

March of Dimes Birth Defects Foundation
Form 990
Tax Year 2005

Exempt Organization Declaration and Signature for
Electronic Filing

OMB No. 1545-1879

For calendar year 2005, or tax year beginning 01/01, 2005, and ending 12/31, 2005

2005

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

▶ See instructions on back.

Department of the Treasury
Internal Revenue Service

Name of exempt organization

Employer identification number

MARCH OF DIMES BIRTH DEFECTS FOUNDATION

13-1846366

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

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

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b	225640809.
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

Part II Declaration of Officer

6 ☐ I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

☒ If a copy of this return is being filed with a state agency(s) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(s).

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 2005 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here	▶ <u>Richard E. Mulligan</u>	5/15/06	▶ C.F.O. S.V.P FINANCE
	Signature of officer	Date	Title

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

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Publication 4206, Information for Authorized IRS e-file Providers for Exempt Organization Filings. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

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

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

Paid Preparer's Use Only	Preparer's signature ▶ <u>Robert R. Lyons</u>	Date	Check if self- employed <input type="checkbox"/>	Preparer's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code ▶	5/15/06		P00227472
	KPMG, LLP			EIN 13-5565207
	345 PARK AVENUE	NEW YORK NY 10154		Phone no. 212-872-5600

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

Form 8453-EO (2005)

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2005**Open to Public
Inspection****A For the 2005 calendar year, or tax year beginning , 2005, and ending****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization**MARCH OF DIMES BIRTH DEFECTS FOUNDATION**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

1275 MAMARONECK AVENUE

City or town, state or country, and ZIP + 4

WHITE PLAINS, NY 10605**D** Employer identification number**13-1846366****E** Telephone number**(914) 428-7100****F** Accounting method: ☐ Cash ☒ Accrual
☐ Other (specify) ▶

● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? (If "No," attach a list. See instructions.) ☐ Yes ☐ No**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶**M** Check ☒ if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**G** Website: ▶ **WWW.MARCHOFDIMES.COM****J** Organization type (check only one) ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.****L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **396,251,118.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)**

Revenue	1	Contributions, gifts, grants, and similar amounts received:				
	a	Direct public support	1a	206,562,396.		
	b	Indirect public support	1b	1,072,894.		
	c	Government contributions (grants)	1c	9,893,794.		
	d	Total (add lines 1a through 1c) (cash \$ 217,289,135. noncash \$ 239,949.)	1d	217,529,084.		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)		2	2,027,118.	
	3	Membership dues and assessments		3		
	4	Interest on savings and temporary cash investments . . STMT. 1		4	424,332.	
	5	Dividends and interest from securities STMT. 2		5	2,923,720.	
	6a	Gross rents	6a			
	b	Less: rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)		6c		
	7	Other investment income (describe ▶)		7		
	8a	Gross amount from sales of assets other than inventory	(A) Securities 155,622,549. 8a	(B) Other		
	b	Less: cost or other basis and sales expenses	154,662,000. 8b			
	c	Gain or (loss) (attach schedule)	960,549. 8c			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))		8d	960,549.	
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	a	Gross revenue (not including \$ 127,053,635. of STMT 3 contributions reported on line 1a) STMT. 4	9a	15,948,309.		
	b	Less: direct expenses other than fundraising expenses	9b	15,948,309.		
	c	Net income or (loss) from special events (subtract line 9b from line 9a)		9c		
	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less: cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)		10c		
Expenses	11	Other revenue (from Part VII, line 103)		11	1,776,006.	
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)		12	225,640,809.	
	13	Program services (from line 44, column (B))		13	164,340,319.	
	14	Management and general (from line 44, column (C))		14	15,358,055.	
	15	Fundraising (from line 44, column (D))		15	35,953,765.	
	16	Payments to affiliates (attach schedule)		16		
	17	Total expenses (add lines 16 and 44, column (A))		17	215,652,139.	
	Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)		18	9,988,670.
		19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	31,638,836.
		20	Other changes in net assets or fund balances (attach explanation) STMT. 5		20	2,585,188.
		21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21	44,212,694.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2005)

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ <u>42,095,397.</u> noncash \$ _____) If this amount includes foreign grants, check here <input checked="" type="checkbox"/> X	22 42,095,397.	42,095,397.	STMT 6	
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25 1,389,307.	1,061,431.		
26	Other salaries and wages	26 65,110,724.	49,879,732.	7,143,869.	8,087,123.
27	Pension plan contributions	27 6,364,963.	4,803,646.	752,471.	808,846.
28	Other employee benefits	28 10,213,915.	7,876,533.	1,091,345.	1,246,037.
29	Payroll taxes	29 4,598,399.	3,491,235.	539,693.	567,471.
30	Professional fundraising fees	30 7,642,914.	3,781,047.	1,714.	3,860,153.
31	Accounting fees	31 381,133.	176,062.	152,812.	52,259.
32	Legal fees	32 274,808.	146,038.	92,367.	36,403.
33	Supplies	33			
34	Telephone	34 2,533,142.	1,733,054.	470,924.	329,164.
35	Postage and shipping	35 14,294,574.	7,917,992.	119,968.	6,256,614.
36	Occupancy	36 8,613,476.	6,844,012.	776,371.	993,093.
37	Equipment rental and maintenance	37 2,855,099.	1,894,109.	599,979.	361,011.
38	Printing and publications	38 22,055,704.	13,243,212.	282,461.	8,530,031.
39	Travel	39 6,608,172.	5,132,778.	657,917.	817,477.
40	Conferences, conventions, and meetings	40 3,542,937.	2,904,608.	300,605.	337,724.
41	Interest	41 310,421.	207,525.	58,536.	44,360.
42	Depreciation, depletion, etc. (attach schedule)	42 2,701,397.	1,807,087.	511,074.	383,236.
43	Other expenses not covered above (itemize):				
a	OTHER	43a 1,577,152.	1,030,377.	319,866.	226,909.
b	OTHER FEES	43b 6,805,643.	5,348,669.	392,362.	1,064,612.
c	COMPUTER SERVICES	43c 3,706,161.	1,969,655.	292,405.	1,444,101.
d	BANK FEES	43d 1,976,701.	996,120.	702,676.	277,905.
e		43e			
f		43f			
g		43g			
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	44 215,652,139.	164,340,319.	15,358,055.	35,953,765.

Joint Costs. Check ☒ **X** if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☒ **X** Yes ☐ **No**If "Yes," enter (i) the aggregate amount of these joint costs \$ 37,887,000. ; (ii) the amount allocated to Program services \$ 21,116,000. ; (iii) the amount allocated to Management and general \$ _____ ; and (iv) the amount allocated to Fundraising \$ 16,771,000.

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? SEE STATEMENT 164 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a RESEARCH AND MEDICAL SUPPORT THE FOUNDATION SPONSORS RESEARCH TO DISCOVER THE CAUSES AND MEANS OF PREVENTION AND AMELIORATION OF BIRTH DEFECTS AND RELATED FORMS OF SUB-OPTIMAL PREGNANCY OUTCOME. THE FOUND. ALSO SUPPORTS MEDICAL SERVICES AS DEMONSTRATED BY ITS CONT. SUPPORT OF RESPIRATORY EQUIPMENT FOR POST POLIO PATIENTS. (Grants and allocations \$ 33,396,186.) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	38,697,210.
b PUBLIC AND PROFESSIONAL EDUCATION THE FOUNDATION SUPPORTS MANY EFFORTS TO EDUCATE THE PUBLIC AND PROFESSIONALS THROUGH PUBLICATIONS AND INFORMATION CAMPAIGNS. INCLUDING THE PUBLICATION OF OVER 1,200 SEPERATE PIECES AVAILABLE TO ANY INTERESTED PARTY. (Grants and allocations \$ 4,269,901.) If this amount includes foreign grants, check here <input type="checkbox"/>	78,285,016.
c COMMUNITY SERVICES THE FOUNDATION WORKS WITH LOCAL COMMUNITIES TO PROVIDE BENEFICIAL EFFECTS ON THE COMMUNITIES THAT IT SERVES. THESE PROGRAMS INCLUDE ITEMS THAT WILL IMPROVE THE OUTCOME OF PREGNANCY, SUCH AS SMOKING CESSATION, NICU FAMILY SUPPORT. (Grants and allocations \$ 4,429,310.) If this amount includes foreign grants, check here <input type="checkbox"/>	47,358,093.
d _____ _____ _____ _____ _____ (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services).	164,340,319.

Form **990** (2005)

Part IV Balance Sheets (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	2,475,848.	45	3,334,117.
	46 Savings and temporary cash investments	60,935,518.	46	57,052,267.
	47a Accounts receivable 47a 5,546,865.			
	b Less: allowance for doubtful accounts 47b	5,307,479.	47c	5,546,865.
	48a Pledges receivable 48a 1,600,990.			
	b Less: allowance for doubtful accounts 48b NONE	1,044,880.	48c	1,600,990.
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes and loans receivable (attach schedule) 51a			
	b Less: allowance for doubtful accounts 51b		51c	
	52 Inventories for sale or use	5,732,752.	52	5,339,348.
	53 Prepaid expenses and deferred charges STMT. 165	4,607,111.	53	3,679,294.
	54 Investments - securities (attach schedule) STMT. 166 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	41,366,735.	54	51,418,680.
	55a Investments - land, buildings, and equipment: basis 55a 2,800.			
	b Less: accumulated depreciation (attach schedule) 55b	2,800.	55c	2,800.
56 Investments - other (attach schedule) STMT. 167	50,000.	56	50,000.	
57a Land, buildings, and equipment: basis 57a 40,570,383.				
b Less: accumulated depreciation (attach schedule) 57b 30,399,574.	11,036,214.	57c	10,170,809.	
58 Other assets (describe STMT. 168)	9,316,724.	58	9,206,579.	
59 Total assets (must equal line 74). Add lines 45 through 58.	141,876,061.	59	147,401,749.	
Liabilities	60 Accounts payable and accrued expenses	18,327,308.	60	11,755,630.
	61 Grants payable	23,369,396.	61	30,448,470.
	62 Deferred revenue STMT. 169	10,347,865.	62	8,449,944.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule) STMT. 170	5,335,000.	64a	4,790,000.
	b Mortgages and other notes payable (attach schedule) 64b			
	65 Other liabilities (describe STMT. 171)	52,857,656.	65	47,745,011.
66 Total liabilities. Add lines 60 through 65	110,237,225.	66	103,189,055.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	15,086,525.	67	29,924,454.
	68 Temporarily restricted	4,602,455.	68	2,604,821.
	69 Permanently restricted	11,949,856.	69	11,683,419.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	31,638,836.	73	44,212,694.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73.	141,876,061.	74	147,401,749.

