

MARCH OF DIMES FOUNDATION
FORM 990
TAX YEAR 2010

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

OMB No. 1545-1879

Department of the Treasury
Internal Revenue ServiceFor calendar year 2010, or tax year beginning 01/01, 2010, and ending 12/31, 20 10
For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868**2010**

▶ See instructions on back.

Name of exempt organization

Employer identification number

MARCH OF DIMES FOUNDATION13-1846366**Part I Type of Return and Return Information (Whole Dollars Only)**

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

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b <u>208713990.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____

Part II Declaration of Officer

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

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

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign
Here

Signature of officer

Date

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. 4183, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

**ERO's
Use
Only**ERO's
signature ▶

Date

Check if
also paid
preparer ☐Check if
self-
employed ☐

ERO's SSN or PTIN

Firm's name (or
yours if self-employed),
address, and ZIP code ▶

EIN

Phone no.

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

**Paid
Preparer's
Use Only**

Print/Type preparer's name

Preparer's signature

Date

PTIN

Firm's name ▶ KPMG, LLPFirm's address ▶ 345 PARK AVENUE
NEW YORKNY 10154Check ☐ if
self-employed

Firm's EIN ▶

Phone no.

P0063437813-5565207212 758-9700

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

Form **8453-EO** (2010)JSA
0E1875 0.080

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

2010**Open to Public
Inspection****A For the 2010 calendar year, or tax year beginning , 2010, and ending , 20**

B Check if applicable:	C Name of organization MARCH OF DIMES FOUNDATION Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1275 MAMARONECK AVENUE City or town, state or country, and ZIP + 4 WHITE PLAINS, NY 10605 F Name and address of principal officer: DR. JENNIFER HOWSE 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605	D Employer identification number 13-1846366 E Telephone number (914) 428-7100 G Gross receipts \$ 254,019,847. 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) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: ▶ WWW.MARCHOFDIMES.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 33. 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 33. 5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 1,737. 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		
Revenue	8 Contributions and grants (Part VIII, line 1h) Prior Year 204,184,165. Current Year 201,374,024. 9 Program service revenue (Part VIII, line 2g) 1,771,685. 1,699,213. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,424,072. 4,065,492. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,703,645. 1,575,261. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 211,083,567. 208,713,990.		
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 30,953,145. 29,356,421. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 99,510,221. 95,205,818. 16a Professional fundraising fees (Part IX, column (A), line 11e) 2,400,017. 2,175,507. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 28,514,908. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 77,495,576. 79,355,477. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 210,358,959. 206,093,223. 19 Revenue less expenses. Subtract line 18 from line 12 724,608. 2,620,767.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16) Beginning of Current Year 156,956,237. End of Year 169,647,882. 21 Total liabilities (Part X, line 26) 113,547,202. 115,951,662. 22 Net assets or fund balances. Subtract line 21 from line 20 43,409,035. 53,696,220.		

Part II Signature Block

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

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

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2010)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the 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 \$ 28,786,187. including grants of \$ 22,849,838.) (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 SUBOPTIMAL PREGNANCY OUTCOME. MEDICAL SERVICES CONTINUED
SUPPORT OF RESPIRATORY EQUIPMENT FOR POST POLIO PATIENTS.

4b (Code:) (Expenses \$ 77,326,138. including grants of \$ 4,415,508.) (Revenue \$ 1,699,213.)

PUBLIC AND 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 \$ 49,129,049. including grants of \$ 2,091,075.) (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 ► 155,241,374.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b X	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f X	
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14 a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19 X	
20 a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	X

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>	<input checked="" type="checkbox"/>	
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>	<input checked="" type="checkbox"/>	
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>	<input checked="" type="checkbox"/>	
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 line 25.</i>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		<input checked="" type="checkbox"/>
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		<input checked="" type="checkbox"/>
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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.	<input checked="" type="checkbox"/>	

Form **990** (2010)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V. ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	569
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	55
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	1,737
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country: <u>CAYMAN ISLANDS</u> See instructions for filing requirements for 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 line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X
8	Sponsoring organizations maintaining donor advised funds 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	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

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

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 33		
b Enter the number of voting members included in line 1a, above, who are independent 1b 33		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		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? . . . 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Does the organization have members or stockholders? 6	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a	X	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	X	
b Each committee with authority to act on behalf of the governing body? 8b	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 9		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? 10a	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? 10b	X	
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a	X	
b 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 12a	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b	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 12c	X	
13 Does the organization have a written whistleblower policy? 13	X	
14 Does the organization have a written document retention and destruction policy? 14	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 15a	X	
b Other officers or key employees of the organization 15b	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? 16a		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? 16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **► ATTACHMENT 1**

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 E. MULLIGAN 1275 MAMRONECK AVENUE WHITE PLAINS, NY 10605**
 (914) 428-7100

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) KENNETH MAY CHAIRMAN	3.00	X		X				0.	0.	0.
(2) MARK SELCOW TRUSTEE	1.00	X						0.	0.	0.
(3) DAVID R. SMITH, MD. VICE CHAIRMAN	1.00	X		X				0.	0.	0.
(4) CAROL EVANS VICE CHAIR	1.00	X		X				0.	0.	0.
(5) KATHY BEHRENS TRUSTEE	1.00	X						0.	0.	0.
(6) HARRIS BROOKS TRUSTEE	1.00	X						0.	0.	0.
(7) JOHN BURBANK TRUSTEE	1.00	X						0.	0.	0.
(8) AL CHILDS TREASURER	1.00	X		X				0.	0.	0.
(9) HARVEY COHEN, MD., PHD TRUSTEE	1.00	X						0.	0.	0.
(10) JOSE F. CORDERO, MD., MPH TRUSTEE	1.00	X						0.	0.	0.
(11) MIRIAM AROND TRUSTEE	1.00	X						0.	0.	0.
(12) LAVERNE H. COUNCIL VICE CHAIR	1.00	X		X				0.	0.	0.
(13) MICHELE FABRIZI TRUSTEE	1.00	X						0.	0.	0.
(14) VIRGINIA DAVIS FLOYD, MD., MPH TRUSTEE	1.00	X						0.	0.	0.
(15) ROBERT FRIEL TRUSTEE	1.00	X						0.	0.	0.
(16) 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 (describe hours for related organizations in Schedule O)	(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			
(17) TROY RUHANEN TRUSTEE	1.00	X						0.	0.	0.
(18) F. ROBERT WOULDSTRA TRUSTEE	1.00	X						0.	0.	0.
(19) G. BRENT MINOR TRUSTEE	1.00	X						0.	0.	0.
(20) SHANNON BROWN TRUSTEE	1.00	X						0.	0.	0.
(21) GARY DIXON TRUSTEE	1.00	X						0.	0.	0.
(22) STEVEN FREIBERG TRUSTEE	1.00	X						0.	0.	0.
(23) ALEEM GILLANI TRUSTEE	1.00	X						0.	0.	0.
(24) J. JOSEPH HALE JR. TRUSTEE	1.00	X						0.	0.	0.
(25) H. EDWARD HANWAY TRUSTEE	1.00	X						0.	0.	0.
(26) WILLIAM R. HARKER TRUSTEE	1.00	X						0.	0.	0.
(27) ELIZABETH ROOSEVELT JOHNSON TRUSTEE	1.00	X						0.	0.	0.
(28) JUDITH NOLTE TRUSTEE	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A ATTACHMENT 2								3,093,160.	0.	147,450.
d Total (add lines 1b and 1c)								3,093,160.	0.	147,450.

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 **104**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

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 **32**

Part VIII Statement of Revenue

				(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 1,218,217.				
	b	Membership dues	1b				
	c	Fundraising events	1c 127,374,991.				
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e 4,340,981.				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f 68,439,835.				
	g	Noncash contributions included in lines 1a-1f: \$	159,197.				
	h	Total. Add lines 1a-1f		201,374,024.			
Program Service Revenue			Business Code				
	2a	SALE OF EDUCATIONAL MATERIAL	900099	1,139,154.	1,139,154.		
	b	SYMPOSIUM CONFERENCES	900099	352,943.	352,943.		
	c	PROGRAM SPONSORSHIP	900099	207,116.	207,116.		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		1,699,213.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ATTACHMENT 4		2,610,160.			2,610,160.
	4	Income from investment of tax-exempt bond proceeds		0.			
	5	Royalties		923,102.			923,102.
		(i) Real	(ii) Personal				
	6a	Gross Rents.					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0.			
		(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	32,812,000.				
	b	Less: cost or other basis and sales expenses	31,356,668.				
	c	Gain or (loss)	1,455,332.				
	d	Net gain or (loss)		1,455,332.			1,455,332.
	8a	Gross income from fundraising events (not including \$ 127,374,991. of contributions reported on line 1c). See Part IV, line 18	ATCH 5 a 13,949,189.				
	b	Less: direct expenses	b 13,949,189.				
	c	Net income or (loss) from fundraising events	ATCH. 6.	0.			
	9a	Gross income from gaming activities. See Part IV, line 19	a 345,032.				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities	ATCH. 7.	345,032.			345,032.
	10a	Gross sales of inventory, less returns and allowances	a				
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory		0.				
Miscellaneous Revenue			Business Code				
11a	GRANT REFUNDS	900099	272,510.			272,510.	
b	ALL OTHER REVENUE	900099	34,617.			34,617.	
c							
d	All other revenue						
e	Total. Add lines 11a-11d		307,127.				
12	Total revenue. See instructions		208,713,990.	1,699,213.		5,640,753.	

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 . . .	27,689,013.	27,689,013.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	10,000.	10,000.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	1,657,408.	1,657,408.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	1,785,894.	1,364,780.	193,234.	227,880.
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	69,235,559.	52,961,666.	7,459,683.	8,814,210.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,043,978.	5,352,882.	777,558.	913,538.
9 Other employee benefits	11,395,538.	8,748,176.	1,215,840.	1,431,522.
10 Payroll taxes	5,744,849.	4,327,353.	658,542.	758,954.
11 Fees for services (non-employees):				
a Management	0.			
b Legal	203,039.	96,787.	67,230.	39,022.
c Accounting	433,740.	211,340.	140,715.	81,685.
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17	2,175,507.			2,175,507.
f Investment management fees	0.			
g Other	10,325,820.	6,709,102.	1,417,104.	2,199,614.
12 Advertising and promotion	0.			
13 Office expenses	0.			
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	8,536,669.	6,769,358.	787,923.	979,388.
17 Travel	5,751,876.	4,491,119.	545,366.	715,391.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	2,709,706.	2,336,448.	178,490.	194,768.
20 Interest	132,766.	82,289.	27,801.	22,676.
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	2,310,636.	1,590,836.	351,559.	368,241.
23 Insurance	0.			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a PRINTING -----	22,740,344.	13,729,000.	3,853,132.	5,158,212.
b POSTAGE & SHIPPING -----	11,760,643.	6,871,764.	2,170,632.	2,718,247.
c EQUIPMENT RENTAL -----	2,568,256.	1,858,494.	362,752.	347,010.
d TELEMARKETING/DATA FEES -----	8,529,483.	6,117,306.	1,547,112.	865,065.
e TELEPHONE -----	2,488,105.	1,675,698.	447,796.	364,611.
f All other expenses -----	864,394.	590,555.	134,472.	139,367.
25 Total functional expenses. Add lines 1 through 24f	206,093,223.	155,241,374.	22,336,941.	28,514,908.
26 Joint Costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	37,008,000.	21,988,000.	7,116,000.	7,904,000.

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,203,817.	1	1,216,667.
	2 Savings and temporary cash investments	8,710,042.	2	18,851,854.
	3 Pledges and grants receivable, net	1,093,369.	3	1,038,330.
	4 Accounts receivable, net	6,885,287.	4	6,939,361.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	5,338,053.	8	5,158,547.
	9 Prepaid expenses and deferred charges	2,183,976.	9	1,760,073.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 49,916,317.		
	b Less: accumulated depreciation	10b 34,709,488.		
	11 Investments - publicly traded securities	15,808,899.	10c	15,206,829.
	12 Investments - other securities. See Part IV, line 11	90,815,311.	11	93,710,575.
	13 Investments - program-related. See Part IV, line 11	15,978,070.	12	16,797,873.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	8,939,411.	14	8,967,773.
16 Total assets. Add lines 1 through 15 (must equal line 34)	156,956,237.	15	169,647,882.	
Liabilities	17 Accounts payable and accrued expenses	12,038,021.	16	12,967,245.
	18 Grants payable	24,923,952.	17	23,333,375.
	19 Deferred revenue	2,427,713.	18	3,111,226.
	20 Tax-exempt bond liabilities	2,280,000.	19	1,560,000.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	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	71,877,516.	24	74,979,816.
	26 Total liabilities. Add lines 17 through 25	113,547,202.	25	115,951,662.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	30,083,630.	26	40,387,902.
	28 Temporarily restricted net assets	2,244,433.	27	1,735,918.
	29 Permanently restricted net assets	11,080,972.	28	11,572,400.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		29	
	31 Paid-in or capital surplus, or land, building, or equipment fund		30	
	32 Retained earnings, endowment, accumulated income, or other funds		31	
	33 Total net assets or fund balances	43,409,035.	32	53,696,220.
	34 Total liabilities and net assets/fund balances	156,956,237.	33	169,647,882.

