

MARCH OF DIMES FOUNDATION
FORM 990
TAX YEAR 2011

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2011, or tax year beginning 01/01, 2011, and ending 12/31, 20 11

2011

Department of the Treasury
Internal Revenue Service

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

▶ See instructions on back.

Name of exempt organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

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

Check the box for the 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>207886586.</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, Part I, line 3c or Part II, line 8c) | 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 2011 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]
Signature of officer

15/14/2012
Date

C.F.O.
Title

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

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

ERO's Use Only

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

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

Paid Preparer Use Only

| | | | | |
|----------------------------|----------------------|----------------|---|-------------------|
| Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| <u>Jocelyne C. Miller</u> | <u>[Signature]</u> | <u>5/11/12</u> | | <u>P00634378</u> |
| Firm's name ▶ | | | | Firm's EIN ▶ |
| <u>KPMG, LLP</u> | | | | <u>13-5565207</u> |
| Firm's address ▶ | | | | Phone no. |
| <u>345 PARK AVENUE</u> | | | | |
| <u>NEW YORK</u> | <u>NY</u> | <u>10154</u> | | |

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

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)

Department of the Treasury
Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning , **2011, and ending** , **20**

| | | | | | | |
|---|---|--|--|---|---|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | 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 | | | | D Employer identification number 13-1846366 | |
| | F Name and address of principal officer: DR. JENNIFER HOWSE 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605 | | | | E Telephone number (914) 428-7100 | |
| | 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 | | | | G Gross receipts \$ 246,288,084. | |
| | J Website: ▶ WWW.MARCHOFDIMES.COM | | | | 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) | |
| 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 | | |
| H(c) Group exemption number ▶ | | | | | | |

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) 30. | | |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) 30. | | |
| | 5 | Total number of individuals employed in calendar year 2011 (Part V, line 2a) 1,767. | | |
| | 6 | Total number of volunteers (estimate if necessary) 3,000,000. | | |
| | 7a | Total unrelated business revenue from Part VIII, column (C), line 12 0 | | |
| 7b | Net unrelated business taxable income from Form 990-T, line 34 0 | | | |
| Revenue | | | Prior Year | Current Year |
| | 8 | Contributions and grants (Part VIII, line 1h) | 201,374,024. | 200,078,092. |
| | 9 | Program service revenue (Part VIII, line 2g) | 1,699,213. | 1,881,052. |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 4,065,492. | 4,332,775. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 1,575,261. | 1,594,667. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 208,713,990. | 207,886,586. |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 29,356,421. | 29,903,909. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 95,205,818. | 96,095,050. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 2,175,507. | 1,574,128. |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 28,050,760. | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 79,355,477. | 79,717,025. |
| 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 206,093,223. | 207,290,112. | |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | 2,620,767. | 596,474. | |
| Net Assets or Fund Balances | | | Beginning of Current Year | End of Year |
| | 20 | Total assets (Part X, line 16) | 169,647,882. | 156,180,805. |
| | 21 | Total liabilities (Part X, line 26) | 115,951,662. | 144,246,871. |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 53,696,220. | 11,933,934. | |

Part II Signature Block

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

| | | | | | |
|-------------------------------|---|----------------------|------|---|-------------------|
| Sign Here | ▶ Signature of officer | Date | | | |
| | ▶ Type or print name and title | | | | |
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN P00634378 |
| | 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 | |

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check 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? No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 29,745,084. including grants of \$ 23,387,889.) (Revenue \$)

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

4b (Code:) (Expenses \$ 78,378,802. including grants of \$ 4,410,622.) (Revenue \$ 1,881,052.)

PUBLIC AND PROFESSIONAL EDUCATION THE MARCH OF DIMES SHARES VITAL HEALTH INFORMATION WITH THE GENERAL PUBLIC, WOMEN AND PROFESSIONALS THROUGH THE INTERNET, EDUCATIONAL BOOKLETS AND PUBLIC SERVICE ADVERTISING, MANY OF WHICH ARE PROVIDED IN BOTH ENGLISH AND SPANISH

4c (Code:) (Expenses \$ 48,500,596. including grants of \$ 2,105,398.) (Revenue \$)

COMMUNITY SERVICES THROUGH ITS 52 CHAPTERS, THE FOUNDATION WORKS IN COMMUNITIES AROUND THE COUNTRY TO PROVIDE INFORMATION AND PROGRAMS TO WOMEN OF CHILDBEARING AGE, SUCH AS SMOKING CESSATION AND GROUP PRENATAL CARE AND FAMILIES THROUGH THE NICU FAMILY SUPPORT(R) PROGRAM.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 156,624,482.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V. []

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a-14b regarding Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4966, Form 501(c)(7), Form 501(c)(12), Form 4947(a)(1), and Form 501(c)(29).