Yes	No
-----	----

--	--	--

75b		x

75c		x

--	--	--

75d	x	
-----	---	--

Part V-B	Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits
-----------------	---

[illegible]

Part VI	Other Information <i>(See the instructions.)</i>	Yes	No

76		X

77		X
----	--	---

--	--	--

78a		X

78b	N/A
-----	-----

79		X

80a		x

--	--	--	--

[illegible]

--	--	--

81b	X
-----	---

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	2,585,496.
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		N/A
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		N/A
90 a	List the states with which a copy of this return is filed ▶ CA, CT, IN, ME, MD, MA, MI, NE, NJ, NY, NC, OH, OK, OR, PA, SC, TN, VA,		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90b	1497
91 a	The books are in care of ▶ RICHARD E. MULLIGAN Telephone no. ▶ 914-428-7100		
	Located at ▶ 1275 MAMARONECK AVENUE WHITE PLAINS, NY ZIP + 4 ▶ 10605		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	X
	If "Yes," enter the name of the foreign country ▶ _____		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c	X
	If "Yes," enter the name of the foreign country ▶ _____		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here		<input type="checkbox"/>
	and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)**Note:** Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a SYMPOSIUM FEES/EDU					2,027,118.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	424,332.	
96 Dividends and interest from securities			14	2,923,720.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	960,549.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b GRANT REFUNDS					450,615.
c ROYALTY INCOME			15	1,325,391.	
d					
e					
104 Subtotal (add columns (B), (D), and (E))				5,633,992.	2,477,733.
105 Total (add line 104, columns (B), (D), and (E))					8,111,725.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	ADMISSION FEES FOR SYMPOSIA, SALES OF EDUCATIONAL MATERIAL
103	GRANT REFUNDS AND ROYALTY INCOME

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
	Signature of officer		Date		
	Type or print name and title.				
Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W)	
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN		13-5565207	
	KPMG, LLP 345 PARK AVENUE NEW YORK, NY 10154	10154		Phone no.	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

► **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2005

Name of the organization

MARCH OF DIMES BIRTH DEFECTS FOUNDATION

Employer identification number

13-1846366

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 177				
Total number of other employees paid over \$50,000 . . . ►		428		

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 178		
Total number of others receiving over \$50,000 for professional services ►		34

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 179		
Total number of other contractors receiving over \$50,000 for other services ►		73

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

Schedule A (Form 990 or 990-EZ) 2005

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ <u>1,952,691.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	<input checked="" type="checkbox"/>	
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.				
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
a	Sale, exchange, or leasing of property?	2a		<input checked="" type="checkbox"/>
b	Lending of money or other extension of credit?	2b		<input checked="" type="checkbox"/>
c	Furnishing of goods, services, or facilities?	2c		<input checked="" type="checkbox"/>
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	<input checked="" type="checkbox"/>	
e	Transfer of any part of its income or assets?	2e		<input checked="" type="checkbox"/>
3a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	<input checked="" type="checkbox"/>	
b	Do you have a section 403(b) annuity plan for your employees?	3b	<input checked="" type="checkbox"/>	
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c		<input checked="" type="checkbox"/>
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a		<input checked="" type="checkbox"/>
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		<input checked="" type="checkbox"/>

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5** ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6** ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7** ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8** ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9** ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► _____
- 10** ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a** ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b** ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12** ☐ An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13** ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14** ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	212049603.	200919164.	203353051.	209484867.	825806685.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	2,107,289.	1,840,965.	1,968,049.	1,789,496.	7,705,799.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	2,171,764.	2,486,164.	3,552,526.	4,205,515.	12,415,969.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	STMT 182 1,877,679.	2,340,619.	2,776,431.	2,405,273.	9,400,002.
23 Total of lines 15 through 22	218206335.	207586912.	211650057.	217885151.	855328455.
24 Line 23 minus line 17.	216099046.	205745947.	209682008.	216095655.	847622656.
25 Enter 1% of line 23.	2,182,063.	2,075,869.	2,116,501.	2,178,852.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶					26a 16,952,453.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶					26c 847622656.
d Add: Amounts from column (e) for lines: 18 12,415,969. 19 _____ 22 9,400,002. 26b _____ ▶					26d 21,815,971.
e Public support (line 26c minus line 26d total) ▶					26e 825806685.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f 97.4262 %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: NOT APPLICABLE (2004) _____ (2003) _____ (2002) _____ (2001) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2004) _____ (2003) _____ (2002) _____ (2001) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶					27c
d Add: Line 27a total. and line 27b total ▶					27d
e Public support (line 27c total minus line 27d total) ▶					27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 7 of the instructions.) **NOT APPLICABLE**
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30	
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) _____ _____ _____	31	
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____		
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying) . . .	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying) . . .	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table -		
If the amount on line 40 is - The lobbying nontaxable amount is -		
Not over \$500,000 20% of the amount on line 40		
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	41	
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		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

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

See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ►	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e)) . .					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e)) . . .					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers	X		
b Paid staff or management (Include compensation in expenses reported on lines c through h.) . . .	X		
c Media advertisements	X		
d Mailings to members, legislators, or the public	X		2,182.
e Publications, or published or broadcast statements	X		429.
f Grants to other organizations for lobbying purposes	X		400.
g Direct contact with legislators, their staffs, government officials, or a legislative body	X		384,105.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means	X		1,565,575.
i Total lobbying expenditures (Add lines c through h.)			1,952,691.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities. **STMT 183**

FORM 990, PART I - INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS
=====

DESCRIPTION -----	AMOUNT -----
INTEREST ON SAVINGS	424,332. -----
TOTAL	424,332. =====

FORM 990, PART I - DIVIDENDS AND INTEREST FROM SECURITIES
=====

DESCRIPTION -----	AMOUNT -----
DIVIDENDS AND INTEREST	2,923,720. -----
TOTAL	2,923,720. =====

FORM 990, PART I - EXCLUDED CONTRIBUTIONS
=====

DESCRIPTION -----	AMOUNT -----
CELEBRITY EVENTS	11,051,888.
WALKAMERICA	93,736,262.
SPORT EVENTS	5,089,219.
FOOD EVENTS	13,622,763.
OTHER EVENTS	3,553,503.

TOTAL	127,053,635.
	=====

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

=====

DESCRIPTION -----	GROSS REVENUE -----	DIRECT EXPENSES -----
CELEBRITY EVENTS	2,034,571.	2,034,571.
WALKAMERICA	8,564,062.	8,564,062.
SPORT EVENTS	2,100,235.	2,100,235.
FOOD EVENTS	2,713,926.	2,713,926.
OTHER EVENTS	535,515.	535,515.
	-----	-----
TOTALS	15,948,309.	15,948,309.
	=====	=====

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES
=====

DESCRIPTION -----	AMOUNT -----
MINIMUM PENSION LIABILITY	2,188,072.
UNREALIZED GAINS	397,116.

TOTAL	2,585,188.
	=====

State	Payee	COMMUNITY SERVICES	PUBLIC AND PROFESSIONAL EDUCATION	RESEARCH AND MEDICAL SUPPORT	Grand Total
AK	ALASKA CENTER FOR CHILDREN & A ALASKA PRIMARY CARE ASSOCIATIO PROVIDENCE FAMILY PRACTICE CEN	2,000	5,000 3,000		2,000 5,000 3,000
AK Total		2,000	8,000		10,000
AL	ALABAMA PUBLIC HEALTH ASSOCIAT ALPHA PHI ALPHA FRATERNITY INC AMERICAN ACADEMY OF PEDIATRICS HOUSTON COUNTY HEALTH DEPT, NORTHEAST ALABAMA REGIONAL MED P.A.C.T. UNIVERSITY OF ALABAMA AT BIRMI UNIVERSITY OF ALABAMA BIRMINGH UNIVERSITY OF SOUTH ALABAMA USA HEALTH SERVICES FOUNDATION ZETA PHI BETA SORORITY, INC.	5,000 79,000 500	12,500 12,500 5,000 10,000 15,000 38,500 1,000 10,000		12,500 5,000 12,500 5,000 10,000 15,000 38,500 79,000 1,000 10,000 500
AL Total		84,500	104,500		189,000
AR	BAPTIST HEALTH FOUNDATION PARENTING & CHILDBIRTH EDUCATI REBECCA MATTHEWS ST. JOSEPH'S MERCY HEALTH CENT UAMS UNIVERSITY OF ARKANSAS FOR MED		7,500 18,500 5,000 5,000 6,000	5,000	7,500 18,500 5,000 5,000 6,000 5,000
AR Total			42,000	5,000	47,000
AS	UNIVERSITY OF QUEENSLAND			162,800	162,800
AS Total				162,800	162,800
AZ	ARIZONA PUBLIC HEALTH ASSOCIAT MOUNTAIN PARK HEALTH CENTER PHOENIX DEVELOPING FAMILIES CE POLIO ECHO POLIO EPIC ST ELIZABETH OF HUNGARY CLINIC ST JOSEPH'S FOUNDATION		1,000 26,700 47,800 2,500 2,000 18,300 1,700		1,000 26,700 47,800 2,500 2,000 18,300 1,700
AZ Total			100,000		100,000
BC	UNIVERSITY OF BRITISH COLUMBIA			150,000	150,000
BC Total				150,000	150,000
CA	AIRPORT NEIGHBORS UNITED, INC. ALAMEDA COUNTY BLACK INFANT HE ALPHA PHI ALPHA FRATERNITY INC AMERICAN LUNG ASSN BAGMASTERS BAY AREA COMMUNITY RESOURCS BUTTE COUNTY DEPT OF PUBLIC HE CALIFORNIA BIRTH DEFECTS MONITORING PROGRAM CAMBODIAN ASSOCIATION OF AMERI CEDARS SINAI MEDICAL CENTER CEDARS SINAI MEDICAL CTR CENTER FOR CHILDREN OF INCARCE CENTRO BINACIONAL CHILDRENS HOSPITAL AND HEALTH CITY OF BERKELEY TOBACCO PREVE CITY OF LONG BEACH DEPT. OF HE CLINICAS DE SALUD DEL PUEBLO I COALITION OF ORANGE CTY COMMUN CONEJO VALLEY NEIGHBORHOOD FOR COUNTY OF HUMBOLDT, PUBLIC HEA EAST BAY PERINATAL FOOD NOW GLADSTONE INSTITUTES HEALTHY HOUSE WITHIN A MATCH C HOBEL,MD CALVIN HOUSE EAR INSTITUTE IOTA DELTA ZETA STORK'S NEST/S K'IMA'W MEDICAL CENTER MARSHALL MEDICAL CENTER MATERNAL AND CHILD HEALTH ACCE MATERNAL OUTREACH MANAGEMENT S NHAN HOA COMPREHENSIVE HEALTH	500 2,000 1,000 2,000 1,971 2,000 25,000 38,500 3,000 49,786 15,000 40,611 25,000 1,200 32,645 1,029 50,501 10,000 3,000 3,000 15,000 1,000 2,000 2,925 2,000 2,344 22,500 36,651		6,062,633 5,000 178,102	500 2,000 1,000 2,000 1,971 2,000 25,000 6,062,633 38,500 3,000 5,000 49,786 15,000 40,611 25,000 1,200 32,645 1,029 50,501 10,000 3,000 3,000 203,056 15,000 1,000 178,102 2,000 2,925 2,000 2,344 22,500 36,651