Form **990** (2010)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	208,713,990.
2	Total expenses (must equal Part IX, column (A), line 25)	2	206,093,223.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,620,767.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	43,409,035.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	7,666,418.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	53,696,220.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

	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 separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input 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** (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

**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?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	227,617,539.	236,928,297.	230,737,298.	204,402,497.	201,374,024.	1,101,059,655.
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	227,617,539.	236,928,297.	230,737,298.	204,402,497.	201,374,024.	1,101,059,655.
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.						1,101,059,655.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	227,617,539.	236,928,297.	230,737,298.	204,402,497.	201,374,024.	1,101,059,655.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	42,114,359.	6,477,429.	4,965,143.	3,736,741.	3,533,262.	60,826,934.
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.)	863,644.	621,722.	506,423.	608,401.	307,127.	2,907,317.
11 Total support. Add lines 7 through 10						1,164,793,906.
12 Gross receipts from related activities, etc. (see instructions)					12	2,907,317.
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 2010 (line 6, column (f) divided by line 11, column (f))	14	94.53 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	94.50 %
16a 33 1/3 % support test - 2010. 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 - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2010. 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 - 2009. 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) 2010

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%
19a 33 1/3 % support tests - 2010. 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 ► <input type="checkbox"/>		
b 33 1/3 % support tests - 2009. 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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2006	2007	2008	2009	2010	TOTAL
OTHER INCOME	863,644.	621,722.	506,423.	608,401.	307,127.	2,907,317.
TOTALS	<u>863,644.</u>	<u>621,722.</u>	<u>506,423.</u>	<u>608,401.</u>	<u>307,127.</u>	<u>2,907,317.</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

2010

**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) or Form 990-EZ, Part V, line 35a (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 on behalf of or in opposition to candidates for public office in Part IV.
- 2 Political expenditures ▶ \$
- 3 Volunteer hours

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2010

JSA
0E1264 0.040

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?														

☐ Yes ☐ No**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2010

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		428.
d Mailings to members, legislators, or the public?	X		2,199.
e Publications, or published or broadcast statements?	X		180.
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		447,695.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		1,470,054.
i Other activities? If "Yes," describe in Part IV		X	
j Total. Add lines 1c through 1i			1,920,556.
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

2010

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 education)	<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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) 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 (ASC 958) relating to these items:

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

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

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

Schedule D (Form 990) 2010

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	3,581,383.	2,835,859.	3,570,383.		
b Contributions	5,500.	11,000.			
c Net investment earnings, gains, and losses	496,649.	992,002.	-681,387.		
d Grants or scholarships					
e Other expenditures for facilities and programs	496,649.	257,478.	53,137.		
f Administrative expenses					
g End of year balance	3,586,883.	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:

- (i)** unrelated organizations
(ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI 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	0.	1,003,826.		1,003,826.
b Buildings		25,084,971.	22,941,283.	2,143,688.
c Leasehold improvements				
d Equipment		23,827,520.	11,786,724.	12,040,796.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				15,188,310.

Schedule D (Form 990) 2010

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) REAL ESTATE ALTERNATIVE INVEST	2,209,030.	
(B) MULTI STRATEGY HEDGE FUND	14,588,843.	
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	16,797,873.	

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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
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
(1) FOSHE PARTNERSHIP	50,000.
(2) TRUSTS HELD BY OTHERS	8,917,773.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	8,967,773.

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

1. (a) Description of liability	(b) Amount	
(1) Federal income taxes		
(2) DEFINED BENEFIT PENSION	34,734,188.	
(3) POST RETIREMENT/MEDICAL BENEFIT	40,245,628.	
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	74,979,816.	

2. FIN 48 (ASC 740) 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 (ASC 740).

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	208,713,990.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	206,093,223.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	2,620,767.
4	Net unrealized gains (losses) on investments	4	9,548,867.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-1,882,450.
9	Total adjustments (net). Add lines 4 through 8	9	7,666,417.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	10,287,184.

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	220,663,809.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	9,548,867.
b	Donated services and use of facilities	2b	2,400,952.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	11,949,819.
3	Subtract line 2e from line 1	3	208,713,990.
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	208,713,990.

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

1	Total expenses and losses per audited financial statements	1	208,494,175.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	2,400,952.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	2,400,952.
3	Subtract line 2e from line 1	3	206,093,223.
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	206,093,223.

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/POST RETIREMENT COSTS OTHER THAN THE NET
PERIODIC BENEFIT COST

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.

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. THE MARCH OF DIMES ADOPTED THE NEW YORK PRUDENT MANAGEMENT OF
INSTITUTIONAL FUNDS ACT AT THE END OF THE YEAR (NYPMIFA).

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

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 V the organization's procedures for monitoring the use of grant funds outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) EAST ASIA AND THE PACIFIC	0.	0.	GRANTMAKING	RESEARCH & MEDICAL SUP	281,222.
(2) SOUTH ASIA	0.	0.	GRANTMAKING	RESEARCH & MEDICAL SUP	42,000.
(3) NORTH AMERICA	0.	0.	GRANTMAKING	RESEARCH & MEDICAL SUP	1,298,686.
(4) MIDDLE EAST AND NORTH AFRICA	0.	0.	GRANTMAKING	RESEARCH & MEDICAL SUP	35,500.
(5) CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS		14,588,843.
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	0.	0.			16,246,251.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0.	0.			16,246,251.

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

Schedule F (Form 990) 2010

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 ☐

Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	RESEARCH AND SUPPORT	250,000.	CHECK			
(2)			SOUTH ASIA	RESEARCH AND SUPPORT	27,000.	CHECK			
(3)			EAST ASIA/PACIFIC	RESEARCH AND SUPPORT	27,222.	CHECK			
(4)			SOUTH ASIA	RESEARCH AND SUPPORT	15,000.	CHECK			
(5)			NORTH AMERICA	RESEARCH AND SUPPORT	472,780.	CHECK			
(6)			NORTH AMERICA	RESEARCH AND SUPPORT	338,606.	CHECK			
(7)			MIDDLE EAST/NORTH AFRICA	RESEARCH AND SUPPORT	35,500.	CHECK			
(8)			NORTH AMERICA	RESEARCH AND SUPPORT	482,300.	CHECK			
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 10.
- 3 Enter total number of other organizations or entities

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

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

Schedule F (Form 990) 2010

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☐ Yes ☒ No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* ☐ Yes ☒ No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)* ☐ Yes ☒ No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* ☐ Yes ☒ No

Schedule F (Form 990) 2010

Part V Supplemental Information

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

SCHEDULE F MONITORING 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 G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

MARCH OF DIMES FOUNDATION

Supplemental Information Regarding
Fundraising or Gaming Activities

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

OMB No. 1545-0047

2010

Open To Public
Inspection

Employer identification number

13-1846366

Part I

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

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

- a ☒ Mail solicitations e ☒ Solicitation of non-government grants
b ☒ Internet and email solicitations f ☒ Solicitation of government grants
c ☒ Phone solicitations g ☒ Special fundraising events
d ☒ In-person solicitations

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 INFOCISION MGMNT GROUP	TELEMARKETI		X	7,696,343.	3,435,025.	4,261,318.
2 HAINES & COMPANY	TELEMARKETI		X	6,005,532.	2,679,901.	3,325,631.
3 ADVANCED BUSINESS TECHNOLOGY	TELEMARKETI		X	1,512,226.	425,859.	1,086,367.
4 HERITAGE COMPANY	TELEMARKETI		X	743,144.	209,283.	533,861.
5						
6						
7						
8						
9						
10						
Total				15,957,245.	6,750,068.	9,207,177.

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

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, IL, IN,
IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NH, NJ, NM, NY, NC, ND, OH,
OK, OR, PA, RI, SC, TN, TX, UT, VT, 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

	(a) Event #1 MARCH/WALK (event type)	(b) Event #2 SPECIAL EVENTS (event type)	(c) Other Events 0. (total number)	(d) Total events (add col. (a) through col. (c))
	Revenue			
1 Gross receipts	102,709,891.	38,959,321.		141,669,212.
2 Less: Charitable contributions	95,722,590.	31,997,433.		127,720,023.
3 Gross income (line 1 minus line 2)	6,987,301.	6,961,888.		13,949,189.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs	4,193,351.	5,640,976.		9,834,327.
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	2,793,950.	1,320,912.		4,114,862.
10 Direct expense summary. Add lines 4 through 9 in column (d)				(13,949,189.)
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			345,032.	345,032.
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				345,032.

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☒ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No
- 13** Indicate the percentage of gaming activity 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 E. MULLIGAN

Address ▶ 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$ _____

Description of services provided ▶

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

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

Part IV

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

SCHEDULE 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, NM, NY, NC, OH, OK, OR, PA, RI, SC, TX, VT, WA, WI,

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to 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. Part II can be duplicated if additional space is needed ☐

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	JACKSON LABORATORY 600 MAIN STREET BAR HARBOR, ME 04609	010211513	501 C (3)	308,160.				RESEARCH AND MEDICAL
(2)	GENERAL HOSPITAL CORPORATION 50 STANIFORD ST. BOSTON, MA 02114	042697983	501 C (3)	463,663.				RESEARCH & MEDICAL S
(3)	YALE UNIVERSITY 155 WHITNEY AVE. P.O. BOX 208250	060646973	501 C (3)	418,608.				RESEARCH & MEDICAL S
(4)	COLD SPRING HARBOR LABORATORY GRANTS AND CONTRACTS PO BOX 100 1 BUNGTOWN	112013303	501 C (3)	10,000.				RESEARCH & MEDICAL S
(5)	SLOAN-KETTERING INST. CANCER R P.O. BOX 26338 NEW YORK, NY 10087	131624182	501 C (3)	150,000.				RESEARCH & MEDICAL S
(6)	NEW YORK UNIVERSITY SCHOOL OF SCHOOL OF MEDICINE GBH-SC1-47 550 FIRST AVE	135562308	501 C (3)	254,000.				RESEARCH & MEDICAL S
(7)	MOUNT SINAI SCHOOL OF MEDICINE 1 GUSTAVE LEVY PLACE NEW YORK, NY 10029	136171197	501 C (3)	150,000.				RESEARCH & MEDICAL S
(8)	MT SINAI SCHOOL OF MEDICINE BOX 4500 ONE GUSTAVE L. LEVY PL	136171197	501 C (3)	37,500.				RESEARCH & MEDICAL S
(9)	ALBANY MEDICAL COLLEGE 47 SCOTLAND AVE ALBANY, NY 12208	141338310	501 C (3)	112,161.				RESEARCH & MEDICAL S
(10)	CHILDRENS HOSPITAL OF PHILADEL 9675 CIVIC CENTER BLVD	231352166	501 C (3)	150,000.				RESEARCH & MEDICAL S
(11)	TRUSTEES UNIVERSITY OF PENNSYL 3451 WALNUT ST. PHILADELPHIA, PA 19104	231352685	501 C (3)	60,491.				RESEARCH & MEDICAL S
(12)	PENNSYLVANIA STATE UNIVERSITY 227 W. BEAVER AVE.	246000376	501 C (3)	187,214.				RESEARCH & MEDICAL S

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

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

Schedule I (Form 990) (2010)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2010

Open to Public
Inspection

Employer identification number

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. Part II can be duplicated if additional space is needed ☐

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	UNIVERSITY OF PITTSBURGH 3017 CATHEDRAL OF LEARNING	250965591	501 C (3)	239,448.				RESEARCH & MEDICAL S
(2)	MAGEE WOMEN'S RESEARCH INSTITU FOUNDATION 3339 WARD STREET	251462312	501 C (3)	202,417.				RESEARCH & MEDICAL S
(3)	CHILDREN'S HOSPITAL MEDICAL CE 3333 BURNET AVE CINCINNATI, OH 45229	310833936	501 C (3)	307,231.				RESEARCH & MEDICAL S
(4)	CINCINNATI CHILDREN'S HOSPITAL 3333 BURNET AVENUE MLC 7007	310833936	501 C (3)	245,957.				RESEARCH & MEDICAL S
(5)	KENT STATE UNIVERSITY PO BOX 5190 KENT HALL KENT, OH 44242	316402079	501 C (3)	10,608.				COMMUNITY SERVICES
(6)	KENT STATE UNIVERSITY PO BOX 5190 KENT HALL KENT, OH 44242	316402079	501 C (3)	259,500.				RESEARCH & MEDICAL S
(7)	CASE WESTERN RESERVE UNIVERSIT UNIVERSITY OF MEDICINE 10900 EUCLID AVENUE	341018992	501 C (3)	330,211.				RESEARCH & MEDICAL S
(8)	INDIANA UNIVERSITY 620 UNION DRIVE INDIANAPOLIS, IN 46202	356001673	501 C (3)	150,000.				RESEARCH & MEDICAL S
(9)	NORTHWESTERN UNIVERSITY 633 CLARK ST. RM G-547 EVANSTON, IL 60208	362167817	501 C (3)	269,670.				RESEARCH & MEDICAL S
(10)	UNIVERSITY OF CHICAGO 5801 SOUTH ELLIS AVE. CHICAGO, IL 60637	362177139	501 C (3)	447,535.				RESEARCH & MEDICAL S
(11)	MICHIGAN STATE UNIVERSITY E. FEE HALL EAST LANSING, MI 48824	386005984	501 C (3)	35,000.				RESEARCH & MEDICAL S
(12)	REGENTS OF THE UNIVERSITY OF M UNIVERSITY OF MICHIGAN 3029 BSRB	386006309	501 C (3)	357,109.				RESEARCH & MEDICAL S

