	IV the organization's proced							
Part II Grants an	d Other Assistance to D	omestic O	rganizations ar	nd Domestic Gov	ernments Com	olete if the organiza	tion answered "Ye	es" on Form
	IV, line 21, for any recipi							
	address of organization overnment	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) UPMC PRESBYTERIAN	SHADYSIDE							
200 LOTHROP STREET	I PITTSBURGH, PA 15213	250965480	501 (C) (3)	44,000.				COMMUNITY SERVICES
(2) UPSON REGIONAL MEI	DICAL CENTER							
214 CHEROKEE ROAD	THOMASTON, GA 30286	581734026	501 (C) (3)	30,000.				COMMUNITY SERVICES
(3) UTAH WOMEN AND NEW	WBORN QUALITY							
670 E. 3900 SO SAI	LT LAKE CITY, UT 84107	465755162	501 (C) (3)	10,000.				COMMUNITY SERVICES
(4) VIRGINIA COMMONWEA	ALTH UNIVERSITY	_						
327 W. MAIN STREET	F RICHMOND, VA 23284	546001758	501 (C) (3)	25,273.				PUB & PROF EDUCATION
(5) VIRGINIA GARCIA MI	EMORIAL HEALTH CENTER	_						RESEARCH & MEDICAL
PO BOX 486 CORNEL	IUS, OR 97113	930717997	501 (C) (3)	19,000.				SUPPORT
(6) VNA HEALTH CARE		_						
	VE AURORA, IL 60506	470690286		15,000.				COMMUNITY SERVICES
(7) WACO CENTER FOR WO	OMEN'S HEALTH	_						
	WAY WACO, TX 76710	742696970		7,500.				PUB & PROF EDUCATION
(8) WAIKIKI HEALTH		_						
277 OHUA AVE. HONO		990159253		12,000.				PUB & PROF EDUCATION
(9) WASHINGTON UNIVERS		_						
	ST LOUIS, MO 63110	430653611	501 (C) (3)	18,479.				COMMUNITY SERVICES
(10) WAYNE STATE UNIVER		_						
	LOOR DETROIT, MI 48201	386028429	501 (C) (3)	10,000.				PUB & PROF EDUCATION
(11) WEST SIDE COMMUNIT								
	STREET ST PAUL, MN 55107	237156236	501 (C) (3)	15,000.				PUB & PROF EDUCATION
	N HEALTHCARE-ALL SAINTS FO	-						
	<u>r racine, wi 35405</u> ber of section 501(c)(3) and	391570877	501 (C) (3)	5,020.	ablo		`	PUB & PROF EDUCATION
	ber of other organizations li	•	•					
	an Act Notice, see the Instructions							adula I (Earm 000) (2015)

Schedule I (Form 990) (2015)

SCHEDULE I (Form 990)	Governme	nts, and In rganization ans ► At	Assistance t ndividuals in wered "Yes" on F tach to Form 990.	orm 990, Part IV	d States , line 21 or 22.		OMB No. 1545-0047 20 15 Open to Public Inspection
Name of the organization						Employer identific	-
MARCH OF DIMES FOUNDATION						13-1846366	
Part I General Information on Gra	ants and Assistanc	<u>م</u>				1 13 1040300	
 Does the organization maintain record the selection criteria used to award Describe in Part IV the organization 	ords to substantiate th the grants or assistand 's procedures for mo	ne amount of the ce? nitoring the use	of grant funds in the	e United States.			X Yes No
Part II Grants and Other Assistar 990, Part IV, line 21, for an		-					es" on Form
1 (a) Name and address of organization or government	n (b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) WHEATON FRANCISCAN-ST.JOSEPH FOUNDAT 5000 W CHAMBERS STREET MILWAUKEE, WI		501 (C) (3)	5,020.				PUB & PROF EDUCATION
(2) WHEELER AVENUE 5C'S, INC							
3826 WHEELER AVENUE HOUSTON, TX 7700	4 741952632	501 (C) (3)	20,000.				PUB & PROF EDUCATION
(3) WINMED HEALTH SERVICES							
5275 WINNESTE AVE CINCINNATI, OH 452	32 237241323	501 (C) (3)	25,000.				PUB & PROF EDUCATION
(4) WISCONSIN WOMEN'S HEALTH FOUNDATION,	INC.						
2503 TODD DR. MADISON, WI 53713	391900678		27,000.				COMMUNITY SERVICES
(5) WOMANCARE CENTERS							
100 KINGSLEY, STE. 200 NORFOLK, VA 2	3505 541820401	501 (C) (3)	20,650.				PUB & PROF EDUCATION
(6) WOMANS HOSPITAL OF TEXAS							
7600 FANNIN ST HOUSTON, TX 77054	621810381	501 (C) (3)	10,500.				PUB & PROF EDUCATION
(7) WOMEN AND INFANTS HOSPITAL							
101 DUDLEY STREET PROVIDENCE, RI 029	05 050258937	501 (C) (3)	10,000.				PUB & PROF EDUCATION
(8) WV COMMUNITY VOICES, INC							
2107 WASHINGTON ST E CHARLESTON, WV	25311 200625456	501 (C) (3)	25,000.				PUB & PROF EDUCATION
(9) YSLETA INDEPENDENT SCHOOL DISTRICT							
9600 SIMS DR. EL PASO, TX 79925	746002473	501 (C) (3)	5,720.				PUB & PROF EDUCATION
(10) YWCA OF GREENSBORO							
4002 SPRING GARDEN ST GREENSBORO, NC	27407 560529936	501 (C) (3)	19,661.				PUB & PROF EDUCATION
(11) ZETA PHI BETA							PUBLIC & PROF
237 SWANDALE DRIVE COLUMBIA, SC 2920	3 576029795	501 (C) (3)	20,000.				& COMMUNITY SERV
(12) ZETA PHI BETA SORORITY INC							
PO BOX 34326 SAN ANTONIO, TX 78265	237206960	501 (C) (7)	8,900.				PUB & PROF EDUCATION
2 Enter total number of section 501(able			<u> </u>
3 Enter total number of other organi		•					
For Paperwork Reduction Act Notice, see the							nedule I (Form 990) (2015)