	PUBLIC HEALTH FOUNDATION ENTER	33,245		33,245
	RADIO BILINGUE	24,500		24,500
	SALK INSTITUTE FOR BIOLOGICAL		1,000,000	1,000,000
	SAN BENITO HEALTHY MOTHERS HEA	2,000		2,000
	SAN DIEGO BIRTHING PROJECT	750		750
	SAN FRANCISCO DEPT OF PUBLIC H	25,000		25,000
	SAN FRANCISCO IMMUNIZATION COA	3,000		3,000
	SAN JOAQUIN COUNTY PUBLIC HEAL	25,000		25,000
	SANTA BARBARA NEIGHBORHOOD CLI	1,760		1,760
	SANTA CLARA COUNTY FASD TASKFO	25,000		25,000
	SANTA CLARA VALLEY HEALTH & HO	10,000		10,000
	SEQUOIA FOUNDATION		495,877	495,877
	SERVICES, IMMIGRANT RIGHTS, AN	3,000		3,000
	SOLANO COUNTY HEALTH AND SOCIA	2,000		2,000
	STANFORD UNIVERSITY	491,040	384,755	875,795
	STANISLAUS COUNTY HEALTH SERVI	8,500		8,500
	STONEY CREEK BAPTIST CHURCH	11,400		11,400
	SUTTER HEALTH CENTER	15,000		15,000
	THE CENTER FOR COMMUNITY HEALT	1,000		1,000
	UNIVERSITY OF CALIFORNIA	40,000	2,490,784	2,530,784
	UNIVERSITY OF SOUTHERN CALIFOR		199,517	199,517
	VILLA MAJELLA OF SANTA BARBARA	1,500		1,500
	VISION y COMPROMISO	5,000		5,000
	WEST FRESNO HEALTH CARE COALIT	14,000		14,000
	WEST MODESTO/KING KENNEDY	1,500		1,500
CA Total		1,136,358	11,019,724	12,156,082
CN	CENTRE DE RECHERCHE,		253,436	253,436
	HOSPITAL FOR SICK CHILDREN		298,221	298,221
	SIMON FRASER UNIVERSITY		222,200	222,200
	UNIVERSITY OF CALGARY		288,362	288,362
	UNIVERSITY OF NEW BRUNSWICK		191,356	191,356
	UNIVERSITY OF WESTERN ONTARIO		150,000	150,000
CN Total			1,403,575	1,403,575
CO	B4 BABIES & BEYOND	1,400		1,400
	CATHOLIC CHARITIES		13,658	13,658
	CHILDREN'S HOSPITAL DENVER	144		144
	COLORADO PERINATAL CARE COUNCI	1,400		1,400
	COLORADO STATE UNIVERSITY		19,723	213,441
	INVEST IN KIDS	1,500		1,500
	LAPLATA COALITION ON UNINTENDE		12,927	12,927
	LARIMER COUNTY DEPARTMENT OF H		16,800	16,800
	MEMORIAL HOSPITAL	1,200	3,000	4,200
	MESA COUNTY HEALTH DEPARTMENT		10,000	10,000
	PROWERS COUNTY PUBLIC HEALTH N	1,000		1,000
	SAN JUAN BASIN HEALTH DEPT	627		627
	TRI-COUNTY HEALTH DEPARTMENT		8,000	8,000
	UNIVERSITY OF COLORADO HLTH SC		290,304	290,304
CO Total		7,271	84,108	575,401
CT	ALPHA PHI ALPHA FRATERNITY INC	2,000		2,000
	BRIDGEPORT COMMUNITY HEALTH CE	20,000		20,000
	BRIDGEPORT HOSPITAL FOUNDATION	500		500
	CENTERING PREGNANCY & PARENTIN		10,000	10,000
	LA VIA LATINA / FAMILY STRIDES	5,000		5,000
	PLANNED PARENTHOOD OF CT		17,500	17,500
	TERATOLOGY SOCIETY		10,000	10,000
	TOWN OF EAST HARTFORD	20,000		20,000
	UNIVERSITY OF CONNECTICUT HEAL		15,000	15,000
	YALE UNIVERSITY		1,612,131	1,612,131
CT Total		47,500	42,500	1,712,131
DC	AAMC		100	100
	ASSOCIATION OF WOMEN'S HEALTH	2,500		2,500
	GENETIC ALLIANCE	5,000		5,000
	MARYS CENTER FOR MATERNAL & -		600	600
	MARY'S CENTER FOR MATERNAL & C	11,250		11,250
	PREMIES TODAY		3,140	3,140
	ZETA PHI BETA SORORITY, INC.		45,000	45,000
DC Total		18,750	48,740	67,590
DE	BAYHEALTH FOUNDATION	2,900		2,900
	CHILDREN AND FAMILIES FIRST	1,100		1,100
	CHRISTIANA CARE HEALTH SERVICE		18,000	18,000

	WESTSIDE HEALTH, INC.		18,000		18,000
DE Total		4,000	36,000		40,000
FL	A M E MINISTERIAL ALLIANCE INC	10,347			10,347
	ALPHA PHI ALPHA FRATERNITY INC	3,600			3,600
	AWHONN	2,000			2,000
	CAPITAL AREA HEALTHY START COA	10,000			10,000
	CENTER FOR DRUG-FREE LIVING, I	14,997			14,997
	CHILDHOOD DEVELOPMENT SERVICES	1,500			1,500
	CLAY COUNTY HEALTH DEPARTMENT	440			440
	COMMUNITY HEALTH TASK FORCE, I	852			852
	DIXIE AND GILCHREST COUNTY HEA		6,000		6,000
	ESCAMBIA COUNTY HEALTHY START	7,082			7,082
	FLORIDA DEPT OF HEALTH CHILDRE		5,472		5,472
	FRANKLIN, BAY GULF HEALTHY STA	745			745
	H. LEE MOFFITT CANCER CENTER &		50,000		50,000
	HEALTHY FAMILIES POLK	7,038			7,038
	HEALTHY MOTHERS,HEALTHY BABIES	4,120			4,120
	HEALTHY MOTHERS/HEALTHY BABIES		24,975		24,975
	HEALTHY START COALITION	69,151	13,900		83,051
	HENDRY COUNTY HEALTH DEPARTMEN	8,000			8,000
	I.M. SULZBACHER CENTER FOR THE	8,060			8,060
	INDIAN RIVER COUNTY HEALTHY ST		10,000		10,000
	L.A. SOCIAL SERVICE CENTER, IN	9,000			9,000
	LEE COLLIER COUNTY AWHONN		2,000		2,000
	MARION COUNTY HEALTH DEPARTMEN		13,395		13,395
	MEMORIAL FOUNDATION		12,500		12,500
	MIAMI BEACH COMMUNITY HEALTH C	25,000			25,000
	NORTHEAST FLORIDA HEALTHY STAR	32,000			32,000
	ORANGE COUNTY HEALTHY	47,133			47,133
	PHI BETA SIGMA,GAMMA ETA SIGMA	500			500
	POST POLIO SUPPORT GROUP	1,000			1,000
	POWER OVER POLIO SUPPORT GROUP	500			500
	PREVENT! OF BREVARD, INC.	28,844			28,844
	SEMINOLE COUNTY HEALTH DEPARTM	14,037			14,037
	SEMINOLE COUNTY HEALTHY START		12,650		12,650
	SUWANNEE COUNTY HEALTH DEPARTM		6,000		6,000
	UNIVERSITY OF FLORIDA	5,043	54,400		59,443
	UNIVERSITY OF MIAMI	1,000			1,000
	UNIVERSITY OF MIAMI SCHOOL OF		21,333		21,333
	UNIVERSITY OF SOUTH FLORIDA			5,000	5,000
	ZETA PHI BETA SORORITY, INC.	9,262			9,262
FL Total		321,250	232,625	5,000	558,875
FR	AGENT COMPTABLE SECONDAIRE DU			255,000	255,000
	INSERM			300,000	300,000
FR Total				555,000	555,000
GA	ADVOCATES FOR BARTOW'S CHILDRE	500			500
	BETA PHI LAMBADA CHAPTER	1,250			1,250
	CATOOSA COUNTY BOARD OF HEALTH	10,000			10,000
	CHATHAM COUNTY HEALTH DEPARTME	24,400			24,400
	CLINICA MATERNAL DE ATLANTA	800			800
	COBB COUNTY BOARD OF HEALTH	1,800			1,800
	EMORY UNIVERSITY	1,500		187,000	188,500
	EPSILON TAU ZETA	500			500
	FAMILY/INFANT CONNECTIONS	620			620
	FULTON COUNTY GOVERNMENT, DEPA	25,000			25,000
	GEORGIA OB/GYN SOCIETY	11,400			11,400
	GEORGIA STATE UNIVERSITY	915			915
	GRADY HEALTH SYSTEMS	915			915
	GRANT PARK FAMILY HEALTH CENTE	25,000			25,000
	HEART OF GA HEALTHY START COAL	1,250			1,250
	HENRY GRADY FOUNDATION	25,000			25,000
	HOUSTON HEALTHCARE	12,500			12,500
	JACKSON COUNTY HEALTH DEPARTME	13,329			13,329
	MAULVIN ENGRAM EDUCATION FOUND	500			500
	MEDICAL CENTER, INC	4,500			4,500
	NORTHSIDE HOSPITAL			50,000	50,000
	PARENT & CHILD DEVELOPMENT, IN	17,600			17,600
	PAULDING COUNTY HEALTH DEPT.	925			925
	PICKENS COUNTY COUNCIL CHILD A	15,788			15,788
	PREVENT CHILD ABUSE ROCKDALE	1,500			1,500

	REFUGEE FAMILY SERVICES, INC	25,000		25,000
	SAINT JOSEPH'S MERCY CARE SERV	32,478		32,478
	STEPHENS COUNTY HOSPITAL	420		420
	THE MEDICAL CENTER FOUNDATION,	2,660		2,660
	THE MEDICAL CTR OF GA PERINATA	500		500
	ZETA PHI BETA SORORITY, INC.	750		750
GA Total		259,300	237,000	496,300
GR	B.S.R.C. "ALEXANDER FLEMING"		209,621	209,621
GR Total			209,621	209,621
HI	HEALTHY MOTHERS HEALTHY BABIES	15,500		15,500
	KAHUKU HOSPITAL	14,000		14,000
	MAUI FAMILY SUPPORT SERVICES I	8,500		8,500
	MOLOKAI GENERAL HOSPITAL	12,000		12,000
HI Total		50,000		50,000
IA	CLARKE COUNTY PUBLIC HEALTH	2,000		2,000
	CRITTENTON CENTER	3,457		3,457
	GRINNELL REGIONAL MEDICAL CENT	3,000		3,000
	MID IOWA COMMUNITY ACTION	1,200		1,200
	OPERATION THRESHOLD	1,800		1,800
	PRIMARY HEALTH CARE, INC	7,700		7,700
	SOUTHWEST IOWA FAMILIES, INC	9,500		9,500
	UNIVERSITY OF IOWA		626,789	626,789
	YOUNG PARENTS NETWORK INC	9,100		9,100
	YOUNG WOMEN'S RESOURCE CTR	7,243		7,243
IA Total		5,000	40,000	671,789
ID	HUMPHREYS DIABETES EDUCATION C	750		750
	MADISON MEMORIAL HOSPITAL	18,000		18,000
	NIMIIPUU HEALTH	12,000		12,000
	ONEIDA COUNTY HOSPITAL	972		972
	R.A.S. PRODUCTIONS	500		500
	REACH, BOISE STATE UNIV.	500		500
	ST MICHAEL'S PARISH INC	15,000		15,000
ID Total		16,472	31,250	47,722
IL	ALPHA PHI ALPHA FRATERNITY INC	2,000		2,000
	BEATY, KELSEY J	5,000		5,000
	DAWSON, STEVEN MICHAEL	5,000		5,000
	ENGELING, JESSICA LYNNE	5,000		5,000
	EVANSTON NORTHWESTERN HEALTHCA	11,371	127,500	138,871
	FAYETTE COUNTY HEALTH DEPT.	3,000		3,000
	FULTON COUNTY HEALTH DEPT	15,444		15,444
	HEARTLAND HEALTH OUTREACH	11,650		11,650
	HEKTOEN INSTITUTE, LLC	35,000		35,000
	MADISON COUNTY COMMUNITY HEALT		15,000	15,000
	MERCY MEDICAL ON PULASKI	3,000		3,000
	MITCHELSON, ANDREW		5,000	5,000
	NATIONAL FOUNDATION ECTODERMAL	500		500
	NORTHWESTERN MEMORIAL HOSPITAL	3,000		3,000
	NORTHWESTERN UNIVERSITY		150,000	150,000
	PARENT ENRICHMENT PROGRAM	3,000		3,000
	SIDS ALLIANCE OF ILLINOIS	15,677		15,677
	SOUTHERN ILLINOIS HEALTHCARE F	26,500		26,500
	SOUTHERN ILLINOIS UNIVERSITY		240,090	240,090
	STEPHENSON COUNTY HEALTH DEPT.	25,000		25,000
	UNIVERSITY OF CHICAGO		229,180	229,180
	UNIVERSITY OF ILLINOIS	24,433		24,433
	WEST SIDE FUTURE YMCA / YMCA O	25,000		25,000
	WHITE, SPENCER		5,000	5,000
	WHITESIDE COUNTY HEALTH DEPT	11,900		11,900
	YWCA OF QUINCY	28,000		28,000
	ZETA PHI BETA SORORITY, INC.	2,000		2,000
IL Total		246,475	40,000	1,033,245
IN	AIDS MINISTRIES / AIDS ASSIST	15,000		15,000
	ASSOCIATED CHURCHES OF FORT WA	1,200		1,200
	BALL MEMORIAL FAMILY PRACTICE	12,080		12,080
	CAPE HEAD START	567		567
	CARR, THOMAS HOWE ACADEMY -	1,054		1,054
	CARROLL COUNTY TOBACCO PREV CO	491		491
	CENTRAL INDIANA POST-POLIO SUP	1,000		1,000
	CHILDREN FIRST CENTER	15,000		15,000
	COLUMBUS REGIONAL HOSPITAL	600		600

