

MARCH OF DIMES FOUNDATION
FORM 990
TAX YEAR 2016

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

OMB No. 1545-1879

For calendar year 2016, or tax year beginning _____, 2016, and ending _____, 20_____

2016Department of the Treasury
Internal Revenue Service**For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868**

Name of exempt organization

Employer identification number

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

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

1a	Form 990 check here <input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>169,312,864</u>
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 Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- ☒ If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2016 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here

Signature of officer

Date

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

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

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

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

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Mary-Evelyn Antonetti		5/15/2017		
	Firm's name ▶ KPMG LLP				Firm's EIN ▶ 13-5565207
Firm's address ▶ 345 Park Avenue New York, NY 10154					Phone no. 212-758-9700

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

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

2016**Open to Public
Inspection****A For the 2016 calendar year, or tax year beginning , 2016, and ending , 20**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MARCH OF DIMES FOUNDATION		D Employer identification number 13-1846366	
	Doing business as			
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1275 MAMARONECK AVENUE		E Telephone number (914) 428-7100	
	City or town, state or province, country, and ZIP or foreign postal code WHITE PLAINS, NY 10605		G Gross receipts \$ 220,044,037.	
	F Name and address of principal officer: DAVID C HORNE 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ WWW.MARCHOFDIMES.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶				
			L Year of formation: 1938	
			M State of legal domicile: NY	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE MISSION OF THE MARCH OF DIMES IS TO IMPROVE THE HEALTH OF BABIES BY PREVENTING BIRTH DEFECTS, PREMATURE BIRTH AND INFANT MORTALITY. SEE PART III, LINE 1 FOR MORE INFORMATION.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
			3 27.	
			4 27.	
			5 1,513.	
			6 3,000,000.	
			7a 0.	
		7b 0.		
Revenue			Prior Year	Current Year
			181,252,284.	163,557,497.
			1,832,361.	1,414,714.
			2,142,703.	1,541,760.
			1,497,220.	2,798,893.
		186,724,568.	169,312,864.	
Expenses			29,239,706.	22,343,691.
			0.	0.
			103,471,154.	87,981,344.
			639,793.	532,789.
			25,156,326.	
			80,234,745.	67,180,033.
			213,585,398.	178,037,857.
			-26,860,830.	-8,724,993.
			-26,860,830.	-8,724,993.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
			112,862,958.	94,169,960.
			99,447,941.	107,073,305.
			13,415,017.	-12,903,345.

Part II Signature Block

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

Sign Here	Signature of officer		Date	
	DAVID C HORNE Type or print name and title		CFO	
Paid Preparer Use Only	Print/Type preparer's name MARY-EVELYN ANTONETTI		Preparer's signature	
	Firm's name ▶ KPMG, LLP		Date	
	Firm's address ▶ 345 PARK AVENUE NEW YORK, NY 10154		Check <input type="checkbox"/> if self-employed PTIN P00431862	
	Firm's EIN ▶ 13-5565207		Phone no.	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2016)

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

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

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

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

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

4a (Code:) (Expenses \$ 64,354,918. including grants of \$ 1,778,641.) (Revenue \$ 1,414,714.)
ATTACHMENT 1

4b (Code:) (Expenses \$ 43,593,120. including grants of \$ 1,268,178.) (Revenue \$)
ATTACHMENT 2

4c (Code:) (Expenses \$ 25,498,014. including grants of \$ 19,296,872.) (Revenue \$)
ATTACHMENT 3

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

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

4e Total program service expenses ► 133,446,052.

Part IV Checklist of Required Schedules

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

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Part IV Checklist of Required Schedules (continued)

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

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Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☒

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a 805		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b 26		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a 1,513		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b		
4a 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)?	4a	X	
b If "Yes," enter the name of the foreign country: <u>CAYMAN ISLANDS</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 27		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent 1b 27		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . .		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?	X	
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **ATTACHMENT 4**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records: ►
 DAVID HORNE 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605 914 428-7100

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LISA BELKIN TRUSTEE	1.00 0.	X						0.	0.	0.
(2) REGINA BENJAMIN, MD TRUSTEE	1.00 0.	X						0.	0.	0.
(3) HARRIS BROOKS TRUSTEE	1.00 0.	X						0.	0.	0.
(4) JOHN BURBANK TRUSTEE	1.00 0.	X						0.	0.	0.
(5) GRETCHEN CARLSON TRUSTEE	1.00 0.	X						0.	0.	0.
(6) HARVEY COHEN, MD TRUSTEE	1.00 0.	X						0.	0.	0.
(7) F. SESSIONS COLE, MD TRUSTEE	1.00 0.	X						0.	0.	0.
(8) JAMES CORBETT TRUSTEE	1.00 0.	X						0.	0.	0.
(9) GARY DIXON CHAIRMAN	1.00 0.	X		X				0.	0.	0.
(10) BILL A. FITZGERALD TRUSTEE *EFFECTIVE JUNE 16*	1.00 0.	X						0.	0.	0.
(11) ALFREDO GANGOTENA TRUSTEE	1.00 0.	X						0.	0.	0.
(12) DON GERMANO VICE CHAIR	1.00 0.	X		X				0.	0.	0.
(13) ALEEM GILLANI TRUSTEE	1.00 0.	X						0.	0.	0.
(14) HARRY JOHNSON, ESQ. TRUSTEE	1.00 0.	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) DAVID LAKEY, MD TRUSTEE	1.00 0.	X						0.	0.	0.
(16) CHARLES LOCKWOOD, MD TRUSTEE	1.00 0.	X						0.	0.	0.
(17) MONICA LUECHTEFELD VICE CHAIR/TREASURER	1.00 0.	X		X				0.	0.	0.
(18) DEIDRA MERRIWETHER TRUSTEE	1.00 0.	X						0.	0.	0.
(19) DANA POINTS TRUSTEE	1.00 0.	X						0.	0.	0.
(20) JOHN RAINEY SECRETARY	1.00 0.	X						0.	0.	0.
(21) JUAN SALGADO TRUSTEE *EFFECTIVE JUNE 16*	1.00 0.	X						0.	0.	0.
(22) SUSAN SCHICK TRUSTEE *EFFECTIVE JUNE 16*	1.00 0.	X						0.	0.	0.
(23) WILL SMITH TRUSTEE	1.00 0.	X						0.	0.	0.
(24) JONATHAN SPECTOR VICE CHAIR	1.00 0.	X		X				0.	0.	0.
(25) FRANK WALL TRUSTEE *EFFECTIVE JUNE 16*	1.00 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								3,912,198.	0.	157,786.
d Total (add lines 1b and 1c)								3,912,198.	0.	157,786.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **120**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 5		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **44**

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) DONALD WARNE, M.D. TRUSTEE *EFFECTIVE JUNE 16*	1.00 0.	X						0.	0.	0.
(27) ROGER YOUNG, MD TRUSTEE	1.00 0.	X						0.	0.	0.
(28) H. EDWARD HANWAY VICE CHAIR *TERM ENDED JUNE16*	1.00 0.	X						0.	0.	0.
(29) JOSE CORDERO, MD, MPH TRUSTEE *TERM ENDED JUNE16*	1.00 0.	X						0.	0.	0.
(30) VIRGINIA DAVID FLOYD, MD, MPG TRUSTEE *TERM ENDED JUNE16*	1.00 0.	X						0.	0.	0.
(31) DAVID H. LISSY TRUSTEE *TERM ENDED SEPT16*	1.00 0.	X						0.	0.	0.
(32) KATHLEEN ROOSEVELT TRUSTEE *TERM ENDED DEC16*	1.00 0.	X						0.	0.	0.
(33) DR. JENNIFER HOWSE, PH.D. PRESIDENT *RETIRED DEC16*	50.00 0.			X				526,903.	0.	26,346.
(34) KAREN ANDREWS ESQ. ASSISTANT SECRETARY & EVP	50.00 0.			X				280,692.	0.	19,970.
(35) EDWARD MCCABE, M.D. CHIEF MEDICAL OFFICER	50.00 0.			X				424,899.	0.	0.
(36) DAVID C HORNE ASSISTANT TREASURER	50.00 0.			X				249,622.	0.	19,710.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 120

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) PAULA R RANSOM ----- SENIOR V.P.	50.00 0.				X			327,965.	0.	10,131.
(38) NORA S. GOOCH ----- SENIOR V.P.*TERMED AUG 2016*	50.00 0.				X			340,545.	0.	5,565.
(39) FREDERICK A. BROGDON ----- SENIOR V.P.	50.00 0.				X			254,390.	0.	21,171.
(40) JOSEPH L SIMPSON, MD ----- SENIOR V.P.	50.00 0.					X		372,324.	0.	7,320.
(41) PAUL E JARRIS ----- SENIOR V.P.	50.00 0.					X		357,906.	0.	4,548.
(42) ALAN D KAUFFMAN ----- SENIOR V.P. *TERMED NOV 2016*	50.00 0.					X		303,124.	0.	17,160.
(43) JANICE E THOMPSON ----- SENIOR V.P.	50.00 0.					X		240,912.	0.	17,421.
(44) VINCENT J SAMPUGNARO ----- SENIOR V.P.	50.00 0.					X		232,916.	0.	8,444.

1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 120

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

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

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

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a	949,546.			
	b	Membership dues	1b				
	c	Fundraising events	1c	112,431,474.			
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e	2,123,977.			
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	48,052,500.			
	g	Noncash contributions included in lines 1a-1f: \$		190,555.			
	h	Total. Add lines 1a-1f		163,557,497.			
	Program Service Revenue				Business Code		
2a		SALE OF EDUCATION MATERIAL		900099	964,124.	964,124.	
b		SYMPOSIUM CONFERENCE		900099	258,633.	258,633.	
c		PROGRAM SPONSORSHIP		900099	191,957.	191,957.	
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		1,414,714.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 6		1,083,346.			1,083,346.
	4	Income from investment of tax-exempt bond proceeds		0.			
	5	Royalties		685,403.			685,403.
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			37,309,914.				
	b	Less: cost or other basis and sales expenses		36,851,499.			
	c	Gain or (loss)		458,415.			
	d	Net gain or (loss)		458,414.			458,414.
	8a	Gross income from fundraising events (not including \$ 112,431,474. of contributions reported on line 1c). See Part IV, line 18		13,879,674.			
	b	Less: direct expenses		13,879,674.			
	c	Net income or (loss) from fundraising events. ATCH 8		0.			
	9a	Gross income from gaming activities. See Part IV, line 19		313,142.			
b	Less: direct expenses						
c	Net income or (loss) from gaming activities. ATCH 9		313,142.			313,142.	
10a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory.		0.				
Miscellaneous Revenue				Business Code			
11a	GRANT REFUNDS		900099	402,051.			402,051.
b	ALL OTHER REVENUE		900099	1,398,297.			1,398,297.
c							
d	All other revenue						
e	Total. Add lines 11a-11d		1,800,348.				
12	Total revenue. See instructions.		169,312,864.	1,414,714.		4,340,653.	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	21,048,770.	21,048,770.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	170,000.	170,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,124,921.	1,124,921.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	2,488,882.	1,863,525.	287,877.	337,480.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	71,418,790.	53,474,088.	8,260,685.	9,684,017.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	5,203,624.	3,691,972.	748,801.	762,851.
9 Other employee benefits	2,740,521.	2,802,361.	-254,944.	193,104.
10 Payroll taxes	6,129,527.	4,593,063.	703,436.	833,028.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	306,423.	145,927.	104,847.	55,649.
c Accounting	381,659.	180,830.	131,367.	69,462.
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	532,789.			532,789.
f Investment management fees	0.			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	11,210,910.	7,307,902.	1,623,648.	2,279,360.
12 Advertising and promotion	0.			
13 Office expenses	0.			
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	8,087,033.	6,211,634.	813,398.	1,062,001.
17 Travel	4,611,598.	3,630,106.	400,225.	581,267.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	2,369,356.	2,038,816.	139,678.	190,862.
20 Interest	102,953.	49,806.	34,576.	18,571.
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	1,726,455.	1,219,994.	251,631.	254,830.
23 Insurance	0.			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PRINTING	18,253,957.	11,247,121.	2,735,658.	4,271,178.
b POSTAGE & SHIPPING	10,084,125.	6,033,706.	1,633,566.	2,416,853.
c EQUIPMENT RENTAL	2,243,687.	1,425,320.	457,585.	360,782.
d TELEMARKETING/DATA FEES	5,481,372.	3,548,686.	1,008,341.	924,345.
e All other expenses	2,320,505.	1,637,504.	355,104.	327,897.
25 Total functional expenses. Add lines 1 through 24e	178,037,857.	133,446,052.	19,435,479.	25,156,326.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	28,978,000.	17,214,000.	4,877,000.	6,887,000.

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	8,579,682.	1	12,754,692.
	2 Savings and temporary cash investments	4,870,959.	2	5,877,770.
	3 Pledges and grants receivable, net	2,134,834.	3	2,560,630.
	4 Accounts receivable, net	5,942,051.	4	6,857,490.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	3,870,461.	8	3,285,297.
	9 Prepaid expenses and deferred charges	1,663,755.	9	1,420,766.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	55,500,721.		
	10b Less: accumulated depreciation	48,334,599.		
	10c	8,766,552.	10c	7,166,122.
	11 Investments - publicly traded securities	50,779,872.	11	43,317,271.
	12 Investments - other securities. See Part IV, line 11	10,924,933.	12	0.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
15 Other assets. See Part IV, line 11	15,329,859.	15	10,929,922.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	112,862,958.	16	94,169,960.	
Liabilities	17 Accounts payable and accrued expenses	15,997,707.	17	14,905,346.
	18 Grants payable	22,645,726.	18	19,746,191.
	19 Deferred revenue	2,249,408.	19	3,943,270.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	5,000,000.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	53,555,100.	25	68,478,498.
	26 Total liabilities. Add lines 17 through 25	99,447,941.	26	107,073,305.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-3,788,718.	27	-30,926,123.
	28 Temporarily restricted net assets	4,558,000.	28	5,205,617.
	29 Permanently restricted net assets	12,645,735.	29	12,817,161.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	13,415,017.	33	-12,903,345.
	34 Total liabilities and net assets/fund balances	112,862,958.	34	94,169,960.