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

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

Schedule I (Form 990) (2010)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2010

Open to Public
Inspection

Employer identification number

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. Part II can be duplicated if additional space is needed ☐

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	BOARD OF REGENTS UNIV. OF WISC 750 UNIVERSITY AVENUE MADISON, WI 53706	398006492	501 C (3)	503,230.				RESEARCH & MEDICAL S
(2)	IOWA STATE UNIVERSITY A319 ZAFFARANO HALL AMES, IA 50011	426004224	501 C (3)	150,000.				RESEARCH & MEDICAL S
(3)	UNIVERSITY OF IOWA 4 JESSUP HALL IOWA CITY, IA 52242	426004813	501 C (3)	731,077.				RESEARCH & MEDICAL S
(4)	WASHINGTON UNIVERSITY 660 S.EUCLID AVE. ST. LOUIS, MO 63110	430653611	501 C (3)	334,671.				RESEARCH & MEDICAL S
(5)	FASEB 9650 ROCKVILLE PIKE BETHSEDA, MD 20814-3998	520700497	501 C (3)	15,000.				RESEARCH & MEDICAL S
(6)	TERATOLOGY SOCIETY 50 PEGOUT AVE. MS-6025-B6267	520962081	501 C (3)	20,000.				RESEARCH & MEDICAL S
(7)	AMERICAN COLLEGE OF MEDICAL GE 9650 ROCKVILLE PIKE BETHESDA, MD 20814	521774227	501 C (3)	40,000.				RESEARCH & MEDICAL S
(8)	UNIVERSITY OF MARYLAND P.O. BOX 41428 BALTIMORE, MD 21203	526002033	501 C (3)	207,072.				RESEARCH & MEDICAL S
(9)	UNIVERSITY OF VIRGINIA 1300 JEFFERSON PARK AVENUE	546001796	501 C (3)	276,475.				RESEARCH & MEDICAL S
(10)	DUKE UNIVERSITY BOX 3382 DUMC DURHAM, NC 27710	560532129	501 C (3)	1,009,529.				RESEARCH & MEDICAL S
(11)	UNIVERSITY OF NORTH CAROLINA ATTN: DIVISION OF SPON 104 AIRPORT DRIVE SU	566001393	501 C (3)	24,232.				RESEARCH & MEDICAL S
(12)	MCG RESEARCH INSTITUTE 1120 15TH ST. AUGUSTA, GA 30912	586002053	501 C (3)	233,310.				RESEARCH & MEDICAL S

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

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Schedule I (Form 990) (2010)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2010

Open to Public
Inspection

Employer identification number

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. Part II can be duplicated if additional space is needed ☐

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	UNIVERSITY OF FLORIDA 1600 S.W. ARCHER ROAD GAINESVILLE, FL 32610	596002052	501 C (3)	267,924.				RESEARCH & MEDICAL S
(2)	VANDERBILT UNIVERSITY MEDICAL 3319 WEST END AVENUE NASHVILLE, TN 37203	620476822	501 C (3)	441,801.				RESEARCH & MEDICAL S
(3)	ST JUDES CHILDRENS RESEARCH RESEARCH HOSPITAL 332 N.LAUDERDALE	620646012	501 C (3)	295,000.				RESEARCH & MEDICAL S
(4)	COASTAL FAMILY HEALTH CENTER I 1046 DIVISION STREET BILOXI, MS 35903	640592416	501 C (3)	100,500.				PUBLIC AND PROFESSIO
(5)	SOUTHWEST LOUISIANA AHEC 103 INDEPENDENCE BLVD. LAFAYETTE, LA 70506	721191867	501 C (3)	90,590.				PUBLIC AND PROFESSIO
(6)	DAUGHTERS OF CHARITY SERVICES PO BOX 970 HARVEY, LA 70059	721332678	501 C (3)	118,158.				PUBLIC AND PROFESSIO
(7)	BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030	741613878	501 C (3)	5,960.				RESEARCH & MEDICAL S
(8)	BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030	741613878	501 C (3)	33,623.				PUBLIC AND PROFESSIO
(9)	UNIVERSITY OF TEXAS HEALTH SCI HEALTH SCIENCE CENTER 1200 HERMANN PRESSLER	741761309	501 C (3)	310,662.				RESEARCH & MEDICAL S
(10)	UNIVERSITY OF ARIZONA 1007 E. LOWELL STREET TUCSON, AZ 85721	742852689	501 C (3)	150,000.				RESEARCH & MEDICAL S
(11)	UNIVERSITY OF TEXAS AT AUSTIN 101 EAST 27TH STREET AUSTIN, TX 78712	746000203	501 C (3)	150,000.				RESEARCH & MEDICAL S
(12)	UNIVERSITY OF TEXAS SOUTHWESTE CENTER AT DALLAS P.O. BOX 841573	756002868	501 C (3)	150,000.				RESEARCH & MEDICAL S

- 2 Enter total number of section 501(c)(3) and government organizations
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Schedule I (Form 990) (2010)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

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Part I General Information on Grants and Assistance

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- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	UNIVERSITY OF TEXAS SOUTHWEST CENTER AT DALLAS P.O. BOX 841573	756002868	501 C (3)	150,000.				RESEARCH & MEDICAL S
(2)	CALIFORNIA RESEARCH DIVISION 1615 FIFTH ST., SUITE A DAVIS, CA 95616	770187864	501 C (3)	1,341,331.				RESEARCH & MEDICAL S
(3)	KEYSTONE SYMPOSIA P.O. BOX 1630 SILVERTHORNE, CO 80498	841326605	501 C (3)	10,000.				RESEARCH & MEDICAL S
(4)	UNIVERSITY OF UTAH 15 NORTH 2030 SALT LAKE CITY, UT 84112	876000626	501 C (3)	150,000.				RESEARCH & MEDICAL S
(5)	UNIVERSITY OF UTAH 15 NORTH 2030 SALT LAKE CITY, UT 84112	876000626	501 C (3)	125,768.				RESEARCH & MEDICAL S
(6)	UNIVERSITY OF WASHINGTON 1959 N.E. PACIFIC STREET SEATTLE, WA 98195	916001537	501 C (3)	150,000.				RESEARCH & MEDICAL S
(7)	UNIVERSITY OF WASHINGTON 1959 N.E. PACIFIC STREET SEATTLE, WA 98195	916001537	501 C (3)	150,000.				RESEARCH & MEDICAL S
(8)	OREGON HEALTH SCIENCES UNIVERS 3181 S.W. SAM JACKSON PARK RD. HRC 5	931176109	501 C (3)	349,507.				RESEARCH & MEDICAL S
(9)	STANFORD UNIVERSITY 651 SERRA ST. RM. 260	941156365	501 C (3)	150,000.				RESEARCH & MEDICAL S
(10)	STANFORD UNIVERSITY 651 SERRA ST. RM. 260	941156365	501 C (3)	297,000.				RESEARCH & MEDICAL S
(11)	REGENTS OF UNI. OF CALIFORNIA, 481 UNIVERSITY HALL BERKELEY, CA 94720	946036493	501 C (3)	150,000.				RESEARCH & MEDICAL S
(12)	REGENTS OF UNIVERSITY OF CALIF 1855 FOLSOM ST. MCB 425, BOX0897	946036493	501 C (3)	150,000.				RESEARCH & MEDICAL S

- 2 Enter total number of section 501(c)(3) and government organizations
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Schedule I (Form 990) (2010)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

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Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to 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. Part II can be duplicated if additional space is needed ☐

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	REGENTS OF UNIVERSITY OF CALIF 1855 FOLSOM ST. MCB 425, BOX0897	946036493	501 C (3)	150,000.				RESEARCH & MEDICAL S
(2)	REGENTS OF UNIVERSITY OF CALIF 1855 FOLSOM ST. MCB 425, BOX0897	946036493	501 C (3)	150,000.				RESEARCH & MEDICAL S
(3)	REGENTS OF UNIVERSITY OF CALIF 1855 FOLSOM ST. MCB 425, BOX0897	946036493	501 C (3)	150,000.				RESEARCH & MEDICAL S
(4)	REGENTS OF UNIVERSITY OF CALIF 1855 FOLSOM ST. MCB 425, BOX0897	946036493	501 C (3)	14,000.				RESEARCH & MEDICAL S
(5)	REGENTS OF UNIVERSITY OF CALIF 1855 FOLSOM ST. MCB 425, BOX0897	946036493	501 C (3)	36,931.				RESEARCH & MEDICAL S
(6)	REGENTS OF UNIV. OF CA DAVIS ONE SHIELDS AVE. 354 BRIGGS HALL	946036494	501 C (3)	150,000.				RESEARCH & MEDICAL S
(7)	SALK INSTITUTE FOR BIOLOGICAL 10010 NORTH TORREY PINES ROAD	952160097	501 C (3)	1,000,000.				RESEARCH & MEDICAL S
(8)	SALK INSTITUTE FOR BIOLOGICAL 10010 NORTH TORREY PINES ROAD	952160097	501 C (3)	150,000.				RESEARCH & MEDICAL S
(9)	REGENTS OF THE UNIVERSITY OF C 10920 WILSHIRE BLVD #1200	956006143	501 C (3)	150,000.				RESEARCH & MEDICAL S
(10)	REGENTS OF THE UNIVERSITY OF C 10920 WILSHIRE BLVD #1200	956006143	501 C (3)	180,674.				RESEARCH & MEDICAL S
(11)	REGENTS OF THE UNIVERSITY OF C 10920 WILSHIRE BLVD #1200	956006143	501 C (3)	405,502.				RESEARCH & MEDICAL S
(12)	REGENTS OF UNI. CALIFORNIA, LO 10920 WILSHIRE BLVD. SUITE 1200	956006143	501 C (3)	150,000.				RESEARCH & MEDICAL S

- 2 Enter total number of section 501(c)(3) and government organizations
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Schedule I (Form 990) (2010)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

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Part I General Information on Grants and Assistance

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- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	REGENTS OF UNI. CALIFORNIA, LO 10920 WILSHIRE BLVD. SUITE 1200	956006143	501 C (3)	150,000.				RESEARCH & MEDICAL S
(2)	REGENTS OF UNI. CALIFORNIA LA 9500 GILMAN DRIVE LA JOLLA, CA 92093	956006144	501 C (3)	88,000.				RESEARCH & MEDICAL S
(3)	REGENTS OF UNI. CALIFORNIA LA 9500 GILMAN DRIVE LA JOLLA, CA 92093	956006144	501 C (3)	150,000.				RESEARCH & MEDICAL S
(4)	BETH ISRAEL DEACONESS MEDICAL 330 BROOKLINE AVENUE BOSTON, MA 02215	042103881	501 C (3)	276,853.				RESEARCH & MEDICAL S
(5)	BOARD OF REGENTS UNIV OF NEVAD 1664 N VIRGINIA ST RENO, NV 89557	886000024	501 C (3)	394,226.				RESEARCH & MEDICAL S
(6)	CHILDREN'S HOSPITAL CORPORATIO 300 LONGWOOD AVE. BOSTON, MA 02215	042774441	501 C (3)	171,359.				RESEARCH & MEDICAL S
(7)	CHILDRENS HOSPITAL OF PITTSBUR TRANSITIONAL INFANT CARE PROGRAM 5618 KENTU	250965591	501 C (3)	145,647.				RESEARCH & MEDICAL S
(8)	DUKE UNIVERSITY MEDICAL CENTER 4026GSRB11 RESEARCH DRIVE DURHAM, NC 27710	560532129	501 C (3)	330,453.				RESEARCH & MEDICAL S
(9)	GORDON RESEARCH CONFERENCES P.O. BOX 984 WEST KINGSTON, RI 02892	050300482	501 C (3)	7,500.				COMMUNITY SERVICES
(10)	GORDON RESEARCH CONFERENCES P.O. BOX 984 WEST KINGSTON, RI 02892	050300482	501 C (3)	7,500.				COMMUNITY SERVICES
(11)	INDIANA UNIVERSITY 601 E. KIRKWOOD AVE OFFICE OF BURSAR/FRANK	356001673	501 C (3)	150,000.				RESEARCH & MEDICAL S
(12)	MASSACHUSETTS EYE & EAR INFIRM 243 CHARLES ST BOSTON, MA 02114	042103591	501 C (3)	115,031.				RESEARCH & MEDICAL S

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Schedule I (Form 990) (2010)

SCHEDULE I
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Department of the Treasury
Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations,
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Part I General Information on Grants and Assistance