	COMMUNITY HOSPITAL ANDERSON	640		640
	CRISIS CONNECTION	253		253
	DEACONESS FAMILY PRACTICE CENT	15,000		15,000
	DeKALB MEMORIAL HEALTHY EXPECT	10,000		10,000
	DUKES MEMORIAL HOSPITAL	175		175
	DUNEBROOK PREVENT CHILD ABUSE	750		750
	DUNN MEMORIAL HOSPITAL	750		750
	ELKHART COUNTY HEALTH DEPARTME	20,000		20,000
	EVANGELICAL COVENANT CHURCH	295		295
	FAMILY SERVICES INC	300		300
	GIBSON GENERAL HOSPITAL	684		684
	GOOD SAMARITAN HOSPITAL	329		329
	HAMILTON CENTER	468		468
	HEALTHIER MOMS & BABIES	1,400		1,400
	HEALTHNET INC.	5,000		5,000
	HILLTOP COMMUNITY HEALTH CENTE	15,000		15,000
	HOWARD REGIONAL HEALTH SYSTEMS	5,000		5,000
	INDIANA HEALTH CENTERS, INC. -	15,000		15,000
	INDIANA UNIVERSITY		150,000	150,000
	INDIANA UNIVERSITY SCHOOL OF N	492		492
	JOHNSON NICHOLS HEALTH CLINIC	400		400
	LIFE CARE SERVICES	489		489
	MAPLE CITY HEALTH CARE CENTER	10,000		10,000
	MARION COUNTY HEALTH DEPARTMEN	4,600		4,600
	MATERNAL CHILD HEALTH CENTER	552		552
	MATRIX LIFELINE	496		496
	MEMORIAL HOSPITAL OF SOUTH BEN	815		815
	NEIGHBORHOOD HEALTH CLINICS	15,000		15,000
	PARKVIEW HOSPITAL	1,000		1,000
	PEOPLE'S HEALTH CENTER	350		350
	PIKE HIGH SCHOOL	1,183		1,183
	PURDUE UNIVERSITY COOPERATIVE	1,800		1,800
	RAPHAEL HEALTH CENTER	1,500		1,500
	SCHNECK MEDICAL CENTER	700		700
	SHELBY COUNTY PRENATAL CARE,	750		750
	SIDS CENTER OF INDIANA	1,000		1,000
	ST. ANTHONY MEDICAL CENTER, IN	552		552
	ST. JOSEPH COUNTY WIC PROGRAM	500		500
	ST. MARY'S FOUNDATION	714		714
	TIPPECANOE COMMUNITY HEALTH CL	511		511
	TURNING POINT DOMESTIC VIOLENC	235		235
	UNION HOSPITAL MATERNAL HEALTH	600		600
	VALPARAISO UNIVERSITY	2,208		2,208
	YOUTH SERVICES BUREAU	1,000		1,000
IN Total		185,483	150,000	335,483
IS	AUTHORITY FOR RESEARCH AND DEV		240,020	240,020
	HEBREW UNIVERSITY		121,594	121,594
IS Total			361,614	361,614
JP	JAPANESE TERATOLOGY SOCIETY		5,000	5,000
JP Total			5,000	5,000
KS	BIRTH & WOMEN'S HEALTH CENTER	2,000		2,000
	CHILDRENS MERCY HOSPITAL		25,000	25,000
	FAMILY CONSERVANCY, THE	13,848		13,848
	FINNEY COUNTY HEALTH DEPARTMEN	1,500		1,500
	FLINT HILLS COMMUNITY HEALTH C		21,255	21,255
	HEALTHY OPTIONS FOR PLANVIEW	11,000	300	11,300
	KANSAS ACTION FOR CHILDREN	600		600
	KANSAS CHILDREN'S SERVICE LEAG	10,056	14,844	24,900
	PERINATAL ASSOCIATION OF KANSA	1,000		1,000
	PREGNANCY CRISIS CENTER OF WIC	10,000		10,000
	SEDGWICK COUNTY HEALTH DEPARTM	500		500
	SIDS RESOURCES	1,500		1,500
	STORMONT-VAIL BIRTHPLACE	1,600		1,600
KS Total		53,604	61,399	115,003
KY	ASHLAND-BOYD COUNTY HEALTH DEP		1,428	1,428
	BARREN RIVER DISTRICT HEALTH D		15,800	15,800
	COMMUNITY ACTION OF SOUTHERN K		1,500	1,500
	CRISIS PREGNANCY CENTER		4,500	4,500
	FRANKLIN CO. HEALTH DEPT	1,500		1,500
	HARDIN MEMORIAL HOSPITAL		20,000	20,000

	KENTUCKY PERINATAL ASSOCIATION		25,000		25,000
	KENTUCKY WESLEYAN	1,500			1,500
	LEXINGTON-FAYETTE COUNTY HEALT		1,425		1,425
	LOURDES, INC.		1,400		1,400
	NORTON HEALTH CARE		1,390		1,390
	OWENSBORO CC	1,500			1,500
	OWENSBORO MEDICAL HEALTH SYSTE		1,428		1,428
	SOMERSET WOMEN'S CLUB		1,428		1,428
	UNIVERSITY OF KENTUCKY		24,702		24,702
	UNIVERSITY OF KENTUCKY RESEARC			206,040	206,040
KY Total		4,500	100,001	206,040	310,541
LA	CAPITAL AREA HUMAN SERVICES DI	15,000			15,000
	LA PERINATAL / MCH FOUNDATION	1,000			1,000
	LSU HEALTH SCIENCES CENTER			334,144	334,144
	SOUTHWEST LOUISIANA AHEC	25,000			25,000
	ZETA PHI BETA SORORITY, INC.	1,472			1,472
LA Total		42,472		334,144	376,616
MA	BAY STATE MEDICAL CENTER		1,500		1,500
	BETH ISRAEL DEACONESS MEDICAL			103,410	103,410
	BOSTON MED CTR / ADOLESCENT CT		19,500		19,500
	BOSTON PUBLIC HEALTH COMMISSIO	70,000			70,000
	BOSTON UNIVERSITY			(34,877)	(34,877)
	CHILDREN'S HOSPITAL BOSTON			150,000	150,000
	FAMILY HEALTH CENTER		27,000		27,000
	HARVARD			300,000	300,000
	JEWISH FAMILY & CHILDREN SERVI		500		500
	MASSACHUSETTS GENERAL HOSPITAL			5,000	5,000
	MASSACHUSETTS PUBLIC HEALTH	22,500			22,500
	REACH COMMUNITY FOUNDATION		6,000		6,000
	SOUTH END COMMUNITY HEALTH CEN		22,500		22,500
	THE UNIVERSITY OF MASSACHUSETT			152,832	152,832
	TUFTS UNIVERSITY			(87,127)	(87,127)
	UNIVERSITY OF MASSACHUSETTS		6,500		6,500
MA Total		92,500	83,500	589,238	765,238
MD	AMERICAN ASSOCIATION OF ANATOM			8,500	8,500
	BOYS & GIRLS CLUB OF WASH. COUNTY	4,158			4,158
	CAROLINE COUNTY HEALTH DEPARTM		14,850		14,850
	CARROLL COUNTY HEALTH DEPARTME	1,500			1,500
	DIMENSIONS HEALTHCARE SYSTEM		6,000		6,000
	FAMILIES PLUS		13,541		13,541
	FASEB			57,000	57,000
	HOWARD COUNTY HEALTH DEPARTMEN		16,894		16,894
	JOHNS HOPKINS UNIVERSITY			812,185	812,185
	NCHPEG		8,000		8,000
	NINDS, NIH			240,000	240,000
	PRINCE GEORGE'S CHILD RESOURCE		12,500		12,500
	QUEEN ANNE'S COUNTY HEALTH DEP		25,000		25,000
	SOCIETY FOR DEVELOPMENT			5,000	5,000
	ST. MARY'S COUNTY HEALTH DEPAR		13,035		13,035
	TALBOT COUNTY FAMILY SUPPORT C		18,980		18,980
	UNIVERSITY OF MARYLAND	3,000			3,000
	WASHINGTON COUNTY PUBLIC SCHOO	5,842	7,700		13,542
	WESTERN MD AREA HEALTH	5,000			5,000
MD Total		19,500	136,500	1,122,685	1,278,685
ME	BUREAH OF HEALTH - DIVISION OF		25,000		25,000
	CARY MEDICAL CENTER		14,991		14,991
ME Total			39,991		39,991
MI	ALPHA PHI ALPHA FRATERNITY INC		1,200		1,200
	CENTER FOR THE CHILDBEARING YE		24,000		24,000
	DELTA & MENOMINEE DISTRICT HEA		15,000		15,000
	EXPECTANT PARENTS ORGANIZATION		1,000		1,000
	FAMILY PLANNING & WOMEN'S HEAL		4,000		4,000
	JACKSON COUNTY HEALTH DEPARTME		320		320
	KALAMAZOO COUNTY HUMAN SERVICE		1,000		1,000
	KEWEENAW BAY INDIAN COMMUNITY		700		700
	MARQUETTE GENERAL HEALTH SYSTE		1,200		1,200
	MCHS INFANT MORTALITY PROJECT		25,000		25,000
	MICHIGAN HEALTHY MOTHERS		1,310		1,310
	MICHIGAN PUBLIC HEALTH INSTITU		500		500
	MICHIGAN STATE UNIVERSITY EXTE		1,000		1,000

