

MARCH OF DIMES FOUNDATION
FORM 990
TAX YEAR 2009

**Exempt Organization Declaration and Signature for
Electronic Filing**

OMB No. 1545-1879

For calendar year 2009, or tax year beginning 01/01, 2009, and ending 12/31, 20 09

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

▶ See instructions on back.

2009Department of the Treasury
Internal Revenue Service

Name of exempt organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount, 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 for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (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>211083567.</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 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 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign
Here

Richard E. Mulligan
Signature of officer

05/13/2010
Date

SR. VP & CFO
Title

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

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

ERO's Use Only	ERO's signature ▶ <u>[Signature]</u>	Date <u>05/13/2010</u>	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN <u></u>
	Firm's name (or yours if self-employed), address, and ZIP code ▶ <u></u>	EIN <u></u>			
	Phone no. <u></u>				

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

Paid Preparer's Use Only	Preparer's signature ▶ <i>James P. Conley</i>	Date <u>5-14-2010</u>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN <u>P01048773</u>
	Firm's name (or yours if self-employed), address, and ZIP code ▶ <u>KPMG, LLP</u>	EIN <u>13-5565207</u>		
	<u>345 PARK AVENUE</u> <u>NEW YORK</u> <u>NY 10154</u>	Phone no. <u>212-875-9700</u>		

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

Form **8453-EO** (2009)

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

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

OMB No. 1545-0047

2009**Open to Public
Inspection****A For the 2009 calendar year, or tax year beginning , 2009, 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"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization MARCH OF DIMES FOUNDATION		D Employer identification number 13-1846366
		Doing Business As		E Telephone number (914) 428-7100
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1275 MAMARONECK AVENUE		G Gross receipts \$ 299,061,896.
		City or town, state or country, and ZIP + 4 WHITE PLAINS, NY 10605		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: DR. JENNIFER HOWSE 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605		H(c) Group exemption number ▶		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ WWW.MARCHOFDIMES.COM				
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 Number of voting members of the governing body (Part VI, line 1a)	3	32
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	32
Revenue	5 Total number of employees (Part V, line 2a)	5	1,785
	6 Total number of volunteers (estimate if necessary)	6	3,000,000
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	
Expenses	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	230,314,102.	204,184,165.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,302,487.	1,771,685.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,623,600.	3,424,072.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,817,319.	1,703,645.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	236,057,508.	211,083,567.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	42,953,816.	30,953,145.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	99,003,031.	99,510,221.
	b Total fundraising expenses, Part IX, column (D), line 25) ▶ 30,906,121.	2,725,493.	2,400,017.
Net Assets or Fund Balances	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	87,762,810.	77,495,576.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	232,445,150.	210,358,959.
	19 Revenue less expenses. Subtract line 18 from line 12	3,612,358.	724,608.
	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	153,527,157.	156,956,237.
	22 Net assets or fund balances. Subtract line 21 from line 20	145,377,613.	113,547,202.
		8,149,544.	43,409,035.

Part II Signature Block

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer		Date	
Paid Preparer's Use Only	Preparer's signature ▶		Date	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed) address, and ZIP + 4 ▶ KPMG, LLP 345 PARK AVENUE NEW YORK, NY 10154		EIN ▶ 13-5565207	Preparer's identifying number (see instructions) P01048773
			Phone no. ▶	
May the IRS discuss this return with the preparer shown above? (see instructions) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

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

Form **990** (2009)

Part III Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:

ATTACHMENT 3

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 29,662,921. including grants of \$ 23,908,303.) (Revenue \$)

RESEARCH & MEDICAL SUPPORT

THE FOUNDATION SPONSORS RESEARCH TO DISCOVER THE CAUSE AND MEANS
OF PREVENTION AND AMELIORATION OF BIRTH DEFECTS AND RELATED FORMS
OF SUB OPTIMAL PREGNANCY OUTCOME. MEDICAL SERVICES CONTINUED
SUPPORT OF RESPIRATORY EQUIPMENT FOR POST POLIO PATIENTS.**4b** (Code:) (Expenses \$ 78,030,618. including grants of \$ 5,008,956.) (Revenue \$ 1,771,659.)

PUBLIC & PROFESSIONAL EDUCATION

THE FOUNDATION SUPPORTS MANY EFFORTS TO EDUCATE THE PUBLIC AND
PROFESSIONALS THROUGH PUBLICATIONS AND INFORMATION CAMPAIGNS.
INCLUDING THE PUBLICATIONS OF OVER 1,200 SEPARATE PIECES AVAILABLE
TO ANY INTERESTED PARTY.**4c** (Code:) (Expenses \$ 50,429,115. including grants of \$ 2,035,885.) (Revenue \$)

COMMUNITY SERVICES

THE FOUNDATION WORKS WITH MANY LOCAL COMMUNITIES TO PROVIDE
BENEFICIAL EFFECTS ON THE COMMUNITIES THAT IT SERVES. THESE
PROGRAMS INCLUDE ITEMS THAT WILL IMPROVE THE OUTCOME OF PREGNANCY,
SUCH AS SMOKING CESSATION AND NICU FAMILY SUPPORT.**4d** Other program services. (Describe in Schedule O.)

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

4e Total program service expenses ► 158,122,654.

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)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors?		<input checked="" type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	<input checked="" type="checkbox"/>	
5 Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	<input checked="" type="checkbox"/>	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	<input checked="" type="checkbox"/>	
12A Was the organization included in consolidated, independent audited financial statement for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.</i>	<input checked="" type="checkbox"/>	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
14b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	<input checked="" type="checkbox"/>	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II.</i>	<input checked="" type="checkbox"/>	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule G, Part I</i>	<input checked="" type="checkbox"/>	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input checked="" type="checkbox"/>	
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		<input checked="" type="checkbox"/>

Form **990** (2009)

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		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>	X	
24 a 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 question 25.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a Section 501(c)(3) and 501(c)(4) 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>		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>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>		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>		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>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		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>		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>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
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>		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>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Form **990** (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Yes	No
1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable 1a 596		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 42		
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 1,785		
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 <i>e-file</i> this return. (see instructions) 2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," 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: ATTACHMENT 4 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
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 question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 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? 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, during the year, 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 For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h	X	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966? 9a		
b Did the 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		

Form 990 (2009)

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.

Section A. Governing Body and Management

	1a	1b	Yes	No
a Enter the number of voting members of the governing body	32			
1b Enter the number of voting members that are independent		32		
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 organizational documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a material diversion of the organization's assets?				X
6 Does the organization have members or stockholders?			X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?			X	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?			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 Does the organization have local chapters, branches, or affiliates?	X	
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does 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," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **► ATTACHMENT 5**

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

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **► RICHARD MULLIGAN 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605**
 914 428-7100

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
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. Use Schedule J-2 if additional space is needed.

- 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. 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
KENNETH MAY CHAIRMAN	3.00	X		X				0.	0.	0.
MARK SELCOW VICE CHAIRMAN	1.00	X		X				0.	0.	0.
DAVID R. SMITH, MD. VICE CHAIRMAN	1.00	X		X				0.	0.	0.
CAROL EVANS SECRETARY	1.00	X		X				0.	0.	0.
KATHY BEHRENS TRUSTEE	1.00	X						0.	0.	0.
HARRIS BROOKS TRUSTEE	1.00	X						0.	0.	0.
JOHN BURBANK TRUSTEE	1.00	X						0.	0.	0.
AL CHILDS TREASURER	1.00	X		X				0.	0.	0.
DR. HARVEY COHEN TRUSTEE	1.00	X						0.	0.	0.
DR. JOSE F. CORDERO TRUSTEE	1.00	X						0.	0.	0.
MIRIAM AROND TRUSTEE	1.00	X						0.	0.	0.
LAVERNE H. COUNCIL TRUSTEE	1.00	X						0.	0.	0.
MICHELE FABRIZI TRUSTEE	1.00	X						0.	0.	0.
DR. VIRGINIA DAVIS FLOYD, M.P.H. TRUSTEE	1.00	X						0.	0.	0.
ROBERT F. FRIEL TRUSTEE	1.00	X						0.	0.	0.
DON GERMANO TRUSTEE	1.00	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	(C) Position (check all that apply)						(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			
J. JOSPEH HALE, JR. TRUSTEE	1.00	X						0.	0.	0.
ELIZABETH ROOSEVELT JOHNSON TRUSTEE	1.00	X						0.	0.	0.
TIMOTHY KELLY TRUSTEE	1.00	X						0.	0.	0.
MICHAEL M. MOHNSEN TRUSTEE	1.00	X						0.	0.	0.
JUDITH NOLTE TRUSTEE	1.00	X						0.	0.	0.
JONATHAN SPECTOR TRUSTEE	1.00	X						0.	0.	0.
FREDERICK W. TELLING, PH.D. TRUSTEE	1.00	X						0.	0.	0.
BRUCE C. VLADECK, PH.D. TRUSTEE	1.00	X						0.	0.	0.
JOSEPH W. WOOD TRUSTEE	1.00	X						0.	0.	0.
DR. ROGER CHARLES YOUNG TRUSTEE	1.00	X						0.	0.	0.
SHANNON BROWN TRUSTEE	1.00	X						0.	0.	0.
GARY DIXON TRUSTEE	1.00	X						0.	0.	0.
STEVEN FRIEBERG TRUSTEE	1.00	X						0.	0.	0.
1b Total CONTINUED AT SCHEDULE J-2								3,058,669.	0.	146,950.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **98**

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

	Yes	No
3		X
4	X	
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

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.

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **38**

Part VIII Statement of Revenue

13-1846366

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a 1,296,239.				
	b	Membership dues	1b				
	c	Fundraising events	1c 124,455,562.				
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e 6,649,729.				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f 71,782,635.				
	g	Noncash contributions included in lines 1a-1f: \$	423,309.				
	h	Total. Add lines 1a-1f		204,184,165.			
Program Service Revenue			Business Code				
	2a	PROGRAM SERVICE REVENUE	900099	1,159,697.	1,159,697.		
	b	SYMPOSIUM & CONFERENCES	900099	416,012.	416,012.		
	c	PROGRAM SPONSORSHIP	900099	195,976.	195,976.		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		1,771,685.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	ATTACHMENT 7	2,949,829.			2,949,829.
	4	Income from investment of tax-exempt bond proceeds . . .		0.			
	5	Royalties		786,912.			786,912.
			(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				
			73,939,000.				
	b	Less: cost or other basis and sales expenses		73,464,757.			
	c	Gain or (loss)		474,243.			
	d	Net gain or (loss)		474,243.			
	8a	Gross income from fundraising events (not including \$ 124,455,562. of contributions reported on line 1c). See Part IV, line 18	ATCH 8	14,513,572.			
	b	Less: direct expenses		14,513,572.			
	c	Net income or (loss) from fundraising events	ATCH 9	0.			
	9a	Gross income from gaming activities. See Part IV, line 19		308,332.			
	b	Less: direct expenses					
c	Net income or (loss) from gaming activities	ATCH 10	308,332.				
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	426,992.	426,992.			
b	ALL OTHER REVENUE	900099	181,409.	181,409.			
c							
d	All other revenue						
e	Total. Add lines 11a-11d		608,401.				
12	Total Revenue. See instructions		211,083,567.	2,380,086.		3,736,741.	

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) but are not required to complete columns (B), (C), and (D).**

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 governments and organizations in the U.S. See Part IV, line 21 . . .	29,763,701.	29,763,701.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0.			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	1,189,444.	1,189,444.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	3,058,669.	2,344,776.	322,995.	390,898.
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	68,605,604.	52,590,089.	7,247,662.	8,767,853.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	12,146,317.	9,161,864.	1,339,671.	1,644,782.
9 Other employee benefits	9,726,088.	7,627,591.	930,709.	1,167,798.
10 Payroll taxes	5,973,543.	4,513,027.	657,495.	803,021.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	189,921.	90,001.	61,988.	37,932.
c Accounting	409,734.	194,185.	133,720.	81,829.
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	2,400,017.			2,400,017.
f Investment management fees	0.			
g Other	9,920,523.	6,110,615.	1,567,738.	2,242,170.
12 Advertising and promotion	0.			
13 Office expenses	0.			
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	8,870,604.	7,056,601.	801,038.	1,012,965.
17 Travel	5,378,016.	4,256,226.	477,547.	644,243.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	2,589,143.	2,233,125.	167,862.	188,156.
20 Interest	147,173.	106,027.	19,026.	22,120.
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization . . .	2,217,039.	1,537,100.	314,251.	365,688.
23 Insurance	0.			
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a PRINTING -----	21,462,437.	12,518,351.	3,076,964.	5,867,122.
b POSTAGE & SHIPPING -----	12,134,700.	6,887,232.	1,891,759.	3,355,709.
c EQUIPMENT RENTAL -----	2,336,095.	1,657,516.	348,770.	329,809.
d TELEMARKETING/DATA FEES -----	8,600,941.	6,041,903.	1,465,881.	1,093,157.
e TELEPHONE -----	2,324,930.	1,621,520.	369,376.	334,034.
f All other expenses -----	914,320.	621,760.	135,732.	156,828.
25 Total functional expenses. Add lines 1 through 24f	210,358,959.	158,122,654.	21,330,184.	30,906,121.
26 Joint Costs. Check here <input checked="" type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	35,974,000.	20,639,000.	6,023,000.	9,312,000.