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	MEDICAL CENTER OF LOUISIANA @N 1541 TULANE AVENUE NEW ORLEANS, LA 70112	726000734	501 C (3)	25,000.				PUBLIC AND PROFESSIO
(2)	MEDICAL COLLEGE OF GEORGIA RESEARCH INSTITUTE LANEY WALKER BLVD	586002053	501 C (3)	150,000.				RESEARCH & MEDICAL S
(3)	NORTHSHORE UNIVERSITY HEALTHSY RESEARCH INSTITUTE 2650 RIDGE AVENUE	364191793	501 C (3)	505,663.				RESEARCH & MEDICAL S
(4)	PEDIATRIC SCIENTIST DEVELOPMENT DEVELOPMENT PROGRAM NEW HAVEN, CT 06520	310833936	501 C (3)	210,870.				RESEARCH & MEDICAL S
(5)	PREBIC C/O EMORY UNIVERSITY 1518 CLIFTON AVENUE	1580566256	501 C (3)	50,000.				RESEARCH & MEDICAL S
(6)	TEMPLE UNIVERSITY 1900 N 12TH ST PHILADELPHIA, PA 19122	231365971	501 C (3)	127,847.				RESEARCH & MEDICAL S
(7)	THE RECTOR & VISITORS OF THE U OF VIRGINIA UNIVERSITY OF VIRGINIA 1340 JEF	546001796	501 C (3)	150,000.				RESEARCH & MEDICAL S
(8)	THE UNIVERSITY OF TEXAS MEDICA AT GALVESTON 301 UNIVERSITY BLVD	746000949	501 C (3)	150,000.				RESEARCH & MEDICAL S
(9)	TRUSTEES OF BOSTON UNIVERSITY 801 MASSACHUSETTS AVE BOSTON, MA 02118	042103547	501 C (3)	294,093.				RESEARCH & MEDICAL S
(10)	UNITED STATES FUND FOR UNICEF U.S. FUND FOR UNICEF 125 MAIDEN LANE	131760110	501 C (3)	100,000.				PUBLIC AND PROFESSIO
(11)	UNIVERSITY OF COLORADO DENVER 12801 EAST 17TH AVENUE AURORA, CO 80045	846000555	501 C (3)	150,000.				RESEARCH & MEDICAL S
(12)	UNIVERSITY OF MARYLAND 685 WEST BALTIMORE STREET	526002033	501 C (3)	296,670.				RESEARCH & MEDICAL S

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Department of the Treasury
Internal Revenue Service

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(1)	UNIVERSITY OF MARYLAND, BALTIM 1000 HILLTOP CIRCLE BALTIMORE, MD 21250	526002033	501 C (3)	150,000.				RESEARCH & MEDICAL S
(2)	WASHINGTON STATE UNIVERSITY PO BOX 647520 PULLMAN, WA 99164	911075542	501 C (3)	150,000.				RESEARCH & MEDICAL S
(3)	WASHINGTON UNIVERSITY IN ST LO 660 SOUTH EUCLID AVENUE ST LOUIS, MO 63110	430653611	501 C (3)	150,000.				RESEARCH & MEDICAL S
(4)	WHITEHEAD INSTITUTE FOR BIOMED NINE CAMBRIDGE CENTER CAMBRIDGE, MA 02142	061043412	501 C (3)	150,000.				RESEARCH & MEDICAL S
(5)	WAIANAE COAST COMPREHENSIVE HE HEALTH CENTER WAIANAE, HI 96792	990148164	501 C (3)	20,000.				PUBLIC AND PROFESSIO
(6)	PROJECT SELF SUFFICIENCY 127 MILL STREET NEWTON, NJ 07860	222727412	501 C (3)	26,770.				PUBLIC AND PROFESSIO
(7)	SOUTHERN JERSEY FAMILY MEDICAL 1 WHITE HORSE CENTER HAMMONTON, NJ 08037	222159336	501 C (3)	9,130.				COMMUNITY SERVICES
(8)	CHILDREN'S HOME SOCIETY OF NJ 635 SOUTH CLINTON AVE TRENTON, NJ 08611	210634966	501 C (3)	10,000.				PUBLIC AND PROFESSIO
(9)	REGIONAL PERINATAL CONSORTIUM MONMOUTH & OCEAN 725 AIRPORT RD SUITE 1	223202041	501 C (3)	30,684.				PUBLIC AND PROFESSIO
(10)	JFK MEDICAL CENTER 80 JAMES STREET EDISON, NJ 8820	222315044	501 C (3)	23,472.				PUBLIC AND PROFESSIO
(11)	FOUNDATION OF UNIVERSITY OF ME & DENTISTRY 120 ALBANY STREET TOWER II, ST	237313160	501 C (3)	75,000.				PUBLIC AND PROFESSIO
(12)	FOUNDATION OF UNIVERSITY OF ME & DENTISTRY 120 ALBANY STREET TOWER II, ST	237313160	501 C (3)	18,370.				PUBLIC AND PROFESSIO

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Department of the Treasury
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(1)	CENTRAL NEW JERSEY MAT CHILD H CHILD HEALTH CONSORTIUM 2 KING ARTHUR CT SU	223197191	501 C (3)	65,000.				PUBLIC AND PROFESSIO
(2)	INSTITUTE FOR FAMILY HEALTH 16 EAST 16TH STREET NEW YORK, NY 10003	133273402	501 C (3)	31,553.				PUBLIC AND PROFESSIO
(3)	INSTITUTE FOR FAMILY HEALTH 16 EAST 16TH STREET NEW YORK, NY 10003	133273402	501 C (3)	20,000.				PUBLIC AND PROFESSIO
(4)	MOUNT SINAI SCHOOL OF MEDICINE 1 GUSTAVE LEVY PLACE NEW YORK, NY 10029	136171197	501 C (3)	46,200.				PUBLIC AND PROFESSIO
(5)	COMMUNITY HEALTH ACTION OD STA 56 BAY STREET 4TH FLOOR	133556132	501 C (3)	48,992.				PUBLIC AND PROFESSIO
(6)	RICHMOND UNIVERSITY MEDICAL CE 355 BARD AVENUE STATEN ISLAND, NY 10310	743177454	501 C (3)	20,000.				PUBLIC AND PROFESSIO
(7)	RICHMOND UNIVERSITY MEDICAL CE 355 BARD AVENUE STATEN ISLAND, NY 10310	743177454	501 C (3)	30,000.				PUBLIC AND PROFESSIO
(8)	NORTH COUNTRY HEALTHY HEART NE 126 KIWASSA ROAD SARANAC LAKE, NY 12983	100000231	501 C (3)	17,175.				PUBLIC AND PROFESSIO
(9)	MOTHERS AND BABIES PERINATAL N SOUTH CENTRAL NY 457 STATE STREET	161478905	501 C (3)	32,616.				PUBLIC AND PROFESSIO
(10)	MOTHERS AND BABIES PERINATAL N SOUTH CENTRAL NY 457 STATE STREET	161478905	501 C (3)	32,615.				PUBLIC AND PROFESSIO
(11)	MOTHERS AND BABIES PERINATAL N SOUTH CENTRAL NY 457 STATE STREET	161478905	501 C (3)	6,000.				COMMUNITY SERVICES
(12)	ERIE COUNTY COUNCIL FOR THE PR OF ALCOHOL AND SUBSTANCE ABUSE 1625 HERTEL	16-0743218	501 C (3)	30,000.				PUBLIC AND PROFESSIO

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

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

Schedule I (Form 990) (2010)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2010

Open to Public
Inspection

Employer identification number

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. Part II can be duplicated if additional space is needed ☐

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	UNITY HEALTH SYSTEM 89 GENESEE STREET ROCHESTER, NY 14611	119627400	501 C (3)	66,410.				PUBLIC AND PROFESSIO
(2)	HAMOT HEALTH FOUNDATION 201 STATE STREET ERIE, PA 16550	251400999	501 C (3)	23,000.				COMMUNITY SERVICES
(3)	PENN STATE COLLEGE OF MEDICINE THE MILTON S. HERSHEY 500 UNIVERSITY DRIVE	251854772	501 C (3)	7,000.				COMMUNITY SERVICES
(4)	LEHIGH VALLEY HOSPITAL - 99999 LVH MATERNAL FETAL MEDICINE CEDAR CREST BLV	231689692	501 C (3)	19,000.				COMMUNITY SERVICES
(5)	ABINGTON MEMORIAL HOSPITAL 1200 OLD YORK ROAD ABINGTON, PA 19001	231352152	501 C (3)	28,000.				COMMUNITY SERVICES
(6)	TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET P221 FRANKL	231353685	501 C (3)	28,000.				COMMUNITY SERVICES
(7)	THOMAS JEFFERSON UNIVERSITY 125 S. 9TH STREET SHERIDAN BLDG, 2ND FLO	231352651	501 C (3)	59,000.				COMMUNITY SERVICES
(8)	PERINATAL ADVISORY COUNCIL 5530 CORBIN AVE SUITE 323 TARZANA, CA 19356	953818791	501 C (3)	15,970.				COMMUNITY SERVICES
(9)	BAYHEALTH FOUNDATION 640 SOUTH STATE STREET DOVER, DE 19901	222559843	501 C (3)	30,000.				PUBLIC AND PROFESSIO
(10)	MARY'S CENTER FOR MATERNAL 2333 ONTARIO RD. N.W. WASHINGTON, DC 20009	521594160	501 C (3)	100,000.				PUBLIC AND PROFESSIO
(11)	CHILDREN'S RESEARCH INSTITUTE 111 MICHIGAN AVE NW WASHINGTON, DC 20010	521654453	501 C (3)	15,000.				PUBLIC AND PROFESSIO
(12)	AMERICAN COLLEGE OF OBSTETRICIANS OBSTETRICIANS & GYNECOLOGISTS 409 12TH ST,	362217981	501 C (3)	153,150.				COMMUNITY SERVICES

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Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

**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

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(1)	MANASSAS MIDWIFERY AND WOMEN'S CENTER 8424 DORSEY CIRCLE	264762497	501 C (3)	20,000.				PUBLIC AND PROFESSIO
(2)	INMED PARTNERSHIPS FOR CHILDRE 20110 ASHBROOK PLACE, ASHBURN, DC 20147	521482339	501 C (3)	20,000.				PUBLIC AND PROFESSIO
(3)	GREATER BADEN MEDICAL SERVICES 9440 PENNSYLVANIA AVE SUITE 160	520961414	501 C (3)	12,000.				PUBLIC AND PROFESSIO
(4)	HENRY M JACKSON FOUNDATION FOR ADVANCEMENT FOR MILITARY MEDICINE 1401 ROC	521317896	501 C (3)	17,532.				PUBLIC AND PROFESSIO
(5)	HENRY M JACKSON FOUNDATION FOR ADVANCEMENT FOR MILITARY MEDICINE 1401 ROC	521317896	501 C (3)	6,000.				PUBLIC AND PROFESSIO
(6)	HENRY M JACKSON FOUNDATION FOR ADVANCEMENT FOR MILITARY MEDICINE 1401 ROC	521317896	501 C (3)	6,000.				PUBLIC AND PROFESSIO
(7)	HOLY CROSS HOSPITAL FOUNDATION 1500 FOREST GLEN ROAD	208428452	501 C (3)	7,000.				PUBLIC AND PROFESSIO
(8)	UNIVERSITY OF MARYLAND MEDICAL FOUNDATION 110 SOUTH PACA STREET 9TH FLOOR	522238993	501 C (3)	18,651.				PUBLIC AND PROFESSIO
(9)	BALTIMORE MEDICAL SYSTEM, INC. 3501 SINCLAIR LANE BALTIMORE, MD 21213	521358241	501 C (3)	18,651.				PUBLIC AND PROFESSIO
(10)	TOWSON UNIVERSITY COLLEGE OF G STUDIES & RESEARCH FINANCE OFFICE 8000 YOR	526002033	501 C (3)	19,980.				PUBLIC AND PROFESSIO
(11)	MISSION OF MERCY 22 SOUTH MARKET STREET SUITE 6D	860704883	501 C (3)	10,000.				PUBLIC AND PROFESSIO
(12)	INOVA HEALTH SYSTEM FOUNDATION 8110 GATEHOUSE RD SUITE 200E	541071867	501 C (3)	14,955.				PUBLIC AND PROFESSIO