	MID MICHIGAN DISTRICT HEALTH D		19,000		19,000
	SOUTHEASTERN MICHIGAN ASSOCIAT		1,000		1,000
	SPECTRUM HEALTH		24,500		24,500
	ST JOSEPH MERCY OAKLAND/HEALTH		25,000		25,000
	ST. JOHN RIVER DISTRICT HOSPIT		2,000		2,000
	STATE OF MICHIGAN		25,000		25,000
	TELAMON CORPORATION		8,000		8,000
	UNIVERSITY OF MICHIGAN			600,000	600,000
	WASHTENAW COUNTY PUBLIC HEALTH		500		500
	WAYNE COUNTY HEALTH DEPARTMENT		11,829		11,829
	ZETA PHI BETA SORORITY, INC.		1,000		1,000
MI Total			194,059	600,000	794,059
MN	AMERICAN INDIAN FAMILY CENTER		1,800		1,800
	BIRTHLINE, INC.		750		750
	BLUE EARTH & NICOLLET CO.		600		600
	BROWN COUNTY PUBLIC HEALTH		600		600
	CASS COUNTY HEALTH, HUMAN & VE		21,000		21,000
	CEDAR RIVERSIDE PEOPLES CENTER		20,500		20,500
	IMMANUEL ST JOSEPH'S HOSPICE P		600		600
	MEEKER COUNTY PUBLIC HEALTH		1,010		1,010
	MIGRANT HEALTH SERVICES, INC.		500		500
	MOWER COUNTY PUBLIC HEALTH		740		740
	OLMSTED COUNTY PUB HLTH SVS		750		750
	SIBLEY COUNTY PUBLIC HEALTH -		19,000		19,000
	ST. MARY'S DULUTH CLINIC FOUND		1,250		1,250
	STEELE COUNTY PUBLIC HEALTH NU		312		312
	TARGET STORES	906			906
	UNIVERSITY OF MINNESOTA			405,100	405,100
	WEST SIDE COMMUNITY HEALTH SVC		19,527		19,527
MN Total		906	88,939	405,100	494,945
MO	ALPHA PHI ALPHA FRATERNITY INC		5,000		5,000
	BARNES-JEWISH HOSPITAL FOUNDAT	1,500			1,500
	BOLLINGER COUNTY HEALTH CENTER		4,000		4,000
	CHILDREN AND FAMILY CENTER		8,720		8,720
	COLUMBIA/BOONE COUNTY HEALTH D		9,700		9,700
	JASPER COUNTY HEALTH DEPARTMEN		5,020		5,020
	LAFAYETTE COUNTY HEALTH DEPART		13,000		13,000
	MISSOURI BOOTHEEL REGIONAL CON	1,500			1,500
	MISSOURI DEPARTMENT OF HEALTH	12,923			12,923
	MISSOURI WESTERN STATE COLLEGE	580			580
	NATIONAL ASSOCIATION OF PERINA	3,000			3,000
	NEW MADRID COUNTY HEALTH DEPAR	750			750
	NURSES FOR NEWBORN'S FOUNDATIO	25,000			25,000
	OZARK COUNTY HEALTH DEPT	863			863
	PARENTS AS TEACHERS INC	9,700			9,700
	ST LOUIS COUNTY HEALTH	1,500			1,500
	ST LOUIS UNIVERSITY			199,865	199,865
	ST. JOSEPH HEALTH CENTER FOUND	10,500			10,500
	STOWERS INSTITUTE FOR MEDICAL			395,190	395,190
	WASHINGTON UNIVERSITY			46,590	46,590
	WHOLE KIDS OUTREACH		6,106		6,106
MO Total		67,816	51,546	641,645	761,007
MS	BAPTIST HEALTH FOUNDATION	1,525			1,525
	BAPTIST MEMORIAL HOSPITAL DESO		5,000		5,000
	BLACKWELL, JULIE			200	200
	MISSISSIPPI PERINATAL ASSOCIAT	1,000			1,000
	MISSISSIPPI POLIO SURVIVORS AS	250			250
	SPINA BIFIDA ASSOCIATION OF MI	1,850			1,850
	STEED, DARINA			200	200
	UNIVERSITY OF MISSISSIPPI MEDI	1,500			1,500
	VICKSBURG FAMILY DEVELOPMENT S	8,600			8,600
	ZETA PHI BETA SORORITY, INC.	29,874			29,874
MS Total		44,599	5,000	400	49,999
MT	CENTER FOR HEALTHCARE INITIATI		3,000		3,000
	CENTRAL MONTANA MEDICAL CENTER		3,000		3,000
	MISSOULA CITY-COUNTY HEALTH DE		3,000		3,000
MT Total			9,000		9,000
NC	ADOLESCENT & FAMILY ENRICHMENT	2,225	12,000		14,225
	ALAMANCE COUNTY HEALTH DEPARTM	1,000			1,000
	ALBEMARLE REGIONAL HEALTH SERV	2,990			2,990

	ALEXANDER COUNTY HEALTH DEPART		3,000		3,000
	APPALACHIAN DISTRICT HEALTH DE		48,800		48,800
	ASHE MEMORIAL HOSPITAL		7,293		7,293
	ASSOCIATION FOR THE BENEFIT OF		9,375		9,375
	BETSY JOHNSON HEALTH CARE SYST		33,520		33,520
	BUNCOMBE COUNTY HEALTH CENTER		15,467		15,467
	CALDWELL COUNCIL ON ADOLESCENT	1,700			1,700
	CAROLINAS MEDICAL CENTER			205,194	205,194
	CUMBERLAND COUNTY HEALTH DEPAR	4,158			4,158
	DUKE UNIVERSITY			194,877	194,877
	DUPLIN COUNTY HEALTH DEPARTMEN	2,950			2,950
	DURHAM COUNTY HEALTH DEPARTMEN	800			800
	EL CENTRO HISPANO, INC.		23,000		23,000
	FAMILY SUPPORT NETWORK	1,100	3,000		4,100
	HEALTH ADVENTURE, THE		20,000		20,000
	LINCOLN COUNTY HEALTH DEPARTME		3,900		3,900
	MACON COUNTY HEALTH DEPARTMENT	1,000			1,000
	MI CASA SU CASA	1,560			1,560
	MISSION HEALTHCARE FOUNDATION	2,125			2,125
	NORTH CAROLINA STATE UNIVERSIT			150,000	150,000
	OLIVER SMITHIES			125,000	125,000
	OMICRON ZETA CHARITABLE AND ED	1,000			1,000
	PIEDMONT HEALTH SERVICES	2,000			2,000
	PITT COUNTY HEALTH DEPT.	500	14,505		15,005
	PRESBYTERIAN HEALTHCARE	1,222			1,222
	ROBESON COUNTY DEPARTMENT OF H	4,260			4,260
	STANLEY CO. HEALTH DEPT		8,000		8,000
	UNION COUNTY HEALTH DEPARTMENT	2,573	28,363		30,936
	UNIVERSITY OF NORTH CAROLINA		22,948		22,948
	WAKE FOREST UNIVERSITY HEALTH	1,000	31,708		32,708
	WILMINGTON HEALTH ACCESS FOR T		12,462		12,462
	YANCEY CO HEALTH DEPT	1,200			1,200
	ZETA PHI BETA SORORITY, INC.	1,300			1,300
NC Total		36,663	297,341	675,071	1,009,075
ND	CUSTER HEALTH		5,690		5,690
	FARGO CASS PUBLIC HEALTH		3,303		3,303
	MERCY HOSPITAL OF DEVILS LAKE		1,652		1,652
	MERITCARE FAMILY BIRTH CENTER	50			50
	RUTH MEIER HOSPITALITY HOUSE		500		500
	VALLEY HEALTH		500		500
ND Total		50	11,645		11,695
NE	ELKHORN LOGAN VALLEY PUBLIC HE	3,500			3,500
	ESSENTIAL PREGNANCY SERVICES		1,200		1,200
	KEN SNYDER FAMILY FUND	500			500
	LINCOLN LANCASTER COUNTY HEALT	250			250
	SAINT ELIZABETH FOUNDATION	2,900			2,900
	VISITING NURSE ASSOCIATION	9,800			9,800
NE Total		16,950	1,200		18,150
NH	AMMONOOSUC COMMUNITY HEALTH IN	6,300			6,300
	COMMUNITY HEALTH INSTITUTE			8,000	8,000
	COTTAGE HOSPITAL	2,500			2,500
	DARTMOUTH HITCHCOCK-MANCESTER	10,700			10,700
	HITCHCOCK FOUNDATION	4,000			4,000
	LAMPREY HEALTH CARE NASHUA	2,500			2,500
NH Total		26,000		8,000	34,000
NJ	AFRI-FEMALE INSTITUTE, INC. N	3,000			3,000
	ATLANTICARE REGIONAL MEDICAL C	3,000			3,000
	BAYONNE MEDICAL CENTER		619		619
	BRIDGETON ASSEMBLY		1,500		1,500
	CENTRAL NEW JERSEY MAT CHILD H		1,118		1,118
	CENTRAL NEW JERSEY MCH CONSORT	2,800			2,800
	CHILDREN'S HOME SOCIETY OF NJ	3,000			3,000
	CITY OF TRENTON DIVISION OF HE		50,000		50,000
	COMENZANDO BIEN PROGRAM	1,000			1,000
	COOPER HEALTH SYSTEM, THE		24,999		24,999
	FAMILY HEALTH INITIATIVES		27,999		27,999
	GATEWAY NORTHWEST MATERNAL	2,400			2,400
	MATTER OF THE HEART	1,000			1,000
	NEW COVENANT FELLOWSHIP	1,000			1,000
	NEW JERSEY POLIO NETWORK		3,000		3,000

	NORTHERN NJ M/CH CONSORTIUM		3,000		3,000
	OUR LADY OF LOURDES HEALTH FOU		22,030		22,030
	PLANNED PARENTHOOD OF NJ		15,000		15,000
	REGIONAL PERINATAL CONSORTIUM		49,600		49,600
	ROCK OF SALVATION	1,250			1,250
	RUTGERS THE STATE UNIV. OF NEW			173,525	173,525
	S. NJ PERINATAL	1,200			1,200
	ST JOSEPH HOSPITAL & MED CTR -		3,000		3,000
	THE NORTHERN NJ MATERNAL CHILD		25,000		25,000
	UNIVERSITY OF MEDICINE & DENTI		44,869		44,869
	ZETA PHI BETA SORORITY, INC.	2,566			2,566
NJ Total		22,216	271,734	173,525	467,475
NL	WAO			10,000	10,000
NL Total				10,000	10,000
NM	BROWN, CHESTER D. JR.		150		150
	CLINICAL PREVENTION INITIATIVE	750			750
	CURRY COUNTY MATERNAL CHILD HE		6,566		6,566
	FIRST BORN PROGRAM		10,000		10,000
	HOLY CROSS HOSPITAL	500			500
	UNIVERSITY OF NEW MEXICO		6,234		6,234
NM Total		1,250	22,950		24,200
NV	CHILDRENS CABINET AT INCLINE V			10,600	10,600
	COURTNEY CHILDREN'S FOUNDATION		1,600		1,600
	NEVADA HISPANIC SERVICES, INC.	7,100			7,100
	SAINT MARY'S FOUNDATION	6,500			6,500
	ST. ROSE DOMINICAN HOSPITAL		10,000		10,000
	UNIVERSITY MEDICAL CENTER OF S		12,300		12,300
	ZETA PHI BETA SORORITY, INC.		2,250		2,250
NV Total		13,600	26,150	10,600	50,350
NY	ALBERT EINSTEIN COLLEGE OF			444,200	444,200
	ARNOT OGDEN MEDICAL CENTER		500		500
	BHAVANA PAHWA	3,000			3,000
	CHILDREN'S HOSPITAL FOUNDATION	75,000			75,000
	CHILDREN'S REHABILITATION CENT	3,000			3,000
	CIRCULO DE LA HISPANIDAD, INC.	55,000			55,000
	COLD SPRING HARBOR LABORATORY			5,000	5,000
	COLUMBIA UNIVERSITY	65,000		150,000	215,000
	COMBS, ADRIANN	500			500
	COMMITTEE FOR HISPANIC	13,057			13,057
	CORNELL UNIVERSITY		5,000	31,381	36,381
	DEVELOPMENT OF THE ENS			5,000	5,000
	DOLKERT, LAWRENCE	500			500
	FOUNDATION FOR VASSAR BROTHERS	16,177			16,177
	GREATER ADIRONDACK PERINATAL N		1,017		1,017
	HEALTHY FAMILYS CATTARAUGUS		14,000		14,000
	HOSPITAL FOR JOINT DISEASES			244,712	244,712
	HUDSON RIVER HEALTHCARE	30,800			30,800
	KALEIDA HEALTH		21,000		21,000
	MCGOVERN, SHANNON	400			400
	MID-HUDSON HEALTH FAMILY INSTI	39,325			39,325
	MONTEFIORE MEDICAL CTR	4,000			4,000
	MT SINAI SCHOOL OF MEDICINE			156,639	156,639
	NATIONAL MARFAN FOUNDATION			5,000	5,000
	NEW YORK PERINATAL SOCIETY	3,000			3,000
	NEW YORK STATE PERINATAL ASSOC.		10,000		10,000
	NEW YORK UNIVERSITY			191,114	191,114
	NORTH COUNTRY NCPPC	1,000			1,000
	NORTH SHORE - LONG ISLAND JEWI	1,480			1,480
	NORTH SHORE UNIVERSITY HOSPITA	2,000			2,000
	NORTHEAST HEALTH FOUNDATION		21,000		21,000
	OUR LADY OF LOURDES MEMORIAL H		500		500
	PARTNERS OF OB/GYN		21,000		21,000
	PERINATAL NETWORK OF MONROE CO		21,000		21,000
	PFALZER, SUSAN		500		500
	PROJECT HOSPITALITY, INC.	20,000			20,000
	RESEARCH FOUNDATION FOR MENTAL	62,000			62,000
	RESEARCH FOUNDATION OF SUNY			269,665	269,665
	SOUTH FORK COMMUNITY HEALTH IN	1,850			1,850
	SUNSET PARK FAMILY HEALTH CENT	61,000			61,000
	THE ALBERT B. SABIN VACCINE IN			1,500	1,500