Form **990** (2016)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI. ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	169,312,864.
2	Total expenses (must equal Part IX, column (A), line 25)	2	178,037,857.
3	Revenue less expenses. Subtract line 2 from line 1	3	-8,724,993.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,415,017.
5	Net unrealized gains (losses) on investments	5	2,791,347.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-20,384,716.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-12,903,345.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☐

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

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

Form **990** (2016)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations.

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Schedule A (Form 990 or 990-EZ) 2016

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	198,602,163.	195,237,139.	187,516,021.	181,252,284.	163,557,497.	926,165,104.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	198,602,163.	195,237,139.	187,516,021.	181,252,284.	163,557,497.	926,165,104.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						0.
6 Public support. Subtract line 5 from line 4.						926,165,104.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	198,602,163.	195,237,139.	187,516,021.	181,252,284.	163,557,497.	926,165,104.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,345,135.	2,702,538.	2,509,267.	1,908,232.	1,768,749.	12,233,921.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . ATCH. 1	756,520.	638,657.	432,869.	454,255.	1,800,348.	4,082,649.
11 Total support. Add lines 7 through 10.						942,481,674.
12 Gross receipts from related activities, etc. (see instructions)					12	8,620,269.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	98.27%
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	98.21%
16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

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

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

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

Schedule A (Form 990 or 990-EZ) 2016

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

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2016 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
c	From 2013.			
d	From 2014.			
e	From 2015.			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
b	Excess from 2013. . . .			
c	Excess from 2014. . . .			
d	Excess from 2015. . . .			
e	Excess from 2016. . . .			

Schedule A (Form 990 or 990-EZ) 2016

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2012	2013	2014	2015	2016	TOTAL
OTHER INCOME	756,520.	638,657.	432,869.	454,255.	1,800,348.	4,082,649.
TOTALS	<u>756,520.</u>	<u>638,657.</u>	<u>432,869.</u>	<u>454,255.</u>	<u>1,800,348.</u>	<u>4,082,649.</u>

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

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

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions)

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2016

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

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

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

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

4-Year Averaging Period Under section 501(h)

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2016

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		472.
e Publications, or published or broadcast statements?	X		793.
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		661,985.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		3,033,785.
i Other activities?	X		1,905.
j Total. Add lines 1c through 1i			3,698,940.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

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

Part IV Supplemental Information

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

SEE PAGE 4

Part IV Supplemental Information (continued)

SCHEDULE C PART II B

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

MARCH OF DIMES FOUNDATION

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Employer identification number

13-1846366

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

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year) . .		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

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

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

Schedule D (Form 990) 2016

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,082,606.	4,377,788.	4,334,207.	3,942,563.	3,545,416.
b Contributions					12,425.
c Net investment earnings, gains, and losses	390,778.	-87,587.	271,581.	616,899.	589,394.
d Grants or scholarships					
e Other expenditures for facilities and programs	223,713.	207,595.	228,000.	225,255.	204,672.
f Administrative expenses					
g End of year balance	4,249,671.	4,082,606.	4,377,788.	4,334,207.	3,942,563.

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

a Board designated or quasi-endowment ▶ _____ %

b Permanent endowment ▶ 85.0000 %

c Temporarily restricted endowment ▶ 15.0000 %

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		918,326.		918,326.
b Buildings		28,346,863.	25,429,335.	2,917,528.
c Leasehold improvements				
d Equipment		26,235,532.	22,905,264.	3,330,268.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				7,166,122.

Schedule D (Form 990) 2016

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) TRUSTS HELD BY OTHERS	10,382,008.
(2) INVESTMENT RECEIVABLE	547,914.
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	10,929,922.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) ACCRUED PENSION LIABILITIES	59,569,623.	
(3) ACCRUED MEDICAL BENEFITS	8,908,875.	
(4) _____		
(5) _____		
(6) _____		
(7) _____		
(8) _____		
(9) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	68,478,498.	

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	173,219,870.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	2,791,347.
b	Donated services and use of facilities	2b	1,369,898.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-254,239.
e	Add lines 2a through 2d	2e	3,907,006.
3	Subtract line 2e from line 1	3	169,312,864.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	169,312,864.

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

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

1	Total expenses and losses per audited financial statements	1	179,407,755.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	1,369,898.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	1,369,898.
3	Subtract line 2e from line 1	3	178,037,857.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	178,037,857.

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information *(continued)*

SCHEDULE D PART X

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

SCHEDULE D PART V

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

SCHEDULE D PART XI LINE 2D

THE FOUNDATION HAD LOSSES ON PRIOR YEAR PLEDGES OF \$254,239

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

MARCH OF DIMES FOUNDATION

Statement of Activities Outside the United States

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

► Attach to Form 990.

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

13-1846366

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) EAST ASIA AND THE PACIFIC			GRANTMAKING	RESEARCH & MEDICAL	45,000.
(2) NORTH AMERICA			GRANTMAKING	RESEARCH & MEDICAL	453,716.
(3) EUROPE			GRANTMAKING	RESEARCH & MEDICAL	396,205.
(4) MIDDLE EAST AND NORTH AFRICA			GRANTMAKING	RESEARCH & MEDICAL	230,000.
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					1,124,921.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					1,124,921.

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

Schedule F (Form 990) 2016

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA	RESEARCH & M SUPPORT	298,716.	CHECK			
(2)			EUROPE/ICELAND/GREENLAND	RESEARCH & M SUPPORT	250,000.	ACH			
(3)			MIDDLE EAST/NORTH AFRICA	RESEARCH & M SUPPORT	200,000.	ACH			
(4)			EUROPE/ICELAND/GREENLAND	RESEARCH & M SUPPORT	88,705.	ACH			
(5)			EAST ASIA/PACIFIC	RESEARCH & M SUPPORT	30,000.	ACH			
(6)			MIDDLE EAST/NORTH AFRICA	RESEARCH & M SUPPORT	30,000.	ACH			
(7)			EUROPE/ICELAND/GREENLAND	RESEARCH & M SUPPORT	15,000.	CHECK			
(8)			EAST ASIA/PACIFIC	RESEARCH & M SUPPORT	15,000.	ACH			
(9)			EUROPE/ICELAND/GREENLAND	RESEARCH & M SUPPORT	10,000.	ACH			
(10)			EUROPE/ICELAND/GREENLAND	RESEARCH & M SUPPORT	7,500.	CHECK			
(11)			EUROPE/ICELAND/GREENLAND	RESEARCH & M SUPPORT	7,500.	CHECK			
(12)			EUROPE/ICELAND/GREENLAND	RESEARCH & M SUPPORT	7,500.	CHECK			
(13)			NORTH AMERICA	RESEARCH & M SUPPORT	150,000.	CHECK			
(14)									
(15)									
(16)									

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. 13.
- 3 Enter total number of other organizations or entities.

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

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

Schedule F (Form 990) 2016

Part IV Foreign Forms

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

Schedule F (Form 990) 2016

Part V Supplemental Information

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

SCHEDULE F MONITORING GRANTS

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

[HTTP://WWW.MARCHOFDIMES.ORG/RESEARCH/RESEARCH-GRANTS.ASPX#](http://www.marchofdimes.org/research/research-grants.aspx#)

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

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

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

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

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ **Yes** ☐ **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 INFOCISION MGMNT GROUP	TELEMARKETING		X	3,648,185.	2,168,569.	1,479,615.
2 ADVANCED BUSINESS TECHNOLOGY	TELEMARKETING		X	253,629.	89,229.	164,400.
3 THOMPSON HABIB & DENISON	FUNDRAISING CONSULTANT		X		740,322.	
4 THE MANESS GROUP	FUNDRAISE		X	1,063,751.	97,242.	966,509.
5 COMMUNITY COUNSELLING SERVICE	FUNDRAISING CONSULTANT		X	58,000.	538,264.	
6 THE PURSUANT GROUP INC	FUNDRAISING CONSULTANT		X	3,700.	639,083.	
7 BLUE STATE DIGITAL, INC.	FUNDRAISING CONSULTANT		X	949,837.	197,412.	752,425.
8						
9						
10						
Total				5,977,102.	4,470,121.	3,362,949.

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

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

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

		(a) Event #1 MARCH/WALK (event type)	(b) Event #2 SPECIAL EVENTS (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	86,009,884.	40,301,264.	0.	126,311,148.
	2 Less: Contributions	79,773,610.	32,657,864.	0.	112,431,474.
	3 Gross income (line 1 minus line 2).	6,236,274.	7,643,400.	0.	13,879,674.
Direct Expenses	4 Cash prizes			0.	
	5 Noncash prizes			0.	
	6 Rent/facility costs	3,435,142.	3,186,006.	0.	6,621,148.
	7 Food and beverages			0.	
	8 Entertainment			0.	
	9 Other direct expenses	2,801,132.	4,457,394.	0.	7,258,526.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				13,879,674.
	11 Net income summary. Subtract line 10 from line 3, column (d)				

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue			313,142.	313,142.
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				313,142.

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☒ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|------------|
| a The organization's facility | 13a | 100.0000 % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ DAVID HORNE

Address ▶ 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$ _____

Description of services provided ▶

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

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

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

SCHEDULE G, PART I - FUNDRAISING ACTIVITIES

THE AMOUNTS PAID TO THE PROFESSIONAL FUNDRAISER INCLUDE TELEMARKETING

FEES, CONSULTING FEES AND PROFESSIONAL FUNDRAISING EXPENSES SUCH AS

ENVELOPES, PAPER AND POSTAGE AS REPORTED ON THE STATEMENT OF FUNCTIONAL

EXPENSE.

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

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

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

IA, KS, KY, LA, MI, MN, NE, NM, NY, OK, OR, PA, RI, TN, TX, WA, WI, WY,

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

MARCH OF DIMES FOUNDATION

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Employer identification number

13-1846366

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AGAPE CHILD & FAMILY SERVICES, INC. 111 RACINE STREET MEMPHIS, TN 38111	237039683	501 (C) (3)	30,043.				COMMUNITY SERVICES
(2) ALABAMA DEPARTMENT OF PUBLIC HEALTH P.O. BOX 303017 MONTGOMERY, AL 36130	631106545	501 (C) (3)	20,000.				COMMUNITY SERVICES
(3) ALLEGHENY HEALTHCARE NETWORK 30 ISABELL STREET PITTSBURGH, PA 15212	453674924	501 (C) (3)	7,329.				RESEARCH & MEDICAL SUPPORT
(4) ALLEGHENY HEALTHCARE NETWORK 30 ISABELL STREET PITTSBURGH, PA 15212	453674924	501 (C) (3)	12,216.				PUBLIC & PROFESSIONAL EDUCATION
(5) AMERICAN COLLEGE OF MEDICAL GENETICS 9650 ROCKVILLE PIKE BETHESDA, MD 20814	521774227	501 (C) (3)	20,000.				RESEARCH & MEDICAL SUPPORT
(6) ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL O 222 E. CHICAGO AVE CHICAGO, IL 60611	362170833	501 (C) (3)	78,150.				RESEARCH & MEDICAL SUPPORT
(7) ARIZONA DEPARTMENT OF HEALTH SERVICES 11740 W ADAMS ST. PHOENIX, AZ 85007	866004791	501 (C) (3)	15,000.				PUBLIC & PROFESSIONAL EDUCATION
(8) ARIZONA PARTNERSHIP FOR IMMUNIZATION 700 E JEFFERSON ST PHOENIX, AZ 85034	454185015	501 (C) (3)	8,465.				PUBLIC & PROFESSIONAL EDUCATION
(9) ASHLAND BOYD COUNTY HEALTH DEPARTMENT P.O. BOX 4069 ASHLAND, KY 41101	743090475	501 (C) (3)	17,797.				PUBLIC & PROFESSIONAL EDUCATION
(10) ASSOCIATES IN WOMEN'S HEALTH 500 RUE DE LA VIE BATON ROUGE, LA 70817	721413762	501 (C) (3)	18,000.				COMMUNITY SERVICES
(11) AUSTIN AREA BIRTHING CENTERS, INC. 4100 DUBAL RD. STE.101 AUSTIN, TX 78759	742603162	501 (C) (3)	9,000.				PUBLIC & PROFESSIONAL EDUCATION
(12) BANNER HEALTH 1400 S. DOBSON ROAD MESA, AZ 85202	450233470	501 (C) (3)	10,536.				PUBLIC & PROFESSIONAL EDUCATION

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

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

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

Schedule I (Form 990) (2016)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BARNES-JEWISH HOSPITAL 1 BARNES JEWISH HOSP PLAZA ST LOUIS MO63110	237309937	501 (C) (3)	23,513.				COMMUNITY SERVICES EDUCATION
(2) BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030	741613878	501 (C) (3)	315,000.				RESEARCH & MEDICAL SUPPORT
(3) BAYLOR COLLEGE OF MEDICINE, OB-GYN DEPARTME 1504 TAUB LOOP 3B 31 015 HOUSTON, TX 77030	741613878	501 (C) (3)	12,275.				PUBLIC & PROFESSIONAL EDUCATION
(4) BOARD OF REGENTS OF THE UNIVERSITY OF OKLAH 865 RESEARCH PKWY OKLAHOMA CITY, OK 73104	731563627	501 (C) (3)	26,000.				PUBLIC & PROFESSIONAL EDUCATION
(5) BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE BOSTON, MA 02241	042774441	501 (C) (3)	225,000.				RESEARCH & MEDICAL SUPPORT
(6) CANTON CITY HEALTH DEPARTMENT 420 MARKET AVENUE CANTON, OH 44702	346000504	501 (C) (3)	25,000.				RESEARCH & MEDICAL SUPPORT
(7) CASA DE PAZ., S.I. INC. PO BOX 97 NAGUABO, PR 00718	660812605	501 (C) (3)	5,250.				PUBLIC & PROFESSIONAL EDUCATION
(8) CATHOLIC CHARITIES OF THE DIOCESE 429 WEST 10TH STREET PUEBLO, CO 81003	840471001	501 (C) (3)	9,000.				PUBLIC & PROFESSIONAL EDUCATION
(9) CATHOLIC COMMUNITY SERVICES PO BOX 20400 SALEM, OR 97307	930903773	501 (C) (3)	12,000.				RESEARCH & MEDICAL SUPPORT
(10) CENTER FOR COURT INNOVATION 300 S STATE STREET SYRACUSE, NY 13204	132612524	501 (C) (3)	78,000.				COMMUNITY SERVICES
(11) CENTRAHEALTH 3300 RIVERMONT AVE. LYNCHBURG, VA 24503	540715569	501 (C) (3)	15,000.				COMMUNITY SERVICES
(12) CENTRO PEDIATRICO DE LACTANCIA & CRIANZA P.O. BOX 16554 SAN JUAN, PR 00908	660522602	501 (C) (3)	13,000.				PUBLIC & PROFESSIONAL EDUCATION

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

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

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

Schedule I (Form 990) (2016)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

MARCH OF DIMES FOUNDATION

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

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

► Attach to Form 990.