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Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,
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Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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(1)	FAMILY MATERNITY CENTER OF THE NORTHERN NECK P.O BOX 1866	201556342	501 C (3)	29,700.				RESEARCH & MEDICAL S
(2)	SHENANDOAH WOMEN'S 240 LUCY DRIVE HARRISONBURG, VA 22801	541920395	501 C (3)	19,200.				RESEARCH & MEDICAL S
(3)	RIVERSIDE FAMILY MEDICANE RESI RIVERSIDE BRENTWOOD ME10510 JEFFERSON AVE S	521245746	501 C (3)	23,000.				RESEARCH & MEDICAL S
(4)	CHESTERFIELD HEALTH DISTRICT 9501 LUCY CORR CIRCLE	546001775	501 C (3)	22,885.				RESEARCH & MEDICAL S
(5)	COMMUNITY CONNECTIONS INC 307 FEDERAL ST STE 305 BLUEFIELD, WV 24701	550740913	501 C (3)	13,857.				PUBLIC AND PROFESSIO
(6)	NORTH CAROLINA BAPTIST HOSPITA MEDICAL CENTER BOULEVARD 1200 MLK JR DRIVE	560552787	501 C (3)	21,929.				PUBLIC AND PROFESSIO
(7)	GUILFORD CO. COAL. ON INFANT M 1203 MAPLE ST 3RD FLOOR	561804884	501 C (3)	37,320.				PUBLIC AND PROFESSIO
(8)	HALIWA-SAPONI TRIBE, INC PO BOX 99 HOLLISTER, NC 27844	237377602	501 C (3)	27,652.				PUBLIC AND PROFESSIO
(9)	HERTFORD-GATES HEALTH AGENCY ATTN: BARBARA EARLEY P.O. BOX 246	566002528	501 C (3)	50,000.				PUBLIC AND PROFESSIO
(10)	CABARRUS HEALTH ALLIANCE 1307 S. CANNON BOULEVARD	562016594	501 C (3)	16,831.				PUBLIC AND PROFESSIO
(11)	PARDEE MEMORIAL HOSPITAL FOUND 800 N JUSTICE STREET	561930028	501 C (3)	8,471.				COMMUNITY SERVICES
(12)	CLARENDON MEMORIAL HOSPITAL P.O BOX 550 MANNING, SC 29102	516001305	501 C (3)	49,856.				COMMUNITY SERVICES

- 2 Enter total number of section 501(c)(3) and government organizations ▶
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Schedule I (Form 990) (2010)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations,
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(1)	CLARENDON MEMORIAL HOSPITAL P.O BOX 550 MANNING, SC 29102	516001305	501 C (3)	8,124.				COMMUNITY SERVICES
(2)	NURTURING CENTER INC, THE 1332 PICKENS STREET COLUMBIA, SC 29201	570875498	501 C (3)	18,860.				COMMUNITY SERVICES
(3)	UNIVERSITY OF SOUTH CAROLINA - SCHOOL OF MEDICINE - DEPT OF OB/GYN TWO MED	570904881	501 C (3)	20,000.				PUBLIC AND PROFESSIO
(4)	ZETA PHI BETA - SC447 C/O BARBARA C. MOORE 237 SWANDALE DRIVE	576029795	501 C (3)	12,500.				PUBLIC AND PROFESSIO
(5)	ZETA PHI BETA - SC447 C/O BARBARA C. MOORE 237 SWANDALE DRIVE	576029795	501 C (3)	12,500.				COMMUNITY SERVICES
(6)	ACERCAMIENTO HISPANIC DE CAROL SUR/SC HISPANIC OUTREACH 240 STONERIDGE DR	571030805	501 C (3)	30,000.				PUBLIC AND PROFESSIO
(7)	ACERCAMIENTO HISPANIC DE CAROL SUR/SC HISPANIC OUTREACH 240 STONERIDGE DR	571030805	501 C (3)	30,000.				COMMUNITY SERVICES
(8)	SOUTH CAROLINA PERINATAL ASSOC P.O. BOX 5247 COLUMBIA, SC 29250	570656784	501 C (3)	10,000.				PUBLIC AND PROFESSIO
(9)	MEDICAL UNIVERSITY OF SOUTH CA DEPARTMENT OF OB/GYN 96 JONATHAN LUCAS ST S	576000722	501 C (3)	34,764.				PUBLIC AND PROFESSIO
(10)	MEDICAL UNIVERSITY OF SOUTH CA DEPARTMENT OF OB/GYN 96 JONATHAN LUCAS ST S	576000722	501 C (3)	34,764.				PUBLIC AND PROFESSIO
(11)	GREENVILLE HOSPITAL SYSTEM 701 GROVE ROAD GREENVILLE, SC 29605	576007863	501 C (3)	15,601.				COMMUNITY SERVICES
(12)	GREENVILLE HOSPITAL SYSTEM- WO PAVILION 701 GROVE RD GREENVILLE, SC 29605	576007863	501 C (3)	65,923.				COMMUNITY SERVICES

- 2 Enter total number of section 501(c)(3) and government organizations
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Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

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

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- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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(1)	ANMED HEALTH 500 NORTH FANT STREET ANDERSON, SC 29621	570359174	501 C (3)	30,332.				COMMUNITY SERVICES
(2)	CHESTERFIELD COUNTY COORDINATI P.O BOX 648 CHESTERFIELD, SC 29709	571056130	501 C (3)	31,202.				COMMUNITY SERVICES
(3)	ALLENDALE COUNTY HOSPITAL 1787 ALLENDALE FAIRFAX FAIRFAX, SC 29827	576001334	501 C (3)	9,114.				PUBLIC AND PROFESSIO
(4)	ALLENDALE COUNTY HOSPITAL 1787 ALLENDALE FAIRFAX FAIRFAX, SC 29827	576001334	501 C (3)	9,114.				COMMUNITY SERVICES
(5)	GEORGIA-CAROLINA ASSOCIATION O ATTN:GAIL CONTRELL 5323 VIRGINIA HILL CT.	204463342	501 C (3)	5,500.				COMMUNITY SERVICES
(6)	BEAUFORT JASPER HAMPTON COMPRE HEALTH SERVICES, INC 721 OKATIE HIGHWAY 17	570523586	501 C (3)	11,275.				PUBLIC AND PROFESSIO
(7)	BEAUFORT JASPER HAMPTON COMPRE HEALTH SERVICES, INC 721 OKATIE HIGHWAY 17	570523586	501 C (3)	11,275.				PUBLIC AND PROFESSIO
(8)	BEAUFORT JASPER HAMPTON COMPRE HEALTH SERVICES, INC 721 OKATIE HIGHWAY 17	570523586	501 C (3)	11,275.				COMMUNITY SERVICES
(9)	BEAUFORT JASPER HAMPTON COMPRE HEALTH SERVICES, INC 721 OKATIE HIGHWAY 17	570523586	501 C (3)	11,275.				COMMUNITY SERVICES
(10)	HENRY W GRADY HEALTH SYSYTEM 50 HURT PLAZA SUITE 803 ATLANTA, GA 30303	582130437	501 C (3)	150,000.				PUBLIC AND PROFESSIO
(11)	NORTHSIDE WOMEN'S SPECIALISTS 980 JOHNSON FERRY SUITE 620	581361564	501 C (3)	31,000.				COMMUNITY SERVICES
(12)	LOWNDES COUNTY BOARD OF HEALTH SOUTH HEALTH DISTRICT 312 N PATTERSON STR	581111978	501 C (3)	50,000.				COMMUNITY SERVICES

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Schedule I (Form 990) (2010)

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Department of the Treasury
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Name of the organization

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(1)	SOUTHWEST PUBLIC HEALTH DISTRI 1109 N. JACKSON ST ALBANY, GA 31701	237379607	501 C (3)	49,991.				COMMUNITY SERVICES
(2)	ST. JOHNS COUNTY HEALTH DEPT. 1955 US 1 SOUTH, SUITE 100	593502843	501 C (3)	10,000.				COMMUNITY SERVICES
(3)	NORTHEAST FLORIDA HEALTHY STAR 644 CESERY BLVD. STE.2	593139801	501 C (3)	99,761.				COMMUNITY SERVICES
(4)	FLORIDA DEPARTMENT OF HEALTH 4052 BALD CYPRESS WAY BIN A08	593502843	501 C (3)	50,000.				PUBLIC AND PROFESSIO
(5)	BREVARD COUNTY HEALTH DEPARTME ATTN: BRUCE PIERCE 2575 NORTH COURTENAY P	593502843	501 C (3)	6,240.				COMMUNITY SERVICES
(6)	HEALTHY MOTHERS/HEALTHY BABIES COALITION OF BROWARD COUNTY, INC. 1100 W. S	650161493	501 C (3)	91,366.				COMMUNITY SERVICES
(7)	HEALTHY START COALITION OF HIL COUNTY, INC. 2806 N. ARMENIA AVE SUITE 100	593127943	501 C (3)	88,539.				COMMUNITY SERVICES
(8)	UNIVERSITY OF SOUTH FLORIDA ATTN: REBECCA PUIG DIVISION OF SPONSORED 36	593102112	501 C (3)	85,000.				PUBLIC AND PROFESSIO
(9)	HEALTHY START COALITION OF MAN 2424 MANATEE AVENUE W SUITE 210	650380065	501 C (3)	13,590.				COMMUNITY SERVICES
(10)	BROOKWOOD HEALTH SERVICES 2010 BROOKWOOD MEDICAL CENTER DRIVE	630574010	501 C (3)	7,500.				PUBLIC AND PROFESSIO
(11)	AMERICAN ACADEMY OF PEDIATRICS 19 S. JACKSON ST. MONTGOMERY, AL 36104	630798492	501 C (3)	10,500.				PUBLIC AND PROFESSIO
(12)	GIFT OF LIFE FOUNDATION, INC. 1348 CARMICHAEL WAY MONTGOMERY, AL 36106	630978855	501 C (3)	15,000.				COMMUNITY SERVICES

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(1)	BAPTIST HEALTH CARE FOUNDATION 301 BROWN SPRINGS ROAD MONTGOMERY, AL 36117	237281996	501 C (3)	11,900.				PUBLIC AND PROFESSIO
(2)	EAST ALABAMA MEDICAL CENTER 2000 PEPPERELL PARKWAY OPELIKA, AL 36801	636000526	501 C (3)	12,900.				PUBLIC AND PROFESSIO
(3)	COMMUNITY HEALTH COLLABORATIVE 2000 DUNEDIN COVE OLD HICKORY, TN 37138	260264171	501 C (3)	15,000.				COMMUNITY SERVICES
(4)	HOPE CLINIC FOR WOMEN 1810 HAYES ST. NASHVILLE, TN 37203	621164825	501 C (3)	18,621.				COMMUNITY SERVICES
(5)	UNIVERSITY COMMUNITY HEALTH SE 2410 FRANKLIN ROAD NASHVILLE, TN 37204	621438461	501 C (3)	16,336.				COMMUNITY SERVICES
(6)	CHEROKEE HEALTH SYSTEMS 2018 WESTERN AVE. KNOXVILLE, TN 37921	620637925	501 C (3)	20,000.				COMMUNITY SERVICES
(7)	LISA ROSS BIRTH & WOMEN'S CENT 1925-B AILOR AVE KNOXVILLE, TN 37921	621518451	501 C (3)	18,989.				COMMUNITY SERVICES
(8)	SHELBY COUNTY HEALTH DEPARTMEN 814 JEFFERSON AVE MEMPHIS, TN 38105	626000841	501 C (3)	12,031.				COMMUNITY SERVICES
(9)	MALLORY HEALTH CARE 1991 LAKELAND DRIVE STE G JACKSON, MS 39216	640829371	501 C (3)	15,000.				PUBLIC AND PROFESSIO
(10)	KENTUCKY PERINATAL ASSOCIATION ATTN:GARY WALLS PO BOX 577	611164068	501 C (3)	8,800.				PUBLIC AND PROFESSIO
(11)	MEDICAL CENTER AT BOWLING GREE 250 PARK ST. BOWLING GREEN, KY 42101	611362000	501 C (3)	8,800.				PUBLIC AND PROFESSIO
(12)	TROVER HEALTH SYSTEM ATTN:LEANN TODD LANGST 200 HOSPITAL DR.	610654587	501 C (3)	8,800.				PUBLIC AND PROFESSIO

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	UNION COUNTY HEALTH DEPARTMENT 940 LONDON AVE. STE. 1 MARYSVILLE, OH 43040	316400087	501 C (3)	14,550.				PUBLIC AND PROFESSIO
(2)	FAMILY HEALTH SERVICES OF EAST OHIO, INC 155 MCMILLEN DRIVE	310785627	501 C (3)	7,000.				PUBLIC AND PROFESSIO
(3)	OHIO STATE UNIVERSITY, THE 2201 FRED TAYLOR DR. COLUMBUS, OH 43210	316025986	501 C (3)	17,338.				PUBLIC AND PROFESSIO
(4)	UNIVERSITY OF TOLEDO 2801 W. BANCROFT TOLEDO, OH 43606	346401483	501 C (3)	14,072.				PUBLIC AND PROFESSIO
(5)	COMMUNITY HEALTH PARTNERS 3700 KOLBE RD LORAIN, OH 44053	341504558	501 C (3)	25,000.				PUBLIC AND PROFESSIO
(6)	HURON HOSPITAL 6801 BRECKSVILLE RD RK-85	340714593	501 C (3)	10,000.				PUBLIC AND PROFESSIO
(7)	AULTMAN HOSPITAL 2600 6TH ST SW CANTON, OH 44710	340714538	501 C (3)	16,998.				PUBLIC AND PROFESSIO
(8)	AULTMAN HOSPITAL 2600 6TH ST SW CANTON, OH 44710	340714538	501 C (3)	8,750.				PUBLIC AND PROFESSIO
(9)	HAMILTON COUNTY GENERAL HEALTH 138 E. COURT ST. ROOM# CINCINNATI, OH 45202	316000063	501 C (3)	35,000.				PUBLIC AND PROFESSIO
(10)	FAMILY MEDICINE EDUCATION CONS 7795 RAINTREE RD. DAYTON, PA 45459	311436038	501 C (3)	24,000.				COMMUNITY SERVICES
(11)	OHIO UNVERISITY 204 HDL CENTER ATHENS, OH 45701	316402113	501 C (3)	12,000.				PUBLIC AND PROFESSIO
(12)	HEALTH NET FOUNDATION ATT: MARY BLACKBURN 1633 N.CAPITOL AVE.,SU	351579827		15,558.				PUBLIC AND PROFESSIO