	THE US FUND FOR UNICEF			100,000	100,000
	THOMPSON HEALTH		21,000		21,000
	TOMAR, ASHOK	400			400
	UNITY HEALTH SYSTEMS-HEALTH ST	1,040			1,040
	URBAN HEALTH PLAN, INC.	10,000			10,000
	WAGNER COLLEGE		10,000		10,000
	WEILL MEDICAL COLLEGE			268,237	268,237
	WESTERN NEW YORK PERINATAL	2,000			2,000
	WHITE PLAINS HOSPITAL CENTER	3,000			3,000
	YOUNG WOMEN'S LEADERSHIP SCHOO	500			500
	ZETA PHI BETA SORORITY, INC.	1,895			1,895
NY Total		476,924	146,517	1,872,448	2,495,889
NZ	THE UNIVERSITY OF AUCKLAND			264,273	264,273
NZ Total				264,273	264,273
OH	ALPHA PHI ALPHA FRATERNITY INC	590			590
	BLANCHARD VALLEY REGION HEALTH	1,000			1,000
	CASE WESTERN RESERVE			391,179	391,179
	CENTRAL OHIO DIABETES ASSOC.	3,000			3,000
	CHILDREN'S HOSPITAL MED. CTR	2,000			2,000
	CHILDREN'S HOSPITAL RESEARCH F			241,402	241,402
	CHILDREN'S RESEARCH FOUNDATION	1,800			1,800
	CINCINNATI CHILDREN'S HOSPITAL			150,000	150,000
	COLUMBUS PUBLIC SCHOOLS	2,000			2,000
	COUNCIL ON HEALTHY MOTHERS AND	40,000			40,000
	FAMILY MEDICINE EDUCATION CONS	1,000			1,000
	GOOD SAMARITAN HOSPITAL	4,000			4,000
	HEALTH IMPROVEMENT COLLABORATI	25,000			25,000
	MERCY MEMORIAL HOSPITAL	18,000			18,000
	NEIGHBORHOOD HOUSE	10,000			10,000
	NOBLE COUNTY HEALTH DEPARTMENT	25,000			25,000
	OHIO STATE UNIVERSITY	17,343		150,000	167,343
	PROMEDIA HEALTH EDUCATION & RE	1,805			1,805
	REACH - REFERRAL AND EDUCATION	25,000			25,000
	REGION IV PERINATAL		1,300		1,300
	REPRODUCTIVE RESEARCH	2,000			2,000
	RIVERSIDE METHODIST HOSPITAL	2,000			2,000
	SAMARITAN HEALTH FOUNDATION	25,000			25,000
	THE CLEVELAND CLINIC FOUNDATIO			150,000	150,000
	TOLEDO HOSPITAL	15,584			15,584
	TRIHEALTH, GOOD SAMARITAN HOSP	723			723
	TRI-RIVERS CAREER CENTER	5,123			5,123
OH Total		227,968	1,300	1,082,581	1,311,849
OK	ALPHA PHI ALPHA FRATERNITY INC	178			178
	AWHONN-OKLAHOMA SECTION	500			500
	CARTER/LOVE COUNTY HEALTH DEPA	2,000			2,000
	CHOCTAW NATION HEALTH SERVICES		5,450		5,450
	ELIZABETH THOMAS		5,000		5,000
	FAMILY CARE SERVICES INC	1,795			1,795
	INDIAN HEALTH CARE RESOURCE CE		15,100		15,100
	OLAHOMA STATE UNIVERSITY			258,075	258,075
	SAINT FRANCIS HEALTH SYSTEM	2,053			2,053
	SOUTHWESTERN MEMORIAL HOSPITAL	10,000			10,000
	TIMBERLAKE SCHOOLS	400			400
	VALLEY VIEW REGIONAL HOSPITAL		9,432		9,432
	ZETA PHI BETA SORORITY, INC.	6,170			6,170
	ZOE N.E.E.D. LITERACY PROGRAM	482			482
OK Total		23,578	34,982	258,075	316,635
OR	COMMUNITY ACTION ORGANIZATION		24,000		24,000
	JACKSON COUNTY HEALTH DEPARTME		21,500		21,500
	OREGON HEALTH SCIENCE UNIVERSI		1,000		1,000
	OREGON HEALTH SCIENCES			153,894	153,894
	OREGON HEALTH SCIENCES UNIVERS	1,700			1,700
	OREGON STATE UNIVERSITY			225,170	225,170
	SACRED HEART MEDICAL CENTER -			24,500	24,500
	SALEM HOSPITAL FOUNDATION			18,204	18,204
	THE WESTERN SOCIETY			1,000	1,000
	WASHINGTON COUNTY HEALTH & HUM			18,000	18,000
OR Total		1,700	46,500	440,768	488,968
PA	ABINGTON MEMORIAL HOSPITAL	3,000			3,000
	ALLEGHENY GENERAL HOSPITAL	730			730

	ALPHA PHI ALPHA FRATERNITY INC	597		597
	BOOKER T. WASHINGTON CENTER	500		500
	BRADFORD REGIONAL MEDICAL CENT	12,380		12,380
	CARNEGIE MELLON UNIVERSITY		150,000	150,000
	CEN-CLEAR CHILD SERVICES INC.	10,000		10,000
	CHILDRENS HOME OF PITTSBURGH	1,000		1,000
	COMMUNITY MEDICAL CENTER	8,351		8,351
	COMMUNITY PREVENTION PARTNERSH	37,230		37,230
	CONGRESO DE LATINOS UNIDOS INC	25,000		25,000
	COUNTY OF SCHUYLKILL DRUG & AL	12,230		12,230
	DUBOIS REGIONAL MEDICAL CENTER	980		980
	ELLWOOD CITY HOSPITAL	400		400
	ELSEVIER SCIENCE		604	604
	EPHRATA COMMUNITY HOSPITAL -	250		250
	EPSILON OMEGA CHAPTER	426		426
	FAMILY HEALTH COUNCIL OF CTRL.	1,000		1,000
	HAMOT MEDICAL CENTER	1,975		1,975
	HEALTH FEDERATION OF PHILADELP	1,000		1,000
	HOME NURSING AGENCY COMMUNITY	1,750		1,750
	JOSEPH STOKES JR RESEARCH INST		150,000	150,000
	LANCASTER GENERAL HOSPITAL	750		750
	MAGEE - WOMENS HOSPITAL	900		900
	MATERNAL AND FAMILY HEALTH SER	34,229		34,229
	MONTGOMERY COUNTY DEPARTMENT O	700		700
	NASSHP		5,000	5,000
	PARTNERS FOR FAMILIES		6,000	6,000
	POCONO HEALTHCARE MANAGEMENT	2,000		2,000
	POTTER COUNTY HUMAN SERVICES -	15,000		15,000
	POTTSVILLE HOSPITAL & WARNE CL	432		432
	SCRANTON PRIMARY HEALTH CARE C	826		826
	SEWICKLEY VALLEY HOSPITAL	400		400
	SOUTH CENTRAL COMMUNITY ACTION	694		694
	SOUTHEAST LANCASTER HEALTH SER	10,142		10,142
	ST. LUKE'S HOSPITAL & HEALTH N	35,570		35,570
	SUSQUANITA SCHOOL DISTRICT	50		50
	TRAVELERS AID SOCIETY	25,000		25,000
	TRUSTEES UNIVERSITY OF PENNSYL	1,000		1,000
	UNITED MITOCHONDRIAL DISEASE F		5,000	5,000
	UNIVERSITY OF PENNSYLVANIA		546,182	546,182
	UNIVERSITY OF PITTSBURGH		150,000	150,000
	URBAN LEAGUE OF PITTSBURGH, IN	500		500
	WASHINGTON HOSPITAL	450		450
	WAYNESBURGH CENTRAL HIGH SCHOO	630		630
	WEST PENN HOSPITAL STAFF	500		500
	WESTMORELAND REGIONAL HOSPITAL		800	800
	YORK HOSPITAL COMMUNITY HEALTH	750		750
PA Total		249,321	6,800	1,006,786
PR	OFICINA PARA EL DESARROLLO INF		3,000	3,000
	PROGRAMA DEL ADOLESCENTE DE NA		2,741	2,741
	PROGRAMA HEAD START DE PONCE		4,260	4,260
	PUERTO RICO DEPT OF HEALTH- PR		5,000	5,000
PR Total			15,000	15,000
RI	BROWN UNIVERSITY		150,000	150,000
	GORDON RESEARCH CONFERENCES		10,000	10,000
	PROVIDENCE HOUSING AUTHORITY	10,000		10,000
	RHODE ISLAND COMMUNITY FOOD BA	10,000		10,000
	RHODE ISLAND HOSPITAL		87,127	87,127
	RHODE ISLAND KIDS COUNT	5,000		5,000
	WOMEN & INFANTS HOSPITAL OF RH		150,000	150,000
RI Total			397,127	422,127
SC	AFRICAN METHODIST EPISCOPAL CH		18,000	18,000
	ALLENDALE COUNTY FIRST STEPS P	6,000	6,000	12,000
	APPALACHIA III HEALTH DISTRICT		20,560	20,560
	BETHEL SENIOR DAY CARE CENTER	7,800	5,200	13,000
	CARE SOUTH CAROLINA INC	9,500	9,500	19,000
	CHESTERFIELD COUNTY SCHOOL DIS	2,800	16,200	19,000
	FAMILY HEALTH CENTERS, INC.	8,750	8,750	17,500
	GREENVILLE FAMILY PARTNERSHIP		12,000	12,000
	GREENVILLE HOSPITAL SYSTEM- WO		20,000	20,000
	GREENWOOD GENETIC CENTER		215,000	215,000

	MEDICAL UNIVERSITY OF S.C.		19,000		19,000
	MEDICAL UNIVERSITY OF SOUTH CA	28,500	23,500		52,000
	MIDDLE TYGER COMMUNITY CENTER		15,000		15,000
	MUSC COLLEGE OF NURSING	925			925
	PALMETTO HEALTHY START	16,000	30,000		46,000
	PERINATAL RESEARCH SOCIETY			4,500	4,500
	SOUTH CAROLINA	5,000			5,000
	SOUTH CAROLINA CAMPAIGN TO PRE	8,250	19,250		27,500
	SOUTH CAROLINA DEPARTMENT OF H		59,000		59,000
	SOUTH CAROLINA HISPANIC/LATINO	1,000			1,000
	SOUTH CAROLINA PERINATAL ASSN.		9,000		9,000
	UNITED WAY OF THE MIDLANDS	24,375	8,125		32,500
	UNIVERSITY OF SOUTH CAROLINA -	9,045	9,045		18,090
	ZETA PHI BETA SORORITY, INC.	1,886	1,886		3,772
SC Total		129,831	525,016	4,500	659,347
SD	AVERA QUEEN OF PEACE HEALTH SE	3,500			3,500
	AVERA SACRED HEART HOSPITAL	3,000			3,000
	LAKE AREA CHILD PROTECTION TEA	3,500			3,500
SD Total		10,000			10,000
TN	BRYAN, MARY NELL GOVERNMENT RE		3,000		3,000
	CHATTANOOGA STATE TECH COMMUNI		500		500
	CHATTANOOGA-HAMILTON CO. HEALT		18,570		18,570
	CHILD & FAMILY TENNESSEE		18,736		18,736
	EAST TENNESSEE STATE UNIVERSIT		34,982		34,982
	JACKSON MADISON COUNTY GENERAL		3,056		3,056
	JOHNSON CITY MEDICAL CENTER		500		500
	METROPOLITAN GOVERNMENT OF NAS		18,569		18,569
	MIDDLE TN STATE UNIVERSITY		18,736		18,736
	TENNESSEE PUBLIC HEALTH ASSOC.		770		770
	U.T. PERINATAL PROGRAM		9,386		9,386
	UNIVERSITY OF TENNESSEE HEALTH		8,435		8,435
	VANDERBILT UNIVERSITY MEDICAL			504,012	504,012
	WEST TENNESSEE AREA HEALTH EDU		194		194
TN Total			135,434	504,012	639,446
TX	ALPHA MERIT EDUCATION FOUNDATI	500			500
	AMERICAN CANCER SOCIETY	550			550
	AMERICAN LUNG ASSOCIATION		45,747		45,747
	AVANCE, INC		96,435		96,435
	BAPTIST HEALTH SYSTEM	500			500
	BAYLOR COLLEGE OF MEDICINE	500	10,000	1,288,337	1,298,837
	BAYLOR UNIVERSITY		750		750
	CATHOLIC CHARITIES	1,000			1,000
	CENTRO SAN VICENTE		25,355		25,355
	CHRISTUS SANTA ROSA HEALTH CAR	1,000			1,000
	COOK CHILDREN'S MEDICAL CENTER	1,627			1,627
	DENTON FAMILY RESOURCE CENTER	1,000			1,000
	EL BUEN SAMARITANO	71,887			71,887
	EL PASO AREA ASSOCIATION OF NE	750			750
	FIFTH WORD PREGNACY	1,000			1,000
	FORT WORTH / DALLAS BIRTHING P	52,790			52,790
	FORT WORTH INDEPENDENT SCHOOL	9,520			9,520
	GARRETT, DEBBIE	20,784			20,784
	GARTH HOUSE, MICKEY MEFAFFY CH	1,200			1,200
	GONZALES-CANTU, ADELITA	400			400
	GOOD MOM	1,500			1,500
	HOUSTON AID IN NEONATAL DEATH	627			627
	HOUSTON COMMUNITY COLLEGE SYST		750		750
	HOUSTON DEPT.OF HEALTH & HUMAN		34,400		34,400
	HOUSTON ISD	2,850			2,850
	INSTITUTE OF BIOSCIENCES AND T			5,000	5,000
	LA CLINICA ESPERANZA, INC.	1,500			1,500
	LIFE DESIGNS	22,323			22,323
	LIVING GOD NON DENOMINATIONAL	500			500
	LOW BIRTHWEIGHT DEVELOPMENT CE		40,000		40,000
	MERCY MINISTRIES OF LAREDO	2,000			2,000
	MIDDLETON MELISSA RAE	1,000			1,000
	MISSION GRANBURY, INC.		59,818		59,818
	ODESSA REGIONAL HOSPITAL	1,500			1,500
	PANHANDLE MATERNAL AND CHILD H	22,935			22,935
	PARENTING COTTAGE, INC.	1,022			1,022