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OMB No. 1545-0047

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13-1846366

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CHESTERFIELD HEALTH DISTRICT 9501 LUCY CORR CIRCLE, CHESTERFIELD VA	546001775	501 (C) (3)	6,000.				COMMUNITY SERVICES
(2) CHILDREN'S HOSPITAL BOSTON P.O. BOX 414413 BOSTON, MA 02241	042774441	501 (C) (3)	350,000.				RESEARCH & MEDICAL SUPPORT
(3) CINCINNATI CHILDREN'S HOSPITAL 3333 BURNET AVE CINCINNATI, OH 45229	310833936	501 (C) (3)	2,000,000.				RESEARCH & MEDICAL SUPPORT
(4) CITY OF NORWALK 125 EAST AVE. NORWALK, CT 06851	66011881	501 (C) (3)	25,250.				PUBLIC & PROFESSIONAL EDUCATION
(5) CITY OF PORTLAND 239 PARK AVE. PORTLAND, ME 04101	016000032	501 (C) (3)	10,000.				PUBLIC & PROFESSIONAL EDUCATION
(6) CLAY COUNTY PUBLIC HEALTH CENTER 800 HAINES DRIVE LIBERTY, MO 64068	431271462	501 (C) (3)	7,401.				PUBLIC & PROFESSIONAL EDUCATION
(7) COLUMBUS REGIONAL HEALTHCARE SYSTEMS P.O. BOX 951 COLUMBUS, GA 31401	581719994	501 (C) (3)	11,831.				COMMUNITY SERVICES
(8) COMMUNITY CLINIC, INC 8630 FENTON ST SILVER SPRING, MD 20910	520988386	501 (C) (3)	20,000.				PUBLIC & PROFESSIONAL EDUCATION
(9) COMMUNITY HEALTH OF CENTRAL WASHINGTON 501 S. 5TH AVE. YAKIMA, WA 98902	571140982	501 (C) (3)	15,000.				PUBLIC & PROFESSIONAL EDUCATION
(10) COMMUNITY OF HOPE 4 ATLANTIC ST. SW WASHINGTON, DC 20032	521184749	501 (C) (3)	20,000.				PUBLIC & PROFESSIONAL EDUCATION
(11) COMMUNITY SERVICE COUNCIL OF GREATER TULSA 16 EAST 16TH STREET TULSA, OK 74119	730580282	501 (C) (3)	27,000.				PUBLIC & PROFESSIONAL EDUCATION
(12) COMPREHEND, INC. 611 FOREST AVENUE MAYSVILLE, KY 41056	610680352	501 (C) (3)	7,489.				PUBLIC & PROFESSIONAL EDUCATION

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

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

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

Schedule I (Form 990) (2016)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

MARCH OF DIMES FOUNDATION

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

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

► Attach to Form 990.

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

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13-1846366

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) COUNCIL ON ALCOHOL/DRUG ABUSE 1801 S ALAMEDA ST. CORPUS CHRISTI, TX 78404	741696491	501 (C) (3)	7,500.				PUBLIC & PROFESSIONAL EDUCATION
(2) DEACONESS FAMILY PRACTICE CENTER 600 MARY STREET EVANSVILLE, IN 47747	350593390	501 (C) (3)	17,400.				PUBLIC & PROFESSIONAL EDUCATION
(3) DIMENSIONS HEALTHCARE SYSTEM 3001 HOSPITAL DRIVE CHEVERLY, MD 20785	521289729	501 (C) (3)	50,000.				PUBLIC & PROFESSIONAL EDUCATION
(4) DOULMAR BABY CENTER INC. VILLA DEL MONTE CALLE TOA ALTA, PR 00953	660834461	501 (C) (3)	5,250.				PUBLIC & PROFESSIONAL EDUCATION
(5) DUKE UNIVERSITY MEDICAL CENTER 4026GSRB11 RESEARCH DRIVE DURHAM, NC 27710	560532129	501 (C) (3)	290,000.				RESEARCH & MEDICAL SUPPORT
(6) ELMHURST HOSPITAL CENTER 79-01 BROADWAY ELMHURST, NY 11373	132655001	501 (C) (3)	22,500.				COMMUNITY SERVICES
(7) ESCUELA DE ENFERMERIA/PROYECTO DE P.O. BOX 365067 SAN JUAN, PR 00936	660433762	501 (C) (3)	7,000.				PUBLIC & PROFESSIONAL EDUCATION
(8) ESKENAZI HEALTH 740 ESKENAZI AVE INDIANAPOLIS, IN 46202	356005697	501 (C) (3)	18,210.				PUBLIC & PROFESSIONAL EDUCATION
(9) ETA IOTA ZETA EDUCATION FOUNDATION P.O BOX 372295 EL PASO, TX 79904	311654901	501 (C) (7)	10,000.				PUBLIC & PROFESSIONAL EDUCATION
(10) FAMILY CARE CONNECTION 6969 PASTOR BAILEY DR DALLAS, TX 75237	201211618	501 (C) (3)	6,000.				PUBLIC & PROFESSIONAL EDUCATION
(11) FASEB 9650 ROCKVILLE PIKE BETHSEDA, MD 20814	520700497	501 (C) (3)	20,000.				RESEARCH & MEDICAL SUPPORT
(12) FONDOS UNIDOS DE PUERTO RICO, INC. P.O. BOX 191914 SAN JUAN, PR 00919	660269222	501 (C) (3)	5,500.				PUBLIC & PROFESSIONAL EDUCATION

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

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

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

Schedule I (Form 990) (2016)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

MARCH OF DIMES FOUNDATION

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Employer identification number

13-1846366

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) FORT WAYNE MEDICAL EDUCATION PROGRAM 2448 LAKE AVE FORT WAYNE, IN 46805	356049685	501 (C) (3)	18,000.				PUBLIC & PROFESSIONAL EDUCATION
(2) FOUNDATION FOR THE NIH 1 CLOISTER COURT BETHESDA, MD 20814	521986675	501 (C) (3)	10,000.				RESEARCH & MEDICAL SUPPORT
(3) GENTLE STORK CHILDBIRTH SERVICES 34 WOODFIN RD. TAKOMA PARK, MD 20912	311790142	501 (C) (3)	12,000.				COMMUNITY SERVICES
(4) GIFT OF LIFE FOUNDATION, INC. 1348 CARMICHAEL WAY MONTGOMERY, AL 36106	630978855	501 (C) (3)	31,625.				COMMUNITY SERVICES
(5) GIRLS TO PEARLS FOUNDATION 8145 AURORA MIST STREET LAS VEGAS, NV 89113	472424900	501 (C) (3)	7,700.				PUBLIC & PROF EDUCATIO & COMMUNITY
(6) GOOD SAMARITAN HOSPITAL 619 OAK STREET CINCINNATI, OH 45206	311206047	501 (C) (3)	25,000.				RESEARCH & MEDICAL SUPPORT
(7) GOODWILL INDUSTRIES OF CENTRAL INDIANA 1635 W. MICHIGAN ST INDIANAPOLIS, IN 46222	350893506	501 (C) (3)	15,000.				PUBLIC & PROFESSIONAL EDUCATION
(8) GORDON RESEARCH CONFERENCES P.O. BOX 984 WEST KINGSTON, RI 02892	050300482	501 (C) (3)	22,000.				RESEARCH & MEDICAL SUPPORT
(9) GREENSPPOINT BAPTIST CHURCH 11703 WALTERS ROAD HOUSTON, TX 77067	742210697	501 (C) (3)	10,000.				PUBLIC & PROFESSIONAL EDUCATION
(10) GREENVILLE HEALTH SYSTEM 701 GROVE RD. GREENVILLE, SC 29605	576007863	501 (C) (3)	49,847.				PUBLIC & PROF EDUCATIO & COMMUNITY
(11) HEALTHY HEART PLUS II 705 TWINRIDGE LAN #6 RICHMOND, VA 23218	541958577	501 (C) (3)	10,000.				COMMUNITY SERVICES
(12) HEART OF FLORIDA OB/GYN ASSOCIATES, P.A. P.O. BOX 667 DAVENPORT, FL 33836	593598026		39,875.				PUBLIC & PROFESSIONAL EDUCATION

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Schedule I (Form 990) (2016)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

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2016

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Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
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(1) HENRY M JACKSON FOUNDATION 6720-A ROCKLEDGE DR ROCKVILLE, MD 20817	521317896		12,425.				PUBLIC & PROFESSIONAL EDUCATION
(2) HILLTOP COMMUNITY RESOURCES 1331 HERMOSA AVE GRAND JUNCTION, CO 81506	742321009	501 (C) (3)	9,000.				PUBLIC & PROFESSIONAL EDUCATION
(3) HOLY FAMILY SERVICES 5819 NORTH FM88 WESLACO, TX 78596	742282624	501 (C) (3)	10,000.				PUBLIC & PROFESSIONAL EDUCATION
(4) HOUSTON HEALTHCARE 233 N HOUSTON RD WARNER ROBINS, GA 31093	580833515	501 (C) (3)	19,000.				COMMUNITY SERVICES
(5) ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI 1 GUSTAVE L. LEVY PLACE NEW YORK, NY 10029	136171197	501 (C) (3)	708,969.				RESEARCH & MEDICAL SUPPORT
(6) IHA ACADEMIC OB-GYN CENTER 5333 MCAULEY DRIVE YPSILANTI, MI 48197	588316559	501 (C) (3)	15,600.				PUBLIC & PROFESSIONAL EDUCATION
(7) INFANT MORTALITY PROGRAM 45 CANDLER STREET HIGHLAND, MI 48203	382262856	501 (C) (3)	18,700.				PUBLIC & PROFESSIONAL EDUCATION
(8) INFO LINE OF SAN DIEGO COUNTY 3860 CALLE FORTUNADA SAN DIEGO, CA 92123	331029843	501 (C) (3)	45,000.				COMMUNITY SERVICES
(9) INTERNATIONAL SOCIETY FOR PRENATAL 154 HANSEN RD CHARLOTTEVILLE, VA 22911	203021146	501 (C) (3)	10,000.				RESEARCH & MEDICAL SUPPORT
(10) JACKSON LABORATORY 600 MAIN STREET BAR HARBOR, ME 04609	010211513	501 (C) (3)	20,000.				RESEARCH & MEDICAL SUPPORT
(11) JAMAICA HOSPITAL MEDICAL CENTER 8900 VAN WYCK EXPRESSWAY JAMAICA, NY 11418	111631788	501 (C) (3)	29,500.				COMMUNITY SERVICES
(12) JEWISH RENAISSANCE MEDICAL CENTER 275 HOBART STREET PERTH AMBOY, NJ 08861	223780067	501 (C) (3)	28,000.				PUBLIC & PROFESSIONAL EDUCATION

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

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Schedule I (Form 990) (2016)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

MARCH OF DIMES FOUNDATION

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

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

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Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) KAPIOLANI HEALTH FOUNDATION 55 MERCHANT ST, 26TH FL HONOLULU, HI 96813	990246364	501 (C) (3)	6,000.				PUBLIC & PROFESSIONAL EDUCATION
(2) KEYSTONE SYMPOSIA P.O. BOX 1630 SILVERTHORNE, CO 80498	841326605	501 (C) (3)	15,000.				RESEARCH & MEDICAL SUPPORT
(3) LA CLINICA DE LA RAZA P.O. BOX 22210 OAKLAND, CA 94623	941744108	501 (C) (3)	24,500.				COMMUNITY SERVICES
(4) LAKE COUNTY HEALTH DEPT 3010 GRAND AVENUE WAUKEGAN, IL 60085	366006600	501 (C) (3)	15,000.				COMMUNITY SERVICES
(5) LAMBDA ZETA COMMUNITY SERVICES P.O BOX 14730 HOUSTON, TX 77221	760349151	501 (C) (3)	9,889.				PUBLIC & PROFESSIONAL EDUCATION
(6) LEGACY COMMUNITY HEALTH SERVICES 1415 CALIFORNIA STREET HOUSTON, TX 77266	760009637	501 (C) (3)	10,000.				PUBLIC & PROFESSIONAL EDUCATION
(7) LOS ANGELES BIOMEDICAL RESEARCH INSTITUTE 1000 WEST CARSON STREET TORRANCE, CA 90502	952138184	501 (C) (3)	45,000.				COMMUNITY SERVICES
(8) LUCAS COUNTY REGIONAL HEALTH DISTRICT 635 N. ERIE STREET TOLEDO, OH 43604	346400806	501 (C) (3)	11,670.				RESEARCH & MEDICAL SUPPORT & COMMUNITY
(9) MAINE COAST MEMORIAL HOSPITAL 50 UNION STREET ELLSWORTH, ME 04605	010198331	501 (C) (3)	12,046.				PUBLIC & PROFESSIONAL EDUCATION
(10) MALHEUR COUNTY HEALTH DEPARTMENT 1108 SW 4TH ST ONTARIO, OR 97914	936002306	501 (C) (3)	6,000.				RESEARCH & MEDICAL SUPPORT
(11) MEMORIAL FOUNDATION 3329 JOHNSON STREET HOLLYWOOD, FL 33021	592082218	501 (C) (3)	27,585.				PUBLIC & PROFESSIONAL EDUCATION
(12) MEMORIAL HEALTH UNIV MEDICAL CENTER INC 4750 WATERS AVE SAVANNAH, GA 31404	311126469	501 (C) (3)	34,355.				COMMUNITY SERVICES