- 2 Enter total number of section 501(c)(3) and government organizations
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Schedule I (Form 990) (2010)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2010

Open to Public
Inspection

Employer identification number

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- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
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(1)	WISHARD HEALTH SERVICES - IN3 3838 N. RURAL STREET, #610	356005697	501 C (3)	10,000.				PUBLIC AND PROFESSIO
(2)	HEALTH & HOSPITAL CORP - IN354 COUNTY 3838 N RURAL STREET, 8	356005697	501 C (3)	15,000.				PUBLIC AND PROFESSIO
(3)	CHILDREN FIRST CENTER P.O BOX 562 AUBURN, IN 46706	351305577	501 C (3)	23,000.				PUBLIC AND PROFESSIO
(4)	OPEN DOOR / BMH HEALTH 3715 S MADISON ST MUNCIE, IN 47302	352018494	501 C (3)	20,000.				PUBLIC AND PROFESSIO
(5)	COMMUNITY HEALTH & WELLNESS CE 2415 MITCHELL ROAD BEDFORD, IN 47421	356001372	501 C (3)	10,000.				PUBLIC AND PROFESSIO
(6)	UNION HOSPITAL- IN 354 1606 N. 7TH ST., TERRE HAUTE, IN 47804	350876396	501 C (3)	11,500.				PUBLIC AND PROFESSIO
(7)	VERMILLION PARKE COMMUNITY HEA 777 MAIN ST., SUITE #10 CLINTON, IN 47812	208998983	501 C (3)	10,532.				PUBLIC AND PROFESSIO
(8)	WAYNE COUNTY REAGIONAL EDUCATI AGENCY 3350 CANBORN RD WAYNE, MI 48184	381909530	501 C (3)	19,500.				PUBLIC AND PROFESSIO
(9)	YOUNG ADULTS HEALTH CENTER, IN 47 NORTH HURON YPSILANTI, MI 48197	382329742	501 C (3)	25,000.				PUBLIC AND PROFESSIO
(10)	HURLEY FOUNDATION MEDICAL CENT ONE HURLEY PLAZA FLINT, MI 48503	383085047	501 C (3)	13,320.				PUBLIC AND PROFESSIO
(11)	SAGINAW, COUNTY OF DEPT OF PUBLIC HEALTH 1600 NORTH MICHIGAN A	386004887	501 C (3)	16,100.				PUBLIC AND PROFESSIO
(12)	SAGINAW, COUNTY OF DEPT OF PUBLIC HEALTH 1600 NORTH MICHIGAN A	386004887	501 C (3)	5,793.				PUBLIC AND PROFESSIO

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Schedule I (Form 990) (2010)

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(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

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(1)	MICHIGAN STATE MEDICAL SOCIETY ATTN: JODY ROETHELE 120 W SAGINAW STREET	386069432	501 C (3)	8,200.				PUBLIC AND PROFESSIO
(2)	MICHIGAN PUBLIC HEALTH INSTITU ATTN: GREG CLINE, PHD 2436 WOODLAKE CIRCLE	382963835	501 C (3)	8,200.				PUBLIC AND PROFESSIO
(3)	MICHIGAN HEALTHY MOTHERS, HEALT ATTN: JOAN EHRHARDT, MS PO BOX 16268	382852026	501 C (3)	8,303.				PUBLIC AND PROFESSIO
(4)	BORGESS FOUNDATION 1521 GULL ROAD MSB 405 KALAMAZOO, MI 49048	237222558	501 C (3)	25,000.				PUBLIC AND PROFESSIO
(5)	W.A FOOTE MEMORIAL HOSPITAL JACKSON COUNTY PRENATAL TASK FORCE 205 N.	382027689	501 C (3)	25,000.				PUBLIC AND PROFESSIO
(6)	SPECTRUM HEALTH FOUNDATION 100 MICHIGAN STREET NE MC4	382752328	501 C (3)	25,000.				PUBLIC AND PROFESSIO
(7)	SPECTRUM HEALTH FOUNDATION 100 MICHIGAN STREET NE MC4	382752328	501 C (3)	5,793.				PUBLIC AND PROFESSIO
(8)	CHIPPEWA COUNTY HEALTH DEPT ATTN: NANCY HEYNS, RN, MS 508 ASHMUN STREET	382893870	501 C (3)	18,476.				PUBLIC AND PROFESSIO
(9)	INTER-TRIBAL COUNCIL OF MICHIG 2956 ASHMAN STREET	381893519	501 C (3)	25,000.				PUBLIC AND PROFESSIO
(10)	MARION COUNTY PUBLIC HEALTH ATTN: DIANE ELLIS 104 S. 6TH P.O BOX 15	426004844	501 C (3)	8,000.				PUBLIC AND PROFESSIO
(11)	YOUNG PARENTS NETWORK INC IA3 ATTN: KATHY KAIDEN 205 12TH STREET SE	421355480	501 C (3)	12,000.				PUBLIC AND PROFESSIO
(12)	MERCY HEALTHCARE FOUNDATION ATTN: SONDR A BRIESE 1410 NORTH 4TH ST	421316126	501 C (3)	7,420.				PUBLIC AND PROFESSIO

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Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,
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(1)	WHEATON FRANCISCAN HEALTHCARE ST JOSEPH FOUNDATION 5000 W CHAMBERS STRE	391636804	501 C (3)	16,000.				PUBLIC AND PROFESSIO
(2)	FAMILY RESOURCE CENTER OF FOND DU LAC COUNTY, INC. 104 S MAIN ST SUITE 30	391297284	501 C (3)	7,500.				PUBLIC AND PROFESSIO
(3)	MAYO CLINIC OFFICE OF WOMEN'S 200 FIRST STREET SW ATTN: MICHELLE DYNES	411937751	501 C (3)	25,000.				PUBLIC AND PROFESSIO
(4)	CASS LAKE INDIAN HEALTH SERVIC 425 7TH STREET NW CASS LAKE, MN 56633	460282140	501 C (3)	25,000.				PUBLIC AND PROFESSIO
(5)	KANE COUNTY HEALTH DEPARTMENT ATTN: THERESA HEATON 1240 N. HIGHLAND AVENU	366006585	501 C (3)	8,000.				COMMUNITY SERVICES
(6)	ACCESS COMMUNITY HEALTH NETWOR ATTN: MISTY DRAKE 1501 SOUTH CALIFORNIA	363317058	501 C (3)	10,000.				COMMUNITY SERVICES
(7)	ERIE FAMILY HEALTH CENTER, INC 1701 WEST SUPERIOR STREET CHICAGO, IL 60622	363088628	501 C (3)	6,000.				COMMUNITY SERVICES
(8)	LAWNDALE CHRISTIAN HEALTH CENT ATTN:ELIZABETH WOODSON 3860 WEST OGDEN AVE.	363308953	501 C (3)	19,179.				COMMUNITY SERVICES
(9)	SCHUYLER COUNTY PUBLIC HEALTH 127 S. LIBERT STREET RUSHVILLE, IL 62681	080035911	501 C (3)	11,000.				COMMUNITY SERVICES
(10)	ST LOUIS UNIVERSITY 1402 S GRAND BLVD ST. LOUIS, MO 63104	430654872	501 C (3)	68,914.				COMMUNITY SERVICES
(11)	KORNERSTONE, INC P.O BOX 396 SHELL KNOB, MO 65747	431820354	501 C (3)	10,843.				PUBLIC AND PROFESSIO
(12)	DOULA FOUNDATION OF MID-AMERIC 2130 N GLENSTONE SPRINGFIELD, MO 65803	300046369	501 C (3)	25,083.				PUBLIC AND PROFESSIO

- 2 Enter total number of section 501(c)(3) and government organizations ▶ -----
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(1)	SEDGWICK COUNTY HEALTH DEPARTM 2712 W CENTRAL WICHITA, KS 67203	486000798	501 C (3)	32,000.				PUBLIC AND PROFESSIO
(2)	SALINE COUNTY HEALTH DEPARTMEN 125 W. ELIN SALINA, KS 67401	486086715	501 C (3)	30,000.				PUBLIC AND PROFESSIO
(3)	UNITED WAY OF SOUTHWEST LOUISI 715 RYAN STREET SUITE 102	720456901	501 C (3)	15,000.				COMMUNITY SERVICES
(4)	CHRISRUS SCHUPERT HEALTH SYSTE FOUNDATION ONE SAINT MARY PLACE	721219280	501 C (3)	10,000.				PUBLIC AND PROFESSIO
(5)	ARKANSAS DEPT OF HEALTH 4815 W. MARKHAM ST, H-	710847443	501 C (3)	22,478.				PUBLIC AND PROFESSIO
(6)	SAINT FRANCIS HEALTH SYSTEM 6161 S. YALE TULSA, OK 74136	731501972	501 C (3)	8,039.				COMMUNITY SERVICES
(7)	AVANCE DALLAS 2816 SWISS AVE DALLAS, TX 75204	741769114	501 C (3)	8,000.				PUBLIC AND PROFESSIO
(8)	PARKLAND FOUNDATION TX652 2777 N STEMMONS FREEWASUITE#1700	752089180	501 C (3)	8,000.				COMMUNITY SERVICES
(9)	CHRISTIAN STRONGHOLD CHURCH 6810 SAMUELL BLVD DALLAS, TX 75228	752591359	501 C (3)	15,000.				PUBLIC AND PROFESSIO
(10)	CORNERSTONE BAPTIST CHURCH 5415 MATLOCK ROAD ARLINGTON, TX 76018	751882212	501 C (3)	18,500.				PUBLIC AND PROFESSIO
(11)	GREATER MOUNT TABOR CHRISTIAN 2513 EDGEWOOD TERRANCE FT WORTH, TX 76105	751943938	501 C (3)	18,500.				PUBLIC AND PROFESSIO
(12)	WHEELER AVENUE 5C'S, INC 3826 WHEELER AVENUE HOUSTON, TX 77004	741952632	501 C (3)	34,000.				PUBLIC AND PROFESSIO

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(1)	BAYLOR COLLEGE OF MEDICINE, OB MIDWIFERY SECTION 1504 TAUB LOOP 3B 31 015	741613878	501 C (3)	10,000.				PUBLIC AND PROFESSIO
(2)	WOMANS HOSPITAL OF TEXAS 7600 FANNIN ST HOUSTON, TX 77054	621810381	501 C (3)	20,000.				PUBLIC AND PROFESSIO
(3)	GREENSPPOINT BAPTIST CHURCH 11703 WALTERS ROAD HOUSTON, TX 77067	742210697	501 C (3)	18,500.				PUBLIC AND PROFESSIO
(4)	WTL -THE WAY, TRUTH, AND LIFE 30443 BETKA RD WALLER, TX 77484	841639778	501 C (3)	55,000.				PUBLIC AND PROFESSIO
(5)	GARTH HOUSE, MICKEY MEFAFFY CH 1895 MCFADDIN BEAUMONT, TX 77701	760660968	501 C (3)	20,000.				PUBLIC AND PROFESSIO
(6)	GREATER LOVE MISSIONARY BAPTIS 1534 PECK AVENUE SAN ANTONIO, TX 78210	742487205	501 C (3)	18,500.				PUBLIC AND PROFESSIO
(7)	UNIVERSITY HEALTH SYSTEM BEXAR COUNTY HOSPITAL DISTRICT 4502 MEDICA	746082164	501 C (3)	15,500.				PUBLIC AND PROFESSIO
(8)	ALPHA PI ZETA CHAPTER STORK'S P.O BOX 34326 SAN ANTONIO, TX 78265	830409059	501 C (3)	7,000.				COMMUNITY SERVICES
(9)	FAMILY OUTREACH CORPUS CHRISTI 1444 BALDWIN BLVD CORPUS CHRISTI, TX 78404	742049746	501 C (3)	20,000.				PUBLIC AND PROFESSIO
(10)	HOLY FAMILY SERVICES 5819 NORTH FM88 WESLACO, TX 78596	742282624	501 C (3)	14,000.				PUBLIC AND PROFESSIO
(11)	MIGRANT HEALTH PROMOTIONS, INC 536 S TEXAS BLVD SUITE 115	383092194	501 C (3)	14,000.				PUBLIC AND PROFESSIO
(12)	EL BUEN SAMARITANO 7000 WOODHUE DRIVE AUSTIN, TX 78745	742488682	501 C (3)	14,000.				PUBLIC AND PROFESSIO