	PARKLAND FOUNDATION			1,000	1,000
	PREGNANCY COUNSELING SERVICES	1,500			1,500
	PROSALUD, INC	850			850
	SAFEPLACE	44,216			44,216
	SAN ANTONIO METRO HEALTH DISTR		33,925		33,925
	SAN PATRICIO COUNTY DEPARTMENT		33,166		33,166
	SETON HOME	16,475			16,475
	SHACKELFORD COUNTY COMMUNITY R	70,752			70,752
	SILSBEE ISD	1,800			1,800
	SISTERHOOD OF FAITH IN ACTION		32,180		32,180
	SOUTH TEXAS FAMILY PLANNING &	250			250
	TEXAS A&M UNIVERSITY	1,500		150,000	151,500
	TEXAS HEALTHY START ALLIANCE	750			750
	TEXAS INSTITUTE FOR HEALTH POL		5,000		5,000
	TEXAS WOMEN'S UNIVERSITY		1,500		1,500
	TRINITY MOTHER FRANCES HEALTH		63,000		63,000
	UNIVERSITY OF TEXAS			656,244	656,244
	UNIVERSITY OF TEXAS MEDICAL BR			268,885	268,885
	UT SW MEDICAL CENTER AT DALLAS			994,504	994,504
	YSLETA INDEPENDENT SCHOOL DIST	1,700			1,700
	YWCA OF LUBBOCK		64,861		64,861
TX Total		362,557	546,887	3,363,970	4,273,414
UK	NATURE PUBLISHING GROUP			5,000	5,000
	UNIVERSITY OF PLYMOUTH, PMS AC			466,204	466,204
UK Total				471,204	471,204
UT	CHILDREN'S SERVICE SOCIETY OF	5,000			5,000
	COMMUNIDADES UNIDAS	13,200			13,200
	HOLY CROSS MINISTRIES	4,500			4,500
	MARIO R. CAPECCHI			125,000	125,000
	PEOPLE'S HEALTH CLINIC	5,000			5,000
	SOUTH MAIN CLINIC	3,750			3,750
	UNIVERSITY OF UTAH			5,000	5,000
	UTAH PERINATAL ASSOCIATION		1,000		1,000
	YWCA OF SALT LAKE CITY	5,000			5,000
UT Total		36,450	1,000	130,000	167,450
VA	CARILION HEALTH SYSTEMS		2,000		2,000
	CARILION ROANOKE COMMUNITY HOS		1,000		1,000
	CENTRAL VIRGINIA HEALTH DISTRI		2,000		2,000
	FOR THE CHILDREN PARTNERS IN P	31,500			31,500
	INMED		22,400		22,400
	MEDICAL COLLEGE OF VIRGINIA		705		705
	POTOMAC HOSPITAL		22,000		22,000
	REACH, RICHMOND	12,935			12,935
	SENTARA HEALTH FOUNDATION		12,200		12,200
	SIDS-MA		22,000		22,000
	SOUTH CENTRAL PERINATAL COUNCI	29,964	13,823		43,787
	SOUTHWEST VIRGINIA PERINATAL C		2,000		2,000
	THREE RIVERS HEALTH DISTRICT	9,025			9,025
	UNIVERSITY OF VIRGINIA			550,534	550,534
	UVA-CONTINUING HEALTHCARE EDUC		2,000		2,000
	VA COMMONWEALTH UNIVERSITY	24,994			24,994
	VIRGINIA COMMONWEALTH			137,986	137,986
	WESLEY KAREN		896		896
	ZETA PHI BETA SORORITY, INC.		1,500		1,500
VA Total		108,418	104,523	688,520	901,461
VT	EARLY EDUCATION SERVICES OF WI	500			500
	GAFFNEY, CECELIA A	500			500
	GOOD BEGINNINGS OF CENTRAL VER	500			500
	LAMOILLE FAMILY CENTER, THE		5,760		5,760
	SOUTHERN VERMONT HEALTH SERVIC		5,000		5,000
	UMBRELLA, INC.		7,500		7,500
	UNIVERSITY OF VERMONT	100,000	115		100,115
	VERMONT INTERACTIVE TELEVISION		1,743		1,743
	WASHINGTON COUNTY MENTAL HEALT		5,000		5,000
VT Total		101,500	25,118		126,618
WA	BENTON/FRANKLIN DISTRICT HEALT		12,000		12,000
	CHILDREN'S HOME SOCIETY OF WA			10,000	10,000
	CHILDREN'S NATIONAL MEDICAL CE		500		500
	FIRST STEP FAMILY SUPPORT CENT		16,000		16,000
	FRED HUTCHINSON CANCER			5,000	5,000

	INLAND NORTHWEST REGIONAL PERI		3,000		3,000
	Klickitat County Health Depart		5,000		5,000
	Mission Community Outreach Cen		750		750
	Okanogan Family Planning Progr		5,500		5,500
	Pregnancy Wellness Coalition	778			778
	Refugee Women's Alliance		20,173		20,173
	Roosevelt High School Commun		1,000		1,000
	SPOKANE REGIONAL HEALTH DISTRI		43,307		43,307
	SUNNYSIDE COMMUNITY HOSPITAL		10,000		10,000
	UNIVERSITY OF WASHINGTON			288,379	288,379
	WHATCOM COUNTY HEALTH DEPARTME		6,000		6,000
WA Total		778	123,230	303,379	427,387
WI	APPLETON HEALTH DEPARTMENT WI	1,253			1,253
	ASHLAND COUNTY HEALTH DEPARTME	830			830
	AURORA LAKE LAND HOSPITAL	3,000			3,000
	CHILDREN'S HOSPITAL OF WISCONS	25,000			25,000
	CHIPPEWA COUNTY DEPT OF PUBLIC	24,754			24,754
	CHIPPEWA COUNTY HEALTH DEPT		22,500		22,500
	COMMUNITY MEMORIAL HOSPITAL	797			797
	DEAN/ST MARY'S HEALTH WORKS	500			500
	FAMOUS FOOTWEAR	300			300
	HESS MEMORIAL HOSPITAL, INC	1,097			1,097
	IRON COUNTY HEALTH DEPARTMENT	840			840
	MARSHFIELD CLINIC	10,649			10,649
	MEDICAL COLLEGE OF WISCONSIN		16,663	150,000	166,663
	MEMORIAL HEALTH CENTER	276			276
	ONEIDA COUNTY PUBLIC HLTH DEPT	178			178
	POLK COUNTY HEALTH DEPT	165			165
	SCENIC BLUFFS COMMUNITY HEALTH	621			621
	SHEBOYGAN COUNTY HHS DEPARTMEN		15,191		15,191
	ST JOSEPH REGIONAL MEDICAL CEN	500			500
	ST. MICHAEL FAMILY CARE CENTER	500			500
	ST. VINCENT'S HOSPITAL	500			500
	UNIVERSITY OF WISCONSIN	25,000		2,000	27,000
	UP CONNECTION, INC.	1,953			1,953
	V.E. CARTER DEVELOPMENT GROUP,	690			690
	WINNEBAGO COUNTY HEALTH DEPART		15,043		15,043
	ZETA PHI BETA SORORITY, INC.	1,000			1,000
WI Total		100,403	69,397	152,000	321,800
WV	A.B.L.E. FAMILIES, INC.	8,226			8,226
	CABELL HUNTINGTON HOSPITAL FOU		9,047		9,047
	CAMC HEALTH EDUCATION & RESEAR		10,000		10,000
	FAMILY REFUGE CENTER, LEWISBUR		100		100
	HEALTHY FAMILIES OF MERCER COU		2,000		2,000
	MARSHALL UNIVERSITY		600		600
WV Total		8,226	21,747		29,973
WY	CITY COUNTY HEALTH DEPARTMENT		3,000		3,000
	EASTERN WYOMING COLLEGE	154			154
	EL PUENTE		4,500		4,500
	NORTHWEST WYOMING FAMILY PLANN		1,000		1,000
	WYOMING DEPT. OF HEALTH MATERN		846		846
WY Total		154	9,346		9,500
(blank)	CANCELS		(14,056)	(64,051)	(78,107)
(blank) Total			(14,056)	(64,051)	(78,107)
Grand Total		4,429,310	4,269,901	33,396,186	42,095,397

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
=====

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 THIS MISSION THROUGH PROGRAMS OF
RESEARCH, COMMUNITY SERVICES, EDUCATION AND ADVOCACY TO SAVE BABIES'
LIVES.