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Go	Vernme plete if the o	nts, and Ir rganization ans ► Att	Assistance to ndividuals in wered "Yes" on F tach to Form 990. n 990) and its instr	orm 990, Part IV,	d States line 21 or 22.		OMB No. 1545-0047 20 15 Open to Public Inspection
Name of the organization							Employer identific	
MARCH OF DIMES	FOUNDATION	d Assistanc	•••				13-1846366)
the selection crit 2 Describe in Part	zation maintain records to s eria used to award the gran IV the organization's proce ind Other Assistance to D	ts or assistan dures for mo	ce? nitoring the use	of grant funds in the	e United States.			X Yes No
	IV, line 21, for any recip							
	address of organization							
01 (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 SOR PO BOX 439392 CHI (2)	ORITY, INC.	(b) EIN		(1)		(book, FMV, appraisal,	(g) Description of	
(1) ZETA PHI BETA SOR PO BOX 439392 CHI	ORITY, INC.	_	if applicable	grant		(book, FMV, appraisal,	(g) Description of	or assistance

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
 19.

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

Schedule I (Form 990) (2015)

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Schedule I (Form 990) (2015)

(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
PRIZE IN DEVELOPMENT BIOLOGY	1.	250,000.			
COLONEL SANDERS AWARD	2.	20,000.			
SCHOLARSHIP AWARD	4.	20,000.			
	te this part to prov	vide the informa	tion required in	Part I, line 2, Part III, co	lumn (b), and any other additional
art IV Supplemental Information. Comple	te this part to prov	vide the informa	tion required in	Part I, line 2, Part III, co	lumn (b), and any other additional
art IV Supplemental Information. Comple information.	· · ·			Part I, line 2, Part III, co	lumn (b), and any other additional
art IV Supplemental Information. Completinformation. HEDULE I MONITORING GRANTS	BASED ON VARIC	DUS FACTORS 2	AND ARE		lumn (b), and any other additional
ITT IV Supplemental Information. Comple information. HEDULE I MONITORING GRANTS ANTEES ARE AWARDED BY COMMITTEES NKED USING A SCORING SYSTEM. THE	BASED ON VARIC	DUS FACTORS A	AND ARE		lumn (b), and any other additional
Art IV Supplemental Information. Comple information. HEDULE I MONITORING GRANTS ANTEES ARE AWARDED BY COMMITTEES	BASED ON VARIC COMMITTEE MEME LUATE THE MERI	DUS FACTORS A BERS CONSIST TS OF THE GI	AND ARE PRIMARILY (RANT		lumn (b), and any other additional
ITT IV Supplemental Information. Completing information. HEDULE I MONITORING GRANTS ANTEES ARE AWARDED BY COMMITTEES NKED USING A SCORING SYSTEM. THE LUNTEERS WHO ARE QUALIFIED TO EVA	BASED ON VARIC COMMITTEE MEME LUATE THE MERI EES ARE REQUIR	DUS FACTORS A BERS CONSIST TS OF THE GI RED TO SUBMIT	AND ARE PRIMARILY (RANT I INTERIM		lumn (b), and any other additional
information. HEDULE I MONITORING GRANTS ANTEES ARE AWARDED BY COMMITTEES NKED USING A SCORING SYSTEM. THE LUNTEERS WHO ARE QUALIFIED TO EVA PLICATIONS. ONCE SELECTED, GRANT COUNTING REPORTS AS WELL AS A FIN	BASED ON VARIC COMMITTEE MEME LUATE THE MERI EES ARE REQUIR AL ACCOUNTING	OUS FACTORS A BERS CONSIST TS OF THE GI RED TO SUBMIT OF ALL EXPEN	AND ARE PRIMARILY (RANT I INTERIM NDITURES,		lumn (b), and any other additional
information. HEDULE I MONITORING GRANTS ANTEES ARE AWARDED BY COMMITTEES NKED USING A SCORING SYSTEM. THE LUNTEERS WHO ARE QUALIFIED TO EVA PLICATIONS. ONCE SELECTED, GRANT	BASED ON VARIO COMMITTEE MEME LUATE THE MERI EES ARE REQUIE AL ACCOUNTING D, 90 DAYS AFT	OUS FACTORS A BERS CONSIST TS OF THE GI RED TO SUBMIT OF ALL EXPEN CER THE TERM	AND ARE PRIMARILY (RANT I INTERIM NDITURES,		lumn (b), and any other additional
information. HEDULE I MONITORING GRANTS ANTEES ARE AWARDED BY COMMITTEES NKED USING A SCORING SYSTEM. THE LUNTEERS WHO ARE QUALIFIED TO EVA PLICATIONS. ONCE SELECTED, GRANT COUNTING REPORTS AS WELL AS A FIN LIVERABLES AND RESULTS, DURING AN	BASED ON VARIO COMMITTEE MEME LUATE THE MERI EES ARE REQUIF AL ACCOUNTING D, 90 DAYS AFT RTHER INFORMAT	OUS FACTORS A BERS CONSIST TS OF THE GI RED TO SUBMI OF ALL EXPEN TER THE TERM	AND ARE PRIMARILY (RANT T INTERIM NDITURES, INATION OF)F	lumn (b), and any other additional