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,760,521.	1	1,203,817.
	2 Savings and temporary cash investments	6,864,252.	2	8,710,042.
	3 Pledges and grants receivable, net	1,024,756.	3	1,093,369.
	4 Accounts receivable, net	8,429,320.	4	6,885,287.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	5,355,699.	8	5,338,053.
	9 Prepaid expenses and deferred charges	2,062,554.	9	2,183,976.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 48,226,492.		
	b Less: accumulated depreciation	10b 32,417,593.		
	11 Investments - publicly traded securities	12,405,005.	10c	15,808,899.
	12 Investments - other securities. See Part IV, line 11	92,026,453.	11	90,815,311.
	13 Investments - program-related. See Part IV, line 11	15,138,646.	12	15,978,070.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	8,459,951.	14	8,939,411.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	153,527,157.	15	156,956,237.
Liabilities	17 Accounts payable and accrued expenses	16,866,228.	16	156,956,237.
	18 Grants payable	16,866,228.	17	12,038,021.
	19 Deferred revenue	36,245,527.	18	24,923,952.
	20 Tax-exempt bond liabilities	3,446,406.	19	2,427,713.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	2,960,000.	20	2,280,000.
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21	
	23 Secured mortgages and notes payable to unrelated third parties		22	
	24 Unsecured notes and loans payable to unrelated third parties		23	
	25 Other liabilities. Complete Part X of Schedule D	85,859,452.	24	
	26 Total liabilities. Add lines 17 through 25	145,377,613.	25	71,877,516.
Net Assets or Fund Balances	27 Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		26	113,547,202.
	28 Unrestricted net assets	-4,889,106.	27	30,083,630.
	29 Temporarily restricted net assets	2,027,372.	28	2,244,433.
	30 Permanently restricted net assets	11,011,278.	29	11,080,972.
	31 Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	32 Capital stock or trust principal, or current funds		30	
	33 Paid-in or capital surplus, or land, building, or equipment fund		31	
	34 Retained earnings, endowment, accumulated income, or other funds		32	
	35 Total net assets or fund balances	8,149,544.	33	43,409,035.
	36 Total liabilities and net assets/fund balances	153,527,157.	34	156,956,237.

Form **990** (2009)

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
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.	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

Form **990** (2009)

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box _____

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____

(ii) A family member of a person described in (i) above? _____

(iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

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

	Yes	No
11g(i)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11g(ii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11g(iii)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2009

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	217,529,084.	227,617,539.	236,928,297.	230,737,298.	204,402,497.	1,117,214,715.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	217,529,084.	227,617,539.	236,928,297.	230,737,298.	204,402,497.	1,117,214,715.
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).						
6 Public support. Subtract line 5 from line 4.						1,117,214,715.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	217,529,084.	227,617,539.	236,928,297.	230,737,298.	204,402,497.	1,117,214,715.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,348,052.	41,294,977.	5,640,900.	4,077,443.	2,949,829.	57,311,201.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	1,776,006.	1,683,026.	1,458,251.	1,394,123.	1,395,313.	7,706,719.
11 Total support. Add lines 7 through 10						1,182,232,635.
12 Gross receipts from related activities, etc. (see instructions)					12	7,706,719.
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 2009 (line 6, column (f) divided by line 11, column (f))	14	94.50 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	97.61 %
16a 33 1/3 % support test - 2009. 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 - 2008. 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 checked="" type="checkbox"/>
17a 10%-facts-and-circumstances test - 2009. 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 IV 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 - 2008. 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 IV 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"/>

Schedule A (Form 990 or 990-EZ) 2009

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 IV.)						
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 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33 1/3 % support tests - 2009. 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 - 2008. 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 **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE A, PART II SECTION B

OTHER INCOME IS COMPRISED OF GRANT REFUNDS, ROYALTY AND OTHER
MISCELLANEOUS REVENUE.

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
OTHER INCOME	1,776,006.	1,683,026.	1,458,251.	1,394,123.	1,395,313.	7,706,719.
TOTALS	<u>1,776,006.</u>	<u>1,683,026.</u>	<u>1,458,251.</u>	<u>1,394,123.</u>	<u>1,395,313.</u>	<u>7,706,719.</u>

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
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.** ▶ **See separate instructions**

OMB No. 1545-0047

2009

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), 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.
- 2 Political expenditures ▶ \$
- 3 Volunteer hours ▶

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ 0.
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ 0.
- 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 payments were made. 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-

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

Schedule C (Form 990 or 990-EZ) 2009

JSA
9E1264 1.000

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.**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												
1 a	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.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2 a Lobbying non-taxable 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) 2009

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)).

	(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		1,317.
e Publications, or published or broadcast statements?	X		1,687.
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		483,288.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		1,486,093.
i Other activities? If "Yes," describe in Part IV		X	
j Total. Add lines 1c through 1i			1,972,385.
2 a 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 carryover lobbying and political 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) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if 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

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

SEE PAGE 4

Part IV Supplemental Information (continued)

SCHEDULE C PART II B

LINE 1

ADVOCACY IS ONE OF THE MARCH OF DIMES FOUR MISSION STRATEGIES. THE MARCH OF DIMES PUBLIC AFFAIRS AGENDA FOCUSES ON FEDERAL, STATE AND LOCAL PUBLIC POLICIES AND PROGRAMS THAT RELATE TO THE FOUNDATION'S MISSION. IMPROVING THE HEALTH OF INFANTS AND CHILDREN BY PREVENTING BIRTH DEFECTS, PREMATURE BIRTH AND INFANT MORTALITY--AND ON ISSUES THAT PERTAIN TO TAX-EXEMPT ORGANIZATIONS. IN ADDITION TO ITS NATIONAL GOVERNMENT AFFAIRS OFFICE IN WASHINGTON, D.C., THE MARCH OF DIMES HAS PUBLIC AFFAIRS STAFF AND VOLUNTEERS IN CERTAIN STATES AND PUERTO RICO AS WELL AS CONTRACT CONSULTANTS THAT WORK WITH THE FOUNDATION'S 51 CHAPTERS.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

- Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an 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.

	Held at the End of the 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	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? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, 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) Revenues 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 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XI V 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? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XI V.

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

	(a) Current Year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,835,859.	3,570,383.			
b Contributions	11,000.				
c Net investment earnings, gains, and losses	992,002.	-681,387.			
d Grants or scholarships					
e Other expenditures for facilities and programs	257,478.	53,137.			
f Administrative expenses					
g End of year balance	3,581,383.	2,835,859.			

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ _____ %
 b Permanent endowment ▶ 100.0000 %
 c Term endowment ▶ _____ %

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

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

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

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(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		25,031,826.	22,169,592.	2,862,234.
c Leasehold improvements				
d Equipment		22,276,889.	10,248,001.	12,028,888.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				15,809,448.

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other REAL ESTATE ALTERNATIVE INVEST	2,462,503.	
MULTI STRATEGY HEDGE FUND	13,515,567.	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	15,978,070.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
FOSHE PARTHERSHIP	50,000.
TRUSTS HELD BY OTHERS	8,889,411.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	8,939,411.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount	
Federal income taxes		
DEFINED BENEFIT PENSION	38,253,194.	
POST RETIREMENT/MEDICAL BENEFIT	33,624,322.	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	71,877,516.	

2. FIN 48 Footnote. In Part XIV, 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.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	211,083,567.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	210,358,959.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	724,608.
4	Net unrealized gains (losses) on investments	4	15,616,073.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	18,918,810.
9	Total adjustments (net). Add lines 4 through 8	9	34,534,883.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	35,259,491.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	228,755,957.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	15,616,073.
b	Donated services and use of facilities	2b	2,056,317.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	17,672,390.
3	Subtract line 2e from line 1	3	211,083,567.
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 XIV.)	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	211,083,567.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	212,415,276.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	2,056,317.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	2,056,317.
3	Subtract line 2e from line 1	3	210,358,959.
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 XIV.)	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	210,358,959.

Part XIV Supplemental Information

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information (continued)

SCHEDULE D PART XI

LINE 8 - OTHER

THIS AMOUNT IS THE PENSION/POSTRETIREMENT COSTS OTHER THAN THE NET PERIODIC BENEFIT COSTS.

SCHEDULE D PART V

LINE 4

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.

SCHEDULE D PART X

#2 FIN 48 FOOTNOTE

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.

THERE WAS NO MATERIAL IMPACT TO THE FOUNDATION'S FINANCIAL STATEMENTS AS A RESULT OF THE ADOPTION OF FIN 48.

**Schedule F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

- **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b line 15, or line 16.**
► **Attach to Form 990.** ► **See separate instructions.**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

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

1 For grantmakers. 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 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
MIDDLE EAST AND NORTH AFRICA			GRANTMAKING	PUB&PROFED/RES&MED/COM	274,100.
EAST ASIA AND THE PACIFIC			GRANTMAKING	PUB&PROFED/RES&MED/COM	40,000.
EUROPE			GRANTMAKING	PUB&PROFED/RES&MED/COM	307,025.
SOUTH ASIA			GRANTMAKING	PUB&PROFED/RES&MED/COM	68,164.
SOUTH AMERICA			GRANTMAKING	PUB&PROFED/RES&MED/COM	20,000.
NORTH AMERICA			GRANTMAKING	PUB&PROFED/RES&MED/COM	480,155.
CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		
Totals ►					1,189,444.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ☐
 Use Schedule F-1 (Form 990) if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			MIDDLE EAST/NORTH AFRICA	RESEARCH & M	254,100.	CHECK			
			MIDDLE EAST/NORTH AFRICA	COMMUNITY SE	20,000.	CHECK			
			EAST ASIA/PACIFIC	COMMUNITY SE	20,000.	CHECK			
			EUROPE/ICELAND/GREENLAND	RESEARCH & M	100,000.	CHECK			
			EUROPE/ICELAND/GREENLAND	RESEARCH & M	200,000.	CHECK			
			EAST ASIA/PACIFIC	COMMUNITY SE	20,000.	CHECK			
			SOUTH ASIA	RESEARCH & M	68,137.	CHECK			
			SOUTH AMERICA	COMMUNITY SE	20,000.	CHECK			
			NORTH AMERICA	RESEARCH & M	150,000.	CHECK			
			NORTH AMERICA	RESEARCH & M	330,155.	CHECK			

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 12

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2009

Part IV **Supplemental Information**

Complete this part to provide the information required in Part I, line 2, and any additional information.

SCHEDULE F MONITORING GRANT FUNDS

PART 1, LINE 2

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 DATE OF THE GRANT.

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" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

**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" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

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

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

(i) Name 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			
HAINES & CO./AMERICALIST TELEMARKETING			X	6,974,154.	2,826,115.	4,148,039.
INFOCISION TELEMARKETING			X	8,024,027.	3,247,528.	4,776,499.
ADVANCED BUSINESS TECHNOLOGY TELEMARKETING			X	1,843,093.	490,114.	1,352,979.
HERITAGE COMPANY TELEMARKETING			X	867,338.	230,179.	637,159.
Total				17,708,612.	6,793,936.	10,914,676.

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

AK, AZ, AR, CA, CO, CT, FL, GA, IL, IN,
KS, KY, LA, ME, MD, MA, MI, MN, MS, NE, NH, NJ, NM, NY, NC, ND, OH,
OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI,

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events (add col. (a) through col. (c))
	MARCH (event type)	SPECIAL EVENTS (event type)	0 (total number)	
Revenue				
1 Gross receipts	100,693,552.	38,275,580.		138,969,132.
2 Less: Charitable contributions	93,022,743.	31,432,817.		124,455,560.
3 Gross income (line 1 minus line 2)	7,670,809.	6,842,763.		14,513,572.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs	4,709,001.	5,881,217.		10,590,218.
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	2,961,808.	961,546.		3,923,354.
10 Direct expense summary. Add lines 4 through 9 in column (d)				(14,513,572.)
11 Net income summary. Combine line 3, column (d), and line 10				

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

	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				
1 Gross revenue			308,332.	308,332.
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. Combine line 1, column d, and line 7				308,332.

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a X	
b If "No," explain: _____ ATTACHMENT 12		
10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	X
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers?	11	X
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?	12	X

13 Indicate the percentage of gaming activity operated 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 ► RICHARD MULLIGANAddress ► 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?**15a** Yes No

X

- 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?