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
PREPAID PENSION COSTS	3,705,751.	2,838,923.
OTHER PREPAIDS	901,360.	840,371.
	-----	-----
TOTALS	4,607,111.	3,679,294.
	=====	=====

FORM 990, PART IV - INVESTMENTS - SECURITIES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----	COST OR FMV -----
MIXED EQUITY FUNDS	34,457,115.	37,963,140.	FMV
FIXED INCOME FUNDS	828,846.	7,713,156.	FMV
WACHOVIA BOND FUND	892,618.	911,649.	FMV
WACHOVIA BALANCED EQ FUND	4,366,283.	4,224,822.	FMV
OTHER MUTUAL FUNDS & INVEST	821,873.	605,913.	FMV
	-----	-----	
TOTALS	41,366,735.	51,418,680.	
	=====	=====	

FORM 990, PART IV - INVESTMENTS - OTHER

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
FOSHE PARTNERSHIP	50,000.	50,000.
	-----	-----
TOTALS	50,000.	50,000.
	=====	=====

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
ASSETS HELD IN TRUST BY OTHERS	9,316,724.	9,206,579.
	-----	-----
TOTALS	9,316,724.	9,206,579.
	=====	=====

FORM 990, PART IV - DEFERRED REVENUE

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
DEFERRED REVENUE	10,347,865.	8,449,944.
	-----	-----
TOTALS	10,347,865.	8,449,944.
	=====	=====

FORM 990, PART IV - TAX-EXEMPT BOND LIABILITIES
=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
DASNY MORTGAGE	5,335,000.	4,790,000.
MATURITY DATE:	07/01/2012	
REPAYMENT TERMS:	20 YEARS	
MORTGAGE INTEREST RATE:	5.600000	
SECURITY PROVIDED:	NATIONAL OFFICE, WHITE PLAINS, NY	
	-----	-----
TOTALS	5,335,000.	4,790,000.
	=====	=====

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
ACCRUED PENSION & BENEFIT COST	52,857,656.	47,745,011.
	-----	-----
TOTALS	52,857,656.	47,745,011.
	=====	=====

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
JAMES E. SPROULL JR. 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605	CHAIRMAN 3			
JENNIFER HOWSE, PHD 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605	PRESIDENT 50	485,907.	29,370.	
JANE E. MASSEY 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605	EXEC. VICE PRESIDENT 50	327,062.	45,554.	
THOMAS A. RUSSO 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605	VICE CHAIRMAN 1			
MICHAEL E. MOHNSSEN 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605	VICE CHAIRMAN 1			
ANNA ELEANOR ROOSEVELT 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605	SECRETARY 1			
RICHARD J. FREEMAN 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605	TREASURER 1			
NANCY S. GREEN, MD 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605	MEDICAL DIRECTOR 50	215,290.	18,398.	

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
RICHARD E. MULLIGAN 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605	ASSISTANT TREASURER 50	181,877.	37,868.	
LISA BELLSEY, ESQ. 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605	ASSISTANT SECRETARY 50	179,171.	24,790.	
VAL ACKERMAN 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605	TRUSTEE 1			
AL CHILDS 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605	TRUSTEE 1			
LAVERNE COUNCIL 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605	TRUSTEE 1			
CAROL EVANS 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605	TRUSTEE 1			
MICHELE FABRIZI 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605	TRUSTEE 1			
BETH FORD 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605	TRUSTEE 1			

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
BRENDA GAINES 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605	TRUSTEE 1			
MARC GUILD 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605	TRUSTEE 1			
GREG GUMBEL 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605	TRUSTEE 1			
JOE HALE 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605	TRUSTEE 1			
TIMOTHY KELLY 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605	TRUSTEE 1			
RONALD KIRK 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605	TRUSTEE 1			
AUDREY FORBES MANLEY, MD, MPH 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605	TRUSTEE 1			
KENNETH MAY 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605	TRUSTEE 1			

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
G. BRENT MINOR 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605	TRUSTEE 1			
JUDITH NOLTE 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605	TRUSTEE 1			
J.E. OESTERREICHER 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605	TRUSTEE 1			
PATRICIA PETERSON 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605	TRUSTEE 1			
MARK SELCOW 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605	TRUSTEE 1			
DAVID R. SMITH, M.D. 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605	TRUSTEE 1			
MARK VAN STEKELENBURG 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605	TRUSTEE 1			
FREDERICK W. TELLING, PH.D. 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605	TRUSTEE 1			

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
BRUCE C. VLADECK 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605	TRUSTEE 1			
JOHN WOODRUFF 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605	TRUSTEE 1			
	GRAND TOTALS	----- 1,389,307. =====	----- 155,980. =====	

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

=====

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCOUNT -----
MICHAEL KATZ 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605	SENIOR V.P. 50	279,945.	9,832.	NONE
MARINA WEISS 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605	SENIOR V.P. 50	224,206.	24,943.	NONE
ALAN KAUFFMAN 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605	SENIOR V.P. 50	208,123.	22,321.	NONE
RICHARD MARTINO 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605	SENIOR V.P. 50	188,948.	26,277.	NONE
HARRY CAPELL 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605	SENIOR V.P. 50	193,859.	17,128.	NONE
	TOTAL COMPENSATION	----- 1,095,081. =====	----- 100,501. =====	----- NONE =====

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.

=====

NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
EPSILON 50 CAMBRIDGE ST. BURLINGTON, MA 01803	DATA PROCESSING	2,776,614.
PARADYSZ, MATERA & CO. 215 PARK AVENUE SOUTH #1401 NEW YORK, NY 10003	LIST BROKERAGE	1,510,430.
EXPERIAN CO. 901 WEST BOND LINCOLN, NE 68521	LIST BROKERAGE	893,720.
FIRSTECH PO BOX 416 DECATUR, IL 62525	LOCKBOX	310,615.
KPMG, LLP 345 PARK AVENUE NEW YORK, NY 10154	AUDITING	423,000.
TOTAL COMPENSATION		----- 5,914,379. =====

SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV.

=====

NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
HAINES & CO. 8050 FREEDOM AVENUE N.W. NORTH CANTON, OH 44720	TELEMARKETING SVC	5,112,979.
RECRUIT VOLUNTEERS		
INFOCISION MANAGEMENT GROUP 325 SPRINSIDE DRIVE AKRON, OH 44333	TELEMARKETING	1,377,711.
TO RECRUIT VOLUNTEERS		
MAILING SERVICES OF PITTSBURGH PO BOX 641114 PITTSBURGH, PA 15264	MAIL HOUSE	1,085,020.
CREATIVE MAILING PO BOX 678308 DALLAS, TX 75267	MAIL HOUSE	669,705.
QUALITY TELEMARKETING 13428 "A" STREET OMAHA, NE 68144	TELEMARKEING	686,395.
RECRUITMENT OF VOLUNTEERS		
TOTAL COMPENSATION		----- 8,931,810. =====

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D

=====

SEE FORM 990, PART V, MEMBERS OF THE BOARD OF TRUSTEES ARE REIMBURSED FOR TRAVEL EXPENSES FOR ATTENDING QUARTERLY BOARD MEETINGS AND OTHER FOUNDATION BUSINESS RELATED FUNCTIONS, THE AMOUNTS ARE NOT SIGNIFICANT. THE MARCH OF DIMES DOES CONDUCT BUSINESS WITH CERTAIN LARGE CORPORATIONS LIKE SPRINT, SUN BANK, SCHOLASTIC INC, ETC. WHO ALSO ARE CORPORATE SPONSORS AND DONORS TO THE MARCH OF DIMES. CERTAIN MARCH OF DIMES BOARD MEMBERS ARE EMPLOYED AT THESE CORPORATIONS AND ANY BUSINESS AWARDED IS SUBJECT TO A STRICT BIDDING PROCESS WITH THE BUSINESS GOING TO THE BEST BID. TRUSTEES WILL ABSTAIN FROM VOTING ON ANY MATTER INVOLVING A POTENTIAL CONFLICT.

SCHEDULE A, PART III - EXPLANATION FOR LINE 3A

=====

COMMITTEES CONSISTING OF INDEPENDENT PROFESSIONALS REVIEW ALL PROPOSALS AND RATE EACH AGAINST OTHER LIKE APPLICATIONS, THE HIGHEST RATED ARE FUNDED TO THE EXTENT ALLOCATED/BUDGETED, A MORE DETAILED POLICY HAS BEEN ATTACHED IN PRIOR YEARS BUT COULD NOT BE ATTACHED THIS YEAR. WE PROVIDE THIS ATTACHMENT UPON REQUEST.

SCHEDULE A, PART IV-A - OTHER INCOME

=====

DESCRIPTION	2004	2003	2002	2001	TOTAL
-----	----	----	----	----	-----
GRANT REFUNDS	514,247.	493,896.	660,901.	260,562.	1,929,606.
ROYALTY INCOME	1,363,432.	1,846,723.	2,115,530.	2,144,711.	7,470,396.
	-----	-----	-----	-----	-----
TOTALS	1,877,679.	2,340,619.	2,776,431.	2,405,273.	9,400,002.
	=====	=====	=====	=====	=====

SCHEDULE A, PART VI-B - LOBBYING ACTIVITY EXPLANATION

=====

EFFORTS TO SUPPORT PUBLIC PROGRAMS AT FEDERAL, STATE AND LOCAL LEVELS WHICH RELATE TO OUR WORK TO INCREASE THE NUMBER OF BABIES BORN HEALTHY, INCLUDING; HELPING MORE PREGNANT WOMEN AND INFANTS GET HEALTH SERVICES, EXPANDING RESEARCH AND SURVEILLANCE PROGRAMS IN BIRTH DEFECTS, REDUCING SUBSTANCE ABUSE AMONG PREGNANT WOMEN, SUPPORTING A VARIETY OF PROGRAMS AIMED AT IMPROVING MATERNAL AND CHILD HEALTH, AND ISSUES THAT RELATE TO NON-PROFIT INSTITUTIONS SUCH AS NON-PROFIT POSTAL RATES AND PHILANTHROPIC DEDUCTIONS.

EIN: 13-1846366
FYE: 12/31/2005

FORM 990, PART II, LINE 42 AND PART IV, LINE 57 - FIXED ASSETS and DEPRECIATION

<u>Description</u>	<u>Cost</u>	<u>Current Depreciation</u>	<u>Accumulated Depreciation</u>	<u>Net Book Value</u>
Land	915,526.	NONE	NONE	915,526.
Land Improvements				
Buildings	24621894.	948,422.	19090778.	5,531,116.
Leasehold Improvements				
Equipment	15032963.	1,752,975.	11308796.	3,724,167.
Furniture & Fixtures				
Property, Plant & Equipment	<u>40570383.</u>	<u>2,701,397.</u>	<u>30399574.</u>	<u>10170809.</u>
Construction in Progress		NONE	NONE	
Total Fixed Assets, line 57	<u>40570383.</u>		<u>30399574.</u>	<u>10170809.</u>
Total Depreciation Expense, line 42		<u>2,701,397.</u>		

NOTE: Depreciation is calculated using the straight-line method over the estimated useful life of the asset.

EIN: 13-1846366
FYE: 12/31/2005

FORM 990, PART IV, LINE 57 - FIXED ASSETS and DEPRECIATION

<u>Description</u>	<u>Cost</u>	<u>Accumulated Depreciation</u>	<u>Net Book Value</u>
Land	915,526.	NONE	915,526.
Land Improvements			
Buildings	24621894.	19090778.	5,531,116.
Leasehold Improvements			
Equipment	15032963.	11308796.	3,724,167.
Furniture & Fixtures			
Property, Plant & Equipment	<u>40570383.</u>	<u>30399574.</u>	<u>10170809.</u>
Construction in Progress		NONE	
Total Fixed Assets, line 57	<u><u>40570383.</u></u>	<u><u>30399574.</u></u>	<u><u>10170809.</u></u>

NOTE: Depreciation is calculated using the straight-line method over the estimated useful life of the asset.

EIN: 13-1846366
FYE: 12/31/2005

FORM 990, PART II, LINE 42 - DEPRECIATION

<u>Description</u>	<u>Current Depreciation</u>
Land Improvements	
Buildings	948,422.
Leasehold Improvements	
Equipment	1,752,975.
Furniture & Fixtures	
Total Depreciation Expense	<u>2,701,397.</u>
Amortization Expense	
Total Depreciation & Amortization line 42	<u><u>2,701,397.</u></u>

NOTE: Depreciation is calculated using the straight-line method over the estimated useful life of the asset.

COMPANY NAME MARCH OF DIMES BIRTH DEFECTS FOUNDATION
 EIN: 13-1846366
 FYE 12/31/2005

FORM 990, PART IV, LINE 55 - FIXED ASSETS and DEPRECIATION

<u>Description</u>	<u>Cost</u>	<u>Accumulated Depreciation</u>	<u>Net Book Value</u>
Land		NONE	
Land Improvements			
Buildings			
Leasehold Improvements			
Equipment			
Furniture & Fixtures			
Property, Plant & Equipment	<hr/>	<hr/>	<hr/>
Construction in Progress		NONE	
Total Fixed Assets, line 57	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

NOTE: Depreciation is calculated using the straight-line method over the estimated useful life of the asset.