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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body... 1b Enter the number of voting members included in line 1a... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 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? 15a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization 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? 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 1
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: DAVID HORNE 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605 914 428-7100

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check 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 (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|------------------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) LAVERNE H. COUNCIL CHAIRMAN | 3.00 | X | | X | | | | 0 | 0 | 0 |
| (2) CAROL EVANS VICE CHAIR | 1.00 | X | | X | | | | 0 | 0 | 0 |
| (3) GARY DIXON VICE CHAIR | 1.00 | X | | X | | | | 0 | 0 | 0 |
| (4) JONATHAN SPECTOR VICE CHAIR | 1.00 | X | | X | | | | 0 | 0 | 0 |
| (5) DAVID R. SMITH SECRETARY | 1.00 | X | | X | | | | 0 | 0 | 0 |
| (6) AL CHILDS TREASURER | 1.00 | X | | X | | | | 0 | 0 | 0 |
| (7) DON GERMANO TRUSTEE | 1.00 | X | | | | | | 0 | 0 | 0 |
| (8) H. EDWARD HANWAY TRUSTEE | 1.00 | X | | | | | | 0 | 0 | 0 |
| (9) KENNETH A. MAY TRUSTEE | 1.00 | X | | | | | | 0 | 0 | 0 |
| (10) MIRIAM AROND TRUSTEE | 1.00 | X | | | | | | 0 | 0 | 0 |
| (11) KATHY BEHRENS TRUSTEE | 1.00 | X | | | | | | 0 | 0 | 0 |
| (12) HARRIS BROOKS TRUSTEE | 1.00 | X | | | | | | 0 | 0 | 0 |
| (13) SHANNON BROWN TRUSTEE | 1.00 | X | | | | | | 0 | 0 | 0 |
| (14) JOHN BURBANK 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 (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (15) HARVEY COHEN, MD, PHD TRUSTEE | 1.00 | X | | | | | | 0 | 0 | 0 |
| (16) JOSE CORDERO, MD, MPH TRUSTEE | 1.00 | X | | | | | | 0 | 0 | 0 |
| (17) VIRGINIA DAVIS FLOYD, MD, MPH TRUSTEE | 1.00 | X | | | | | | 0 | 0 | 0 |
| (18) STEVEN FREIBERG TRUSTEE | 1.00 | X | | | | | | 0 | 0 | 0 |
| (19) ROBERT F. FRIEL TRUSTEE | 1.00 | X | | | | | | 0 | 0 | 0 |
| (20) ALEEM GILLANI TRUSTEE | 1.00 | X | | | | | | 0 | 0 | 0 |
| (21) WILLIAM R. HARKER, ESQ. TRUSTEE | 1.00 | X | | | | | | 0 | 0 | 0 |
| (22) ELIZABETH ROOSEVELT JOHNSON TRUSTEE | 1.00 | X | | | | | | 0 | 0 | 0 |
| (23) DAVID H. LISSY TRUSTEE | 1.00 | X | | | | | | 0 | 0 | 0 |
| (24) G. BRENT MINOR TRUSTEE | 1.00 | X | | | | | | 0 | 0 | 0 |
| (25) KIRK PERRY TRUSTEE | 1.00 | X | | | | | | 0 | 0 | 0 |
| 1b Sub-total | | | | | | | | 0 | 0 | 0 |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 3,123,787. | 0 | 188,738. |
| d Total (add lines 1b and 1c) | | | | | | | | 3,123,787. | 0 | 188,738. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 91

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| ATTACHMENT 2 | | |
| | | |
| | | |
| | | |
| | | |