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(1)	TEXAS TECH UNIVERSITY HEALTH S CENTER 3601 4TH STREET MAIL STOP 6274	752668014	501 C (3)	20,000.				PUBLIC AND PROFESSIO
(2)	TEXAS TECH UNIVERSITY HEALTH S CENTER 3601 4TH STREET MAIL STOP 6274	752668014	501 C (3)	16,750.				PUBLIC AND PROFESSIO
(3)	TEXAS TECH UNIVERSITY HEALTH S CENTER 3601 4TH STREET MAIL STOP 6274	752668014	501 C (3)	20,000.				PUBLIC AND PROFESSIO
(4)	YSLETA INDEPENDENT SCHOOL DIST 9600 SIMS DR. EL PASO, TX 79925	746002473	501 C (3)	14,000.				COMMUNITY SERVICES
(5)	REGENTS OF UNIVERSITY OF CO ATTN: PERINATAL DATABADEPARTMENT OF OBSTETR	846000555	501 C (3)	9,098.				PUBLIC AND PROFESSIO
(6)	SALUD FAMILY HEALTH 203 SOUTH ROLLIE AVE FORT LUPTON, CO 80621	840613540	501 C (3)	8,000.				PUBLIC AND PROFESSIO
(7)	FAMILY MEDICINE RESIDENCE OF I 121 EAST FORT ST BOISE, ID 83713	205934739	501 C (3)	10,000.				PUBLIC AND PROFESSIO
(8)	ARIZONA FAMILY PLANNING COUNCIL 3101 N CENTRAL AVE #1120 PHOENIX, AZ 85012	860289607	501 C (3)	22,200.				PUBLIC AND PROFESSIO
(9)	ARIZONA SPINA BIFIDA ASSOCIATI 1001 E FAIRMOUNT AVE PHOENIX, AZ 85014	860355183	501 C (3)	8,725.				PUBLIC AND PROFESSIO
(10)	CHW FOUNDATION - EAST VALLEY 1727 WEST FRYE RD SUITE 230	742418514	501 C (3)	9,810.				PUBLIC AND PROFESSIO
(11)	NEW MEXICO GRADS RESOURCE CENT PO BOX 1884 SOCORRO, NM 87801	141859190	501 C (3)	5,960.				PUBLIC AND PROFESSIO
(12)	SOUTHWEST MEDICAL ASSOCIATES ATTN: CATHY MATTHEWS BUSINESS OPERATIONS MA	880201420	501 C (3)	8,350.				COMMUNITY SERVICES

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(1)	UNIVERSITY OF NEVADA SCHOOL OF MULTISPECIALITY GROUP PRACTICE SOUTH ATTN E	880330858	501 C (3)	6,200.				COMMUNITY SERVICES
(2)	NEVADA RURAL HOSPITAL PARTNERS ATTN: ANN MURDOCH 4600 KIETZKE LANE SUI	880345763	501 C (3)	9,471.				PUBLIC AND PROFESSIO
(3)	RENOWN HEALTH FOUNDATION 1155 MILL ST -02 RENO, NV 89509	942972749	501 C (3)	7,000.				COMMUNITY SERVICES
(4)	COMMUNITY PERINATAL NETWORK 13601 E.WHITTIER BLVD.,#208	954755467	501 C (3)	60,000.				COMMUNITY SERVICES
(5)	HOAG MEMORIAL HOSPITAL PRESBYT ONE HOAG DRIVE NEWPORT BEACH, CA 92658	951643327	501 C (3)	10,000.				COMMUNITY SERVICES
(6)	SALEM NURSE MIDWIVES, INC 1535 STATE ST SALEM, OR 97301	931071092	501 C (3)	5,500.				RESEARCH & MEDICAL S
(7)	SACRED HEART MEDICAL CENTER FO PO BOX 10905 EUGENE, OR 97440	936026548	501 C (3)	17,000.				RESEARCH & MEDICAL S
(8)	YWCA OF SEATTLE 1118 FIFTH AVE SEATTLE, WA 98101	910482890	501 C (3)	20,000.				PUBLIC AND PROFESSIO
(9)	OPEN ARMS PERINATAL SERVICES 2524 16TH AVE #207A SEATTLE, WA 98144	911868021	501 C (3)	20,000.				PUBLIC AND PROFESSIO
(10)	UNIVERSITY OF WASHINGTON 1959 N.E. PACIFIC STREET SEATTLE, WA 98195	916001537	501 C (3)	25,000.				PUBLIC AND PROFESSIO
(11)	AMERICAN INDIAN HEALTH COMMISS FOR WASHINGTON STATE 808 NORTH 5TH AVENUE	470922046	501 C (3)	10,000.				PUBLIC AND PROFESSIO
(12)	WASHOE TRIBE OF NEVADA 919 HWY 395 SOUTH GARNERVILLE, NV 98410	880120754	501 C (3)	5,500.				COMMUNITY SERVICES

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

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

Schedule I (Form 990) (2010)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2010

Open to Public
Inspection

Employer identification number

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. Part II can be duplicated if additional space is needed ☐

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	KNOX CO. HEALTH DEPT. 140 DAMERON AVE ATTN: CHARLYANE W. FRA	626007979	501 C (3)	8,400.				COMMUNITY SERVICES
(2)	CORNELL COOPERATIVE EXTENSION 423 GRIFFING AVENUE SUITE 100	116081424	501 C (3)	56,461.				PUBLIC AND PROFESSIO
(3)	UNIVERSITY OF NORTH CAROLINA ATTN: DIVISION OF SPON104 AIRPORT DRIVE SUI	566001393	501 C (3)	12,279.				PUBLIC AND PROFESSIO
(4)	UNIVERSITY OF NORTH CAROLINA C MATERNAL AND INFANT CAMPUS BOX 7181	566001393	501 C (3)	6,000.				COMMUNITY SERVICES
(5)	UNIVERSITY OF MISSISSIPPI MEDI 2500 NORTH STATE STREET	646008520	501 C (3)	24,178.				PUBLIC AND PROFESSIO
(6)	UNIVESITY HOSPITAL OF CLEVELAN 11100 EUCLID AVENUE	341567805	501 C (3)	20,000.				PUBLIC AND PROFESSIO
(7)	HEALTHY BIRTHDAY ATTN: TIFFIN YAMEN 4300 BEAVER HILLS DR	263998964	501 C (3)	12,780.				PUBLIC AND PROFESSIO
(8)	OKLAHOMA HOSPITAL ASSOCIATION DEPT #96-0298 OKLAHOMA CITY, OK 73196-0298	730618552	501 C (3)	43,903.				PUBLIC AND PROFESSIO
(9)	METHODIST HEALTH SYSTEM FOUNDA 1441 NORTH BECKLEY DALLAS, TX 75265-5999	741578343	501 C (3)	25,000.				PUBLIC AND PROFESSIO
(10)	SISTERHOOD OF FAITH IN ACTION P.O. BOX 91238 HOUSTON, TX 77291-1238	760446282	501 C (3)	25,000.				COMMUNITY SERVICES
(11)	DAVID CHAPEL COMMUNITY DEVELOP 2211 E MARTIN LUTHER K	742807731	501 C (3)	15,000.				PUBLIC AND PROFESSIO
(12)	COMMUNITYCARE P.O BOX 17366 AUSTIN, TX 78760-7366	550853118	501 C (3)	10,000.				PUBLIC AND PROFESSIO

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

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

Schedule I (Form 990) (2010)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

**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

2010

**Open to Public
Inspection**

Employer identification number

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. Part II can be duplicated if additional space is needed ☐

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	ETA LOTA ZETA EDUCATION FOUNDA P.O BOX 372295 EL PASO, TX 79937-2295	321375826	501 C (3)	20,000.				PUBLIC AND PROFESSIO
(2)	PEAK VISTA COMMUNITY HEALTH CE 340 PRINTERS PARKWAY	840617567	501 C (3)	5,674.				PUBLIC AND PROFESSIO
(3)	ZETA PHI BETA SORORITY, INC DELTA GAMMA ZETA CHAPTER P.O BOX 26760	521345585	501 C (3)	7,645.				PUBLIC AND PROFESSIO
(4)	HUNTSVILLE HOSPITAL FOUNDATION 101 SILVEY RD HUNTSVILLE, AL 35801	630752604	501 C (3)	11,800.				PUBLIC AND PROFESSIO
(5)	UNIVERSITY OF SOUTH ALABAMA 307 UNIVERSITY BLVD., MOBILE, AL 36688-0002	636065809	501 C (3)	11,900.				PUBLIC AND PROFESSIO
(6)	CENTERING HEALTHCARE INSTITUTE 558 MAPLE AVENUE CHESHIRE, CO 06410-2100	61622668	501 C (3)	51,000.				PUBLIC AND PROFESSIO
(7)	CENTERING HEALTHCARE INSTITUTE 558 MAPLE AVENUE CHESHIRE, CT 06410-2100	061622668	501 C (3)	10,000.				PUBLIC AND PROFESSIO
(8)	HOSPITAL OF SAINT RAPHAEL 1450 CHAPEL STREET NEW HAVEN, CT 6511	060653171	501 C (3)	22,000.				PUBLIC AND PROFESSIO
(9)	PHYSICIANS FOR WOMEN'S HEALTH, C/O MANSFIELD OBGYN 22 WATERVILLE ROAD	61483728	501 C (3)	17,950.				PUBLIC AND PROFESSIO
(10)	SOURCE OF LIGHT & HOPE DEVELOP 3903 DR MLK JR BLVD P.O BOX 1892	650013240	501 C (3)	9,900.				COMMUNITY SERVICES
(11)	MEDICAL COLLEGE OF GEORGIA RESEARCH INSTITUTE LANEY WALKER BLVD	586002053	501 C (3)	15,000.				COMMUNITY SERVICES
(12)	CENTERING HEALTHCARE INSTITUTE 558 MAPLE AVENUE CHESHIRE, IL 06410-2100	061622668	501 C (3)	33,900.				COMMUNITY SERVICES

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

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

Schedule I (Form 990) (2010)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2010

Open to Public
Inspection

Employer identification number

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. Part II can be duplicated if additional space is needed ☐

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	JEFFERSON COUNTY HEALTH DEPT #1 DOCTOR'S PARK ROAD, SUITE F	010632628	501 C (3)	12,000.				COMMUNITY SERVICES
(2)	FAMILY HEALTH SERVICES P.O. BOX 21 RUSHVILLE, IN 46173	351651787	501 C (3)	25,000.				PUBLIC AND PROFESSIO
(3)	NORTON HEALTH CARE ATTN:LYNNIE MEYER 234 E. GRAY ST. STE.45	611028725	501 C (3)	8,800.				PUBLIC AND PROFESSIO
(4)	BOSTON MEDICAL CENTER OFFICE OD DEVELOPMENT ATTN: AMY TRAPASSO 80	043314093	501 C (3)	18,000.				PUBLIC AND PROFESSIO
(5)	MAINE MEDICAL CENTER-ME376 22 BRAMHALL STREET PORTLAND, ME 4102	010238552	501 C (3)	10,000.				PUBLIC AND PROFESSIO
(6)	PITT COUNTY HEALTH DEPT. 201 GOVERNMENT CIRCLE GREENVILLE, NC 27834	311700735	501 C (3)	18,480.				PUBLIC AND PROFESSIO
(7)	ELLIOT HOSPITAL 1 ELLIOT WAY MANCHESTER, NH 3103	020232673	501 C (3)	9,250.				PUBLIC AND PROFESSIO
(8)	CENTERING HEALTHCARE INSTITUTE 558 MAPLE AVENUE CHESHIRE, NV 06410-2100	061622668	501 C (3)	13,000.				PUBLIC AND PROFESSIO
(9)	MATERNAL-INFANT SERVICES NETWO NETWORK OF ORANGE, SULLIVAN & USLTER COUNTI	001286045	501 C (3)	30,803.				PUBLIC AND PROFESSIO
(10)	CENTERING HEALTHCARE INSTITUTE 558 MAPLE AVENUE CHESHIRE, OR 06410-2100	061622668	501 C (3)	40,500.				PUBLIC AND PROFESSIO
(11)	UNIVERSITY OF PENNSYLVANIA 1500 MARKET ST, 8TH FLOOR	232810852	501 C (3)	10,000.				COMMUNITY SERVICES
(12)	ASOCIACION PUERTORRIQUENA DEL PO BOX 195247 SAN JUAN, PR 00918	660191840	501 C (3)	7,000.				PUBLIC AND PROFESSIO

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

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

Schedule I (Form 990) (2010)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2010

Open to Public
Inspection

Employer identification number

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. Part II can be duplicated if additional space is needed ☐