17a Yes No

X

- 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 ► \$ _____

Schedule G (Form 990 or 990-EZ) 2009

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

MARCH OF DIMES FOUNDATION

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2009

**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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ☐

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
	CULLMAN REGIONAL MEDICAL CENTE 1912 ALABAMA HIGHWAY 157	631058174	501 C (3)	10,000.				RESEARCH & MEDICAL S
	EAST ALABAMA MEDICAL CENTER 2000 PEPPERELL PARKWAY OPELIKA, AL 36801	636000526	501 C (3)	7,270.				RESEARCH & MEDICAL S
	GIFT OF LIFE FOUNDATION, INC. 1348 CARMICHAEL WAY MONTGOMERY, AL 36106	630978855	501 C (3)	17,230.				COMMUNITY SERVICES
	JEFFERSON COUNTY HEALTH DEPT. 1400 6TH AVENUE SOUTH BIRMINGHAM, AL 35233	630475700	501 C (3)	8,000.				RESEARCH & MEDICAL S
	P.A.C.T. P.O. BOX 1247 DECATUR, AL 11201	630770591	501 C (3)	15,000.				COMMUNITY SERVICES
	UNIVERSITY OF ALABAMA 619TH 19TH STREET SOUTH	636005396	501 C (3)	12,000.				PUBLIC AND PROFESSIO
	WALKER BAPTIST MEDICAL CENTER 3400 HIGHWAY 78 EAST JASPER, AL 35501	630375726	501 C (3)	10,000.				RESEARCH & MEDICAL S
	CENTERS FOR YOUTH & FAMILIES 5905 FOREST PLACE, STE. 200	710415350	501 C (3)	10,000.				PUBLIC AND PROFESSIO
	PACES, INC. 2913 KING STREET SUITE 1	710527976	501 C (3)	9,563.				PUBLIC AND PROFESSIO
	UAMS ANGLES 4301 W. MARKHAM LITTLE ROCK, AR 75601	716046242	501 C (3)	10,000.				PUBLIC AND PROFESSIO
	MARICOPA HEALTH FOUNDATION 2601 E. ROOSEVELT PHOENIX, AZ 90840-0301	860777567	501 C (3)	35,000.				PUBLIC AND PROFESSIO
	TEEN OUTREACH PREGNANCY SERVIC 39N TUCSON BLVD TUCSON, AZ 85716	861005133	501 C (3)	15,000.				PUBLIC AND PROFESSIO

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

Schedule I (Form 990) 2009

JSA

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PAGE 34

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Part IV and Schedule I-1 (Form 990) 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

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

SCHEDULE I MONITORING GRANT FUNDS

PART 1 LINE 2

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.

**SCHEDULE I-1
(Form 990)****Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

2009**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service**► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.**

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA BIRTH DEFECTS MONITORING PROGRAM 1615 FIFTH ST., SUITE A DAVIS, CA 95616	770187864	501 C (3)	3,591,000.				RESEARCH & MEDICAL S
CALIFORNIA FAMILY HEALTH COUNCIL 3600 WILSHIRE BLVD LOS ANGELES, CA 82601	852564024	501 C (3)	100,000.				COMMUNITY SERVICES
CALIFORNIA INSTITUTE OF TECHNOLOGY 1200 E. CALIFORNIA BOULEVARD	951643307	501 C (3)	387,846.				RESEARCH & MEDICAL S
HARBOR-UCLA MEDICAL CENTER 21480 S. NORMANDIO AVE TORRANCE, CA 90502	330003558	501 C (3)	62,186.				COMMUNITY SERVICES
HARBOR-UCLA MEDICAL CENTER 21480 S. NORMANDIO AVE TORRANCE, CA 90502	330003558	501 C (3)	17,000.				COMMUNITY SERVICES
LOMA LINDA UNIVERSITY MEDICAL CENTER 11234 ANDERSON STREET LOMA LINDA, CA 92354	953522679	501 C (3)	13,549.				COMMUNITY SERVICES
LOMA LINDA UNIVERSITY MEDICAL CENTER 11234 ANDERSON STREET LOMA LINDA, CA 92354	953522679	501 C (3)	9,549.				COMMUNITY SERVICES
PERINATAL ADVISORY COUNCIL: AD 13713 VENTURA BLVD SHERMAN, CA 16866	953818791	501 C (3)	17,500.				COMMUNITY SERVICES
PUBLIC HEALTH FOUNDATION ENTERPRISE 13200 CROSSROADS PARKWAY NORTH, STE 135	952557063	501 C (3)	90,978.				COMMUNITY SERVICES
REGENTS OF THE UNIVERSITY OF CALIFORNIA UC DAVIS/DEPT OF OB/GYN	946036494	501 C (3)	150,000.				RESEARCH & MEDICAL S
REGENTS OF THE UNIVERSITY OF CALIFORNIA 10920 WILSHIRE BLVD #1200	956006143	501 C (3)	150,000.				RESEARCH & MEDICAL S
REGENTS OF THE UNIVERSITY OF CALIFORNIA 10920 WILSHIRE BLVD #1200	956006143	501 C (3)	150,000.				RESEARCH & MEDICAL S
REGENTS OF THE UNIVERSITY OF CALIFORNIA 10920 WILSHIRE BLVD #1200	956006143	501 C (3)	215,400.				RESEARCH & MEDICAL S
REGENTS OF THE UNIVERSITY OF CALIFORNIA 10920 WILSHIRE BLVD #1200	956006143	501 C (3)	293,388.				RESEARCH & MEDICAL S
REGENTS OF UNIV. CALIFORNIA LA 9500 GILMAN DRIVE LA JOLLA, CA 92093	956006144	501 C (3)	330,760.				RESEARCH & MEDICAL S

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

MARCH OF DIMES FOUNDATION

Continuation Sheet for Schedule I (Form 990)► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009**Open to Public
Inspection****Employer identification number**

13-1846366

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGENTS OF UNI. OF CALIFORNIA, _____ 481 UNIVERSITY HALL BERKELEY, CA 94720	946036493	501 C (3)	266,020.				RESEARCH & MEDICAL S
REGENTS OF UNIV. OF CA DAVIS _____ ONE SHIELDS AVE. DAVIS, CA 95616	946036494	501 C (3)	150,000.				RESEARCH & MEDICAL S
REGENTS OF UNIVERSITY OF CALIF _____ 1855 FOLSOM ST.	946036493	501 C (3)	150,000.				RESEARCH & MEDICAL S
REGENTS OF UNIVERSITY OF CALIF _____ 1855 FOLSOM ST.	946036493	501 C (3)	150,000.				RESEARCH & MEDICAL S
REGENTS OF UNIVERSITY OF CALIF _____ 1855 FOLSOM ST.	946036493	501 C (3)	295,020.				RESEARCH & MEDICAL S
SALK INSTITUTE FOR BIOLOGICAL _____ 10010 NORTH TORREY PINES ROAD	952160097	501 C (3)	1,000,000.				RESEARCH & MEDICAL S
STANFORD UNIVERSITY _____ 651 SERRA ST. STANFORD, CA 94305-4125	941156365	501 C (3)	150,000.				RESEARCH & MEDICAL S
SUTTER HEALTH SACRAMENTO SIERR _____ 2143 HURLEY WAY SACRAMENTO, CA 49656	941156621	501 C (3)	66,363.				COMMUNITY SERVICES
UNIVERSITY OF SOUTHERN CALIFOR _____ 2250 ALCAZAR ST LOS ANGELES, CA 90033	951642394	501 C (3)	133,650.				RESEARCH & MEDICAL S
ARAPOHOE HOUSE, INC _____ 8801 LIPAN STREET THORNTON, CO 80260	840705495	501 C (3)	8,046.				PUBLIC AND PROFESSIO
DENVER HEALTH & HOSPITAL AUTHO _____ PO BOX 40401 DENVER, CO 80204	841343242	501 C (3)	25,000.				PUBLIC AND PROFESSIO
ST. JOSEPH HOSPITAL FOUNDATION _____ 1835 FRANKLIN STREET DENVER, CO 80218	840735096	501 C (3)	20,000.				PUBLIC AND PROFESSIO
UNIVERSITY OF COLORADO, HSC _____ 12635 E. MONTVIEW BLVD. AURORA, CO 80045	846000555	501 C (3)	150,000.				RESEARCH & MEDICAL S
CENTERING HEALTHCARE INSTITUTE _____ 558 MAPLE AVENUE CHESHIRE, CT 39759	061622668	501 C (3)	29,000.				COMMUNITY SERVICES
CENTERING HEALTHCARE INSTITUTE _____ 558 MAPLE AVENUE CHESHIRE, CT 39759	061622668	501 C (3)	26,040.				COMMUNITY SERVICES

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

MARCH OF DIMES FOUNDATION

Continuation Sheet for Schedule I (Form 990)► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009**Open to Public
Inspection****Employer identification number**

13-1846366

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTERING HEALTHCARE INSTITUTE 558 MAPLE AVENUE CHESHIRE, CT 39759	061622668	501 C (3)	19,800.				PUBLIC AND PROFESSIO
COMMUNITY HEALTH CENTER, INC 635 MAIN ST MIDDLETOWN, CT 16915	060897105	501 C (3)	35,000.				PUBLIC AND PROFESSIO
HOSPITAL OF SAINT RAPHAEL 1450 CHAPEL STREET NEW HAVEN, CT 06511	060653171	501 C (3)	16,312.				PUBLIC AND PROFESSIO
PHYSICIANS FOR WOMEN'S HEALTH, 22 WATERVILLE RD AVON, CT 06001	061483728	501 C (3)	12,000.				PUBLIC AND PROFESSIO
TERATOLOGY SOCIETY 50 PEGOUT AVE. NEW LONDON, CT 06320	520962081	501 C (3)	10,000.				RESEARCH & MEDICAL S
YALE UNIVERSITY 155 WHITNEY AVE. NEW HAVEN, CT 06520	060646973	501 C (3)	299,960.				RESEARCH & MEDICAL S
YALE UNIVERSITY 155 WHITNEY AVE. NEW HAVEN, CT 06520	060646973	501 C (3)	295,254.				RESEARCH & MEDICAL S
AMERICAN COLLEGE OF OBSTETRICI 409 12TH ST, SW WASHINGTON, DC 46580	362217981	501 C (3)	27,127.				COMMUNITY SERVICES
AMERICAN COLLEGE OF OBSTETRICI 409 12TH ST, SW WASHINGTON, DC 46580	362217981	501 C (3)	20,000.				COMMUNITY SERVICES
CHILDREN'S NATIONAL MED.CTR. 111 MICHIGAN AVE NW WASHINGTON DC, DC 20010	530196580	501 C (3)	15,000.				PUBLIC AND PROFESSIO
GEORGETOWN UNIVERSITY 3900 RESERVOIR RD NW WASHINGTON, DC 20057	530196603	501 C (3)	211,147.				RESEARCH & MEDICAL S
MARYS CENTER FOR MATERNAL & C 2333 ONTARIO RD NW WASHINGTON, DC 20009	521594160	501 C (3)	100,000.				PUBLIC AND PROFESSIO
PROVIDENCE HEALTH FOUNDATION, 150 VARNUM ST. NE. WASHINGTON, DC 20017	521275583	501 C (3)	18,000.				PUBLIC AND PROFESSIO
ALACHUA COUNTY HEALTH DEPARTME 224 SE 24TH ST GAINESVILLE, FL 46706	593502843	501 C (3)	11,285.				PUBLIC AND PROFESSIO
AMERICAN LUNG ASSN OF FLORIDA 6852 BELFORT OAKS PLAC	590662271	501 C (3)	5,925.				PUBLIC AND PROFESSIO

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)****Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

2009**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service**► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.**

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BREVARD COUNTY HEALTH DEPARTME 2575 NORTH COURTENAY PARKWAY	593502843	501 C (3)	6,240.				COMMUNITY SERVICES
CHILES ACADEMY, THE 868 GEORGE W ENGRAM BLVD	320015498	501 C (3)	20,317.				COMMUNITY SERVICES
CLINICA LUZ DEL MUNDO 806 E PROSPECT ROAD	650266070	501 C (3)	25,000.				PUBLIC AND PROFESSIO
COLLIER COUNTY HEALTH DEPARTME 419 NORTH FIRST STREET IMMOKALEE, FL 34142	593502843	501 C (3)	48,070.				COMMUNITY SERVICES
COMMUNITY HEALTH CENTER OF PIN 1344 22ND ST. SOUTH	592097521	501 C (3)	5,200.				COMMUNITY SERVICES
FLORIDA DEPARTMENT OF HEALTH 4052 BALD CYPRESS WAY BIN A-13	593502843	501 C (3)	20,000.				COMMUNITY SERVICES
HEALTHY MOTHERS/HEALTHY BABIES 1100 W. STATE RD 84	650161493	501 C (3)	24,710.				PUBLIC AND PROFESSIO
HEALTHY MOTHERS/HEALTHY BABIES 1100 W. STATE RD 84	650161493	501 C (3)	67,184.				COMMUNITY SERVICES
HEALTHY START COALITION OF HIL 2806 NORTH AMERICA AVE TAMPA, FL 60305	593127943	501 C (3)	90,033.				PUBLIC AND PROFESSIO
HEALTHY START COALITION OF MAN 2424 MANATEE AVENUE W	650380065	501 C (3)	13,590.				COMMUNITY SERVICES
HEALTHY START COALITION OF SOU 1921 JEFFERSON AVE FORT MYERS, FL 92014	650378720	501 C (3)	9,800.				COMMUNITY SERVICES
MARION COUNTY HEALTH DEPARTMEN 1801 SE 32ND AVENUE OCALA, FL 34471	593502843	501 C (3)	10,789.				PUBLIC AND PROFESSIO
MIAMI BEACH COMMUNITY HEALTH C 710 ALTON ROAD MIAMI BEACH, FL 33139	591829984	501 C (3)	22,500.				PUBLIC AND PROFESSIO
MONROE COUNTY EDUCATION FOUNDA 241 TRUMBO RD KEY WEST, FL 33040	650551178	501 C (3)	22,075.				PUBLIC AND PROFESSIO
ORANGE COUNTY HEALTHY 600 COURTLAND STREET, STE 565	593125675	501 C (3)	15,000.				COMMUNITY SERVICES

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)****Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