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 **▶** 39

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 (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (26) TROY RUHANEN TRUSTEE | 1.00 | X | | | | | | 0 | 0 | 0 |
| (27) DAVID A. TRAVERS TRUSTEE | 1.00 | X | | | | | | 0 | 0 | 0 |
| (28) JOSEPH W. WOOD TRUSTEE | 1.00 | X | | | | | | 0 | 0 | 0 |
| (29) F. ROBERT WOULDSTRA TRUSTEE | 1.00 | X | | | | | | 0 | 0 | 0 |
| (30) ROGER CHARLES YOUNG, MD, PHD. TRUSTEE | 1.00 | X | | | | | | 0 | 0 | 0 |
| (31) MARK SELCOW TERM ENDED 6/17/11 | 1.00 | X | | | | | | 0 | 0 | 0 |
| (32) MICHELE FABRIZI TERM ENDED 6/17/11 | 1.00 | X | | | | | | 0 | 0 | 0 |
| (33) JOE HALE TERM ENDED 5/19/11 | 1.00 | X | | | | | | 0 | 0 | 0 |
| (34) JUDITH NOLTE TERM ENDED 12/2/11 | 1.00 | X | | | | | | 0 | 0 | 0 |
| (35) FREDERICK W. TELLING TERM ENDED 6/17/11 | 1.00 | X | | | | | | 0 | 0 | 0 |
| (36) JENNIFER HOWSE, PHD PRESIDENT | 50.00 | | | X | | | | 545,982. | 0 | 8,244. |
| 1b Sub-total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | | | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 91

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

Section B. Independent Contractors

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

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

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

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

| (A) Name and title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (37) JANE MASSEY *SERVED UNTIL DEC 2011 EXEC. VICE PRESIDENT | 50.00 | | | X | | | 376,732. | 0 | 8,361. | |
| (38) DR. ALAN FLEISCHMAN MEDICAL DIRECTOR | 50.00 | | | X | | | 301,836. | 0 | 29,378. | |
| (39) RICHARD E. MULLIGAN *EFF DEC 2011 EXECUTIVE VICE PRESIDENT | 50.00 | | | X | | | 251,162. | 0 | 23,332. | |
| (40) LISA BELLSEY, ESQ. ASSISTANT SECRETARY | 50.00 | | | X | | | 229,128. | 0 | 8,656. | |
| (41) DAVID HORNE *EFFECTIVE DEC 2011 ASSISTANT TREASURER | 50.00 | | | X | | | 151,821. | 0 | 20,996. | |
| (42) MICHAEL KATZ SENIOR V.P. | 50.00 | | | | | X | 306,942. | 0 | 1,128. | |
| (43) ALAN KAUFFMAN SENIOR V.P. | 50.00 | | | | | X | 232,580. | 0 | 16,764. | |
| (44) JAMES GREEN SENIOR V.P. | 50.00 | | | | | X | 299,777. | 0 | 23,569. | |
| (45) PAULA HOWELL SENIOR V.P. | 50.00 | | | | | X | 215,956. | 0 | 22,378. | |
| (46) PAULA RANSOM SENIOR V.P. | 50.00 | | | | | X | 211,871. | 0 | 25,932. | |
| 1b Sub-total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | | | |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 91

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of 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 | 1,278,111. | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | 133,859,127. | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 3,117,356. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 61,823,498. | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | 150,040. | | | | |
| | h Total. Add lines 1a-1f | | | 200,078,092. | | | |
| Program Service Revenue | Business Code | | | | | | |
| | 2a SALE OF EDUCATION MATERIAL | | 900099 | 1,325,019. | 1,325,019. | | |
| | b SYMPOSIUM CONFERENCE | | 900099 | 411,572. | 411,572. | | |
| | c PROGRAM SPONSORSHIP | | 900099 | 144,461. | 144,461. | | |
| | d _____ | | | | | | |
| | e _____ | | | | | | |
| | f All other program service revenue | | | | | | |
| g Total. Add lines 2a-2f | | | 1,881,052. | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) ATTACHMENT 3 | | | 3,472,712. | | | 3,472,711. |
| | 4 Income from investment of tax-exempt bond proceeds | | | 0 | | | |
| | 5 Royalties | | | 820,158. | | | 820,158. |
| | | (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 | | | 25,840,000. | | | |
| | b Less: cost or other basis and sales expenses | | | 24,979,937. | | | |
| | c Gain or (loss) | | | 860,063. | | | |
| | d Net gain or (loss) | | | | 860,063. | | 860,063. |
| | 8a Gross income from fundraising events (not including \$ 133,859,127. of contributions reported on line 1c). See Part IV, line 18 | a | ATCH 4 | 13,421,561. | | | |
| | b Less: direct expenses | b | | 13,421,561. | | | |
| c Net income or (loss) from fundraising events | | ATCH. 5. | | 0 | | | |
| 9a Gross income from gaming activities. See Part IV, line 19 | a | | 279,886. | | | | |
| b Less: direct expenses | b | | | | | | |
| c Net income or (loss) from gaming activities | | ATCH. 6. | | 279,886. | | | |
| 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 | 403,828. | | | 403,828. | |
| b ALL OTHER REVENUE | | 900099 | 90,795. | | | 90,795. | |
| c _____ | | | | | | | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | | | 494,623. | | | |
| 12 Total revenue. See instructions | | | | 207,886,586. | 1,881,052. | 5,647,555. | |