SCHEDULE J (Form 990)		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.				OMB No. 1545-0047		
	nent of the Treasury	► A	Attach to Form 990.		Open to			
	Revenue Service of the organization	Information about Schedule J (For	rm 990) and its instructions is at <i>www.irs.gov/</i>	Employer identification		ectio	n	
	•	S FOUNDATION		13-18463				
Part		is Regarding Compensation		13 10103				
						Yes	No	
1a	990, Part VII, X First-cla		provided any of the following to or for a pers provide any relevant information regarding Housing allowance or residence for Payments for business use of perso	y these items. personal use				
		emnification and gross-up payments	Health or social club dues or initiation					
		onary spending account	Personal services (e.g., maid, chauff					
b	If any of the or reimburse	boxes on line 1a are checked, did th	ne organization follow a written policy re penses described above? If "No," com	egarding paymen		x		
2	Did the orga	anization require substantiation prior	to reimbursing or allowing expenses					
	•		D/Executive Director, regarding the item		2	x		
3	Indicate which organization's	h, if any, of the following the filing organ CEO/Executive Director. Check all that	nization used to establish the compensation at apply. Do not check any boxes for methor e CEO/Executive Director, but explain in P	on of the ds used by a				
	X Comper	nsation committee	Written employment contract					
		dent compensation consultant	X Compensation survey or study					
	X Form 99	90 of other organizations	X Approval by the board or compensation	tion committee				
4		ar, did any person listed on Form 990, or a related organization:	Part VII, Section A, line 1a, with respect to	o the filing				
а			ayment?		4a	X		
b	Participate in	, or receive payment from, a suppleme	ntal nonqualified retirement plan?		4b	X		
С			ased compensation arrangement?		4c		Х	
	Only section	501(c)(3), 501(c)(4), and 501(c)(29) or	rovide the applicable amounts for each it reach it reach it reach it reach it reach it reach it reactions must complete lines 5–9.					
5		isted on Form 990, Part VII, Section A, n contingent on the revenues of:	, line 1a, did the organization pay or accrue	any				
а	The organizat	ion?			5a		Х	
b		Any related organization?						
		e 5a or 5b, describe in Part III.						
6		isted on Form 990, Part VII, Section A, n contingent on the net earnings of:	, line 1a, did the organization pay or accrue	any				
а	-				6a		X	
b	-	-			6b		X	
		e 6a or 6b, describe in Part III.						
7	payments not	described on lines 5 and 6? If "Yes," d	n A, line 1a, did the organization provession secularity of the secular secular secular secular secular secular		7		Х	
8	-	-	paid or accrued pursuant to a contract the	-				
		-	Regulations section 53.4958-4(a)(3)?					
~					8		X	
9			low the rebuttable presumption proced					
	Regulations s	ection 33.4930-0(c)?	<u> </u>		9			

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

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

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

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
JENNIFER HOWSE, PHD	(i)	495,204.	0.	9,715.	0.	7,092.	512,011.	0.
1 ^{PRESIDENT}	(ii)	0.	0.	0.	0.	0.	0.	0 .
RICHARD E. MULLIGAN	(i)	170,680.	0.	251,081.	0.	9,585.	431,346.	0.
2 ^{FORMER EVP}	(ii)	0.	0.	0.	0.	0.	0.	0.
LISA BELLSEY, ESQ.	(i)	398,639.	0.	32,576.	0.	7,511.	438,726.	0 .
3 ^{EVP}	(ii)	0.	0.	0.	0.	0.	0.	0.
DAVID HORNE	(i)	254,332.	0.	639.	0.	19,120.	274,091.	0.
4 ^{ASSISTANT TREASURER}	(ii)	0.	0.	0.	0.	0.	0.	0.
EDWARD MCCABE, M.D.	(i)	409,299.	0.	5,334.	0.	0.	414,633.	0.
5 ^{MEDICAL DIRECTOR}	(ii)	0.	0.	0.	0.	0.	0.	0.
JOSEPH L SIMPSON, MD	(i)	366,716.	0.	21,892.	0.	7,092.	395,700.	0.
6 ^{SENIOR V.P.}	(ii)	0.	0.	0.	0.	0.	0.	0.
PAULA R RANSOM	(i)	316,858.	0.	21,924.	0.	9,903.	348,685.	0.
7 ^{SENIOR V.P.}	(ii)	0.	0.	0.	0.	0.	0.	0.
KAREN ANDREWS, ESQ	(i)	165,173.	0.	0.	0.	5,954.	171,127.	0.
8ASST SECRETARY *EFF JUNE 2015	(ii)	0.	0.	0.	0.	0.	0.	0.
NORA S. GOOCH	(i)	296,667.	0.	639.	0.	7,500.	304,806.	0.
9 ^{SENIOR V.P.}	(ii)	0.	0.	0.	0.	0.	0.	0.
DANICA MONTAGUE	(i)	166,427.	0.	125,221.	0.	14,066.	305,714.	0.
10 ^{VP PHILANTHROPY}	(ii)	0.	0.	0.	0.	0.	0.	0.
GERARD E. CARRINO	(i)	200,956.	0.	88,727.	0.	6,552.	296,235.	0.
11 ^{SENIOR V.P.}	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
_14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

JSA 5E1291 1.000 Schedule J (Form 990) 2015

Part III Supplemental Information

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

SUPPLEMENTAL NONQUALIFIED RETIREMENT INCLUDING RELATED TAX GROSS UP PMTS

JENNIFER HOWSE, PHD. \$1,063; LISA BELLSEY, ESQ. \$16,087; PAULA RANSOM

\$20,092; JOSEPH L. SIMPSON \$13,240 AND RICHARD MULLIGAN \$74,420.69

FIRST CLASS TRAVEL

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

SEVERANCE PAYMENT

DANICA J MONTAGUE \$108,717.65

RICHARD E MULLIGAN \$175,254.50

GERARD E CARRINO \$80,846.90

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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2015

Open To Public

Inspection

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.