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

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Schedule I (Form 990) (2016)

Name of the organization
MARCH OF DIMES FOUNDATION

Employer identification number
13-1846366

Part I

General Information on Grants and Assistance

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

Part II

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MEMORIAL HERMANN HOSPITAL SYSTEM 909 FROSTWOOD DR. HOUSTON, TX 77024	741152597	501 (C) (3)	10,000.				PUBLIC & PROFESSIONAL EDUCATION
(2) MERCER COUNTY HEALTH DEPARTMENT 305 NW 7TH STREET ALEDO, IL 61231	366006630	501 (C) (3)	7,066.				COMMUNITY SERVICES
(3) METROHEALTH FOUNDATION 2500 METROHEALTH DR. CLEVELAND, OH 44109	346607695	501 (C) (3)	25,000.				RESEARCH & MEDICAL SUPPORT
(4) MIDLAND MEMORIAL HOSPITAL 400 ROSALIND REDFERN GROVER PKWY MIDLAND TX	751584559	501 (C) (3)	9,750.				PUBLIC & PROFESSIONAL EDUCATION
(5) MINNESOTA PERINATAL ORGANIZATION 18024 TURTLE COURT COLD SPRINGS, MN 56320	411377912	501 (C) (3)	10,000.				PUBLIC & PROFESSIONAL EDUCATION
(6) MISSISSIPPI PUBLIC HEALTH INSTITUTE 441 NORTHPARK DRIVE RIDGELAND, MS 39157	453005888	501 (C) (3)	39,990.				PUBLIC & PROFESSIONAL EDUCATION
(7) MOBILE INFIRMARY MEDICAL CENTER 5 MOBILE INFIRMARY CIRCLE MOBILE, AL 36652	630288856	501 (C) (3)	13,500.				COMMUNITY SERVICES
(8) MOUNTAIN AREA HEALTH EDUCATION CENTER 121 HENDERSONVILLE ROAD ASHEVILLE, NC 28803	561071426	501 (C) (3)	38,000.				PUBLIC & PROFESSIONAL EDUCATION
(9) NATIONWIDE CHILDREN'S HOSPITAL 700 CHILDREN'S DRIVE COLUMBUS, OH 43205	316056230	501 (C) (3)	350,000.				RESEARCH & MEDICAL SUPPORT
(10) NEW YORK UNIVERSITY 838 BROADWAY NEW YORK, NY 10016	135562308	501 (C) (3)	300,000.				RESEARCH & MEDICAL SUPPORT
(11) NEWARK BETH ISRAEL MEDICAL CTR 201 LYONS AVE NEWARK, NJ 07112	223452311	501 (C) (3)	9,844.				RESEARCH & MEDICAL SUPPORT
(12) NEWARK BETH ISRAEL MEDICAL CTR 201 LYONS AVE NEWARK, NJ 07112	223452311	501 (C) (3)	16,406.				PUBLIC & PROFESSIONAL EDUCATION

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

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OMB No. 1545-0047

2016

**Open to Public
Inspection**

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) NEWARK-WAYNE COMMUNITY HOSPITAL 1200 DRIVING PARK AVENUE NEWARK, NY 14513	150584188	501 (C) (3)	69,372.				COMMUNITY SERVICES
(2) NEWMAN HOSPITAL REGIONAL HEALTH 1201 W. 12TH AVE. EMPORIA, KS 66801	481230936	501 (C) (3)	12,500.				PUBLIC & PROFESSIONAL EDUCATION
(3) NIAGARA FALLS MEMORIAL MEDICAL CENTER 621 10TH STREET NIAGARA FALLS, NY 14302	160743094	501 (C) (3)	55,000.				COMMUNITY SERVICES
(4) NORTH BROWARD HOSPITAL DISTRICT 1625 SE 3RD AVE FT. LAUDERDALE, FL 33316	596012065	501 (C) (3)	6,015.				PUBLIC & PROFESSIONAL EDUCATION
(5) NORTSHORE UNIVERSITY HEALTHSYSTEM 2560 RIDGE AVENUE EVANSTON, IL 60201	362167060	501 (C) (3)	15,000.				COMMUNITY SERVICES
(6) NORTSHORE UNIVERSITY HEALTHSYSTEM 2560 RIDGE AVENUE EVANSTON, IL 60201	362167060	501 (C) (3)	275,000.				RESEARCH & MEDICAL SUPPORT
(7) NORTHWESTERN UNIVERSITY 633 N.ST. CLAIR CHICAGO, IL 60611	362167817	501 (C) (3)	325,000.				RESEARCH & MEDICAL SUPPORT
(8) NORTON MINISTRIES 2260 GRAND AVE #248 BALDWIN, NY 11510	463283415	501 (C) (3)	50,000.				COMMUNITY SERVICES
(9) NORTON SOUND HEALTH CORPORATION P.O. BOX 966 NOME, AK 99762	920041488	501 (C) (3)	8,000.				PUBLIC & PROFESSIONAL EDUCATION
(10) NURSE-FAMILY PARTNERSHIP 1900 GRANT STREET DENVER, CO 80203	200234163	501 (C) (3)	12,500.				COMMUNITY SERVICES
(11) OBSTETRIC & GYNECOLOGY, SPECIALISTS PC 2322 EAST KIMBERLY RD DAVENPORT, IA 52807	420996945	501 (C) (3)	10,000.				PUBLIC & PROFESSIONAL EDUCATION
(12) OCEAN HEALTH INITIATIVES 101 SECOND STREET LAKEWOOD, NJ 08701	61691342	501 (C) (12)	30,000.				PUBLIC & PROFESSIONAL EDUCATION

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

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Schedule I (Form 990) (2016)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

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Grants and Other Assistance to Organizations,
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(1) OHSU FOUNDATION 1121 SW SALMON STE 100 PORTLAND, OR 97205	237083114	501 (C) (12)	7,500.				RESEARCH & MEDICAL SUPPORT
(2) OPEN DOOR/BHM HEALTH CENTER 333 S. MADISON ST MUNCIE, IN 47305	352018494	501 (C) (3)	25,000.				PUBLIC & PROFESSIONAL EDUCATION
(3) OPTIONS FOR YOUTH 5235 S. BLACKSTONE CHICAGO, IL 60615	201438278	501 (C) (3)	8,000.				COMMUNITY SERVICES
(4) PARTNERSHIP FOR MATERNAL AND CHILD 50 PARK PLACE 7TH FL NEWARK, NJ 07102	521815234	501 (C) (3)	20,000.				PUBLIC & PROFESSIONAL EDUCATION
(5) PEACEHEALTH SW MEDICAL FOUNDATION PO BOX 1600 VANCOUVER, WA 98668	911231436	501 (C) (3)	12,000.				RESEARCH & MEDICAL SUPPORT
(6) PEAK VISTA COMMUNITY HEALTH CENTER 340 PRINTERS PKWY COLORADO SPRINGS 80917	840617567	501 (C) (3)	10,000.				PUBLIC & PROFESSIONAL EDUCATION
(7) PENNSYLVANIA CHAPTER OF THE AMERICAN ACADEM 1400 N. PROVIDENCE RD MEDIA, PA 19063	237135840	501 (C) (3)	29,034.				COMMUNITY SERVICES
(8) PREGNANCY SUPPORT CENTER OF JOHNSON 617 CROSSROADS DR MOUNTAIN CITY, TN 37683	273438026	501 (C) (3)	20,957.				COMMUNITY SERVICES
(9) PREVENT CHILD ABUSE 103 CHURCH ST NEW BRUNSWICK, NY 08901	222314861	501 (C) (3)	6,647.				RESEARCH & MEDICAL SUPPORT
(10) PREVENT CHILD ABUSE 103 CHURCH ST NEW BRUNSWICK, NY 08901	222314861	501 (C) (3)	11,079.				PUBLIC & PROFESSIONAL EDUCATION
(11) PROGRAMA DE ADOLESCENTES DE NARANJITO P.O. BOX 891 NARANJITO, PR 00719	660459355	501 (C) (3)	12,500.				PUBLIC & PROFESSIONAL EDUCATION
(12) PROJECT CONCERN INTERNATIONAL 5151 MURPHY CANYON ROAD SAN DIEGO, CA 92123	952248462	501 (C) (3)	24,500.				COMMUNITY SERVICES

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Schedule I (Form 990) (2016)

Name of the organization
MARCH OF DIMES FOUNDATION

Employer identification number
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Part I

General Information on Grants and Assistance

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(1) PUEBLO COMMUNITY HEALTH CENTER 110 EAST ROUTT AVE. PUEBLO, CO 81004	840921521	501 (C) (3)	10,000.				PUBLIC & PROFESSIONAL EDUCATION
(2) REGENTS OF THE UNIVERSITY OF CALIFORNIA 4860 Y STREET SACRAMENTO, CA 95817	946036494	501 (C) (3)	150,000.				RESEARCH & MEDICAL SUPPORT
(3) REGENTS OF UNI. CALIFORNIA, LOS ANGELES 10920 WILSHIRE BLVD LOS ANGELES, CA 90095	956006143	501 (C) (3)	7,500.				RESEARCH & MEDICAL SUPPORT
(4) REGENTS OF UNIVERSITY OF CALIFORNIA 1855 FOLSOM ST SAN FRANCISCO, CA 94143	946036493	501 (C) (3)	325,000.				RESEARCH & MEDICAL SUPPORT
(5) REGENTS OF UNIVERSITY OF CALIFORNIA LA JOLL 9500 GILMAN DRIVE LA JOLLA, CA 92093	956006144	501 (C) (3)	300,000.				RESEARCH & MEDICAL SUPPORT
(6) REGENTS OF UNIVERSITY OF CALIFORNIA, BERKEL 481 UNIVERSITY HALL BERKELEY, CA 94720	194600212	501 (C) (3)	150,000.				RESEARCH & MEDICAL SUPPORT
(7) REGIONAL MEDICAL CENTER P.O. BOX 2208 ANNISTON, AL 36202	636000090	501 (C) (3)	20,000.				COMMUNITY SERVICES
(8) RENO COUNTY HEALTH DEPTMENT 209 WEST 2ND AVE. HUTCHINSON, KS 67501	486015542	501 (C) (3)	6,500.				PUBLIC & PROFESSIONAL EDUCATION
(9) RILEY COUNTY HEALTH DEPARTMENT 2030 TECUMSEH RD. MANHATTAN, KS 66503	486023850	501 (C) (3)	10,000.				PUBLIC & PROFESSIONAL EDUCATION
(10) ROCKEFELLER UNIVERSITY PO BOX 5108 GPO NEW YORK, NY 10065	131624158	501 (C) (3)	150,000.				RESEARCH & MEDICAL SUPPORT
(11) SALK INSTITUTE FOR BIOLOGICAL STUDIES 10010 NORTH TORREY PINES LA JOLLA, CA 92037	952160097	501 (C) (3)	1,000,000.				RESEARCH & MEDICAL SUPPORT
(12) SC RESEARCH FOUNDATION - PASOS'S PROGRAM 901 SUMTER ST. 5TH FL COLUMBIA, SC 29208	570967350	501 (C) (3)	30,000.				COMMUNITY SERVICES

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

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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

MARCH OF DIMES FOUNDATION

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

2016

Open to Public
Inspection

Employer identification number

13-1846366

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SCDHEC, DIVISION OF STATE AND NATIONAL MILLS JARRETT COMPLEX COLUMBIA, SC 29211	576000286	501 (C) (3)	15,000.				PUBLIC & PROFESSIONAL EDUCATION
(2) SCDHEC, DIVISION OF STATE AND NATIONAL MILLS JARRETT COMPLEX COLUMBIA, SC 29211	576000286	501 (C) (3)	15,000.				COMMUNITY SERVICES
(3) SIMPLY STRATEGY 12 ALGONQUIN WOOD PLACE ST. LOUIS, MO 63119	262845601	501 (C) (3)	11,470.				COMMUNITY SERVICES
(4) SOUTH CAROLINA PERINATAL ASSOCIATION P.O. BOX 5247 COLUMBIA, SC 29205	570656784	501 (C) (3)	7,000.				PUBLIC & PROFESSIONAL EDUCATION
(5) SOUTH SEATTLE WOMEN'S HEALTH FOUNDATION 3642 33RD AVE SOUTH SEATTLE, WA 98144	473348689	501 (C) (3)	15,000.				PUBLIC & PROFESSIONAL EDUCATION
(6) SOUTHEAST HEALTH FOUNDATION 60 DOCTORS PARK CAPE GIRARDEAU, MO 63703	431122759	501 (C) (3)	7,596.				COMMUNITY SERVICES
(7) SOUTHERN CRESCENT WOMEN'S HEALTHCARE 1279 HIGHWAY 54 WEST FAYETTEVILLE, GA 30214	582345264	501 (C) (3)	33,314.				COMMUNITY SERVICES
(8) SOUTHERN NEW JERSEY PERINATAL COOP 2500 MCCLELLAN AVENUE PENNSAUKEN, NJ 08109	222371223		10,500.				PUBLIC & PROFESSIONAL EDUCATION
(9) SPECTRUM HEALTH FOUNDATION 100 MICHIGAN ST NE GRAND RAPIDS, MI 49503	382752328	501 (C) (3)	19,500.				PUBLIC & PROFESSIONAL EDUCATION
(10) ST. JOSEPH HOSPITAL 1960 N OGEDN DENVER, CO 80218	840417134	501 (C) (3)	9,000.				PUBLIC & PROFESSIONAL EDUCATION
(11) ST. JOSEPH REGIONAL MEDICAL CENTER 215 W. FOURTH ST MISHAWAKA, IN 46544	351654543	501 (C) (3)	5,895.				PUBLIC & PROFESSIONAL EDUCATION
(12) STANFORD UNIVERSITY 450 SERRA MALL STANFORD, CA 94305	941156365	501 (C) (3)	2,000,000.				RESEARCH & MEDICAL SUPPORT

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

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

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

Schedule I (Form 990) (2016)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

MARCH OF DIMES FOUNDATION

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

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

► Attach to Form 990.