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).

Check if Schedule O contains a response to any question in this Part IX

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 | 26,882,823. | 26,882,823. | | |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 | 135,000. | 135,000. | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 | 2,886,086. | 2,886,086. | | |
| 4 Benefits paid to or for members | 0 | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 1,856,661. | 1,415,519. | 202,747. | 238,395. |
| 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 | 70,930,003. | 54,078,155. | 7,743,894. | 9,107,954. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 6,787,931. | 5,042,057. | 813,074. | 932,800. |
| 9 Other employee benefits | 10,897,929. | 8,520,522. | 1,073,068. | 1,304,339. |
| 10 Payroll taxes | 5,622,526. | 4,236,303. | 641,412. | 744,811. |
| 11 Fees for services (non-employees): | | | | |
| a Management | 0 | | | |
| b Legal | 247,436. | 108,857. | 82,543. | 56,036. |
| c Accounting | 472,859. | 223,155. | 148,674. | 101,030. |
| d Lobbying | 0 | | | |
| e Professional fundraising services. See Part IV, line 17 | 1,574,128. | | | 1,574,128. |
| f Investment management fees | 0 | | | |
| g Other | 11,027,599. | 7,353,902. | 1,448,084. | 2,225,613. |
| 12 Advertising and promotion | 0 | | | |
| 13 Office expenses | 0 | | | |
| 14 Information technology | 0 | | | |
| 15 Royalties | 0 | | | |
| 16 Occupancy | 8,340,891. | 6,598,614. | 776,068. | 966,209. |
| 17 Travel | 6,652,766. | 5,209,532. | 637,195. | 806,039. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0 | | | |
| 19 Conferences, conventions, and meetings | 3,168,263. | 2,651,697. | 233,060. | 283,506. |
| 20 Interest | 100,379. | 61,025. | 21,008. | 18,346. |
| 21 Payments to affiliates | 0 | | | |
| 22 Depreciation, depletion, and amortization | 3,090,010. | 2,107,752. | 478,360. | 503,898. |
| 23 Insurance | 0 | | | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a <u>PRINTING</u> | 22,156,240. | 13,522,708. | 3,781,815. | 4,851,717. |
| b <u>POSTAGE & SHIPPING</u> | 12,174,095. | 7,187,107. | 2,282,557. | 2,704,431. |
| c <u>EQUIPMENTAL RENTAL</u> | 2,465,516. | 1,719,073. | 383,709. | 362,734. |
| d <u>TELEMARKETING/DATA FEES</u> | 6,185,804. | 4,296,078. | 1,208,646. | 681,080. |
| e All other expenses | 3,635,167. | 2,388,517. | 658,956. | 587,694. |
| 25 Total functional expenses. Add lines 1 through 24e | 207,290,112. | 156,624,482. | 22,614,870. | 28,050,760. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) | 33,691,000. | 19,921,000. | 6,781,000. | 6,989,000. |