Department of the Treasury Internal Revenue Service Name of the organization

Ν

Employer identification number
13-1846366

IARCH	OF	DIMES	FOUNDATION	

Par	t 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	Х	155.	98,224.	SELLING PRICE
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	Х	32.	1,597,261.	SELLING PRICE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC,				
	or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation				
	contribution - Historic				
	structures				
14	Qualified conservation				
	contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ►()				
26	Other ►()				
27	Other ►()				
28	Other ►()				
29	Number of Forms 8283 received				29
	which the organization completed I	Form 8283,	Part IV, Donee Acknowledg		Yes No
302	During the year, did the organizat	tion receive	by contribution any propo	rty reported in Part L line	
30a	28, that it must hold for at least th				-
	to be used for exempt purposes for				
h	If "Yes," describe the arrangement i				
31	Does the organization have a		ance policy that require	s the review of any r	on-standard
51	contributions?				
322	Does the organization hire or use				
σ±u	contributions?	•	0		
h	If "Yes," describe in Part II.				
33	If the organization did not report ar	n amount in	column (c) for a type of pro	perty for which column (a)	is checked.
	describe in Part II.			(u,	
For P	aperwork Reduction Act Notice, see the Inst	ructions for Fo	rm 990.		Schedule M (Form 990) (2015)

Page 2

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

CAR DONATION PROGRAM

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

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

VALUE.

SCHEDULE O (Form 990 or 990-EZ)

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.



OPERATIONS

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

PART VI SECTION A LINE 6-7B

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

PART VI REVIEW OF 990 BY GOVERNING BODY LINE 11B THE MARCH OF DIMES IRS FORM 990 IS PREPARED BY STAFF AND REVIEWED BY MANAGEMENT. UPON ITS COMPLETION IT IS THEN REVIEWED BY A PAID PREPARER, THE PRESIDENT AND THE FOUNDATION'S AUDIT COMMITTEE OF THE BOARD OF TRUSTEES PRIOR TO ELECTRONICALLY FILING WITH THE IRS. THE FINAL FORM 990 IS PROVIDED TO ALL MEMBERS OF THE BOARD PRIOR TO ELECTRONICALLY FILING WITH THE IRS.

PART VI SECTION B: CONFLICT OF INTEREST LINE 12C ANNUALLY THE MARCH OF DIMES ASKS THEIR BOARD MEMBERS AND OFFICERS (BOTH NATIONAL AND CHAPTER) TO REVIEW AND SIGN A CONFLICT OF INTEREST POLICY. VOLUNTEER BOARD MEMBERS ARE GIVEN A HARD COPY TO SIGN. EMPLOYEES ACCESS THE FOUNDATION'S INTRANET WEBSITE TO REVIEW AND SIGN THE POLICY. THE FOUNDATION'S LEGAL COUNSEL DETERMINES WHETHER A CONFLICT EXISTS AND RESOLVES ANY ACTUAL CONFLICTS. ANY BOARD MEMBERS WITH A CONFLICT IN A MATTER REQUIRING ACTION BY THE BOARD ARE PROHIBITED FROM PARTICIPATING IN THE BOARD'S DELIBERATIONS OR DECISIONS REGARDING THE MATTER UNDER CONSIDERATION.

PART VI SECTION B: POLICIES LINE 15

DETERMINATION OF EXECUTIVE COMPENSATION AT THE MARCH OF DIMES IS A THREE STAGE PROCESS, DESIGNED TO ENSURE AN INDEPENDENT AND TRANSPARENT APPROACH TO THE REVIEW OF THE MARCH OF DIMES OFFICERS AND ENSURE THAT THEIR COMPENSATION REFLECTS FAIR MARKET VALUE. THE FIRST STAGE OF THE PROCESS IS PERFORMED BY THE EXECUTIVE COMPENSATION COMMITTEE. THE EXECUTIVE COMPENSATION COMMITTEE WAS ORGANIZED TO CLARIFY AND SIMPLIFY THE COMPENSATION REVIEW PROCESS FOR THE PRESIDENT, STAFF OFFICERS AND KEY EXECUTIVE MANAGEMENT. THE COMMITTEE IS COMPRISED OF 4 INDEPENDENT TRUSTEES WHO MEET ANNUALLY TO REVIEW AND DISCUSS THE SALARY RANGES FOR

Schedule O (Form 990 or 990-EZ) 2015		Page 2
Name of the organization	Employer identification number	
MARCH OF DIMES FOUNDATION	13-1846366	

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

PART VI SECTION C: DISCLOSURES LINE 19 THE MARCH OF DIMES FOUNDATION MAKES ITS ANNUAL REPORT AND IRS FORM 990 ACCESSIBLE VIA OUR WEBSITE, WWW.MARCHOFDIMES.ORG AND UPON REQUEST.

PART XI RECONCILIATION OF NET ASSETS LINE 9 OTHER CHANGES IN NET ASSETS

THE OTHER CHANGES IN NET ASSETS IS MADE UP OF PENSION/POST RETIREMENT CREDITS OF \$19,409,152 AND LOSSES ON PRIOR YEAR PLEDGES OF \$369,470.

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

ATTACHMENT 1

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

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

THE MARCH OF DIMES FUNDS RESEARCH INTO THE CAUSES OF BIRTH DEFECTS, PREMATURE BIRTH AND OTHER THREATS TO BABIES' HEALTH AS WELL AS WAYS TO PREVENT AND TREAT THEM. THE MARCH OF DIMES CONSISTENTLY THROUGHOUT ITS HISTORY HAS SELECTED BOLD PROBLEMS - FROM CONQUERING POLIO TO PREVENTING 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 IN THE U.S. AND GLOBALLY. SINCE THE START OF OUR NATIONAL PREMATURITY CAMPAIGN IN 2003, RATES OF PRETERM BIRTH HAVE DECLINED FOR 8 YEARS IN A ROW TO 9.6% AND HAVE REACHED A 17-YEAR LOW. BETWEEN 2006 AND 2013, AN ESTIMATED 231,000 BABIES HAVE BEEN SPARED THE CONSEQUENCES OF AN EARLY BIRTH, AND OUR COUNTRY HAS SAVED AT LEAST \$11.9 BILLION IN EXCESS HEALTH CARE COSTS. WE ACHIEVED THESE RESULTS THROUGH SUSTAINED LEADERSHIP AND A VARIETY OF PARTNERSHIPS. WE OPENED FIVE MARCH OF DIMES PREMATURITY RESEARCH CENTERS, THE