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Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) SUMMA HEALTH SYSTEM 525 EAST MARKET ST AKRON, OH 44304	341219001	501 (C) (3)	20,000.				COMMUNITY SERVICES
(2) SWEDISH COVENANT HOSPITAL 5145 N. CALIFORNIA AVENUE CHICAGO, IL 60625	362179813	501 (C) (3)	15,000.				COMMUNITY SERVICES
(3) TALLAHASSEE MEMORIAL HEALTHCARE 1331 EAST 6 AVENUE TALLAHASSEE, FL 32303	591727645	501 (C) (3)	28,650.				PUBLIC & PROFESSIONAL EDUCATION
(4) TERATOLOGY SOCIETY 50 PEGOUT AVE. NEW LONDON, CT 06320	520962081	501 (C) (3)	10,000.				RESEARCH & MEDICAL SUPPORT
(5) TEXAS TECH UNIVERSITY HEALTH SYSTEM 3601 4TH STREET LUBBOCK, TX 79430	752668014	501 (C) (3)	20,500.				PUBLIC & PROF EDUCATIO & COMMUNITY
(6) THE BOARD OF TRUSTEES OF THE UNIVERSITY OF 1737 W. POLK STREET CHICAGO, IL 60612	376000511	501 (C) (3)	21,000.				PUBLIC & PROFESSIONAL & COMMUNITY
(7) THE CENTER FOR CHILDREN AND WOMEN 700 N SAM HOUSTON PKWY W HOUSTON, TX 77067	461392824	501 (C) (3)	10,300.				PUBLIC & PROF EDUCATIO & COMMUNITY
(8) THE CONNECTICUT WOMEN'S CONSORTIUM, INC. 2321 WHITNEY AVENUE HAMDEN, CT 06518	061531384	501 (C) (3)	20,000.				COMMUNITY SERVICES
(9) THE JOHNS HOPKINS UNIVERSITY 733 NORTH BROADWAY BALTIMORE, MD 21205	520595110	501 (C) (3)	13,000.				COMMUNITY SERVICES
(10) THE NEMOURS FOUNDATION-THOMAS JEFFERSON UNI 833 CHESTNUT ST PHILADELPHIA, PA 19107	590634433	501 (C) (3)	5,250.				COMMUNITY SERVICES
(11) TIDEWATER PHYSICIANS MULTISPECIALTY 860 OMNI BLVD NEWPORT NEWS, VA 23606	541634477	501 (C) (3)	5,015.				PUBLIC & PROFESSIONAL EDUCATION
(12) TRUSTEES OF BOSTON COLLEGE 36 COLLEGE RD CHESNUT HILL, MA 02467	042103545	501 (C) (3)	175,000.				RESEARCH & MEDICAL SUPPORT

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

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

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Schedule I (Form 990) (2016)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

MARCH OF DIMES FOUNDATION

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

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

► Attach to Form 990.

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Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) TRUSTEES OF DARTMOUTH COLLEGE 11 ROPE FERRY ROAD, #6210 HANOVER, NH 03755	020222111	501 (C) (3)	25,000.				PUBLIC & PROFESSIONAL EDUCATION
(2) TRUSTEES OF INDIANA UNIVERSITY 2232 980 INDIANA AVE INDIANAPOLIS, IN 46202	356001673	501 (C) (3)	18,105.				PUBLIC & PROFESSIONAL EDUCATION
(3) TRUSTEES OF INDIANA UNIVERSITY 635 BARNHILL DR INDIANAPOLIS, IN 46202	356001673	501 (C) (3)	339,102.				RESEARCH & MEDICAL SUPPORT
(4) UC HEALTH 3200 BURNET AVENUE CINCINNATI, OH 45229	311435820	501 (C) (3)	25,000.				RESEARCH & MEDICAL SUPPORT
(5) UNIVERSITY HEALTH SYSTEM 4502 MEDICAL DRIVE SAN ANTONIO, TX 78229	746082164	501 (C) (3)	7,000.				PUBLIC & PROFESSIONAL EDUCATION
(6) UNIVERSITY OF ALABAMA AT BIRMINGHAM 1313 13TH ST. SOUTH BIRMINGHAM, AL 35205	636005396	501 (C) (3)	13,000.				COMMUNITY SERVICES
(7) UNIVERSITY OF ARKANSAS FOR MEDICAL 4301 WEST MARKHAM ST. LITTLE ROCK, AR 72205	716046242	501 (C) (3)	10,000.				PUBLIC & PROFESSIONAL EDUCATION
(8) UNIVERSITY OF CHICAGO 5801 SOUTH ELLIS AVE. CHICAGO, IL 60637	362177139	501 (C) (3)	2,000,000.				RESEARCH & MEDICAL SUPPORT
(9) UNIVERSITY OF DELAWARE 30 LOVETT AVE NEWARK, DE 19716	516000297	501 (C) (3)	154,000.				RESEARCH & MEDICAL SUPPORT
(10) UNIVERSITY OF FLORIDA DEPT OF OBSTETRICS AN PO BOX 113201L GAINESVILLE, FL 32611	596002052	501 (C) (3)	39,985.				PUBLIC & PROFESSIONAL EDUCATION
(11) UNIVERSITY OF FLORIDA FOUNDATION, INC. P.O. BOX 14425 GAINESVILLE, FL 32610	590974739		12,890.				PUBLIC & PROFESSIONAL EDUCATION
(12) UNIVERSITY OF HAWAII 2440 CAMPUS ROAD HONOLULU, HI 96822	996000354	501 (C) (3)	19,000.				PUBLIC & PROFESSIONAL EDUCATION

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

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

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Schedule I (Form 990) (2016)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

MARCH OF DIMES FOUNDATION

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

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

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Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF KANSAS MEDICAL CENTER 3901 RAINBOW BLVD KANSAS CITY, KS 66160	481124839	501 (C) (3)	17,500.				PUBLIC&PROF EDUCATIO & COMMUNITY
(2) UNIVERSITY OF LOUISVILLE PHYSICIANS 401 EAST CHESTNUT ST LOUISVILLE, KY 40202	273645560	501 (C) (3)	25,000.				PUBLIC &PROFESSIONAL EDUCATION
(3) UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL 55 LAKE AVE. NORTH WORCHESTER, MA 01655	042911067	501 (C) (3)	20,000.				PUBLIC &PROFESSIONAL EDUCATION
(4) UNIVERSITY OF MIAMI 1400 NW 10TH AVE MIAMI, FL 30384	590624458	501 (C) (3)	330,000.				RESEARCH & MEDICAL SUPPORT
(5) UNIVERSITY OF MISSISSIPPI MEDICAL CENTER 2500 NORTH STATE STREET JACKSON, MS 39216	646008520	501 (C) (3)	40,500.				PUBLIC &PROFESSIONAL EDUCATION
(6) UNIVERSITY OF MISSOURI 117 SCHWEITZER HALL COLUMBIA, MO 65201	436003859	501 (C) (3)	330,650.				RESEARCH & MEDICAL SUPPORT
(7) UNIVERSITY OF NEVADA SCHOOL OF MEDICINE 2040 W CHARLESTON BLVD LAS VEGAS, NV 89102	880330858	501 (C) (3)	12,300.				PUBLIC &PROFESSIONAL EDUCATION
(8) UNIVERSITY OF OREGON 1370 FRANKLIN BLVD EUGENE, OR 97403	481278531	501 (C) (3)	150,000.				RESEARCH & MEDICAL SUPPORT
(9) UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET PHILADELPHIA, PA 19104	231352685	501 (C) (3)	2,000,000.				RESEARCH & MEDICAL SUPPORT
(10) UNIVERSITY OF PITTSBURGH 3017 CATHEDRAL OF LEARNING	250965591	501 (C) (3)	150,000.				RESEARCH & MEDICAL SUPPORT
(11) UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER A PO BOX 301418 DALLAS, TX 75303	741761309	501 (C) (3)	10,000.				RESEARCH & MEDICAL SUPPORT
(12) UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER A PO BOX 301418 DALLAS, TX 75303	741761309	501 (C) (3)	31,250.				COMMUNITY SERVICE

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

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

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Schedule I (Form 990) (2016)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

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OMB No. 1545-0047

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Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER A PO BOX 301418 DALLAS, TX 75303	741761309	501 (C) (3)	8,750.				PUBLIC & PROFESSIONAL EDUCATION
(2) UNIVERSITY OF WASHINGTON 1959 N.E. PACIFIC STREET SEATTLE, WA 98195	916001537	501 (C) (3)	260,000.				RESEARCH & MEDICAL SUPPORT
(3) VIRGINIA GARCIA MEMORIAL HEALTH CENTER PO BOX 486 CORNELIUS, OR 97113	930717997	501 (C) (3)	12,000.				RESEARCH & MEDICAL SUPPORT
(4) VIRTUA HEALTH SYSTEMS 20 WEST STOW RD MARLTON, NJ 08053	223524939	501 (C) (3)	30,000.				PUBLIC & PROFESSIONAL EDUCATION
(5) WARE COUNTY BOARD OF HEALTH 1101 CHURCH STREET WAYCROSS, GA 31501	586000372	501 (C) (3)	22,500.				COMMUNITY SERVICES
(6) WASHINGTON UNIVERSITY 660 S.EUCLID AVE. ST. LOUIS, MO 63110	430653611	501 (C) (3)	2,200,000.				RESEARCH & MEDICAL SUPPORT
(7) WAYNE STATE UNIVERSITY 3990 JOHN R, 4 BRUSH DETROIT, MI 48201	386028429	501 (C) (3)	31,200.				PUBLIC & PROFESSIONAL EDUCATION
(8) WHEELER AVENUE 5C'S, INC 3826 WHEELER AVENUE HOUSTON, TX 77004	741952632	501 (C) (3)	10,000.				PUBLIC & PROFESSIONAL EDUCATION
(9) WISCONSIN GUILD OF MIDWIVES, INC 428 9TH ST. IOLA, WI 54945	562529144	501 (C) (3)	8,000.				PUBLIC & PROFESSIONAL EDUCATION
(10) YALE UNIVERSITY SCHOOL OF MEDICINE 300 GEORGE STREET NEW HAVEN, CT 06511	060646973	501 (C) (3)	150,000.				RESEARCH & MEDICAL SUPPORT
(11) YWCA OF GREENSBORO 4002 SPRING GARDEN ST GREENSBORO, NC 27405	560529936	501 (C) (3)	19,000.				PUBLIC & PROFESSIONAL EDUCATION
(12) ZETA CHARITY FUND, INC. P.O. BOX 264 MILWAUKEE, WI 53201	043614918	501 (C) (12)	15,000.				PUBLIC & PROFESSIONAL EDUCATION

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

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

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

Schedule I (Form 990) (2016)

Name of the organization
MARCH OF DIMES FOUNDATION

Employer identification number
13-1846366

Part I

General Information on Grants and Assistance

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

Part II

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) ZETA PHI BETA SORORITY INC PO BOX 34326 SAN ANTONIO, TX 78265	237206960		8,611.				PUBLIC & PROFESSIONAL EDUCATION
(2) UMASS MEMORIAL FOUNDATION, INC 333 SOUTH STREET SHREWBURY, MA 10545	043108190	501 (C) (3)	125,000.				RESEARCH & MEDICAL SUPPORT
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 186.

3 Enter total number of other organizations listed in the line 1 table ▶ 7.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 COLONEL SANDERS AWARD	2.	20,000.			
2 PRIZE IN DEVELOPMENT BIOLOGY	1.	125,000.			
3 SCHOLARSHIP AWARD	4.	20,000.			
4 HONORARIUM	1.	5,000.			
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I MONITORING GRANTS

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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

MARCH OF DIMES FOUNDATION

Compensation Information

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

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Part I Questions Regarding Compensation

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

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

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

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

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

Schedule J (Form 990) 2016

Schedule J (Form 990) 2016

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DR. JENNIFER HOWSE, PH. PRESIDENT *RETIRED DEC16*	(i)	518,251.	0.	8,652.	0.	26,346.	553,249.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 KAREN ANDREWS ESQ. ASSISTANT SECRETARY & EVP	(i)	277,957.	0.	2,735.	0.	19,971.	300,663.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 EDWARD MCCABE, M.D. CHIEF MEDICAL OFFICER	(i)	401,402.	0.	23,497.	0.	0.	424,899.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 DAVID C HORNE ASSISTANT TREASURER	(i)	248,983.	0.	639.	0.	19,710.	269,332.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 JOSEPH L SIMPSON, MD SENIOR V.P.	(i)	359,491.	0.	12,833.	0.	7,320.	379,644.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 PAUL E JARRIS SENIOR V.P.	(i)	342,534.	14,000.	1,372.	0.	4,548.	362,454.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 PAULA R RANSOM SENIOR V.P.	(i)	310,541.	0.	17,424.	0.	10,131.	338,096.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 ALAN D KAUFFMAN SENIOR V.P. *TERMED NOV 2016*	(i)	198,761.	0.	104,363.	0.	17,160.	320,284.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 NORA S. GOOCH SENIOR V.P. *TERMED AUG 2016*	(i)	198,241.	0.	142,304.	0.	5,565.	346,110.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 FREDERICK A. BROGDON SENIOR V.P.	(i)	253,964.	0.	426.	0.	21,171.	275,561.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 JANICE E THOMPSON SENIOR V.P.	(i)	238,100.	0.	2,812.	0.	17,421.	258,333.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 VINCENT J SAMPUGNARO SENIOR V.P.	(i)	231,110.	0.	1,806.	0.	8,444.	241,360.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Schedule J (Form 990) 2016

Part III Supplemental Information

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

SUPPLEMENTAL NONQUALIFIED RETIREMENT INCLUDING RELATED TAX GROSS UP PMTS

PAULA RANSOM \$15,592; JOSEPH L. SIMPSON \$4,181 AND EDWARD MCCABE \$14,845

A 2017 SETTLEMENT OF SERP BENEFITS IS EXPECTED FOR DR. JENNIFER HOWSE IN THE AMOUNT OF \$1,333,746, DUE TO HER RETIREMENT. THIS AMOUNT WAS ACCUMULATED OVER THE PRIOR 26 YEARS. OF THIS AMOUNT \$598,426 WILL BE CONSIDERED COMPENSATION IN 2017 AND WILL BE REPORTED IN THE 990 NEXT YEAR.