Part X Balance Sheet

| | | (A) Beginning of year | | (B) End of year |
|---|--|--------------------------|------------------------|------------------------|
| Assets | 1 Cash - non-interest-bearing | 1,216,667. | 1 | 1,464,755. |
| | 2 Savings and temporary cash investments | 18,851,854. | 2 | 12,040,982. |
| | 3 Pledges and grants receivable, net | 1,038,330. | 3 | 1,345,641. |
| | 4 Accounts receivable, net | 6,939,361. | 4 | 5,169,259. |
| | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | 0 | 5 | 0 |
| | 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) | 0 | 6 | 0 |
| | 7 Notes and loans receivable, net | 0 | 7 | 0 |
| | 8 Inventories for sale or use | 5,158,547. | 8 | 4,751,435. |
| | 9 Prepaid expenses and deferred charges | 1,760,073. | 9 | 1,578,386. |
| | 10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 52,740,267. | | |
| | b Less: accumulated depreciation | 10b 37,737,664. | 15,206,829. | 10c 15,002,603. |
| | 11 Investments - publicly traded securities | ATCH 8 | 93,710,575. | 11 90,644,488. |
| | 12 Investments - other securities. See Part IV, line 11 | | 16,797,873. | 12 14,996,818. |
| | 13 Investments - program-related. See Part IV, line 11 | | 0 | 13 0 |
| | 14 Intangible assets | | 0 | 14 0 |
| | 15 Other assets. See Part IV, line 11 | | 8,967,773. | 15 9,186,438. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | | 169,647,882. | 16 156,180,805. | |
| Liabilities | 17 Accounts payable and accrued expenses | 12,967,245. | 17 | 11,241,730. |
| | 18 Grants payable | 23,333,375. | 18 | 22,316,932. |
| | 19 Deferred revenue | ATCH 9 | 3,111,226. | 19 1,425,978. |
| | 20 Tax-exempt bond liabilities | | 1,560,000. | 20 800,000. |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 0 | 21 0 |
| | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 0 | 22 0 |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 0 | 23 0 |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 0 | 24 0 |
| | 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | | 74,979,816. | 25 108,462,231. |
| | 26 Total liabilities. Add lines 17 through 25 | | 115,951,662. | 26 144,246,871. |
| 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 | | 40,387,902. | 27 -1,615,975. |
| | 28 Temporarily restricted net assets | | 1,735,918. | 28 2,204,428. |
| | 29 Permanently restricted net assets | | 11,572,400. | 29 11,345,481. |
| | 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 | | | 30 |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | | 31 |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | | 32 |
| | 33 Total net assets or fund balances | | 53,696,220. | 33 11,933,934. |
| | 34 Total liabilities and net assets/fund balances | | 169,647,882. | 34 156,180,805. |

Part XI Reconciliation of Net Assets

Check 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 | 207,886,586. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 207,290,112. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 596,474. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 53,696,220. |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | -42,358,760. |
| 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 | 11,933,934. |

Part XII Financial Statements and Reporting

Check 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 |
| 2b | Were the organization's financial statements audited by an independent accountant? | X | |
| 2c | 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 | |
| 3b | 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 | |

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

2011

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?

| | Yes | No |
|--|----------|----|
| (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? | 11g(i) | |
| (ii) A family member of a person described in (i) above? | 11g(ii) | |
| (iii) A 35% controlled entity of a person described in (i) or (ii) above? | 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 | | | | | | | | | |

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

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2011 (97.68%); 15 Public support percentage from 2010 Schedule A, Part II, line 14 (94.53%); 16a 33 1/3 % support test - 2011; 16b 33 1/3 % support test - 2010; 17a 10%-facts-and-circumstances test - 2011; 17b 10%-facts-and-circumstances test - 2010; 18 Private foundation.

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

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 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.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line number, Percentage. Row 15: Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2010 Schedule A, Part III, line 15 - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line number, Percentage. Row 17: Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) - 17 - %; Row 18: Investment income percentage from 2010 Schedule A, Part III, line 17 - 18 - %

19a 33 1/3 % support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3 % support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

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

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

| DESCRIPTION | 2007 | 2008 | 2009 | 2010 | 2011 | TOTAL |
|---------------|-----------------|-----------------|-----------------|-----------------|-----------------|-------------------|
| OTHER INCOME | 621,722. | 506,423. | 608,401. | 307,127. | 494,623. | 2,538,296. |
| TOTALS | <u>621,722.</u> | <u>506,423.</u> | <u>608,401.</u> | <u>307,127.</u> | <u>494,623.</u> | <u>2,538,296.</u> |

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2011

Open to Public Inspection

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.**

Department of the Treasury
Internal Revenue Service

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

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

If the organization answered "Yes" 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 35c (Proxy Tax), then

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

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ 0
- 3 Volunteer hours

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ 0
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2011

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|---|---|---|--|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| 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" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | | If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | | |
| Over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | | |
| g | Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | |
| h | Subtract line 1g from line 1a. If zero or less, enter -0- | | | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c. If zero or less, enter -0- | | | | | | | | | | | | | | |
| j | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | |

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

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|--|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (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 | | | | | |

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)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?