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

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

THESE INVESTIGATIONS INCLUDE, BUT ARE NOT LIMITED TO, BASIC

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

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

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

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

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

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

REDUCING PRETERM BIRTH

THROUGH OUR PARTNERSHIP WITH THE ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS (ASTHO), BEGINNING IN 2012 HEALTH DEPARTMENTS IN EVERY STATE, PUERTO RICO AND THE DISTRICT OF COLUMBIA PLEDGED TO REDUCE THEIR RATES OF PREMATURE BIRTH BY 8 PERCENT BY DATA YEAR 2014. USING THE DATA FROM THE NATIONAL CENTER FOR HEALTH STATISTICS (NCHS) OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), 25 STATES OR TERRITORIES HAVE ACHIEVED THEIR 8% REDUCTION GOAL: ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, COLORADO, DELAWARE, DISTRICT OF COLUMBIA, GEORGIA, HAWAII, IDAHO, INDIANA, MAINE, MASSACHUSETTS, MISSISSIPPI, NEVADA, NEW HAMPSHIRE, NEW YORK, NORTH DAKOTA, PUERTO RICO, RHODE ISLAND, UTAH, VERMONT, VIRGINIA, AND WYOMING. SINCE 2008, THE MARCH OF DIMES HAS ISSUED PREMATURE BIRTH REPORT CARDS THAT GRADE STATES BASED ON THEIR PROGRESS IN REDUCING PRETERM BIRTH. IN 2015, TWO SIGNIFICANT NEW ELEMENTS WERE ADDED TO THE REPORT CARDS: AN INDEX OF RACIAL AND ETHNIC DISPARITIES IN

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ATTACHMENT 1 (CONT'D)

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

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

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

ATTACHMENT 2

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

PUBLIC AND PROFESSIONAL EDUCATION - 2015 EXPENDITURES \$78,011,534 THE MARCH OF DIMES SHARES VITAL HEALTH INFORMATION WITH THE GENERAL PUBLIC, WOMEN AND PROFESSIONALS THROUGH THE INTERNET, EDUCATIONAL MATERIALS AND PUBLIC SERVICE ADVERTISING IN BOTH ENGLISH AND SPANISH. THE MATERIALS FOR THE PUBLIC ARE WRITTEN IN "PLAIN LANGUAGE" AND HAVE WON NUMEROUS AWARDS. ALL MARCH OF DIMES EDUCATIONAL MATERIALS ARE STRONGLY EVIDENCE-BASED AND DEPEND ON THE PEER-REVIEWED MEDICAL AND SCIENTIFIC LITERATURE, AS WELL AS ON RELIABLE SOURCES, SUCH AS THE CENTERS FOR DISEASE CONTROL AND

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

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

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

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

HTTP://WWW.MARCHOFDIMES.ORG/MISSION/PROGRESS-AND-IMPACT.ASPX

PREGNANCY AND NEWBORN HEALTH EDUCATION CENTER

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

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

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AND ANSWERED INDIVIDUAL CONCERNS AS THEY AROSE. PERISTATS AND THE PERINATAL DATA CENTER LAUNCHED NEARLY 15 YEARS AGO, PERISTATS IS AN ONLINE SOURCE FOR PERINATAL STATISTICS DEVELOPED BY THE MARCH OF DIMES PERINATAL DATA CENTER, A TEAM OF EPIDEMIOLOGISTS, DATA ANALYSTS AND EVALUATORS PROVIDING SUPPORT FOR THE FOUNDATION THROUGH DATA. PERISTATS PROVIDES FREE ACCESS TO MATERNAL AND INFANT HEALTH-RELATED DATA AT THE U.S., STATE, COUNTY AND CITY LEVEL AND WAS DEVELOPED TO ENSURE THAT THE PUBLIC, INCLUDING HEALTH PROFESSIONALS, RESEARCHERS, MEDICAL LIBRARIANS, POLICY MAKERS, STUDENTS, AND THE MEDIA HAVE EASY ACCESS TO THIS INFORMATION. DATA IS UPDATED THROUGHOUT THE YEAR, AND IS USEFUL FOR MULTIPLE TASKS, INCLUDING FACT FINDING, HEALTH ASSESSMENTS, GRANT WRITING, POLICY DEVELOPMENT, LECTURES AND PRESENTATIONS. PERISTATS PROVIDES ACCESS TO THE MOST CURRENT MATERNAL AND INFANT HEALTH STATISTICS ON TOPICS SUCH AS PRETERM BIRTH, INFANT MORTALITY, TOBACCO USE, CESAREAN SECTION RATES, AND BIRTH DEFECTS. DETAILED INFORMATION BY RACE, ETHNICITY, AND MATERNAL AGE FOR MANY INDICATORS IS ALSO AVAILABLE. TO COMMUNICATE THIS INFORMATION, DATA ARE PRESENTED ALONG WITH WRITTEN STATEMENTS FOR EASY INTERPRETATION AND TAKE-AWAY MESSAGES. PERISTATS PRODUCES PRINTER-READY GRAPHS, MAPS, AND TABLES THAT CAN ALSO BE DOWNLOADED INTO REPORTS AND PRESENTATIONS. THE SITE ALSO PROVIDES COMPARISONS BETWEEN STATES, COUNTIES, CITIES AND TO THE UNITED STATES. OVER 100,000 GRAPHS, MAPS, AND TABLES ARE AVAILABLE ON PERISTATS.