FIRST CLASS TRAVEL

DUE TO THE HIGH DEMANDS AND CHANGES IN TRAVEL ITINERARIES, FOUNDATION POLICY PERMITS THE PRESIDENT OF THE FOUNDATION TO USE UNRESTRICTED FLIGHTS AND OR FLY BUSINESS CLASS ON ALL FLIGHTS TO MINIMIZE FLIGHT CHANGE FEES. HOWEVER, IN SOME INSTANCES DOMESTIC BUSINESS CLASS FLIGHTS ARE NOT AVAILABLE. IN THESE CASES, A DOMESTIC FIRST CLASS FARE MAY BE PURCHASED. NONE OF THIS BENEFIT WAS TREATED AS TAXABLE COMPENSATION. THE AMOUNT WAS INCLUDED AS A NONTAXABLE BENEFIT IN COLUMN D. THIS POLICY WAS SUSPENDED AS OF DECEMBER 2016.

Part III Supplemental Information

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

SEVERANCE PAYMENTS

NORA GOOCH \$119,226 AND ALAN KAUFFMAN \$52,862

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

MARCH OF DIMES FOUNDATION

Noncash Contributions

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

OMB No. 1545-0047

2016

**Open To Public
Inspection**

Employer identification number

13-1846366

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	170.	69,916.	SELLING PRICE
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	20.	120,639.	SELLING PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

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

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

Schedule M (Form 990) (2016)

JSA

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

CAR DONATION PROGRAM

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

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

MARCH OF DIMES FOUNDATION

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2016

**Open to Public
Inspection**

Employer identification number

13-1846366

OPERATIONS

THE FOUNDATION HAS EXPERIENCED A DECREASE IN NET ASSETS IN 2016 AND 2015.

ALTHOUGH A PORTION OF THE NET ASSET CHANGE IS RELATED TO CHANGES IN THE

PENSION AND POSTRETIREMENT AMOUNTS OF \$20,130,000, THE CASH USED FOR

OPERATIONS DURING 2016 AND 2015 WAS \$15,730,000 AND

\$23,286,000, RESPECTIVELY. THE FOUNDATION HAS UNDERTAKEN A VARIETY OF

STEPS TO REDUCE THE OPERATING DEFICIT AND IMPROVE REVENUE. IN 2014, A

STRATEGIC REALIGNMENT STUDY BEGAN TO LOOK AT HOW TO BEST OPTIMIZE

REVENUES FOR THE FOUNDATION. IN 2016, THE PLAN WAS FINALIZED AND

IMPLEMENTATION BEGAN. HEADCOUNT REDUCTIONS WERE MADE IN NOVEMBER 2015 AND

THROUGHOUT 2016. ADDITIONALLY THE PENSION PLAN WAS FROZEN TO NEW ACCRUALS

EFFECTIVE DECEMBER 31, 2016. MANAGEMENT HAS ASSESSED ITS LIQUIDITY

REQUIREMENTS FOR ONE YEAR FROM THE DATE OF ISSUANCE OF THE FINANCIAL

STATEMENTS AND BELIEVES THAT THE FOUNDATION HAS SUFFICIENT LIQUIDITY TO

SUPPORT OPERATIONS.

PART VI SECTION A LINE 6-7B

THE MARCH OF DIMES HAS A VOLUNTEER BOARD OF TRUSTEES WHO ARE CONSIDERED

MEMBERS BY THE IRS DEFINITION AND HAVE THE AUTHORITY TO ELECT OTHER

MEMBERS AS WELL AS MAKE DECISIONS WHICH ARE SUBJECT TO APPROVAL BY OTHER

MEMBERS.

PART VI REVIEW OF 990 BY GOVERNING BODY LINE 11B

THE MARCH OF DIMES IRS FORM 990 IS PREPARED BY STAFF AND REVIEWED BY

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

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

PART VI SECTION B: CONFLICT OF INTEREST LINE 12C

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

PART VI SECTION B: POLICIES LINE 15

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

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

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

PART VI SECTION C: DISCLOSURES LINE 19

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

PART XI RECONCILIATION OF NET ASSETS

LINE 9 OTHER CHANGES IN NET ASSETS THE OTHER CHANGES IN NET ASSETS IS MADE UP OF PENSION/POST RETIREMENT COSTS OF \$20,130,477 AND LOSSES ON PRIOR YEAR PLEDGES OF \$254,239. THE PENSION/POST RETIREMENT COSTS AMOUNT IS THE NET RESULT OF INCREASES IN PREVAILING INTEREST RATES AND OTHER CHANGES IN PLAN ASSUMPTIONS THAT ARE USED TO VALUE PENSION LIABILITIES.

Name of the organization

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FURTHER, A PLAN AMENDMENT IN 2015 CLOSED THE NON-CONTRIBUTORY DEFINED BENEFIT PLAN TO NEW BENEFIT ACCRUALS AFTER 12/31/16. THE IMPACT ON EXPENSE WILL BE RECOGNIZED OVER THE NEXT SEVERAL YEARS. SEE AUDITED FINANCIALS (NOTE 9) FOR MORE INFORMATION.

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

PUBLIC AND PROFESSIONAL EDUCATION - 2016 EXPENDITURES \$64,354,918

THE MARCH OF DIMES PROMOTES INFORMATION ABOUT PRECONCEPTION, PREGNANCY AND BABY HEALTH. IN 2016, MUCH NEW CONTENT WAS DEVELOPED ABOUT ZIKA VIRUS AND ITS POTENTIAL IMPACT ON PREGNANCY AND BABY HEALTH. WE SHARE VITAL HEALTH INFORMATION WITH THE GENERAL PUBLIC, WOMEN AND HEALTH PROFESSIONALS THROUGH VARIOUS MEDIA, INCLUDING WEB, PRINT, VIDEOS, SOCIAL MEDIA, TOOLKITS AND CONTINUING EDUCATION SESSIONS.

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

PREGNANCY AND NEWBORN HEALTH EDUCATION CENTER

SINCE 1997, THE PREGNANCY & NEWBORN HEALTH EDUCATION CENTER (THE CENTER) HAS SERVED WOMEN AND THEIR FAMILIES BY BEING THE TRUSTED SOURCE OF ACCURATE, TIMELY INFORMATION ABOUT WHAT WOMEN CAN DO TO

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

ATTACHMENT 1 (CONT'D)

HELP THEMSELVES BE HEALTHIER, TO HAVE A HEALTHY PREGNANCY AND REDUCE THEIR RISK OF HAVING A PRETERM BIRTH. THROUGH THE CENTER, MARCH OF DIMES HEALTH EXPERTS OFFER ONE-ON-ONE HEALTH EDUCATION AND SUPPORT TO WOMEN AND FAMILIES FROM AROUND THE WORLD, IN ENGLISH AND SPANISH.

IN 2016, THE CENTER ANSWERED 21,581 INQUIRIES IN ENGLISH AND SPANISH ON TOPICS RANGING FROM PRECONCEPTION, PREGNANCY AND PREMATURITY TO HEALTH ADVOCACY, BABY CARE AND LOSS. THE CENTER ALSO DELIVERS EDUCATION THROUGH SOCIAL MEDIA PLATFORMS. THE NEWS MOMS NEED BLOG AVERAGES OVER 1,000 DAILY VIEWS AND NACERSANO BLOG AVERAGES 2,867 VIEWS PER DAY. THROUGH DAILY OUTREACH AND MONTHLY BILINGUAL CHATS ON THE MARCH OF DIMES TWITTER ACCOUNTS, THE CENTER ENGAGED OVER 108 MILLION PEOPLE WITH DETAILED EDUCATIONAL CONTENT, AND ANSWERED INDIVIDUAL CONCERNS AS THEY AROSE.

PERISTATS AND THE PERINATAL DATA CENTER LAUNCHED NEARLY 15 YEARS AGO, PERISTATS? IS AN ONLINE SOURCE FOR PERINATAL STATISTICS DEVELOPED BY THE MARCH OF DIMES PERINATAL DATA CENTER, A TEAM OF EPIDEMIOLOGISTS, DATA ANALYSTS AND EVALUATORS PROVIDING SUPPORT FOR THE FOUNDATION THROUGH DATA. PERISTATS PROVIDES FREE ACCESS TO MATERNAL AND INFANT HEALTH-RELATED DATA AT THE U.S., STATE, COUNTY AND CITY LEVEL AND WAS DEVELOPED TO ENSURE THAT THE PUBLIC, INCLUDING HEALTH PROFESSIONALS, RESEARCHERS, MEDICAL LIBRARIANS, POLICY MAKERS, STUDENTS, AND THE MEDIA HAVE EASY ACCESS TO THIS INFORMATION. DATA IS UPDATED THROUGHOUT THE YEAR, AND IS USEFUL FOR MULTIPLE TASKS,

Name of the organization	Employer identification number
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ATTACHMENT 1 (CONT'D)

INCLUDING FACT FINDING, HEALTH ASSESSMENTS, GRANT WRITING, POLICY DEVELOPMENT, LECTURES AND PRESENTATIONS.

PERISTATS PROVIDES ACCESS TO THE MOST CURRENT MATERNAL AND INFANT HEALTH STATISTICS ON TOPICS SUCH AS PRETERM BIRTH, INFANT MORTALITY, TOBACCO USE, CESAREAN SECTION RATES, AND BIRTH DEFECTS. DETAILED INFORMATION BY RACE, ETHNICITY, AND MATERNAL AGE FOR MANY INDICATORS IS ALSO AVAILABLE. TO COMMUNICATE THIS INFORMATION, DATA ARE PRESENTED ALONG WITH WRITTEN STATEMENTS FOR EASY INTERPRETATION AND TAKE-AWAY MESSAGES. PERISTATS PRODUCES PRINTER-READY GRAPHS, MAPS, AND TABLES THAT CAN ALSO BE DOWNLOADED INTO REPORTS AND PRESENTATIONS. THE SITE ALSO PROVIDES COMPARISONS BETWEEN STATES, COUNTIES, CITIES AND TO THE UNITED STATES. OVER 100,000 GRAPHS, MAPS, AND TABLES ARE AVAILABLE ON PERISTATS. PERISTATS USES DATA COMPILED FROM NUMEROUS GOVERNMENT AGENCIES AND ORGANIZATIONS, INCLUDING CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), NATIONAL CENTER FOR HEALTH STATISTICS (NCHS), SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION (SAMHSA) AND THE U.S. CENSUS BUREAU AMONG MANY OTHERS. THE MARCH OF DIMES IS GRATEFUL TO THESE ORGANIZATIONS, FOR WITHOUT THEIR DEDICATION AND COOPERATION, IT WOULD BE IMPOSSIBLE TO PROVIDE A RICH SET OF PERINATAL HEALTH INDICATORS ON A COMMON PLATFORM. PERISTATS HAS BEEN EXPANDED OVER THE PAST FEW YEARS TO INCLUDE DATA FROM THE CDC'S PREGNANCY RISK ASSESSMENT MONITORING SYSTEM (PRAMS) AND THE NATIONAL BIRTH DEFECTS PREVENTION NETWORK (NBDPN). PRAMS IS A SYSTEM OF STATE- AND POPULATION-BASED SURVEYS THAT

Name of the organization

MARCH OF DIMES FOUNDATION

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ATTACHMENT 1 (CONT'D)

ROUTINELY COLLECT INFORMATION ABOUT MATERNAL BEHAVIORS AND EXPERIENCES BEFORE, DURING, AND SHORTLY AFTER PREGNANCY. TOPICS AVAILABLE ON PERISTATS FROM PRAMS INCLUDE PRECONCEPTION AND INTERCONCEPTION CARE, SMOKING AND ALCOHOL USE, HEALTH INSURANCE COVERAGE, BREASTFEEDING AND INFANT HEALTH CARE. THE NBDPN, IN COLLABORATION WITH THE CDC, COLLECTS AND REPORTS DATA ON MAJOR BIRTH DEFECTS FROM STATE BIRTH DEFECTS SURVEILLANCE SYSTEMS. BIRTH DEFECTS DATA FROM THE NBDPN FOR 2009-2013 FROM 38 STATES AND 50 CONDITIONS ARE AVAILABLE ON PERISTATS WITH UPDATES EXPECTED ANNUALLY. CONDITION PREVALENCE RATES ARE PROVIDED BY MATERNAL RACE/ETHNICITY AND SELECT CHROMOSOMAL DEFECTS ARE ALSO PROVIDED BY MATERNAL AGE, A KNOWN RISK FACTOR FOR THESE DEFECTS.

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

COMMUNITY SERVICES - 2016 EXPENDITURES - \$43,593,120

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

MARCH OF DIMES STAFF AND VOLUNTEERS PARTNER WITH LOCAL HEALTH AGENCIES, COMMUNITY-BASED ORGANIZATIONS, PROFESSIONAL

Name of the organization

MARCH OF DIMES FOUNDATION

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13-1846366

ATTACHMENT 2 (CONT'D)

ASSOCIATIONS, HOSPITALS, AND OTHERS TO DETERMINE THE MOST PRESSING MATERNAL AND CHILD HEALTH NEEDS AND TO DEVELOP A MULTI-YEAR STRATEGIC PLAN THAT WILL POSITIVELY IMPACT THE HEALTH STATUS OF COMMUNITIES. STAFF AND VOLUNTEERS THEN WORK TO ENHANCE AND EXPAND COMMUNITY SERVICES, AND TO IMPROVE SYSTEMS OF CARE FOR MOTHERS, BABIES, AND THEIR FAMILIES THROUGH ADVOCACY, LEADERSHIP EDUCATIONAL PROGRAMS AND COMMUNITY GRANTS. IN 2016, MARCH OF DIMES CHAPTERS AWARDED 252 COMMUNITY GRANTS.