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

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

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

Table with 2 columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 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); 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 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?; 5 Taxable amount of lobbying and political expenditures (see instructions)

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; Part II-A; and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

Part IV Supplemental Information (continued)

SCHEDULE C PART II B

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 FOUNDATIONS 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 FOUNDATIONS 51 CHAPTERS.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990. See separate instructions.

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.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two Yes/No questions regarding donor advisement.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements (land for public use, natural habitat, open space, historically important land area, certified historic structure), a table for held at end of tax year (2a-2d), and several Yes/No questions regarding monitoring and reporting.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures, and amounts required to be reported under SFAS 116.

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

Schedule D (Form 990) 2011

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

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

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

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

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?

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

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21?

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

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

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

- a Board designated or quasi-endowment, b Permanent endowment, c Temporarily restricted endowment

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

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

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

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 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.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total.

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 | 603,666. | |
| (B) MULTI STRATEGY HEDGE FUND | 14,393,152. | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| (I) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) | 14,996,818. | |

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 | 9,136,438. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | 9,186,438. |

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

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) ACCRUED PENSION LIABILITIES | 59,938,429. |
| (3) ACCRUED MEDICAL BENEFITS | 48,523,802. |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| (11) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 108,462,231. |

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 | 207,886,586. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 207,290,112. |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 | 596,474. |
| 4 | Net unrealized gains (losses) on investments | 4 | -8,705,219. |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV.) | 8 | -33,653,541. |
| 9 | Total adjustments (net). Add lines 4 through 8 | 9 | -42,358,760. |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | -41,762,286. |

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 | 201,770,075. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains on investments | 2a | -8,705,219. |
| b | Donated services and use of facilities | 2b | 2,588,708. |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV.) | 2d | |
| e | Add lines 2a through 2d | 2e | -6,116,511. |
| 3 | Subtract line 2e from line 1 | 3 | 207,886,586. |
| 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 | 207,886,586. |

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

| | | | |
|----------|---|-----------|--------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 209,878,820. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | 2,588,708. |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIV.) | 2d | |
| e | Add lines 2a through 2d | 2e | 2,588,708. |
| 3 | Subtract line 2e from line 1 | 3 | 207,290,112. |
| 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 | 207,290,112. |

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

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 2010 (NYPMIFA).

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2011

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

Employer identification number

MARCH OF DIMES FOUNDATION

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 its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

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

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

| (a) Region | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in 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) EUROPE | | | GRANTMAKING | RESEARCH & MEDICAL SUP | 1,056,520. |
| (2) NORTH AMERICA | | | GRANTMAKING | RESEARCH & MEDICAL SUP | 1,420,236. |
| (3) MIDDLE EAST AND NORTH AFRICA | | | GRANTMAKING | RESEARCH & MEDICAL SUP | 35,035. |
| (4) EAST ASIA AND THE PACIFIC | | | GRANTMAKING | RESEARCH & MEDICAL SUP | 374,295. |
| (5) CENTRAL AMERICA/CARIBBEAN | | | INVESTMENTS | | 14,393,152. |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |
| (11) | | | | | |
| (12) | | | | | |
| (13) | | | | | |
| (14) | | | | | |
| (15) | | | | | |
| (16) | | | | | |
| (17) | | | | | |
| 3a Sub-total | | | | | 17,279,238. |
| b Total from continuation sheets to Part I | | | | | |
| c Totals (add lines 3a and 3b) | | | | | 17,279,238. |