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	WOMEN & INFANTS HOSPITAL OF RH 101 DUDLEY ST. PROVIDENCE, RI 2905	050258937	501 C (3)	6,000.				PUBLIC AND PROFESSIO
(2)	ALPHA PHI ALPHA FRATERNITY - S P.O BOX 354 COLUMBIA, SC 29202	010593969	501 C (3)	10,000.				PUBLIC AND PROFESSIO
(3)	ALPHA PHI ALPHA FRATERNITY - S P.O BOX 354 COLUMBIA, SC 29202	010593969	501 C (3)	10,000.				PUBLIC AND PROFESSIO
(4)	BAYLOR COLLEGE OF MEDICINE-TEE BEN TAUB HOSPITAL 1504 TAUB LOOP	741613878	501 C (3)	14,000.				PUBLIC AND PROFESSIO
(5)	CENTRO SAN VICENTE ** 8061 ALAMEDA AVENUE EL PASO, TX 79915	742505561	501 C (3)	14,000.				PUBLIC AND PROFESSIO
(6)	EASTERN VIRGINIA MEDICAL SCHOO 721 FAIRFAX AVENUE NORFOLK, VA 23507	546055378	501 C (3)	12,826.				PUBLIC AND PROFESSIO
(7)	VA COMMONWEALTH UNIVERSITY PO BOX 980033 RICHMOND, VA 23298-0033	540757884	501 C (3)	18,800.				PUBLIC AND PROFESSIO
(8)	VA COMMONWEALTH UNIVERSITY PO BOX 980033 RICHMOND, VA 23298-0033	540757884	501 C (3)	10,538.				PUBLIC AND PROFESSIO
(9)	AMERICAN ACADEMY OF PEDIATRICS 134 MAIN ST P.O BOX 1457	030316774	501 C (3)	8,300.				PUBLIC AND PROFESSIO
(10)	SUNRISE FAMILY RESOURCE CENTER P.O. BOX 1517, 244 UNION ST.	030222789	501 C (3)	6,300.				PUBLIC AND PROFESSIO
(11)	ZETA CHARITY FUND, INC. ATTN:JENNIFER WRIGHT PO BOX 264	043614918	501 C (3)	24,480.				PUBLIC AND PROFESSIO
(12)	W.V.U. RESEARCH CORP C/O ILLAMA CHERTOK W.V.U SCHOOL OF NURSIN P	550708567	501 C (3)	12,953.				PUBLIC AND PROFESSIO

2 Enter total number of section 501(c)(3) and government organizations 641.

3 Enter total number of other organizations

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

Schedule I (Form 990) (2010)

JSA

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 NURSING SCHOLARSHIPS	2.	10,000.		CHECK	
2					
3					
4					
5					
6					
7					

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

SCHEDULE I

PART 1, LINE 2

NURSING SCHOLARSHIPS ARE PROVIDED BASED ON MERIT, MISSION/PROGRAM

APPLICATION, ACADEMIC ACHIEVEMENT AND AVAILABILITY OF FUNDS. ANNUAL

FOLLOW UP IS CONDUCTED TO MAINTAIN ELIGIBILITY, INCLUDING ACADEMIC AND

AREA OF INTEREST STATED IN SCHOLARSHIP AWARD.

**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

2010

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 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 from the organization or a related organization? . . .
- 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 Regulations 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 Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2010

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

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

Note. The sum of columns (B)(i)-(iii) 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				
1 JENNIFER HOWSE, PHD	(i)	473,327.	14,264.	144,286.		8,628.	640,505.	
	(ii)							
2 JANE MASSEY	(i)	337,360.	10,189.	47,564.		8,745.	403,858.	
	(ii)							
3 DR. ALAN FLEISCHMAN	(i)	291,126.	8,892.	2,772.	9,800.	19,806.	332,396.	
	(ii)							
4 RICHARD E. MULLIGAN	(i)	216,772.	6,726.	1,831.		22,160.	247,489.	
	(ii)							
5 LISA BELLSEY, ESQ.	(i)	223,050.	6,768.	966.		9,040.	239,824.	
	(ii)							
6 MICHAEL KATZ	(i)	292,314.	8,777.	8,776.		1,116.	310,983.	
	(ii)							
7 MARINA WEISS	(i)	255,598.	7,721.	5,410.		2,616.	271,345.	
	(ii)							
8 ALAN KAUFFMAN	(i)	227,456.	6,954.	1,244.		17,436.	253,090.	
	(ii)							
9 JAMES GREEN	(i)	250,235.	7,800.	25,224.		24,897.	308,156.	
	(ii)							
10 PAULA HOWELL	(i)	201,926.	6,000.	1,832.		23,206.	232,964.	
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Schedule J (Form 990) 2010

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. \$138,952

JANE MASSEY \$44,792

ALAN KAUFFMAN \$264

JAMES GREEN \$22,412

COMPENSATION NOTE 2010

SCHEDULE J PART I LINE 7

THIS YEAR MARKED A MUCH APPRECIATED YEAR OF FINANCIAL STABILITY FOR THE MARCH OF DIMES FOLLOWING TWO EXTREMELY VOLATILE YEARS IN 2008 AND 2009. DURING THIS THREE YEAR PERIOD BASE PAY HAS BEEN HELD FLAT FOR ALL STAFF, INCLUDING EXECUTIVE COMPENSATION. HOWEVER, EXPENSE COSTS FOR BENEFIT COVERAGE HAVE CONTINUED TO INCREASE AND IS REFLECTED IN CHANGES IN THE OTHER COMPENSATION. DUE TO THE STABILITY ATTAINED DURING 2010, THE BOARD OF TRUSTEES DETERMINED AND APPROVED THAT ALL STAFF SHOULD RECEIVE A ONE TIME 3% BONUS FOR MEETING CERTAIN PROGRAMMATIC AND REVENUE GOALS.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

2010

**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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	48.	76,136.	SELLING PRICE
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	23.	83,061.	SELLING PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

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

29

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?

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?

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

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31	X	
32a	X	
33		

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

Schedule M (Form 990) (2010)

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 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

PART VI, SECTION A

LINE 6 - 7B

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

PART VI - REVIEW OF 990 BY GOVERNING BODY

LINE 11 B

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

PART VI SECTION B CONFLICT OF INTEREST

LINE 12C

ANNUALLY THE MARCH OF DIMES ASKS THEIR 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. EMPLOYEES ACCESS THE FOUNDATION'S INTRANET WEBSITE TO REVIEW AND SIGN THE POLICY. THE FOUNDATIONS LEGAL COUNSEL FOLLOWS UP TO RESOLVE ANY DISCLOSED CONFLICTS.

PART VI SECTION B POLICIES

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

LINE 15

THIS YEAR MARKED A MUCH APPRECIATED YEAR OF FINANCIAL STABILITY FOR THE MARCH OF DIMES FOLLOWING TWO EXTREMELY VOLATILE YEARS IN 2008 AND 2009. DURING THIS THREE YEAR PERIOD BASE PAY HAS BEEN HELD FLAT FOR ALL STAFF, INCLUDING EXECUTIVE COMPENSATION. HOWEVER, EXPENSE COSTS FOR BENEFIT COVERAGE HAVE CONTINUED TO INCREASE AND IS REFLECTED IN CHANGES IN OTHER COMPENSATION (PART VII, COL.F). DUE TO THE STABILITY ATTAINED DURING 2010, THE BOARD OF TRUSTEES DETERMINED AND APPROVED THAT ALL STAFF SHOULD RECEIVE A ONE TIME 3% BONUS FOR MEETING CERTAIN PROGRAMMATIC AND REVENUE GOALS.

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

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

Name of the organization

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THE SECOND STAGE OF THE PROCESS IS THE PRESENTATION OF THE EXECUTIVE COMPENSATION COMMITTEE'S FINDINGS AND RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE CONSIDERS AND DISCUSSES THE RECOMMENDATIONS, AND THEN TAKES A VOTE ON COMPENSATION.

THE THIRD STAGE IS WHEN THE FULL BOARD OF DIRECTORS IS BRIEFED ON THE EXECUTIVE COMMITTEE'S FINDINGS AND CONCLUSIONS. MINUTES ARE TAKEN CONTEMPORANEOUSLY TO RECORD THE DISCUSSION AND CONCLUSIONS REACHED, AND ARE KEPT ON FILE.

THIS PROCESS IS IN KEEPING WITH THE MARCH OF DIMES BY-LAWS AND THE RESPONSIBILITIES OF THE EXECUTIVE COMMITTEE, AND ALSO IS INTENDED TO COMPORT WITH REGULATIONS ON INTERMEDIATE SANCTIONS PROMULGATED BY THE IRS.

PART VI SECTION C. DISCLOSURE

LINE 19

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

PART XI RECONCILIATION OF NET ASSETS

LINE 5 - OTHER CHANGES IN NET ASSETS

THE OTHER CHANGES IN NET ASSETS IS MADE UP PRIMARILY OF UNREALIZED RETURN ON INVESTMENTS AND PENSION COSTS AS OUTLINED BELOW.

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

PENSION/POST RETIREMENT COSTS (1,882,450)

NET UNREALIZED GAINS 9,548,867

ATTACHMENT 1

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 2

PART VII - CONTINUATION OF OFFICERS, DIRECTORS, TRUSTEES,
KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES

(1)=IND.TRUSTEE/DIR. (2)=INS.TRUSTEE (3)=OFFICER (4)=KEY EMP. (5)=HIGHEST COMP. (6)=FORMER

	(A) NAME AND TITLE	(B) HOURS	(C) POSITION						COMPENSATION FROM		
			(1)	(2)	(3)	(4)	(5)	(6)	(D) ORG.	(E) REL.	ORG. (F) OTHER
29	KIRK PERRY TRUSTEE	1.00	X						0.	0.	0.
30	JONATHAN SPECTOR SECRETARY	1.00	X	X					0.	0.	0.
31	FREDERICK W. TELLING, PHD TRUSTEE	1.00	X						0.	0.	0.
32	JOSEPH W. WOOD TRUSTEE	1.00	X						0.	0.	0.
33	ROGER CHARLES YOUNG, MD., PHD TRUSTEE	1.00	X						0.	0.	0.
34	TIMOTHY KELLY TRUSTEE - TERM ENDED JUNE 2010	1.00	X						0.	0.	0.
35	MICHAEL MOHNSSEN TRUSTEE - TERM ENDED JUNE 2010	1.00	X						0.	0.	0.
36	BRUCE C VLADECK TRUSTEE - TERM ENDED JUNE 2010	1.00	X						0.	0.	0.
37	JENNIFER HOWSE, PHD PRESIDENT	50.00			X				631,877.		8,628.
38	JANE MASSEY EXEC. VICE PRESIDENT	50.00			X				395,113.		8,745.
39	DR. ALAN FLEISCHMAN MEDICAL DIRECTOR	50.00			X				302,790.		29,606.
40	RICHARD E. MULLIGAN ASSISTANT TREASURER	50.00			X				225,329.		22,160.
41	LISA BELLSEY, ESQ. ASSISTANT SECRETARY	50.00			X				230,784.		9,040.
42	MICHAEL KATZ SENIOR V.P.	50.00				X			309,867.		1,116.

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ATTACHMENT 2 (CONT'D)

43	MARINA WEISS SENIOR V.P.	50.00	X	268,729.	2,616.
44	ALAN KAUFFMAN SENIOR V.P.	50.00	X	235,654.	17,436.
45	JAMES GREEN SENIOR V.P.	50.00	X	283,259.	24,897.
46	PAULA HOWELL SENIOR V.P.	50.00	X	209,758.	23,206.

ATTACHMENT 3990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
INFOCISION 325 SPRINGSIDE DRIVE AKRON, OH 44333	TELEMARKETING SERVIC	3,435,025.
HAINES & CO PO BOX 2117 NORTH CANTON, OH 44720	TELEMARKETING SERVIC	2,679,901.
PEP DIRECT 19 STONEY BROOK DRIVE WILTON, NH 03086-0900	MAIL HOUSE	2,460,768.
EPSILON 50 CAMBRIDGE STREET BURLINGTON, MA 01803	DATA PROCESSING	2,068,902.
BLACKBAUD PO BOX 930256 ATLANTA, GA 31193-0256	SOFTWARE DESIGN	1,260,886.
TOTAL COMPENSATION		<u>11,905,482.</u>

ATTACHMENT 4FORM 990, PART VIII - INVESTMENT INCOME

Name of the organization MARCH OF DIMES FOUNDATION	Employer identification number 13-1846366
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ATTACHMENT 4 (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	206,287.			206,287.
INTEREST & DIVIDENDS	2,403,873.			2,403,873.
TOTALS	<u>2,610,160.</u>			<u>2,610,160.</u>

ATTACHMENT 5

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION	AMOUNT
SPECIAL EVENTS	127,374,991.
TOTAL	<u>127,374,991.</u>

ATTACHMENT 6

FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES
SPECIAL EVENTS	13,949,189.	13,949,189.
TOTALS	<u>13,949,189.</u>	<u>13,949,189.</u>

ATTACHMENT 7

FORM 990, PART VIII - GAMING ACTIVITIES

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES
SWEEPSTAKES/GAMING ACTIVITIES	345,032.	345,032.
TOTALS	<u>345,032.</u>	<u>345,032.</u>

Name of the organization

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ATTACHMENT 8FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
SHORT TERM SECURITY	1,854,149.
DOMESTIC COMMON STOCK	27,860,427.
PUBLICLY TRADED MUTUAL FUNDS	44,641,655.
INSTITUTIONAL MUTUAL FUNDS	18,075,666.
FIXED INCOME	1,278,678.
TOTALS	<u>93,710,575.</u>