2009**Open to Public
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Internal Revenue Service► Attach to Form 990 to list additional information for
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Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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SOURCE OF LIGHT & HOPE DEVELOP 3903 DR MLK JR BLVVD FORT MYERS, FL 33902	650013240	501 C (3)	9,900.				COMMUNITY SERVICES
ST. JOHNS COUNTY HEALTH DEPT. 1955 US 1 SOUTH, SUITE 100	593502843	501 C (3)	10,000.				COMMUNITY SERVICES
UNIVERSITY OF SOUTH FLORIDA 3650 SPECTRUM BLVD, STE 160 TAMPA, FL 33612	593102112	501 C (3)	10,750.				COMMUNITY SERVICES
UNIVERSITY OF SOUTH FLORIDA 140 SEVENTH AVE SOUTH	593102112	501 C (3)	314,965.				RESEARCH & MEDICAL S
COASTAL COALITION FOR CHILDREN PO BOX 2899 BRUNSWICK, GA 31521	581497814	501 C (3)	40,000.				COMMUNITY SERVICES
EMORY UNIVERSITY 1784 NORTH DECATUR ROAD ATLANTA, GA 30322	580566256	501 C (3)	150,000.				RESEARCH & MEDICAL S
EMORY UNOVERSITY 2015 UPPERGATE DRIVE ATLANTA, GA 83544	580566256	501 C (3)	43,774.				PUBLIC AND PROFESSIO
LOWNDES COUNTY BOARD OF HEALTH 312 N PATTERSON STREET VALDOSTA, GA 31603	581111978	501 C (3)	50,000.				COMMUNITY SERVICES
SOUTHWEST PUBLIC HEALTH DISTRI 1109 N JACKSON ST ALBANY, GA 31701	237379607	501 C (3)	50,000.				COMMUNITY SERVICES
FAMILY SUPPORT SERVICES OF WES 75-127 LUNAPULE ST #11	990230341	501 C (3)	15,000.				PUBLIC AND PROFESSIO
MOLOKAI GENERAL HOSPITAL PO BOX 408 KAUNAKAKAI, HI 96748-0408	990251372	501 C (3)	10,000.				PUBLIC AND PROFESSIO
PATH CLINIC, THE 845 22ND AVENUE HONOLULU, HI 78934	800217549	501 C (3)	10,000.				PUBLIC AND PROFESSIO
CAMPBELL KEVIN PETER 931 EVERGREEN COURT IOWA CITY, IA 52245	081449774	501 C (3)	125,000.				RESEARCH & MEDICAL S
CRAWFORD COUNTY 113 SOUTH 14TH STREET DENISON, IA 53901	426004496	501 C (3)	7,500.				COMMUNITY SERVICES
LUTHERAN SERVICES, INC 2801 JACKSON ST SIOUX CITY, IA 51104	420698267	501 C (3)	6,000.				PUBLIC AND PROFESSIO

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Schedule I-1 (Form 990) 2009

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SOUTHWEST IOWA FAMILIES, INC 215 E. WASHINGTON STRE CLARINDA, IA 51632	371451441	501 C (3)	8,597.				PUBLIC AND PROFESSIO
STEWART MEMORIAL COMMUNITY HOS 1301 W MAIN ST LAKE CITY, IA 51449	420860039	501 C (3)	9,500.				PUBLIC AND PROFESSIO
YOUNG PARENTS NETWORK INC IA3 205 12TH STREET SE CEDAR RAPIDS, IA 52401	421355480	501 C (3)	10,000.				PUBLIC AND PROFESSIO
YOUTH AND SHELTER SERVICES, IN 420 KELLOGG AMES, IA 73501	421051609	501 C (3)	10,000.				PUBLIC AND PROFESSIO
FAMILY MEDICINE RESIDENCY OF I 77 N RAYMOND ST BOISE, ID 83704	205934739	501 C (3)	17,600.				PUBLIC AND PROFESSIO
ACCESS COMMUNITY HEALTH NETWOR 1501 SOUTH CALIFORNIA CHICAGO, IL 60608	363317058	501 C (3)	15,000.				COMMUNITY SERVICES
CHILDREN'S MEMORIAL HOSP. CHIC 2300 CHILDRENS PLAZA CHICAGO, IL 60305	362170833	501 C (3)	178,248.				RESEARCH & MEDICAL S
CIRCLE FAMILY HEALTHCARE NETWO 4909 W DIVISION ST., STE 305	362902782	501 C (3)	13,500.				COMMUNITY SERVICES
ERIE FAMILY HEALTH CENTER, INC 1701 WEST SUPERIOR STREET CHICAGO, IL 60622	363088628	501 C (3)	16,025.				COMMUNITY SERVICES
KANE COUNTY HEALTH DEPARTMENT 1240 N. HIGHLAND AVENUE AURORA, IL 37138	366006585	501 C (3)	23,000.				PUBLIC AND PROFESSIO
LAWNDALE CHRISTIAN HEALTH CENT 3517 WEST ARTHINGTON ST CHICAGO, IL 60623	363308953	501 C (3)	15,000.				COMMUNITY SERVICES
ROCKFORD HEALTH SYSTEMS 2300 N ROCKTON AVE ROCKFORD, IL 19601	363197918	501 C (3)	15,000.				COMMUNITY SERVICES
SAGINAW, COUNTY OF 1600 NORTH MICHIGAN AVE SAGINAW, IL 32204	386004887	501 C (3)	16,300.				PUBLIC AND PROFESSIO
SOUTHERN ILLINOIS UNIVERSITY S PO BOX 19616 SPRINGFIELD, IL 62794-9616	376005961	501 C (3)	45,000.				PUBLIC AND PROFESSIO
UNIVERSITY OF CHICAGO 5801 SOUTH ELLIS AVE. CHICAGO, IL 60637	362177139	501 C (3)	150,000.				RESEARCH & MEDICAL S

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Schedule I-1 (Form 990) 2009

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UNIVERSITY OF ILLINOIS ----- 600 S MATTHEWS DR URBANA, IL 61801	376000511	501 C (3)	10,334.				PUBLIC AND PROFESSIO
UNIVERSITY OF ILLINOIS ----- 600 S MATTHEWS DR URBANA, IL 61801	376000511	501 C (3)	150,000.				RESEARCH & MEDICAL S
BLOOMINGTON HOSPITAL & HEALTHC ----- PO BOX 1149 BLOOMINGTON, IN 47402	351720795	501 C (3)	25,007.				PUBLIC AND PROFESSIO
DEACONESS FAMILY MEDICINE RESI ----- 515 READ ST EVANSVILLE, IN 47710	350593390	501 C (3)	24,000.				PUBLIC AND PROFESSIO
HEALTH & HOSPITAL CORP - IN354 ----- 3838 N RURAL ST 8TH FLOOR	356005697	501 C (3)	20,000.				PUBLIC AND PROFESSIO
MAPLE CITY HEALTH CARE CENTER ----- 213 MIDDLEBURY STREET GOSHEN, IN 46528	351749398	501 C (3)	10,000.				PUBLIC AND PROFESSIO
ST FRANCIS FAMILY MEDICINE CEN ----- 1500 ALBANY ST SUITE 807	351927159	501 C (3)	10,519.				PUBLIC AND PROFESSIO
ST JOSEPH'S MEDICAL CENTER ----- 801 E. LASALLE AVENUE SOUTH BEND, IN 44617	350868157	501 C (3)	11,585.				PUBLIC AND PROFESSIO
ST. VINCENT HOSPITAL FOUNDATIO ----- 8402 HARCOURT ROAD INDIANAPOLIS, IN 46260	356088862	501 C (3)	20,000.				PUBLIC AND PROFESSIO
WOMENS CARE CENTER ----- 201 LINOLN WAY WEST MISAWAKA, IN 46544	351609945	501 C (3)	20,000.				PUBLIC AND PROFESSIO
HUNTER HEALTH CLINIC, INC. ----- 2318 E. CENTRAL WICHITA, KS 67214	480908355	501 C (3)	43,350.				PUBLIC AND PROFESSIO
BRIGHTON CENTER, INC ----- 741 CENTRAL AVE NEWPORT, KY 29601	610673886	501 C (3)	25,000.				PUBLIC AND PROFESSIO
COMMONWEALTH OF KENTUCKY ----- 275 EAST MAIN ST FRANKFORT, KY 78404	610600439	501 C (3)	12,500.				PUBLIC AND PROFESSIO
COMMONWEALTH OF KENTUCKY ----- 275 EAST MAIN ST FRANKFORT, KY 78404	610600439	501 C (3)	5,100.				PUBLIC AND PROFESSIO
TROVER HEALTH SYSTEM ----- 800 HOSPITAL DR MADISONVILLE, KY 50021	610654587	501 C (3)	12,500.				PUBLIC AND PROFESSIO

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Schedule I-1 (Form 990) 2009

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TROVER HEALTH SYSTEM 800 HOSPITAL DR MADISONVILLE, KY 50021	610654587	501 C (3)	5,100.				PUBLIC AND PROFESSIO
DAUGHTERS OF CHARITY SERVICES P.O. BOX 970 HARVEY, LA 70059	721332678	501 C (3)	122,239.				PUBLIC AND PROFESSIO
DAUGHTERS OF CHARITY SERVICES P.O. BOX 970 HARVEY, LA 70059	721332678	501 C (3)	125,000.				PUBLIC AND PROFESSIO
DAUGHTERS OF CHARITY SERVICES P.O. BOX 970 HARVEY, LA 70059	721332678	501 C (3)	125,000.				PUBLIC AND PROFESSIO
DAUGHTERS OF CHARITY SERVICES P.O. BOX 970 HARVEY, LA 70059	721332678	501 C (3)	40,501.				PUBLIC AND PROFESSIO
DAUGHTERS OF CHARITY SERVICES P.O. BOX 970 HARVEY, LA 70059	721332678	501 C (3)	124,500.				PUBLIC AND PROFESSIO
SOUTHWEST LOUISIANA AHEC 103 INDEPENDENCE BLVD. LAFAYETTE, LA 70506	721191867	501 C (3)	15,919.				PUBLIC AND PROFESSIO
SOUTHWEST LOUISIANA AHEC 103 INDEPENDENCE BLVD. LAFAYETTE, LA 70506	721191867	501 C (3)	14,260.				PUBLIC AND PROFESSIO
SOUTHWEST LOUISIANA AHEC 103 INDEPENDENCE BLVD. LAFAYETTE, LA 70506	721191867	501 C (3)	34,448.				PUBLIC AND PROFESSIO
SOUTHWEST LOUISIANA AHEC 103 INDEPENDENCE BLVD. LAFAYETTE, LA 70506	721191867	501 C (3)	34,612.				PUBLIC AND PROFESSIO
ST CHARLES COMMUNITY CENTER 843 MILLING AVENUE LULING, LA 70070	470852944	501 C (3)	20,000.				COMMUNITY SERVICES
BRANDEIS UNIVERSITY 415 SOUTH ST WALTHAM, MA 02454	042103552	501 C (3)	150,000.				RESEARCH & MEDICAL S
BRANDEIS UNIVERSITY 415 SOUTH ST WALTHAM, MA 02454	042103552	501 C (3)	150,000.				RESEARCH & MEDICAL S
BRIGHAM & WOMENS HOSPITAL 75 FRANCIS STREET BOSTON, MA 02115	042312909	501 C (3)	330,000.				RESEARCH & MEDICAL S
CHILDREN'S HOSPITAL BOSTON P.O. BOX 414413 BOSTON, MA 02241	042774441	501 C (3)	150,000.				RESEARCH & MEDICAL S

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CHILDREN'S HOSPITAL BOSTON P.O. BOX 414413 BOSTON, MA 02241	042774441	501 C (3)	150,000.				RESEARCH & MEDICAL S
CHILDREN'S HOSPITAL BOSTON P.O. BOX 414413 BOSTON, MA 02241	042774441	501 C (3)	150,000.				RESEARCH & MEDICAL S
CHILDREN'S HOSPITAL BOSTON P.O. BOX 414413 BOSTON, MA 02241	042774441	501 C (3)	150,000.				RESEARCH & MEDICAL S
CHILDREN'S HOSPITAL BOSTON P.O. BOX 414413 BOSTON, MA 02241	042774441	501 C (3)	255,658.				RESEARCH & MEDICAL S
CHILDREN'S HOSPITAL BOSTON P.O. BOX 414413 BOSTON, MA 02241	042774441	501 C (3)	381,000.				RESEARCH & MEDICAL S
GENERAL HOSPITAL CORPORATION 50 STANIFORD ST. BOSTON, MA 02114	042697983	501 C (3)	150,000.				RESEARCH & MEDICAL S
GENERAL HOSPITAL CORPORATION 50 STANIFORD ST. BOSTON, MA 02114	042697983	501 C (3)	150,000.				RESEARCH & MEDICAL S
GREEN RIVER DOULA NETWORK, INC 10 PINE RIDGE RD MONTGOMERY, MA 01085	412150162	501 C (3)	10,000.				PUBLIC AND PROFESSIO
INTERNATIONAL SOCIETY OF 750 WASHINGTON STREET BOSTON, MA 02111	203021146	501 C (3)	10,000.				RESEARCH & MEDICAL S
KUNKEL LOUIS M 300 LONGWOOD AVENUE BOSTON, MA 02115	129408832	501 C (3)	125,000.				RESEARCH & MEDICAL S
PRESIDENT AND FELLOWS OF HARVA 7 DIVINITY AVE. CAMBRIDGE, MA 02138	042103580	501 C (3)	150,000.				RESEARCH & MEDICAL S
TRUSTEES OF BOSTON COLLEGE 36 COLLEGE RD CHESNUT HILL, MA 02467	042103545	501 C (3)	150,000.				RESEARCH & MEDICAL S
UNIVERSITY OF MASSACHUSETTES BUTTERFIELD AVE AMHERST, MA 01003	043167352	501 C (3)	150,000.				RESEARCH & MEDICAL S
ANNE ARUNDEL MEDICAL CENTER 2001 MEDICAL PARKWAY ANNAPOLIS, MD 48048	521169362	501 C (3)	17,000.				PUBLIC AND PROFESSIO
BALTIMORE MEDICAL SYSTEM, INC. 3501 SINCLAIR LANE BALTIMORE, MD 16507	521358241	501 C (3)	21,000.				PUBLIC AND PROFESSIO