ENGAGED OVER 95 MILLION PEOPLE WITH DETAILED EDUCATIONAL CONTENT.

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PERISTATS USES DATA COMPILED FROM NUMEROUS GOVERNMENT AGENCIES AND ORGANIZATIONS, INCLUDING CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), NATIONAL CENTER FOR HEALTH STATISTICS (NCHS), SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA) AND THE U.S. CENSUS BUREAU AMONG MANY OTHERS. THE MARCH OF DIMES IS GRATEFUL TO THESE ORGANIZATIONS, FOR WITHOUT THEIR DEDICATION AND COOPERATION, IT WOULD BE IMPOSSIBLE TO PROVIDE A RICH SET OF PERINATAL HEALTH INDICATORS ON A COMMON PLATFORM. PERISTATS HAS BEEN EXPANDED OVER THE PAST FEW YEARS TO INCLUDE DATA FROM THE CDC'S PREGNANCY RISK ASSESSMENT MONITORING SYSTEM (PRAMS) AND THE NATIONAL BIRTH DEFECTS PREVENTION NETWORK (NBDPN). PRAMS IS A SYSTEM OF STATE- AND POPULATION-BASED SURVEYS THAT ROUTINELY COLLECT INFORMATION ABOUT MATERNAL BEHAVIORS AND EXPERIENCES BEFORE, DURING, AND SHORTLY AFTER PREGNANCY. TOPICS AVAILABLE ON PERISTATS FROM PRAMS INCLUDE PRECONCEPTION AND INTERCONCEPTION CARE, SMOKING AND ALCOHOL USE, HEALTH INSURANCE COVERAGE, BREASTFEEDING AND INFANT HEALTH CARE. THE NBDPN, IN COLLABORATION WITH THE CDC, COLLECTS AND REPORTS DATA ON MAJOR BIRTH DEFECTS FROM STATE BIRTH DEFECTS SURVEILLANCE SYSTEMS. BIRTH DEFECTS DATA FROM THE NBDPN FOR 2007-2011 FROM 37 STATES AND 47 CONDITIONS ARE AVAILABLE ON PERISTATS WITH UPDATES EXPECTED ANNUALLY. CONDITION PREVALENCE RATES ARE PROVIDED BY MATERNAL RACE/ETHNICITY AND SELECT CHROMOSOMAL DEFECTS ARE ALSO PROVIDED BY MATERNAL AGE, A KNOWN RISK FACTOR FOR THESE DEFECTS.

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ATTACHMENT 3

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

COMMUNITY SERVICES - 2015 EXPENDITURE \$52,246,340 MARCH OF DIMES CHAPTER STAFF AND VOLUNTEERS INVEST TIME AND RESOURCES IN LOCAL PROGRAMS AND ACTIVITIES IN ALL 50 STATES, WASHINGTON, D.C., AND PUERTO RICO, PLAYING A VITAL ROLE IN IMPROVING MATERNAL AND CHILD HEALTH IN THEIR COMMUNITIES, TO ENHANCING AND EXPANDING SERVICES AVAILABLE TO WOMEN AND THEIR FAMILIES.

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

THROUGH ITS COMMUNITY GRANTS AND PROGRAM SERVICES, MARCH OF DIMES AIMS TO: IMPROVE THE HEALTH OF MOTHERS AND BABIES THROUGH EDUCATION ON HEALTHY PREGNANCY; PRENATAL CARE AND OTHER SERVICES TO REDUCE THE RISK OF PREMATURE BIRTH AND OTHER POOR BIRTH OUTCOMES; AND SUPPORT FOR FAMILIES WHOSE BABIES NEED SPECIALIZED CARE IN THE NEWBORN INTENSIVE CARE UNIT (NICU). HEALTHY BABIES ARE WORTH THE WAIT (HBWW) COMMUNITY PROGRAM IS A MARCH OF DIMES CHAPTER-LED PARTNERSHIP FOCUSED ON DECREASING

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PRETERM BIRTH BY IMPROVING THE QUALITY OF HEALTH CARE DELIVERY, INCREASING ACCESS TO PREVENTION SERVICES, PROVIDING EDUCATION FOR PREGNANT WOMEN, PERINATAL PROVIDERS AND THE GREATER COMMUNITY. PROGRAM PARTNERS WORK TOGETHER TO INTEGRATE CLINICAL AND PUBLIC HEALTH INTERVENTIONS THAT ARE PROVEN TO REDUCE PRETERM BIRTH. THESE INTERVENTIONS INCLUDE: PATIENT NAVIGATION/CARE COORDINATION, HOSPITAL QUALITY IMPROVEMENT TO REDUCE EARLY ELECTIVE DELIVERIES, GROUP PRENATAL CARE, AND SMOKING CESSATION, PREVENTION OF REPEAT PRETERM BIRTHS AND INFECTION DIAGNOSIS AND TREATMENT. IN 2015, 30 SITES IN 8 STATES CONDUCTED THE HBWW COMMUNITY PROGRAM. SUPPORTING FAMILIES AFFECTED BY OUR MISSION THE MARCH OF DIMES HAS A PORTFOLIO OF PRODUCTS AND SERVICES DESIGNED TO EDUCATE AND SUPPORT FAMILIES WHO HAVE A BABY ADMITTED TO A NEWBORN INTENSIVE CARE UNIT (NICU), AND TO THE STAFF WHO PROVIDE CLINICAL CARE TO THE BABIES. THE MARCH OF DIMES OFFERS SERVICES TO OVER 125,000 FAMILIES AND STAFF ANNUALLY THROUGH ITS NICU INITIATIVES. THE MARCH OF DIMES NICU FAMILY SUPPORT PROGRAM IS OFFERED TO OVER

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

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ATTACHMENT 3 (CONT'D)