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

HEALTHY BABIES ARE WORTH THE WAIT (HBWW) COMMUNITY PROGRAM IS A MARCH OF DIMES-LED PARTNERSHIP FOCUSED ON DECREASING PRETERM BIRTH BY IMPROVING THE QUALITY OF HEALTH CARE DELIVERY, INCREASING ACCESS TO PREVENTION SERVICES, PROVIDING EDUCATION FOR PREGNANT WOMEN, PERINATAL PROVIDERS AND THE GREATER COMMUNITY. PROGRAM PARTNERS WORK TOGETHER TO INTEGRATE CLINICAL AND PUBLIC HEALTH INTERVENTIONS THAT ARE PROVEN TO REDUCE PRETERM BIRTH. THESE INTERVENTIONS INCLUDE: PATIENT NAVIGATION/CARE COORDINATION, HOSPITAL QUALITY IMPROVEMENT TO REDUCE EARLY ELECTIVE DELIVERIES, GROUP PRENATAL CARE, AND SMOKING CESSATION, PREVENTION OF REPEAT PRETERM BIRTHS AND INFECTION DIAGNOSIS AND TREATMENT. IN 2016, 36 SITES IN 11 STATES CONDUCTED THE HBWW COMMUNITY PROGRAM.

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

ATTACHMENT 2 (CONT'D)

SUPPORTING FAMILIES AFFECTED BY OUR MISSION

THE MARCH OF DIMES HAS A PORTFOLIO OF PRODUCTS AND SERVICES DESIGNED TO EDUCATE AND SUPPORT FAMILIES WHO HAVE A BABY ADMITTED TO A NEWBORN INTENSIVE CARE UNIT (NICU), AND TO THE STAFF WHO PROVIDE CLINICAL CARE TO THE BABIES. THE MARCH OF DIMES OFFERS SERVICES TO NEARLY 110,000 FAMILIES AND STAFF ANNUALLY THROUGH ITS NICU INNOVATIONS.

THE MARCH OF DIMES NICU FAMILY SUPPORT PROGRAM IS OFFERED TO OVER 75,000 FAMILIES ANNUALLY. THE SERVICES PROVIDED MAY INCLUDE PARENT EDUCATION, PRINT AND ONLINE MATERIALS, AND SUPPORTIVE ACTIVITIES

AND CRITICAL HEALTH CARE MESSAGES TO FAMILIES IN CRISIS. SERVICES ARE PROVIDED DURING THE NICU STAY, THROUGH THE TRANSITION HOME AND IN THE EVENT OF A NEWBORN LOSS. THE PROGRAM ALSO PROVIDES EDUCATION TO STAFF ON TOPICS DESIGNED TO ENGAGE THE FAMILY AS PART OF THE CARE TEAM. THE PROGRAM HAS A PRESENCE IN OVER 130 HOSPITALS NATIONWIDE, INCLUDING THE DISTRICT OF COLUMBIA AND PUERTO RICO.

SHARE YOUR STORY IS THE MARCH OF DIMES ONLINE COMMUNITY FOR FAMILIES WHO HAVE BEEN AFFECTED BY OUR MISSION. THE COMMUNITY PROVIDES A SAFE ENVIRONMENT WHERE FAMILIES WHO HAVE BEEN AFFECTED BY THE MISSION OF THE MARCH OF DIMES, INCLUDING A NICU-STAY, INFANT OR NEONATAL DEATH OR PREMATUREITY CAN CONNECT WITH EACH OTHER. THERE ARE OVER 30,000 ENGAGED USERS OF THE COMMUNITY AND 100,000 UNIQUE VISITORS.

MARCH OF DIMES NICU INSTITUTE WORKSHOPS PROVIDE CONTINUING NURSE EDUCATION CREDITS ON A VARIETY OF TOPICS, INCLUDING SKIN-TO-SKIN

Name of the organization	Employer identification number
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ATTACHMENT 2 (CONT'D)

HOLDING, COMMUNICATION AND SUPPORTING FAMILIES IN CRISIS, PROVIDING SUPPORT TO SHORTER STAY FAMILIES AND PARTNERING WITH PARENTS TO IMPROVE PATIENT SAFETY. THE WORKSHOPS ARE PRESENTED BY EXPERTS IN THE AREAS OF FAMILY-CENTERED CARE AND PATIENT EXPERIENCE THROUGH 65 HOSPITAL-BASED TRAININGS AND 9 CONFERENCES, EDUCATING OVER 4,300 PROFESSIONALS ANNUALLY.

MATERNAL AND CHILD HEALTH ADVOCACY

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

THE MARCH OF DIMES PURSUES A WIDE RANGE OF POLICIES CHANGES IN SUPPORT OF THE PREMATURITY CAMPAIGN. WE ADVOCATE ON THE FEDERAL AND STATE LEVELS TO IMPROVE ACCESS TO CARE AND QUALITY OF SERVICES, LIMIT ACCESS TO TOBACCO AND MAKE CESSATION PROGRAMS READILY AVAILABLE, AND REDUCE ENVIRONMENTAL RISKS FOR PRETERM BIRTH. OUR RECENT VICTORIES HAVE INCLUDED EXTENSION OF THE FEDERAL CHILDREN'S HEALTH INSURANCE PROGRAM AND NUMEROUS STATE-LEVEL LAWS TO PROTECT AND EXPAND ACCESS TO CARE FOR PREGNANT WOMEN AND WOMEN OF CHILDBEARING AGE.

THE MARCH OF DIMES ALSO ADVOCATES ON OTHER IMPORTANT MATERNAL AND CHILD HEALTH PRIORITIES, SUCH AS IMMUNIZATIONS, TOBACCO PREVENTION AND CESSATION, NEWBORN SCREENING, AND OPIOIDS. OUR VOLUNTEERS AND

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ATTACHMENT 2 (CONT'D)

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

HISPANIC OUTREACH

THE INCREASING NUMBER OF HISPANIC WOMEN IN THE UNITED STATES, COUPLED WITH THEIR HIGHER FERTILITY RATES AND INCREASED RISK OF ADVERSE BIRTH OUTCOMES, CALL FOR GREATER ATTENTION TO THEIR PRECONCEPTION, MATERNAL AND NEWBORN HEALTH NEEDS. TO ADDRESS THESE NEEDS, THE MARCH OF DIMES OFFERS NUMEROUS EDUCATION AND HEALTH PROMOTION RESOURCES THAT REACH MILLIONS OF SPANISH-SPEAKING WOMEN AND FAMILIES GLOBALLY. OUR SPANISH-LANGUAGE SITE, NACERSANO.ORG IS ONE OF A KIND WITH CULTURALLY AND LINGUISTICALLY RELEVANT INFORMATION ABOUT MATERNAL AND CHILD HEALTH. THE SITE REACHED MORE THAN 1.0 MILLION USERS IN 2016.

HISPANIC ADVISORY COUNCIL

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

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ATTACHMENT 2 (CONT'D)

HEALTH PROMOTION TO HISPANIC FAMILIES.

FDA AND CORN MASA FLOUR

THE MARCH OF DIMES LED A WORKING GROUP COMPRISED OF OTHER HEALTH ORGANIZATIONS AND A COMPANY INTERESTED IN FORTIFYING CORN MASA FLOUR AND ITS RELATED PRODUCTS (E.G., TORTILLAS AND TORTILLA CHIPS) WITH FOLIC ACID IN THE U.S. TO PREPARE A FOOD ADDITIVE PETITION TO THE FDA. THIS PETITION WAS SUBMITTED TO THE FDA IN APRIL 2012. THE MARCH OF DIMES WORKED CLOSELY WITH THE FDA TO ADDRESS THEIR CONCERNS AND QUESTIONS REGARDING ASPECTS OF THE INFORMATION SUBMITTED IN THE PETITION. THE MARCH OF DIMES FUNDED AN ADDITIONAL STABILITY STUDY, SUBMITTED TO FDA IN LATE 2015, TO EXAMINE THE LEVELS OF FOLIC ACID PRESENT IN FORTIFIED CORN MASA FLOUR AND ITS RELATED PRODUCTS OVER TIME. AS A RESULT OF THIS CONCERTED, SUSTAINED EFFORT, THE FDA APPROVED THE PETITION IN APRIL 2016 AND FORTIFIED CORN MASA FLOUR PRODUCTS BEGAN APPEARING ON STORE SHELVES FOR CONSUMERS IN LATE 2016.

PATIENT SAFETY AND QUALITY

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

GLOBAL PROGRAMS

MARCH OF DIMES CONDUCTS ITS GLOBAL ACTIVITIES THROUGH VARIOUS MEANS, INCLUDING MISSION PARTNERSHIPS AND PROJECTS WITH

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ATTACHMENT 2 (CONT'D)

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

AS AN EXAMPLE OF OUR MISSION PARTNERSHIPS, GLOBAL PROGRAMS IN 2008 ESTABLISHED THE GLOBAL NETWORK FOR MATERNAL AND INFANT HEALTH (GNMIH), A NETWORK OF INTERLINKED MISSION ALLIANCES, TO PROMOTE PREVENTION OF BIRTH DEFECTS AND PRETERM BIRTH IN PARTNER COUNTRIES. THE CORE PHILOSOPHY OF GNMIH IS ONE OF COMMUNICATION AND COLLABORATION AMONG ALL MEMBERS, FROM THE EARLIEST STAGES OF PROPOSAL DEVELOPMENT THROUGH THE CONDUCT AND EVALUATION OF NETWORK PROJECTS AND PUBLICATION OF RESEARCH FINDINGS. RECENT ACTIVITIES HAVE INCLUDED A PARTNERSHIP WITH THE BAYLOR COLLEGE OF MEDICINE TO PILOT TEST PROGRAMS FOR INCREASING WOMEN AND HEALTH WORKERS' KNOWLEDGE ABOUT PRETERM BIRTH PREVENTION IN THE REPUBLIC OF MALAWI. WE ARE ALSO PARTNERING WITH COLLEAGUES AT THE AMERICAN UNIVERSITY OF BEIRUT AND UNIVERSITY OF THE PHILIPPINES TO IMPLEMENT A WORKPLACE WELLNESS PROGRAM TO IMPROVE THE HEALTH

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ATTACHMENT 2 (CONT'D)

KNOWLEDGE, BEHAVIOR AND OUTCOMES OF WOMEN AND MEN IN THEIR
REPRODUCTIVE YEARS. THE PROGRAM WILL FORM THE BASIS FOR A
WORKPLACE HEALTH EDUCATION MODEL THAT CAN BE ADAPTED FOR USE
THROUGHOUT THE DEVELOPING WORLD.

A GOOD EXAMPLE OF RAISING AWARENESS ABOUT NEGLECTED GLOBAL HEALTH
PROBLEMS IS THE PUBLICATION OF A CONSENSUS REPORT OF CONGENITAL
DISORDERS AND CARE OF AFFECTED CHILDREN IN 2016. LED, CO-AUTHORED
AND CO-EDITED BY GLOBAL PROGRAMS STAFF, THE STATEMENT WAS
CO-SIGNED BY OVER 70 ATTENDEES OF THE 7TH BIENNIAL CONFERENCE ON
THE PREVENTION OF BIRTH DEFECTS AND DISABILITIES IN THE DEVELOPING
WORLD IN DAR ES SALAAM, TANZANIA. WE ARE CURRENTLY PREPARING FOR
THE 8TH CONFERENCE IN THIS SERIES TO BE HELD IN BOGOTA, COLOMBIA
IN 2017. THE CONFERENCE IS EXPECTED TO BRING TOGETHER OVER 300
HEALTH POLICY MAKERS, DONOR ORGANIZATIONS, HEALTH CARE PROVIDERS,
EXPERTS IN DATA COLLECTION AND MONITORING, RESEARCHERS,
PARENT-PATIENT ORGANIZATIONS AND OTHER NGOS AND YOUTH VOLUNTEERS
WITH THE GOAL OF PROVIDING SPECIFIC PRACTICAL TOOLS AND APPROACHES
THAT PARTICIPANTS COULD USE TO IMPLEMENT AND STRENGTHEN SERVICES
WHEN THEY RETURNED TO THEIR RESPECTIVE COUNTRIES.
WHEN THEY RETURNED TO THEIR RESPECTIVE COUNTRIES.
PARENT-PATIENT ORGANIZATIONS AND OTHER NGOS AND YOUTH VOLUNTEERS
WITH THE GOAL OF PROVIDING SPECIFIC PRACTICAL TOOLS AND APPROACHES
THAT PARTICIPANTS COULD USE TO IMPLEMENT AND STRENGTHEN SERVICES
WHEN THEY RETURNED TO THEIR RESPECTIVE COUNTRIES.

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ATTACHMENT 3

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

RESEARCH AND MEDICAL SUPPORT - 2016 EXPENDITURES 25,498,014

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

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

WE LAUNCHED THE NATIONAL PREMATUREITY CAMPAIGN IN 2003, AFTER DECADES OF INCREASING PRETERM BIRTH RATES IN THE UNITED STATES. AFTER HITTING A PEAK IN 2006, THE PRETERM BIRTH RATES DECLINED TO THE CURRENT RATE OF 9.6%. WE ACHIEVED THESE RESULTS THROUGH SUSTAINED LEADERSHIP AND A VARIETY OF PARTNERSHIPS.

WE OPENED FIVE MARCH OF DIMES PREMATUREITY RESEARCH CENTERS, THE FIRST ONE AT STANFORD UNIVERSITY IN 2011, THE SECOND AS THE OHIO COLLABORATIVE (UNIVERSITY OF CINCINNATI, THE OHIO STATE UNIVERSITY AND CASE WESTERN RESERVE UNIVERSITY) IN 2013, THE THIRD AND FOURTH IN 2014 AT WASHINGTON UNIVERSITY IN ST. LOUIS AND THE UNIVERSITY OF PENNSYLVANIA, AND THE FIFTH INVOLVING THE UNIVERSITY OF CHICAGO, NORTHWESTERN, AND DUKE UNIVERSITY IN 2015. THESE PREMATUREITY RESEARCH CENTERS TAKE A UNIQUE TEAM SCIENCE APPROACH TO SPEED UP THE DISCOVERY OF CAUSES AND PREVENTIONS, DRAWING

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ATTACHMENT 3 (CONT'D)

FACULTY NOT ONLY FROM THE MEDICAL SCHOOLS, BUT FROM ACROSS THE CAMPUSES, INCLUDING, FOR EXAMPLE FROM SCHOOLS OF ENGINEERING. OUR GOALS ARE THREEFOLD: 1) TO DETERMINE THE CAUSES OF PRETERM BIRTH; 2) TO DEVELOP NEW WAYS TO IDENTIFY WOMEN OR PREGNANCIES AT RISK; AND 3) TO TURN KNOWLEDGE INTO EFFECTIVE CLINICAL AND POLICY-BASED SOLUTIONS. THE KEY TO THIS UNIQUE ENDEAVOR IS TRANSDISCIPLINARITY, INTENTIONALLY DESIGNED TO ACCELERATE DISCOVERIES IN PRETERM BIRTH RESEARCH. THE TOTAL INVESTMENT IN THESE CENTERS IN 2015 WAS \$8.25 MILLION AND INCREASED TO \$10 MILLION IN 2016.