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CARROLL HOSPITAL CENTER FOUNDA 200 MEMORIAL AVE. WESTMINSTER, MD 21157	521115038	501 C (3)	18,000.				PUBLIC AND PROFESSIO
JOHNS HOPKINS UNIVERSITY 1101 EAST 33RD STREET	520595110	501 C (3)	299,200.				RESEARCH & MEDICAL S
JOHNS HOPKINS UNIVERSITY 1101 EAST 33RD STREET	520595110	501 C (3)	150,000.				RESEARCH & MEDICAL S
JOHNS HOPKINS UNIVERSITY 1101 EAST 33RD STREET	520595110	501 C (3)	150,000.				RESEARCH & MEDICAL S
JOHNS HOPKINS UNIVERSITY 1101 EAST 33RD STREET	520595110	501 C (3)	330,000.				RESEARCH & MEDICAL S
KENNEDY KRIEGER RESEARCH INSTITUTE INC BALTIMORE, MD 21205	521328369	501 C (3)	303,780.				RESEARCH & MEDICAL S
UNIVERSITY OF MARYLAND MEDICAL 110 S PACE ST9TH FL BALTIMORE, MD 21201	521362793	501 C (3)	18,840.				PUBLIC AND PROFESSIO
JACKSON LABORATORY 600 MAIN STREET BAR HARBOR, ME 04609	010211513	501 C (3)	20,000.				RESEARCH & MEDICAL S
JACKSON LABORATORY 600 MAIN STREET BAR HARBOR, ME 04609	010211513	501 C (3)	171,600.				RESEARCH & MEDICAL S
ALLEGIANCE HEALTH 3031 NW 64TH ST JACKSON, MI 73116	730580263	501 C (3)	25,000.				PUBLIC AND PROFESSIO
BERRIEN COUNTY HEALTH DEPT 769 PIPESTONE BENTON HARBOR, MI 49023	386000191	501 C (3)	25,000.				PUBLIC AND PROFESSIO
FAMILY AND CHILDREN'S SERVICE 1714 EASTMAN AVENUE MIDLAND, MI 48640-4216	381398840	501 C (3)	7,375.				COMMUNITY SERVICES
FAMILY SERVICE & CHILDREN'S AI 330 W MICHIGAN AVENUE JACKSON, MI 49201	336088382	501 C (3)	19,074.				PUBLIC AND PROFESSIO
INFANT MORTALITY PROGRAM 45 CANDLER ST HIGHLAND, MI 48203	382262856	501 C (3)	25,000.				PUBLIC AND PROFESSIO
MICHIGAN DEPT. OF COMMUNITY HE 201 TOWNSEND ST LANSING, MI 30635	386000134	501 C (3)	20,500.				PUBLIC AND PROFESSIO

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Schedule I-1 (Form 990) 2009

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

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MICHIGNA ENVIRONMENTAL COUNCIL 119 PERE MARQUETTE DR SUITE 2	382517980	501 C (3)	20,000.				PUBLIC AND PROFESSIO
OAKLAND LIVINGSTON HUMAN SERVI 196 CESAR E CHAVEZ PONTIAC, MI 48343	381785665	501 C (3)	25,000.				PUBLIC AND PROFESSIO
PUBLIC HEALTH DELTA & MENONIME 2920 COLLEGE AVENUE ESCANABA, MI 49829	383082794	501 C (3)	10,790.				PUBLIC AND PROFESSIO
REGENTS OF THE UNIVERSITY OF M UNIVERSITY OF MICHIGAN	386006309	501 C (3)	150,000.				RESEARCH & MEDICAL S
SPECTRUM HEALTH FOUNDATION 100 MICHIGAN STREET NE	382752328	501 C (3)	23,500.				PUBLIC AND PROFESSIO
TELAMON CORPORATION 6350 W MICHIGAN AVE LANSING, MI 48917	561022483	501 C (3)	25,000.				PUBLIC AND PROFESSIO
UNIVERSITY OF MICHIGAN HEALTH 1500 EAST MEDICAL CENTER DRIVE	386006309	501 C (3)	150,000.				RESEARCH & MEDICAL S
CASS LAKE INDIAN HEALTH SERVIC 425 7TH ST NW CASS LAKE, MN 56633	460282140	501 C (3)	25,000.				PUBLIC AND PROFESSIO
MAYO CLINIC OFFICE OF WOMEN'S 200 FIRST STREET SW ROCHESTER, MN 55905	411937751	501 C (3)	25,000.				PUBLIC AND PROFESSIO
OPEN CITIES HEALTH CENTER 409 DUNLOP ST ST PAUL, MN 55104	363381598	501 C (3)	24,000.				PUBLIC AND PROFESSIO
UNIVERSITY OF MINNESOTA 200 OAK STREET SE MINNEAPOLIS, MN 55455	416007513	501 C (3)	150,000.				RESEARCH & MEDICAL S
UNIVERSITY OF MINNESOTA 200 OAK STREET SE MINNEAPOLIS, MN 55455	416007513	501 C (3)	150,000.				RESEARCH & MEDICAL S
DOULA FOUNDATION OF MID-AMERIC 2130 N GLENSTONE SPRINGFIELD, MO 31061	300046369	501 C (3)	8,330.				PUBLIC AND PROFESSIO
LINN COUNTY HEALTH DEPARTMENT 635 S MAIN BROOKFIELD, MO 64628	431268666	501 C (3)	21,797.				PUBLIC AND PROFESSIO
SAINT LUKES WOMENS TEEN CARE C 4320 WORNALL, MEDICAL PLAZA	440545297	501 C (3)	8,940.				PUBLIC AND PROFESSIO

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Schedule I-1 (Form 990) 2009

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PAGE 46

**SCHEDULE I-1
(Form 990)****Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SIDS RESOURCES 1120 SOUTH 6TH ST ST LOUIS, MO 58102	431344546	501 C (3)	24,701.				PUBLIC AND PROFESSIO
ST LOUIS UNIVERSITY 1402 S GRAND BLVD ST LOUIS, MO 63104	430654872	501 C (3)	67,717.				PUBLIC AND PROFESSIO
TEEN PREGNANCY PREVENTION PART 2433 N GRAND ST. LOUIS, MO 63106	479949817	501 C (3)	8,000.				PUBLIC AND PROFESSIO
WASHINGTON UNIVERSITY 660 S.EUCLID AVE. ST. LOUIS, MO 63110	430653611	501 C (3)	229,864.				RESEARCH & MEDICAL S
WASHINGTON UNIVERSITY 660 S.EUCLID AVE. ST. LOUIS, MO 63110	430653611	501 C (3)	100,000.				RESEARCH & MEDICAL S
WASHINGTON UNIVERSITY 660 S.EUCLID AVE. ST. LOUIS, MO 63110	430653611	501 C (3)	217,000.				RESEARCH & MEDICAL S
AARON E. HENRY COMMUNITY HEALT PO BOX 1216 CLARKDALE, MS 45459	640624495	501 C (3)	10,000.				PUBLIC AND PROFESSIO
COASTAL FAMILY HEALTH CENTER I 1046 DIVISION STREET BILOXI, MS 35903	640592416	501 C (3)	38,000.				PUBLIC AND PROFESSIO
COASTAL FAMILY HEALTH CENTER I 1046 DIVISION STREET BILOXI, MS 35903	640592416	501 C (3)	5,261.				PUBLIC AND PROFESSIO
COASTAL FAMILY HEALTH CENTER I 1046 DIVISION STREET BILOXI, MS 35903	640592416	501 C (3)	12,872.				PUBLIC AND PROFESSIO
COASTAL FAMILY HEALTH CENTER I 1046 DIVISION STREET BILOXI, MS 35903	640592416	501 C (3)	190,000.				PUBLIC AND PROFESSIO
COASTAL FAMILY HEALTH CENTER I 1046 DIVISION STREET BILOXI, MS 35903	640592416	501 C (3)	38,000.				PUBLIC AND PROFESSIO
UNIVERSITY OF MISSISSIPPI MEDI 2500 NORTH STATE STREET	646008520	501 C (3)	20,000.				PUBLIC AND PROFESSIO
DUKE UNIVERSITY BOX 3382 DUMC DURHAM, NC 27710	560532129	501 C (3)	150,000.				RESEARCH & MEDICAL S
EAST COAST MIGRANT HEAD START 2700 WYCLIFF RD., 302 RALEIGH, NC 27607	521020023	501 C (3)	43,005.				PUBLIC AND PROFESSIO

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

MARCH OF DIMES FOUNDATION

Continuation Sheet for Schedule I (Form 990)► Attach to Form 990 to list additional information for
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OMB No. 1545-0047

2009**Open to Public
Inspection****Employer identification number**

13-1846366

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GASTON COUNTY HEALTH DEPT. _____ 991 W HUDSON BLVD GASTONIA, NC 28052	566000300	501 C (3)	12,000.				PUBLIC AND PROFESSIO
HALIWA-SAPONI TRIBE, INC _____ PO BOX 99 HOLLISTER, NC 27844	237377602	501 C (3)	27,153.				PUBLIC AND PROFESSIO
MISSION HEALTHCARE FOUNDATION _____ 980 HENDERSONVILLE RD ASHEVILLE, NC 92686	561881331	501 C (3)	20,000.				PUBLIC AND PROFESSIO
MOUNTAIN AREA HEALTH EDUCATION _____ 501 BILTMORE AVENUE ASHEVILLE, NC 27858	561071426	501 C (3)	10,000.				PUBLIC AND PROFESSIO
NORTH CAROLINA BAPTIST HOSPITA _____ MEDICAL CENTER BOULEVARD	560552787	501 C (3)	19,239.				PUBLIC AND PROFESSIO
PRESBYTERIAN HOSPITAL FOUNDATI _____ P.O. BOX 33549 CHARLOTTE, NC 28233-3549	581413074	501 C (3)	9,126.				PUBLIC AND PROFESSIO
SOUTHSIDE UNITED HEALTHCARE _____ 3009 A WAGHTON ST WINSTON-SALEM, NC 27107	050589120	501 C (3)	38,615.				PUBLIC AND PROFESSIO
UNC CENTER FOR MATERNAL AND IN _____ UNC CHAPEL HILL CHAPEL HILL, NC 59101	566001393	501 C (3)	44,715.				PUBLIC AND PROFESSIO
UNC CENTER FOR MATERNAL AND IN _____ UNC CHAPEL HILL CHAPEL HILL, NC 59101	566001393	501 C (3)	10,000.				PUBLIC AND PROFESSIO
UNIVERSITY OF NORTH CAROLINA _____ 104 AIRPORT DRIVE	566001393	501 C (3)	7,532.				PUBLIC AND PROFESSIO
UNIVERSITY OF NORTH CAROLINA _____ 104 AIRPORT DRIVE	566001393	501 C (3)	150,000.				RESEARCH & MEDICAL S
UNIVERSITY OF NORTH CAROLINA _____ 104 AIRPORT DRIVE	566001393	501 C (3)	150,000.				RESEARCH & MEDICAL S
UNIVERSITY OF NORTH CAROLINA _____ 104 AIRPORT DRIVE	566001393	501 C (3)	381,070.				RESEARCH & MEDICAL S
UNIVERSITY OF NORTH CAROLINA _____ 9201 UNIVERSITY CITY BLVD	566059417	501 C (3)	150,000.				RESEARCH & MEDICAL S
VOCES LATINE'S INC _____ 202 N 5TH STREET WILMINGTON, NC 44870	202393853	501 C (3)	9,300.				PUBLIC AND PROFESSIO

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Schedule I-1 (Form 990) 2009