PROGRAM IS IMPLEMENTED IN OVER 130 HOSPITALS NATIONWIDE, INCLUDING THE DISTRICT OF COLUMBIA AND PUERTO RICO. SHARE YOUR STORY IS THE MARCH OF DIMES ONLINE COMMUNITY FOR FAMILIES WHO HAVE BEEN AFFECTED BY OUR MISSION. THE COMMUNITY PROVIDES A SAFE ENVIRONMENT WHERE FAMILIES WHO HAVE EXPERIENCED THE CHALLENGES AND UNCERTAINTIES OF THE NICU CAN CONNECT WITH EACH OTHER. THERE ARE OVER 30,000 ENGAGED USERS OF THE COMMUNITY. MARCH OF DIMES FAMILY-CENTERED CARE WORKSHOPS PROVIDE CONTINUING NURSE EDUCATION CREDITS ON A VARIETY OF TOPICS, INCLUDING SKIN TO SKIN HOLDING, COMMUNICATION AND SUPPORTING FAMILIES IN CRISIS, PROVIDING SUPPORT TO SHORTER STAY FAMILES AND PARTNERING WITH PARENTS TO IMPROVE PATIENT SAFETY. THE WORKSHOPS ARE PRESENTED BY FAMILY CENTERD CARE EXPERTS AT OVER 35 HOSPITALS NATIONWIDE, EDUCATING OVER 8,000 PROFESSIONALS ANNUALLY. MATERNAL AND CHILD HEALTH ADVOCACY THE MARCH OF DIMES UTILIZES UNRESTRICTED DONATIONS TO FUND EXTENSIVE ADVOCACY EFFORTS AT THE FEDERAL LEVEL AND IN EVERY STATE, THE DISTRICT OF COLUMBIA, AND PUERTO RICO TO IMPROVE MATERNAL AND CHILD HEALTH. THESE EFFORTS FALL INTO FOUR CATEGORIES: ACCESS TO AND QUALITY OF HEALTH CARE; RESEARCH AND SURVEILLANCE; PREVENTION AND EDUCATION; AND ISSUES IMPORTANT TO TAX-EXEMPT ORGANIZATIONS. THE MARCH OF DIMES PURSUES A WIDE RANGE OF POLICIES CHANGES IN SUPPORT OF THE PREMATURITY CAMPAIGN. WE ADVOCATE ON THE FEDERAL

AND STATE LEVELS TO IMPROVE ACCESS TO CARE AND QUALITY OF SERVICES, LIMIT ACCESS TO TOBACCO AND MAKE CESSATION PROGRAMS

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READILY AVAILABLE, AND REDUCE ENVIRONMENTAL RISKS FOR PRETERM BIRTH. OUR RECENT VICTORIES HAVE INCLUDED EXTENSION OF THE FEDERAL CHILDREN'S HEALTH INSURANCE PROGRAM AND NUMEROUS STATE-LEVEL LAWS TO PROTECT AND EXPAND ACCESS TO CARE FOR PREGNANT WOMEN. THE MARCH OF DIMES ALSO ADVOCATES ON OTHER IMPORTANT MATERNAL AND CHILD HEALTH PRIORITIES, SUCH AS IMMUNIZATIONS, NEWBORN SCREENING, AND OPIOIDS. OUR VOLUNTEERS AND STAFF HAVE BEEN PART OF SUCCESSFUL EFFORTS TO EXPAND ACCESS TO IMMUNIZATIONS AND LIMIT PHILOSOPHICAL EXEMPTIONS. OUR FIELD STAFF LOBBY EXTENSIVELY TO ENSURE THAT EVERY STATE TESTS ALL NEWBORNS FOR ALL CONDITIONS ON THE RECOMMENDED UNIFORM SCREENING PANEL. AS THE OPIOIDS EPIDEMIC SPREAD, THE MARCH OF DIMES ADVOCATED FOR POLICIES AND PROGRAMS TO ASSIST PREGNANT WOMEN AND TREAT INFANTS BORN EXPOSED TO OPIOIDS.

HISPANIC OUTREACH

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

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

HISPANIC ADVISORY COUNCIL

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

FDA AND CORN MASA FLOUR

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

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APPRECIABLE LEVELS IN CORN MASA FLOUR AND ITS RELATED PRODUCTS SUFFICIENT TO ACHIEVE THE INTENDED EFFECT OF REDUCING NEURAL TUBE DEFECTS IN THE U.S. THIS STUDY WAS FINISHED BY END OF 2015. PATIENT SAFETY AND QUALITY THE MARCH OF DIMES IS INFUSING PATIENT SAFETY AND QUALITY THROUGHOUT ITS MISSION ACTIVITIES. THIS INVOLVES CREATING A "CULTURE OF SAFETY" IN THESE AREAS, BASED ON THE FEATURES OF HIGH RELIABILITY ORGANIZATIONS AND NATURAL ACCIDENT THEORY.