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

PROCESSES OF DEVELOPMENT, GENETICS, CLINICAL STUDIES, STUDIES OF REPRODUCTIVE HEALTH, ENVIRONMENTAL TOXICOLOGY, AND STUDIES IN SOCIAL AND BEHAVIORAL SCIENCES THAT FOCUS ON FACTORS CONTRIBUTING TO ADVERSE PREGNANCY OUTCOMES, AND ON CONSEQUENCES OF BIRTH DEFECTS AND PREMATURE BIRTH. THE BASIL O'CONNOR STARTER SCHOLAR RESEARCH AWARDS ARE FUNDED IN A PROGRAM SPECIFICALLY DESIGNED TO SUPPORT SCIENTISTS JUST EMBARKING ON THEIR INDEPENDENT RESEARCH CAREERS. CREATED IN 1973 AND NAMED FOR THE FIRST MARCH OF DIMES CHAIRMAN AND PRESIDENT, THIS PROGRAM PROVIDES FUNDING TO YOUNG INVESTIGATORS TO START THEIR OWN RESEARCH PROJECTS ON TOPICS RELATED TO THE MARCH OF DIMES MISSION. THE TOTAL AMOUNT FOR THESE 29 INVESTIGATOR INITIATED GRANTS SUPPORTED BY THE MARCH OF DIMES IN 2016 WAS OVER \$7 MILLION. IN ADDITION, THE MARCH OF DIMES ALSO

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SUPPORTS A LARGE NUMBER OF CONFERENCES, BOTH NATIONAL AND INTERNATIONAL, ON THE TOPIC OF BIRTH DEFECTS, PREMATURE BIRTH, AND INFANT MORTALITY. IN 2016, THIS AMOUNT TOTALLED NEARLY HALF A MILLION.

WE LED THE DRIVE TO ELIMINATE EARLY ELECTIVE DELIVERIES BEFORE 39 COMPLETED WEEKS OF PREGNANCY. THIS WORK INCLUDED QUALITY IMPROVEMENT INITIATIVES WITH OVER 100 PROMINENT HOSPITALS IN 28 STATES. A PEER-REVIEWED PUBLICATION, THE RESEARCH FOR WHICH WAS SUPPORTED BY AND ON WHICH THE MAJORITY OF THE AUTHORS WERE FROM THE MARCH OF DIMES, SHOWED AN 83% REDUCTION IN EARLY ELECTIVE DELIVERIES FROM JANUARY THROUGH DECEMBER OF THE SAME YEAR AMONG 25 HOSPITALS IN FIVE STATES. THIS WORK ALSO INCLUDES A NATIONAL CONSUMER EDUCATION CAMPAIGN CALLED HEALTHY BABIES ARE WORTH THE WAIT®. THE DESCRIPTION OF THE HEALTHY BABIES ARE WORTH THE WAIT PILOT IN KENTUCKY WAS PUBLISHED IN 2015 AS VOLUME 1 OF THE NEW PEER-REVIEWED MARCH OF DIMES SERIES WITH ELSEVIER AS THE PUBLISHER. THIS SHOWS THAT THERE WAS A REDUCTION IN EARLY ELECTIVE DELIVERIES IN KENTUCKY COMPARED WITH SURROUNDING STATES, AND REVIEWERS WERE HIGHLY COMPLIMENTARY OF THE MARCH OF DIMES TAKING ON A RESEARCH PROJECT OF THIS COMPLEXITY IN A REAL WORLD SETTING. IN 2012, THE U.S. DEPT. OF HEALTH AND HUMAN SERVICES BUILT ON THIS APPROACH BY LAUNCHING STRONG START, AN INITIATIVE TO IMPROVE BIRTH OUTCOMES. THE LEAPFROG GROUP, A NONPROFIT HOSPITAL QUALITY WATCHDOG, RELEASED RESULTS FROM THE 2013 LEAPFROG HOSPITAL SURVEY, WHICH SHOWED THE RATE OF EARLY ELECTIVE DELIVERIES (NON-MEDICALLY NECESSARY C-SECTIONS AND INDUCTIONS BEFORE 39 WEEKS) DROPPED FROM

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17% IN 2010 TO 4.6% IN 2013 AT NEARLY 1,000 REPORTING HOSPITALS.

THE JOINT COMMISSION HAS INCLUDED THE REDUCTION OF EARLY ELECTIVE DELIVERIES AS ONE OF ITS FIVE PERINATAL CORE MEASURES, WHICH WILL IMPACT POLICIES AT ALL BIRTHING HOSPITALS IN THE U.S. RATES OF EARLY ELECTIVE DELIVERIES HAVE CONTINUED TO DECLINE, TO 2% IN 2016.

OUR RESEARCH ADVANCES OVER THE PAST 75 YEARS ARE STILL IMPROVING HEALTH AND SAVING LIVES OF BABIES TODAY. POLIO ONCE CRIPPLED TENS OF THOUSANDS OF CHILDREN, BUT THANKS TO VACCINES DEVELOPED WITH MARCH OF DIMES SUPPORT, THIS DISEASE HAS BEEN ELIMINATED IN MOST OF THE WORLD. NEWBORN SCREENING TESTS DEVELOPED WITH FUNDING FROM THE MARCH OF DIMES CONTRIBUTE TO THE DETECTION OF THE RECOMMENDED SET OF 34 SERIOUS BUT TREATABLE DISORDERS AND SAVE LIVES. THE MARCH OF DIMES NATIONAL FOLIC ACID CAMPAIGN LED TO FORTIFICATION OF GRAIN PRODUCTS IN 1998 WITH THE B VITAMIN FOLIC ACID, AND SINCE THEN OUR NATION HAS SEEN A 36 PERCENT REDUCTION IN SPINA BIFIDA, A BIRTH DEFECT OF THE SPINAL CORD, AND A 17 PERCENT REDUCTION IN ANENCEPHALY, A VERY SERIOUS BIRTH DEFECT OF THE BRAIN THAT UNIFORMLY RESULTS IN DEATH. BUILDING UPON THIS PUBLIC HEALTH SUCCESS, THE MARCH OF DIMES LED EFFORTS TO ALLOW MANUFACTURERS TO FORTIFY CORN MASA FLOUR WITH FOLIC ACID AS WELL, WHICH WAS ACHIEVED IN 2016.

REDUCING PRETERM BIRTH

IN 2016, THE MARCH OF DIMES DEVELOPED A PREMATUREITY CAMPAIGN STRATEGIC MAP AND A PREMATUREITY CAMPAIGN COLLABORATIVE TO ALIGN AND MOBILIZE EFFORTS WITH MANY OTHER ORGANIZATIONS AND INDIVIDUALS

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THAT WORK TO PREVENT PREMATURE BIRTH AND THE INEQUITY OF ITS IMPACT. THROUGH THE COLLABORATIVE, THE MARCH OF DIMES CONTINUES ITS PARTNERSHIP EFFORTS WITH MANY OTHER ORGANIZATIONS AND STATE HEALTH DEPARTMENTS. BEGINNING IN 2012, THROUGH A PARTNERSHIP WITH THE ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS (ASTHO), HEALTH DEPARTMENTS IN EVERY STATE, PUERTO RICO AND THE DISTRICT OF COLUMBIA PLEDGED TO REDUCE THEIR RATES OF PREMATURE BIRTH BY 8 PERCENT BY DATA YEAR 2014. USING THE DATA FROM THE NATIONAL CENTER FOR HEALTH STATISTICS (NCHS) OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC), 25 STATES OR TERRITORIES HAVE ACHIEVED THEIR 8% REDUCTION GOAL: ALASKA, ARIZONA, ARKANSAS, CALIFORNIA, CONNECTICUT, COLORADO, DELAWARE, DISTRICT OF COLUMBIA, GEORGIA, HAWAII, IDAHO, INDIANA, MAINE, MASSACHUSETTS, MISSISSIPPI, NEVADA, NEW HAMPSHIRE, NEW YORK, NORTH DAKOTA, PUERTO RICO, RHODE ISLAND, UTAH, VERMONT, VIRGINIA, AND WYOMING. THE MARCH OF DIMES CONTINUES TO WORK NATIONALLY AND LOCALLY TO ADVANCE 8 PRIORITY PREMATURITY CAMPAIGN INTERVENTIONS WITH ITS PARTNERS, INCLUDING PROGESTERONE TO PREVENT PRETERM BIRTH RECURRENCE, GROUP PRENATAL CARE, SMOKING CESSATION, BIRTH SPACING AND INTENTIONALITY, AND REDUCING EARLY ELECTIVE DELIVERIES.

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

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ATTACHMENT 3 (CONT'D)

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

FOR THE FIRST TIME, 2015 STATE REPORT CARDS ALSO INCLUDED GRADES FOR UP TO SIX OF THE LARGEST CITIES OR COUNTIES IN EACH STATE. IN ADDITION, THE MARCH OF DIMES ISSUED GRADES FOR THE 100 U.S. CITIES WITH THE GREATEST NUMBERS OF LIVE BIRTHS. IN 2016, THE FOCUS ON GEOGRAPHIC AND RACIAL/ETHNIC DISPARITIES CONTINUED, AND KEY STATES WERE TARGETED FOR FOCUSED OUTREACH REGARDING REPORT CARDS, INCLUDING THROUGH SOCIAL MEDIA.

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

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

[HTTP://WWW.MARCHOFDIMES.ORG/MISSION/MARCH-OF-DIMES-PREMATUREITY-CAMP](http://www.marchofdimes.org/mission/march-of-dimes-prematurity-campaign.aspx)

[AIGN.ASPX;](http://www.marchofdimes.org/mission/progress-and-impact.aspx)

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

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ATTACHMENT 4FORM 990, PART VI, LINE 17 - STATES

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

ATTACHMENT 5990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
INFOCISION 325 SPRINGSIDE DRIVE AKRON, OH 44333	TELEMARKETING SERVIC	2,168,569.
BLACKBAUD PO BOX 930256 ATLANTA, GA 31193	SOFTWARE HOSTING	2,031,817.
PEP DIRECT 19 STONEY BROOK DRIVE WILTON, NH 03086	MAIL HOUSE	1,907,373.
THOMPSON HABIB & DENISON 80 HAYDEN AVENUE LEXINGTON, MA 02421	FUNDRAISING CONSULT	740,322.
TM ADVERTISING PO BOX 74008221 CHICAGO, IL 60674	MARKETING	674,322.

ATTACHMENT 6FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	(A) <u>TOTAL</u> <u>REVENUE</u>	(B) <u>RELATED OR</u> <u>EXEMPT REVENUE</u>	(C) <u>UNRELATED</u> <u>BUSINESS REV.</u>	(D) <u>EXCLUDED</u> <u>REVENUE</u>
INTEREST ON SAVINGS	136,121.			136,121.
INTEREST & DIVIDENDS	947,225.			947,225.

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ATTACHMENT 6 (CONT'D)FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
TOTALS	<u>1,083,346.</u>			<u>1,083,346.</u>

ATTACHMENT 7FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION	AMOUNT
SPECIAL EVENTS	112,431,474.
TOTAL	<u>112,431,474.</u>

ATTACHMENT 8FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES
SPECIAL EVENTS	13,879,674.	13,879,674.
TOTALS	<u>13,879,674.</u>	<u>13,879,674.</u>

ATTACHMENT 9FORM 990, PART VIII - GAMING ACTIVITIES

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES
GAMING ACTIVITIES	313,142.	313,142.
TOTALS	<u>313,142.</u>	<u>313,142.</u>

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ATTACHMENT 10

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
PREPAID INSURANCE	297,970.	310,105.
PREPAID RENT	476,444.	402,756.
DEFERRED TRUST	48,637.	
OTHER PREPAID EXPENSES	840,704.	707,905.
TOTALS	<u>1,663,755.</u>	<u>1,420,766.</u>

ATTACHMENT 11

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
SHORT TERM SECURITY	1,123,666.	1,049,962.	FMV
DOMESTIC COMMON STOCK	20,382,925.	23,401,285.	FMV
PUBLICLY TRADED MUTUAL FUNDS	11,456,068.	17,916,445.	FMV
UNIT INVESTMENT TRUSTS	17,625,047.	770,186.	FMV
FIXED INCOME	192,166.	179,393.	FMV
TOTALS	<u>50,779,872.</u>	<u>43,317,271.</u>	

ATTACHMENT 12

FORM 990, PART X - DEFERRED REVENUE

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
DEFERRED REV	554,000.	1,989,853.

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ATTACHMENT 12 (CONT'D)FORM 990, PART X - DEFERRED REVENUE

<u>DESCRIPTION</u>	<u>BEGINNING BOOK VALUE</u>	<u>ENDING BOOK VALUE</u>
DEFERRED REV - SPECIAL EVENTS	1,486,481.	1,870,523.
DEFERRED REV - OTHER	208,927.	82,894.
TOTALS	<u>2,249,408.</u>	<u>3,943,270.</u>

**SCHEDULE R
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

MARCH OF DIMES FOUNDATION

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

OMB No. 1545-0047

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Inspection**

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

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

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

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

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

Schedule R (Form 990) 2016

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

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

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

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

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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

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

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

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

Part VII **Supplemental Information**

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