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YWCA OF GREENSBORO							
1 YWCA PLACE GREENSBORO, NC 27401	560529936	501 C (3)	40,086.				PUBLIC AND PROFESSIO
OMAHA HEALTHY START							
2915 GRANT STREET OMAHA, NE 68111	470666715	501 C (3)	6,500.				PUBLIC AND PROFESSIO
UNIVERSITY OF NEBRASKA MEDICAL							
987834 NEBRASKA MEDICAL CENTER	470049123	501 C (3)	6,500.				COMMUNITY SERVICES
COOS COUNTY FAMILY SERVICES							
133 PLEASANT ST BERLIN, NH 03570	020350051	501 C (3)	7,260.				PUBLIC AND PROFESSIO
DARTMOUTH MEDICAL SCHOOL							
1 ROPE FERRY ROAD HANOVER, NH 03755	020222111	501 C (3)	7,500.				COMMUNITY SERVICES
DARTMOUTH MEDICAL SCHOOL							
1 ROPE FERRY ROAD HANOVER, NH 03755	020222111	501 C (3)	7,500.				PUBLIC AND PROFESSIO
CENTRAL NEW JERSEY MAT CHILD H							
2 KING ARTHUR CT NORTH BRUNSWICK, NJ 08902	223197191	501 C (3)	65,000.				PUBLIC AND PROFESSIO
GATEWAY NORTHWEST MATERNAL							
381 WOODSIDE AVE NEWARK, NJ 07104	521815234	501 C (3)	47,904.				PUBLIC AND PROFESSIO
NORTHERN NJ M/CH CONSORTIUM							
17 ARCADIAN AVE SUITE 204	521816613	501 C (3)	25,000.				PUBLIC AND PROFESSIO
OUR LADY OF LOURDES HEALTH FOU							
1600 HADDON AVENUE CAMDEN, NJ 12719	222351960	501 C (3)	37,366.				PUBLIC AND PROFESSIO
NEW MEXICO GRADS RESOURCE COUN							
PO BOX 1884 SOCORRO, NM 87801	141859190	501 C (3)	5,940.				PUBLIC AND PROFESSIO
RENOWN HEALTH FOUNDATION							
1155 MILL ST 02 RENO, NV 89509	942972749	501 C (3)	22,840.				PUBLIC AND PROFESSIO
UNIVERSITY MEDICAL CENTER OF S							
1800 W CHARLESTON BOULEVARD	886000436	501 C (3)	20,000.				PUBLIC AND PROFESSIO
WASHOE TRIBE OF NEVADA							
919 HIGHWAY 395 SOUTH GARNERVILLE, NV 98410	880120754	501 C (3)	15,000.				PUBLIC AND PROFESSIO
BROOKLYN HOSPITAL CENTER							
121 DEKALB AVENUE BROOKLYN, NY 11201	111630755	501 C (3)	76,856.				PUBLIC AND PROFESSIO

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Schedule I-1 (Form 990) 2009

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PAGE 49

**SCHEDULE I-1
(Form 990)****Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

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Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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CORNELL COOPERATIVE EXTENTION 423 GRIFFING AVENUE RIVERHEAD, NY 11901	116081424	501 C (3)	58,000.				PUBLIC AND PROFESSIO
FOUNDATION OF UNIVERSITY OF ME 120 ALBANY STREET NEW BRUNSWICK, NY 08901	237313160	501 C (3)	27,519.				PUBLIC AND PROFESSIO
FOUNDATION OF UNIVERSITY OF ME 120 ALBANY STREET NEW BRUNSWICK, NY 08901	237313160	501 C (3)	63,500.				PUBLIC AND PROFESSIO
GREATER HUDSON VALLEY FAMILY H 3 WASHINGTON AVENUE NEWBURGH, NY 12550	061036715	501 C (3)	62,345.				PUBLIC AND PROFESSIO
INTERNATIONAL RESUCE COMMITTEE 122 E. 42ND ST NYC, NY 10168-1289	135660870	501 C (3)	38,000.				PUBLIC AND PROFESSIO
MEMORIAL SLOAN KETTERING CANC 633 THIRD AVENUE NEW YORK, NY 10017	131624182	501 C (3)	258,095.				RESEARCH & MEDICAL S
NORTHERN ADIRONDACK PLANNED 66 BRINKERHOLFF STREET	237165566	501 C (3)	10,990.				PUBLIC AND PROFESSIO
PLANNED PARENTHOOD HUDSON PECO 4 SKYLINE DR. HAWTHORNE, NY 10532	112454790	501 C (3)	61,981.				PUBLIC AND PROFESSIO
RENSSELAER POLYTECHNIC INSTITU 110 8TH STREET TROY, NY 12180	141340095	501 C (3)	150,000.				RESEARCH & MEDICAL S
RESEARCH FOUNDATION OF SUNY 124 SHERMAN HALL BUFFALO, NY 14214	141368361	501 C (3)	150,000.				RESEARCH & MEDICAL S
RICHMOND UNIVERSITY MEDICAL CE 355 BARD AVENUE STATEN ISLAND, NY 66604	743177454	501 C (3)	46,354.				PUBLIC AND PROFESSIO
SETON HEALTH SYSTEM, INC 1300 MASSACHUSETTS AVE TROY, NY 12180	141776186	501 C (3)	25,000.				PUBLIC AND PROFESSIO
SLOAN-KETTERING INST. CANCER R P.O. BOX 26338 NEW YORK, NY 10087	131624182	501 C (3)	150,000.				RESEARCH & MEDICAL S
SOUTHERN TIER HEALTH CARE SYST ONE BLUE BIRD SQUARE OLEAN, NY 14760	161469489	501 C (3)	15,284.				PUBLIC AND PROFESSIO
STATEN ISLAND UNIVERSITY HOSP. 475 SEAVIEW AVENUE STATEN ISLAND, NY 10305	191492000	501 C (3)	40,654.				PUBLIC AND PROFESSIO

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Schedule I-1 (Form 990) 2009

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PAGE 50

**SCHEDULE I-1
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THE RESEARCH FOUNDATION OF SUN 90 PRESIDENTIAL PLAZA SYRACUSE, NY 89101	141368361	501 C (3)	60,275.				PUBLIC AND PROFESSIO
WEILL MEDICAL COLLEGE OF CORNE 1300 YORK AVENUE NEW YORK, NY 10021	131623978	501 C (3)	150,000.				RESEARCH & MEDICAL S
AULTMAN HOSPITAL 2600 6TH ST SW CANTON, OH 12414	340714538	501 C (3)	14,824.				PUBLIC AND PROFESSIO
AULTMAN HOSPITAL 2600 6TH ST SW CANTON, OH 12414	340714538	501 C (3)	10,000.				PUBLIC AND PROFESSIO
CASE WESTERN RESERVE UNIVERSIT UNIVERSITY OF MEDICINE CLEVELAND, OH 44106	341018992	501 C (3)	150,000.				RESEARCH & MEDICAL S
CHILDREN'S HOSPITAL MEDICAL CE 3333 BURNET AVE CINCINNATI, OH 45229	310833936	501 C (3)	150,000.				RESEARCH & MEDICAL S
CHILDREN'S HOSPITAL MEDICAL CE 3333 BURNET AVE CINCINNATI, OH 45229	310833936	501 C (3)	150,000.				RESEARCH & MEDICAL S
CINCINNATI CHILDREN'S HOSPITAL 3333 BURNET AVENUE CINCINNATI, OH 45229	310833936	501 C (3)	299,196.				RESEARCH & MEDICAL S
COMMUNITY HEALTH PARTNERS 3700 KOLBE RD LORAIN, OH 50112	341504558	501 C (3)	25,000.				PUBLIC AND PROFESSIO
FAMILY HEALTH SERVICES OF EAST 155 MCMILLEN DRIVE NEWARK, OH 20814-4799	310785627	501 C (3)	6,545.				COMMUNITY SERVICES
GOOD SAMARITAN HOSPITAL FOUNDA 375 DIXMYTH AVENUE CINCINNATI, OH 33612	311206047	501 C (3)	24,992.				PUBLIC AND PROFESSIO
HUMILITY OF MARY HEALTH PARTNE 1044 BELMONT AVENUE YOUNGSTOWN, OH 44501	340505560	501 C (3)	23,419.				PUBLIC AND PROFESSIO
NATIONWIDE CHILDREN'S HOSPITAL 700 CHILDRENS DRIVE COLUMBUS, OH 43205	314379441	501 C (3)	6,386.				PUBLIC AND PROFESSIO
OHIO STATE UNIVERSITY RESEARCH RESEARCH FOUNDATION COLUMBUS, OH 43210-1063	316401599	501 C (3)	150,000.				RESEARCH & MEDICAL S
PREBLE COUNTY GENERAL HEALTH D 615 HILLCRESR DR EATON, OH 47714	310000620	501 C (3)	8,000.				PUBLIC AND PROFESSIO

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TOLEDO HOSPITAL 2142 NORTH CAVE BLVD. TOLEDO, OH 43606	344428256	501 C (3)	19,356.				PUBLIC AND PROFESSIO
TRI-RIVERS CAREER CENTER - OH4 2222 MARION-MOUNT GILEAD ROAD	310843022	501 C (3)	8,498.				PUBLIC AND PROFESSIO
VARIETY HEALHT CENTER, INC P.O BOX 2098 OKLAHOMA CITY, OK 19182-8691	730580273	501 C (3)	23,965.				PUBLIC AND PROFESSIO
COMMUNITY ACTION ORGANIZATION 1001 SW BASELINE ST. HILLSBORO, OR 97123	930554941	501 C (3)	25,000.				RESEARCH & MEDICAL S
KLAMATH COUNTY HEALTH DEPT 403 PINE ST KLAMATH FALLS, OR 97601	936002301	501 C (3)	18,828.				RESEARCH & MEDICAL S
LANE COUNTY HEALTH DEPT 135 EAST 6TH AVENUE EUGENE, OR 97401	936002303	501 C (3)	22,500.				COMMUNITY SERVICES
OREGON HEALTH SCIENCES UNIVERS 3181 S.W. SAM JACKSON PARK RD.	931176109	501 C (3)	150,000.				RESEARCH & MEDICAL S
SACRED HEART MEDICAL CENTER FO PO BOX 10905 EUGENE, OR 97440	936026548	501 C (3)	24,000.				RESEARCH & MEDICAL S
DREXEL UNIVERSITY COLLEGE OF M 245 N. 15TH STREET PHILADELPHIA, PA 19102	232979433	501 C (3)	282,000.				RESEARCH & MEDICAL S
HAMOT HEALTH FOUNDATION 201 STATE STREET ERIE, PA 16550	251400999	501 C (3)	20,000.				COMMUNITY SERVICES
LANCASTER GENERAL HOSPITAL 555 N DUKE STREET LANCASTER, PA 17604-3555	231365353	501 C (3)	15,875.				COMMUNITY SERVICES
LANKENAU INSTITUTE FOR MEDICAL 100 LANCASTER AVENUE WYNNEWOOD, PA 19096	232175659	501 C (3)	264,410.				RESEARCH & MEDICAL S
MAIN LINE HEALTH SYSTEM - LANK 100 LANCASTER AVENUE WYNNEWOOD, PA 19096	231352180	501 C (3)	10,000.				COMMUNITY SERVICES
MATERNAL AND CHILD HEALTH CONS 30 W. BARNARD STREET WEST CHESTER, PA 19382	232775806	501 C (3)	15,000.				COMMUNITY SERVICES
MATERNAL AND FAMILY HEALTH SER 15 PUBLIC SQUARE SUITE 600	231856766	501 C (3)	23,500.				COMMUNITY SERVICES

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**SCHEDULE I-1
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PENNSYLVANIA DEPARTMENT OF HEA 7TH AND FOSTER STREETS HARRISBURG, PA 17120	236003104	501 C (3)	24,920.				COMMUNITY SERVICES
SALVATION ARMY, THE 217 SYCAMORE STREET OIL CITY, PA 16301	135562351	501 C (3)	25,000.				COMMUNITY SERVICES
TEMPLE UNIVERSITY OF THE COMMO 3400 N BROAD STREET PHILADELPHIA, PA 67209	231365971	501 C (3)	20,000.				COMMUNITY SERVICES
THOMAS JEFFERSON UNIVERSITY 102 WALNUT ST PHILADELPHIA, PA 19107	231352651	501 C (3)	17,452.				COMMUNITY SERVICES
TITUSVILLE AREA HOSPITAL 406 W. OAK STREET TITUSVILLE, PA 53913	251517854	501 C (3)	21,916.				COMMUNITY SERVICES
TRUSTEES UNIVERSITY OF PENNSYL 3451 WALNUT ST. PHILADELPHIA, PA 19104	231352685	501 C (3)	150,000.				RESEARCH & MEDICAL S
UNIVERSITY OF PITTSBURGH - CHI 3705 FIFTH AVENUE PITTSBURGH, PA 15213	250965591	501 C (3)	20,000.				COMMUNITY SERVICES
WISTAR INSTITUTE 3601 SPRUCE ST PHILADELPHIA, PA 19104	236434390	501 C (3)	258,418.				RESEARCH & MEDICAL S
TALLER SALUD INC PO BOX 524 LOIZA, PR 00772	660494692	501 C (3)	7,000.				PUBLIC AND PROFESSIO
CONNECTING FOR CHILDREN & FAMI 46 HOPE STREET WOONSOCKET, RI 02895	050475365	501 C (3)	9,000.				PUBLIC AND PROFESSIO
EAST BAY COMMUNITY ACTION PROG 100 BULLOCKS POINT AVE	050310024	501 C (3)	9,000.				PUBLIC AND PROFESSIO
ACERCAMIENTO HISPANIC DE CAROL 240 STONERIDGE DRIVE COLUMBIA, SC 29210	571030805	501 C (3)	17,500.				PUBLIC AND PROFESSIO
ACERCAMIENTO HISPANIC DE CAROL 240 STONERIDGE DRIVE COLUMBIA, SC 29210	571030805	501 C (3)	17,500.				COMMUNITY SERVICES
ALPHA PHI ALPHA FRATERNITY - S P.O BOX 354 COLUMBIA, SC 55921	010593969	501 C (3)	20,000.				PUBLIC AND PROFESSIO
ANMED HEALTH 500 NORTH FANT STREET STE B	570359174	501 C (3)	28,000.				COMMUNITY SERVICES

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Schedule I-1 (Form 990) 2009