GLOBAL PROGRAMS

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

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

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(GNMIH), A NETWORK OF INTERLINKED MISSION ALLIANCES, TO REDUCE MORTALITY AND DISABILITY FROM BIRTH DEFECTS AND PRETERM BIRTH IN PARTNER COUNTRIES. THE CORE PHILOSOPHY OF GNMIH IS ONE OF COMMUNICATION AND COLLABORATION AMONG ALL MEMBERS, FROM THE EARLIEST STAGES OF PROPOSAL DEVELOPMENT THROUGH THE CONDUCT AND EVALUATION OF NETWORK PROJECTS AND PUBLICATION OF RESEARCH FINDINGS. RECENT ACTIVITIES HAVE INCLUDED A PARTNERSHIP WITH THE BAYLOR COLLEGE OF MEDICINE TO DECREASE THE HIGH MORBIDITY AND MORTALITY FROM PRETERM BIRTH IN THE REPUBLIC OF MALAWI. WE ARE ALSO PARTNERING WITH COLLEAGUES AT THE AMERICAN UNIVERSITY OF BEIRUT AND UNIVERSITY OF THE PHILIPPINES TO DEVELOP A WORKPLACE WELLNESS PROGRAM TO IMPROVE THE HEALTH KNOWLEDGE, BEHAVIOR AND OUTCOMES OF WOMEN AND MEN IN THEIR REPRODUCTIVE YEARS. THE PROGRAM WILL FORM THE BASIS FOR A WORKPLACE HEALTH EDUCATION MODEL THAT CAN BE ADAPTED FOR USE THROUGHOUT THE DEVELOPING WORLD. A GOOD EXAMPLE OF THE FIRST-OF-A-KIND REPORTS ON NEGLECTED GLOBAL HEALTH PROBLEMS IS THE 2012 BORN TOO SOON GLOBAL ACTION REPORT ON PRETERM BIRTH MENTIONED IN THE SECTION ON PUBLIC AND PROFESSIONAL EDUCATION. LED, CO-AUTHORED AND CO-EDITED BY GLOBAL PROGRAMS STAFF, THE REPORT REACHED AN AUDIENCE OF OVER ONE BILLION PEOPLE WORLDWIDE AND RESULTED IN SIGNIFICANT INCREASES IN POLICY AND FUNDING DIRECTED TO THE PREVENTION AND CARE OF PRETERM BIRTH. ESPECIALLY IN THE HIGHEST BURDEN, MOST VULNERABLE COUNTRIES IN AFRICA AND SOUTH ASIA.

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

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EALTH NETWORK IN EAST AFRICA HELD IN SEPTEMBER 2015 THE 7TH	
IENNIAL CONFERENCE ON THE PREVENTION OF BIRTH DEFECTS AND	
ISABILITIES IN THE DEVELOPING WORLD IN DAR ES SALAAM, TANZANIA.	
TTENDED BY MORE THAN 300 PARTICIPANTS FROM 37 HIGH-, MIDDLE- AND	
OW-INCOME COUNTRIES, THE CONFERENCE BROUGHT TOGETHER HEALTH	
OLICY MAKERS, DONOR ORGANIZATIONS, HEALTH CARE PROVIDERS, EXPERT	S
N DATA COLLECTION AND MONITORING, RESEARCHERS, PARENT-PATIENT	
RGANIZATIONS AND OTHER NGOS AND YOUTH VOLUNTEERS WITH THE GOAL O	F
ROVIDING SPECIFIC PRACTICAL TOOLS AND APPROACHES THAT	
ARTICIPANTS COULD USE TO IMPLEMENT AND STRENGTHEN SERVICES WHEN	
HEY RETURNED TO THEIR RESPECTIVE COUNTRIES.	

ATTACHMENT 4

ATTACHMENT 5

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

CAYMAN ISLANDS

UNITED KINGDOM

FORM 990, PART VI, LINE 17 - STATES

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

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

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

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

Schedule O (Form 990 or 990-EZ) 2015		
Name of the organization	Employer identification number	
MARCH OF DIMES FOUNDATION	13-1846366	
	ATTACHMENT 6	

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

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

			ATTACHMENT 7	
FORM 990, PART VIII - INVESTMENT INCOME				
	(A)	(B)	(C)	(D)
	TOTAL	RELATED OR	UNRELATED	EXCLUDED
DESCRIPTION	REVENUE	EXEMPT REVENUE	BUSINESS REV.	REVENUE
INTEREST ON SAVINGS	185,05	4.		185,054.
INTEREST & DIVIDENDS	941,51	0.		941,510.
TOTALS =	1,126,56	4.	=	1,126,564.

FORM	990,	PART	VIII	_	EXCLUDED	CONTRIBUTIONS
DESCI	RIPTI	ON				AMOUNT
SPECI	IAL EV	VENTS				125,137,650.
TOTAI	_					125,137,650.

ATTACHMENT 8

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lame of the organization		Employer identification number
MARCH OF DIMES FOUNDATION		13-1846366
		ATTACHMENT 9
FORM 990, PART VIII - FUNDRAISING EVE	NTS	
	CDOGG	
	GROSS	DIRECT
DESCRIPTION	INCOME	EXPENSES
SPECIAL EVENTS	14,886,182.	14,886,182.
FOTALS	14,886,182.	14,886,182.
		ATTACHMENT 10

FORM 990, PART VIII - GAMING ACTIVITIES

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	
GAMING ACTIVITIES	261,297.		261,297.
TOTALS	261,297.		261,297.

ATTACHMENT 11

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES BEGINNING ENDING DESCRIPTION BOOK VALUE BOOK VALUE PREPAID INSURANCE 298,589. 297,970. PREPAID RENT 536,413. 476,444. DEFERRED TRUST 48,637. 48,637. OTHER PREPAID EXPENSES 959,652. 840,704. 1,843,291. 1,663,755. TOTALS

ATTACHMENT 12

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Schedule O (Form 990 or 990-EZ) 2015			Page 2
lame of the organization		Employer identification number	
MARCH OF DIMES FOUNDATION	13-1846366		6
		ATTACHMENT 12 (CO	ONT'D)
FORM 990, PART X - INVESTMENTS - PUBLI	CLY TRADED SECURITIES		
	BEGINNING	ENDING	COST
DESCRIPTION	BOOK VALUE	BOOK VALUE	OR FMV
SHORT TERM SECURITY	839,215.	1,123,666.	FMV
DOMESTIC COMMON STOCK	20,442,767.	20,382,925.	FMV
PUBLICLY TRADED MUTUAL FUNDS	24,776,712.	11,456,068.	FMV
INSTITUTIONAL MUTUAL FUNDS	23,903,733.	17,625,047.	FMV
FIXED INCOME	274,629.	192,166.	FMV
TOTALS	70,237,056.	50,779,872.	

FORM 990, PART X - DEFERRED REVENUE

ATTACHMENT 13

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