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BEAUFORT JASPER HAMPTON COMPRE 721 OKATIE HIGHWAY #170 RIDGELAND, SC 29936	570523586	501 C (3)	10,175.				PUBLIC AND PROFESSIO
BEAUFORT JASPER HAMPTON COMPRE 721 OKATIE HIGHWAY #170 RIDGELAND, SC 29936	570523586	501 C (3)	10,175.				PUBLIC AND PROFESSIO
BEAUFORT JASPER HAMPTON COMPRE 721 OKATIE HIGHWAY #170 RIDGELAND, SC 29936	570523586	501 C (3)	10,175.				COMMUNITY SERVICES
BEAUFORT JASPER HAMPTON COMPRE 721 OKATIE HIGHWAY #170 RIDGELAND, SC 29936	570523586	501 C (3)	10,175.				COMMUNITY SERVICES
CLARENDON MEMORIAL HOSPITAL P.O BOX 550 MANNING, SC 32202	516001305	501 C (3)	29,149.				COMMUNITY SERVICES
CLARENDON MEMORIAL HOSPITAL P.O BOX 550 MANNING, SC 32202	516001305	501 C (3)	29,149.				COMMUNITY SERVICES
GREENVILLE HOSPITAL SYSTEM- WO 701 GROVE RD GREENVILLE, SC 46202-5167	576007863	501 C (3)	62,076.				COMMUNITY SERVICES
MEDICAL UNIVERSITY OF SOUTH CA 96 JONATHAN LUCAS ST	576000722	501 C (3)	44,614.				PUBLIC AND PROFESSIO
MEDICAL UNIVERSITY OF SOUTH CA 96 JONATHAN LUCAS ST	576000722	501 C (3)	12,775.				PUBLIC AND PROFESSIO
NURTURING CENTER INC, THE 1332 PICKENS STREET COLUMBIA, SC 73112	570875498	501 C (3)	21,340.				COMMUNITY SERVICES
SCDHEC REGION I OCONEE COUNTY P.O.BOX 488 SENECA, SC 30529	576000286	501 C (3)	36,422.				PUBLIC AND PROFESSIO
SOUTH CAROLINA DEPARTMENT OF H 1800 ST JULIAN PLACE COLUMBIA, SC 29204	576000286	501 C (3)	22,000.				PUBLIC AND PROFESSIO
SOUTH CAROLINA DEPARTMENT OF H 1800 ST JULIAN PLACE COLUMBIA, SC 29204	576000286	501 C (3)	22,000.				COMMUNITY SERVICES
SOUTH CAROLINA PERINATAL ASSOC PO BOX 5247 COLUMBIA, SC 29250	570656784	501 C (3)	10,000.				PUBLIC AND PROFESSIO
SPARTANBURG REGIONAL HEALTHCAR 101 E. WOOD STREET SPARTANBURG, SC 29303	576000934	501 C (3)	59,234.				COMMUNITY SERVICES

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

MARCH OF DIMES FOUNDATION

Continuation Sheet for Schedule I (Form 990)► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009**Open to Public
Inspection****Employer identification number**

13-1846366

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ZETA PHI BETA SORORITY, INC.----- 130 WISTERIA DRIVE AIKEN, SC 52244-1361	576029790	501 C (3)	11,575.				COMMUNITY SERVICES
ZETA PHI BETA SORORITY, INC.----- 130 WISTERIA DRIVE AIKEN, SC 52244-1361	576029790	501 C (3)	11,575.				COMMUNITY SERVICES
JACKSON MADISON COUNTY GENERAL----- 708 WEST FOREST AVENUE JACKSON, TN 38301	626010402	501 C (3)	15,000.				PUBLIC AND PROFESSIO
METROPOLITAN GOVERNMENT OF NAS----- 311-23RD AVENUE NORTH	620694743	501 C (3)	14,809.				COMMUNITY SERVICES
MIDDLE TENNESSEE STATE UNIVERI----- P.O BOX 99 MURFREESBORO, TN 49074	626005794	501 C (3)	8,704.				COMMUNITY SERVICES
NORTH EAST TENNESSEE REGIONAL----- 400 STATE OF FRANKLIN ROAD	620476282	501 C (3)	12,000.				PUBLIC AND PROFESSIO
ST JUDES CHILDRENS RESEARCH----- 332 N.LAUDERDALE MEMPHIS, TN 38105	620646012	501 C (3)	150,000.				RESEARCH & MEDICAL S
UNIVERSITY OF TENNESSEE----- 920 MADISON AVE. MEMPHIS, TN 38163	626001636	501 C (3)	171,360.				RESEARCH & MEDICAL S
UNIVERSITY OF TENNESSEE MEDICA----- A-38 1924 ALCOA HIGHWAY KNOXVILLE, TN 96813	626001636	501 C (3)	18,790.				COMMUNITY SERVICES
UNIVERSITY OF TEXAS----- HEALTH SCIENCE CENTER MEMPHIS, TN 38163	741761309	501 C (3)	103,136.				RESEARCH & MEDICAL S
VANDERBILT UNIVERSITY----- 3319 WEST END AVENUE NASHVILLE, TN 37203	620476822	501 C (3)	78,735.				RESEARCH & MEDICAL S
VANDERBILT UNIVERSITY MEDICAL----- 3319 WEST END AVENUE NASHVILLE, TN 37203	620476822	501 C (3)	466,231.				RESEARCH & MEDICAL S
WASHINGTON COUNTY HEALTH DEPT.----- 415 STATE OF FRANKLIN RD	626000894	501 C (3)	13,000.				COMMUNITY SERVICES
WOMEN'S WELLNESS & MATERNITY C----- P.O. BOX 115 MADISONVILLE, TN 60560	621178892	501 C (3)	19,800.				COMMUNITY SERVICES
AVANCE DALLAS----- 2816 SWISS AVE DALLAS, TX 53140	741769114	501 C (3)	8,000.				PUBLIC AND PROFESSIO

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)****Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

2009**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service**► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.**

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030	741613878	501 C (3)	271,111.				RESEARCH & MEDICAL S
CORNERSTONE BAPTIST CHURCH 5415 MATLOCK ROAD ARLINGTON, TX 76018	751882212	501 C (3)	18,500.				PUBLIC AND PROFESSIO
ETA LOTA ZETA EDUCATION FOUNDA P.O BOX 372295 EL PASO, TX 57201	321375826	501 C (3)	10,000.				PUBLIC AND PROFESSIO
FAMILY OUTREACH CORPUS CHRISTI 1444 BALDWIN BLVD CORPUS CHRISTI, TX 57201	742049746	501 C (3)	10,000.				PUBLIC AND PROFESSIO
GARTH HOUSE, MICKEY MEFAFFY CH 1895 MCFADDIN BEAUMONT, TX 55616	760660968	501 C (3)	10,000.				PUBLIC AND PROFESSIO
GREATER LOVE MISSIONARY BAPTIS 1534 PECK AVENUE SAN ANTONIO, TX 53222	742487205	501 C (3)	9,250.				PUBLIC AND PROFESSIO
GREATER MOUNT TABOR CHRISTIAN 2513 EDGEWOOD TERRANCE	751943938	501 C (3)	9,250.				PUBLIC AND PROFESSIO
GREENSPPOINT BAPTIST CHURCH 11703 WALTERS ROAD HOUSTON, TX 77067	742210697	501 C (3)	18,500.				PUBLIC AND PROFESSIO
JUNIOR LEAGUE OF ODESSA, INC. 2707 KERMIT HIGHWAY ODESSA, TX 79764	750449533	501 C (3)	20,000.				PUBLIC AND PROFESSIO
MEMORIAL HERMANN FOUNDATION 6411 FANNIN ST HOUSTON, TX 66044	741653640	501 C (3)	25,000.				PUBLIC AND PROFESSIO
METHODIST HEALTH SYSTEM FOUNDA 1441 NORTH BECKLEY DALLAS, TX 38305	741578343	501 C (3)	50,000.				PUBLIC AND PROFESSIO
MIGRANT HEALTH PROMOTIONS 536 S TEXAS BLVD WESLACO, TX 33914	383092194	501 C (3)	16,000.				PUBLIC AND PROFESSIO
PARKLAND FOUNDATION TX652 2777 N STEMMONS FREEWASUITE#1700	752089180	501 C (3)	8,000.				PUBLIC AND PROFESSIO
SISTERHOOD OF FAITH IN ACTION P.O. BOX 91238 HOUSTON, TX 77291-1238	760446282	501 C (3)	28,000.				PUBLIC AND PROFESSIO
UNIVERSITY OF TEXAS AT AUSTIN 101 EAST 27TH STREET AUSTIN, TX 78712	746000203	501 C (3)	229,000.				RESEARCH & MEDICAL S

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

MARCH OF DIMES FOUNDATION

Continuation Sheet for Schedule I (Form 990)► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009**Open to Public
Inspection****Employer identification number**

13-1846366

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TEXAS HEALTH SCI 1200 HERMANN PRESSLER, HOUSTON, TX 77225	741761309	501 C (3)	15,133.				PUBLIC AND PROFESSIO
UNIVERSITY OF TEXAS SOUTHWEST P.O. BOX 841573 DALLAS, TX 75284	756002868	501 C (3)	150,000.				RESEARCH & MEDICAL S
UNIVERSITY OF TEXAS SOUTHWEST P.O. BOX 841573 DALLAS, TX 75284	756002868	501 C (3)	150,000.				RESEARCH & MEDICAL S
UNIVERSITY OF TEXAS SOUTHWEST P.O. BOX 841573 DALLAS, TX 75284	756002868	501 C (3)	150,000.				RESEARCH & MEDICAL S
WHEELER AVENUE 5C'S, INC 3826 WHEELER AVENUE HOUSTON, TX 92020	741952632	501 C (3)	18,500.				PUBLIC AND PROFESSIO
WTL -THE WAY, TRUTH, AND LIFE 30443 BETKA RD WALLER, TX 55336	841639778	501 C (3)	42,500.				PUBLIC AND PROFESSIO
WTL -THE WAY, TRUTH, AND LIFE 30443 BETKA RD WALLER, TX 55336	841639778	501 C (3)	6,817.				PUBLIC AND PROFESSIO
YWCA OF LUBBOCK 3101 35TH STREET LUBBOCK, TX 79401	750939427	501 C (3)	20,000.				COMMUNITY SERVICES
UNIVERSITY OF UTAH 15 NORTH 2030 SALT LAKE CITY, UT 84112	876000626	501 C (3)	150,000.				RESEARCH & MEDICAL S
CHESTERFIELD HEALTH DISTRICT 9501 LUCY CORR CIRCLE	546001775	501 C (3)	24,999.				COMMUNITY SERVICES
EASTERN VIRGINIA MEDICAL SCHOO 721 FAIR FAX AVENUE NORFOLK, VA 15213	546055378	501 C (3)	34,650.				COMMUNITY SERVICES
FAMILY MATERNITY CENTER OF THE NORTHERN NECK KILMARNOCK, VA 15213	201556342	501 C (3)	29,700.				COMMUNITY SERVICES
HOFFMAN & HOFFMAN PUBLIC RELAT 1909 ROCKINGHAMN STREET SUITE	541357222	501 C (3)	22,500.				RESEARCH & MEDICAL S
INMED PARTNERSHIPS FOR CHILDRE 20110 ASHBROOK PLACE, ASHBURN, VA 20147	521482339	501 C (3)	20,000.				PUBLIC AND PROFESSIO
INOVA HELATH SYSTEM FOUNDATION 8110 GATE HOUSE RD. 20	541071867	501 C (3)	18,000.				PUBLIC AND PROFESSIO

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

MARCH OF DIMES FOUNDATION

Continuation Sheet for Schedule I (Form 990)► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047

2009**Open to Public
Inspection****Employer identification number**

13-1846366

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PREEMIES TODAY P.O BOX 523525 SPRINGFIELD, VA 49442	141911170	501 C (3)	24,500.				PUBLIC AND PROFESSIO
RICHMOND CITY HEALTH DISTRICT 900 E. MARSHALL ST RICHMOND, VA 56002-8674	546001775	501 C (3)	30,098.				COMMUNITY SERVICES
SIDS MID-ATLANTIC PO BOX 799 HAYMARKET, VA 20168	010638075	501 C (3)	21,500.				PUBLIC AND PROFESSIO
SOUTHERN DOMINION HEALTH PO BOX 70 VICTORIA, VA 23974	541282624	501 C (3)	14,427.				COMMUNITY SERVICES
SOUTHWEST VIRGINIA PERINATAL C P.O. BOX 1016 ABINGDON, VA 60073	540715270	501 C (3)	15,169.				COMMUNITY SERVICES
THE RECTOR & VISITORS OF THE U 200 BOWEN LOOP STE 100	546001796	501 C (3)	150,000.				RESEARCH & MEDICAL S
THREE RIVERS HEALTH DISTRICT PO BOX 415 SALUDA, VA 23149	546001775	501 C (3)	8,278.				COMMUNITY SERVICES
UNIVERSITY OF VIRGINIA 1300 JEFFERSON PARK AVENUE	546001796	501 C (3)	150,000.				RESEARCH & MEDICAL S
UNIVERSITY OF VIRGINIA 1300 JEFFERSON PARK AVENUE	546001796	501 C (3)	150,000.				RESEARCH & MEDICAL S
VIRGINIA COMMONWEALTH UNIVERSI P.O. BOX 980163 RICHMOND, VA 23298	546001758	501 C (3)	287,020.				RESEARCH & MEDICAL S
AMERICAN ACADEMY OF PEDIATRICS 134 MAIN STREET MONTPELIER, VT 05601	030316774	501 C (3)	6,500.				PUBLIC AND PROFESSIO
BENTON-FRANKLIN HEALTH DISTRIC 7102 W. OKANOGAN PLACE KENNEWICK, WA 99336	911018182	501 C (3)	12,500.				PUBLIC AND PROFESSIO
FAMILY PLANNING OF CLALLAM COU P.O BOX 927 PORT ANGELES, WA 49855	910872258	501 C (3)	20,000.				PUBLIC AND PROFESSIO
FIRST STEP FAMILY SUPPORT CENT 325 E. 6TH STREET PORT ANGELES, WA 98382	910897485	501 C (3)	10,750.				PUBLIC AND PROFESSIO
FRANCISCAN FOUNDATION 1149 MARKET STREET TACOMA, WA 98402	911145592	501 C (3)	20,594.				PUBLIC AND PROFESSIO

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1
(Form 990)****Continuation Sheet for Schedule I (Form 990)**

OMB No. 1545-0047

2009**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service**► Attach to Form 990 to list additional information for
Schedule I (Form 990), Part II or Part III.**

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REFUGEE WOMEN'S ALLIANCE 4008 MARTIN LUTHER KING WAY S.	911296964	501 C (3)	13,682.				PUBLIC AND PROFESSIO
UNIVERSITY OF WASHINGTON 1959 N.E. PACIFIC STREET SEATTLE, WA 98195	916001537	501 C (3)	46,054.				PUBLIC AND PROFESSIO
UNIVERSITY OF WASHINGTON 1959 N.E. PACIFIC STREET SEATTLE, WA 98195	916001537	501 C (3)	150,000.				RESEARCH & MEDICAL S
AMERICAN SOCIETY OF GENE THERA 555 E. WELL ST. MILWAUKEE, WI 53202	911766321	501 C (3)	10,000.				RESEARCH & MEDICAL S
BOARD OF REGENTS UNIV. OF WISC 750 UNIVERSITY AVENUE MADISON, WI 53706	398006492	501 C (3)	365,046.				RESEARCH & MEDICAL S
BOARD OF REGENTS UNIV. OF WISC 400 A W PETERSON BUILDING MADISON, WI 53706	398006492	501 C (3)	150,000.				RESEARCH & MEDICAL S
COLUMBIA ST MARY'S FOUNDATION 4425 N PORT WASHINGTON RD	391494981	501 C (3)	20,746.				PUBLIC AND PROFESSIO
FAMILY RESOURCE CENTER OF FOND 104 S MAIN STREET FOND DU LAC, WI 54935	391297284	501 C (3)	12,000.				PUBLIC AND PROFESSIO
MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK RD.	390806261	501 C (3)	150,000.				RESEARCH & MEDICAL S
POLK COUNTY HEALTH DEPT - WI65 100 POLK COUNTY PLAZA,	396005730	501 C (3)	12,000.				PUBLIC AND PROFESSIO
SHEBOYGAN COUNTY HHS DEPARTMEN 1011 N. 8TH STREET SHEBOYGAN, WI 83081	396005744	501 C (3)	8,500.				PUBLIC AND PROFESSIO
WHEATON FRANCISCAN HEALTHCARE 5000 W CHAMBERS STREET MILWAUKEE, WI 47904	391636804	501 C (3)	12,000.				PUBLIC AND PROFESSIO
CHEYENNE REGIONAL MEDICAL CENT 214 E 23RD ST CHEYENNE, WY 42101	836001940	501 C (3)	5,740.				PUBLIC AND PROFESSIO

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

Schedule I-1 (Form 990) 2009

Part II	Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)
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Schedule I-1 (Form 990) 2009

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

Part I Questions Regarding Compensation

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

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

b If any of the boxes on line 1a is 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| <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 in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** 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) and 501(c)(4) organizations must complete lines 5-9.

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

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

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

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

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

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

9 If "Yes" to 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 Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(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 reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JENNIFER HOWSE, PHD	(i)	476,099.		157,033.		8,628.	641,760.	
	(ii)	0.					0.	
JANE MASSEY	(i)	340,132.		62,624.		8,745.	411,501.	
	(ii)	0.					0.	
DR. ALAN FLEISCHMAN	(i)	293,898.			12,650.	16,956.	323,504.	
	(ii)	0.					0.	
RICHARD E. MULLIGAN	(i)	219,003.				22,160.	241,163.	
	(ii)	0.					0.	
LISA BELLSEY, ESQ.	(i)	224,016.				9,040.	233,056.	
	(ii)	0.					0.	
MICHAEL KATZ	(i)	301,090.		13,561.		1,116.	315,767.	
	(ii)	0.					0.	
MARINA WEISS	(i)	261,008.		6,563.		2,616.	270,187.	
	(ii)	0.					0.	
ALAN KAUFFMAN	(i)	228,436.		118.		17,436.	245,990.	
	(ii)	0.					0.	
JAMES GREEN	(i)	253,547.		12,783.		24,397.	290,727.	
	(ii)	0.					0.	
PAULA HOWELL	(i)	208,758.				23,206.	231,964.	
	(ii)	0.					0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2009

Part III Supplemental Information

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

SUPPLEMENTAL NONQUALIFIED RETIREMENT INCLUDING RELATED TAX GROSS UP PMNTS

PART 1, #4B

JENNIFER HOWSE, PH.D. \$157,033

JANE MASSEY \$62,624

MARINA WEISS \$6,563

ALAN KAUFFMAN \$118

MICHAEL KATZ \$13,561

JAMES GREEN \$12,783

COMPENSATION NOTE 2009

NO INCREASES IN OFFICER BASE PAY WERE APPROVED FOR 2009 AND NO BASE PAY

INCREASES FOR OTHER STAFF WERE APPROVED WITH THE EXCEPTION OF PROMOTIONS.

Continuation Sheet for Form 990

OMB No. 1545-0047

2009

Open to Public Inspection

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

► See the Instructions for Form 990.

Name of the Organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

Part I	Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
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[illegible]

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

TEXT

Noncash Contributions

► **Complete if the organizations answered "Yes" on Form
990, Part IV, lines 29 or 30.
► Attach to Form 990.**

OMB No. 1545-0047

2009

**Open To Public
Inspection**

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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	148	43,186.	SELLING PRICE
7 Boats and planes				
8 Intellectual property				
9 Securities-Publicly traded	X		72,623.	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 ► (AIRFARE)	X		155,000.	FAIR MARKET VALUE
26 Other ► (PRINT)	X		152,500.	FAIR MARKET VALUE
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

30 a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31	X	
----	---	--

32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a	X	
-----	---	--

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Schedule M (Form 990) 2009

JSA

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PAGE 65

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

CAR DONATION PROGRAM

SCHEDULE M, #32A

THE MARCH OF DIMES ACCEPTS DONATION 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 TITLE, AS WELL AS THE PICK UP

AND SALE OF THE VEHICLE.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

ATTACHMENT 2

PART VI

LINE 1

THE MARCH OF DIMES FOUNDATION HAS 32 VOTING MEMBERS OF THE GOVERNING
BODY, WHICH ARE ALL VOLUNTEER BD. MEMBERS. THERE ARE 5 BOARD OFFICERS WHO
DO NOT VOTE.

PART VI SECTION B POLICIES

LINE 15

NOTE: NO INCREASES IN OFFICER BASE PAY WERE APPROVED FOR 2009 AND NO BASE
PAY INCREASES FOR OTHER STAFF WERE APPROVED WITH THE EXCEPTION OF
PROMOTIONS.

EXECUTIVE COMPENSATION AT THE MARCH OF DIMES IS A THREE STAGE PROCESS,
DESIGNED TO ENSURE AN INDEPENDENT AND TRANSPARENT APPROACH TO THE REVIEW
OF THE MARCH OF DIMES OFFICERS AND ENSURE THAT THEIR COMPENSATION
REFLECTS FAIR MARKET VALUE.

THE FIRST STAGE OF THE PROCESS IS PERFORMED BY THE EXECUTIVE COMPENSATION
COMMITTEE. THE EXECUTIVE COMPENSATION COMMITTEE WAS ORGANIZED TO CLARIFY
AND SIMPLIFY THE COMPENSATION REVIEW PROCESS FOR THE PRESIDENT AND STAFF
OFFICERS. THE COMMITTEE IS COMPRISED OF 3 INDEPENDENT TRUSTEES WHO MEET
ANNUALLY TO REVIEW AND DISCUSS THE SALARY RANGES FOR THE PRESIDENT AND
STAFF OFFICERS OF THE MARCH OF DIMES, INCLUDING MERIT, VARIABLE PAY AND
BENEFITS. IT TYPICALLY RECEIVES A BENCHMARKING REPORT FROM AN OUTSIDE

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

ATTACHMENT 2 (CONT'D)

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 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 THE REGULATIONS ON INTERMEDIATE SANCTIONS PROMULGATED BY THE IRS.

PART VI SECTION C. DISCLOSURE

LINE 19

THE MARCH OF DIMES FOUNDATION MAKES ITS ANNUAL REPORT AND IRS FORM 990 ACCESSIBLE VIA OUR WEBSITE, WWW.MARCHOFDIMES.COM AND VIA REQUEST FROM THE GENERAL PUBLIC.

PART VI - REVIEW OF 990 BY GOVERNING BODY

LINE 10

THE MARCH OF DIMES IRS FORM 990, IS PREPARED BY STAFF AND REVIEWED BY MANAGEMENT, UPON IT'S COMPLETION IT IS THEN REVIEWED BY A PAID PREPARER,

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

ATTACHMENT 2 (CONT'D)

THE PRESIDENT AND THE FOUNDATIONS AUDIT COMMITTEE OF THE BD. OF TRUSTEES
PRIOR TO ELECTRONICALLY FILING WITH THE IRS.

PART VI SECTION B CONFLICT OF INTEREST

LINE 12C

ANNUALLY THE MARCH OF DIMES ASKS THEIR EMPLOYEES AND BD. MEMBERS (BOTH
NATIONAL AND CHAPTER) TO REVIEW AND SIGN A CONFLICT OF INTEREST POLICY.
VOLUNTEER BD. MEMBERS ARE GIVEN A HARD COPY TO SIGN WHERE EMPLOYEES
ACCESS THE FOUNDATION'S INTRANET WEBSITE TO REVIEW AND SIGN THE POLICY.
THE FOUNDATIONS LEGAL COUNSEL FOLLOWS UP TO RESOLVE ANY DISCLOSED
CONFLICTS.

ATTACHMENT 3FORM 990, PART III, LINE 1 - 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.

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

NETHERLANDS ANTILLES
CAYMAN ISLANDS

ATTACHMENT 5

Name of the organization

Employer identification number

MARCH OF DIMES FOUNDATION

13-1846366

ATTACHMENT 5 (CONT'D)FORM 990, PART VI, LINE 17 - STATES

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

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
BLACKBAUD PO BOX 930256 ATLANTA, GA 31193-0256	SOFTWARE DESIGN	4,596,686.
PEP DIRECT 19 STONEY BROOK DRIVE WILTON, NH 03086-0900	MAIL HOUSE	2,794,967.
INFOCISION 325 SPRINGSIDE DRIVE AKRON, OH 44333	TELEMARKETING SERVIC	3,247,528.
HAINES & CO. PO BOX 2117 NORTH CANTON, OH 44720	TELEMARKETING SERVIC	2,826,115.
EPSILON 50 CAMBRIDGE STREET BURLINGTON, MA 01803	DATA PROCESSING	2,278,069.
TOTAL COMPENSATION		<u>15,743,365.</u>

ATTACHMENT 7FORM 990, PART VIII - INVESTMENT INCOME

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

ATTACHMENT 7 (CONT'D)FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST ON SAVINGS	196,772.			196,772.
INTEREST & DIVIDENDS	2,753,057.			2,753,057.
TOTALS	<u>2,949,829.</u>			<u>2,949,829.</u>

ATTACHMENT 8FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION	AMOUNT
SPECIAL EVENTS	124,455,562.
TOTAL	<u>124,455,562.</u>

ATTACHMENT 9FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES
SPECIAL EVENTS	14,513,572.	14,513,572.
TOTALS	<u>14,513,572.</u>	<u>14,513,572.</u>

ATTACHMENT 10FORM 990, PART VIII - GAMING ACTIVITIES

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES
SWEEPSTAKES/GAMING ACTIVITIES	308,332.	308,332.

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

ATTACHMENT 10 (CONT'D)FORM 990, PART VIII - GAMING ACTIVITIES

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>
TOTALS	<u>308,332</u>	<u>308,332</u>

ATTACHMENT 11FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
SHORT TERM SECURITIES	3,693,099.
DOMESTIC COMMON STOCK	28,114,142.
PUBLICLY TRADED MUTUAL FUNDS	29,382,908.
INSTITUTIONAL MUTUAL FUNDS	15,627,773.
FIXED INCOME	13,997,389.
TOTALS	<u>90,815,311.</u>

ATTACHMENT 12SCHEDULE G, PART III-STATES IN WHICH ORG. OPERATES GAMING ACTIVITIES

AZ, CA, CT, FL, GA, HI, IL, IN,

IA, KY, ME, MD, MA, MI, NV, NH, NJ, NY, NC, OH, OK, OR, PA, RI, SC, TX, VT, WA, WI,