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

Schedule F (Form 990) 2011

JSA 1E1274 1.000

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) | | | MIDDLE EAST/NORTH AFRICA | RESEARCH & M | 35,035. | CHECK | | | |
| (2) | | | EUROPE/ICELAND/GREENLAND | RESEARCH & M | 20,000. | CHECK | | | |
| (3) | | | EUROPE/ICELAND/GREENLAND | RESEARCH & M DICAL SUPPOR | 125,000. | CHECK | | | |
| (4) | | | EUROPE/ICELAND/GREENLAND | RESEARCH & M UPPORT | 397,813. | CHECK | | | |
| (5) | | | NORTH AMERICA | RESEARCH & M DICAL SUPP | 357,318. | CHECK | | | |
| (6) | | | NORTH AMERICA | RESEARCH & M DICAL SUPP | 725,058. | CHECK | | | |
| (7) | | | EAST ASIA/PACIFIC | RESEARCH & M | 304,295. | CHECK | | | |
| (8) | | | EAST ASIA/PACIFIC | RESEARCH & M | 35,000. | CHECK | | | |
| (9) | | | EAST ASIA/PACIFIC | RESEARCH & M | 35,000. | CHECK | | | |
| (10) | | | NORTH AMERICA | RESEARCH & M | 334,860. | CHECK | | | |
| (11) | | | EUROPE/ICELAND/GREENLAND | RESEARCH & M | 508,707. | CHECK | | | |
| (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 11.

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) | | | | | | | |

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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Part V Supplemental Information

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

SCHEDULE F MONITORING GRANTS

PART I, 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

**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

2011

**Open to Public
Inspection**

Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

Part I

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

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

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

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 | 8,027,075. | 3,755,834. | 4,271,240. |
| 2 HAINES & COMPANY | TELEMARKETI | | X | 940,722. | 440,293. | 500,429. |
| 3 ADVANCED BUSINESS TECHNOLOGY | TELEMARKETI | | X | 1,074,390. | 354,089. | 720,301. |
| 4 HERITAGE COMPANY | TELEMARKETI | | X | 531,814. | 175,284. | 356,530. |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| Total | | | | 10,574,001. | 4,725,500. | 5,848,500. |

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, FL, GA, IL, IN,
KS, KY, LA, ME, MD, MA, MI, MN, MS, NE, NH, NJ, NM, NY, NC, ND, OH,
OK, OR, PA, RI, SC, TN, UT, 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 | (b) Event #2 | (c) Other Events | (d) Total events |
|-----------------|---|----------------------------|--------------------------------|------------------|---------------------------------|
| | | MARCH/WALK (event type) | SPECIAL EVENTS (event type) | (total number) | (add col. (a) through col. (c)) |
| Revenue | 1 Gross receipts | 106,019,689. | 41,260,998. | | 147,280,687. |
| | 2 Less: Charitable contributions | 99,809,960. | 34,049,167. | | 133,859,127. |
| | 3 Gross income (line 1 minus line 2) | 6,209,729. | 7,211,831. | | 13,421,560. |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | | | | |
| | 6 Rent/facility costs | 3,859,891. | 5,882,420. | | 9,742,311. |
| | 7 Food and beverages | | | | |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 2,349,838. | 1,329,411. | | 3,679,249. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | (13,421,560.) |
| | 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 | | | 279,886. | 279,886. |
| 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 | | | | 279,886. |

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 ▶ DAVID HORNE

Address ▶ 1275 MAMARONECK AVENUE WHITE PLAINS, NY 10605

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

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

Part IV Supplemental Information. 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

2011

**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) | 20,000. | | | | RESEARCH & MEDICAL S |
| (2) | JACKSON LABORATORY 600 MAIN STREET BAR HARBOR, ME 04609 | 010211513 | 501 C (3) | 75,876. | | | | RESEARCH & MEDICAL S |
| (3) | TRUSTEES OF TUFTS UNIVERSITY 136 HARRISON AVE. BOSTON, MA 02111 | 042103534 | 501 C (3) | 150,000. | | | | RESEARCH & MEDICAL S |
| (4) | TRUSTEES OF BOSTON COLLEGE 36 COLLEGE RD CHESNUT HILL, MA 02467 | 042103545 | 501 C (3) | 150,000. | | | | RESEARCH & MEDICAL S |
| (5) | TRUSTEES OF BOSTON UNIVERSITY 801 MASSACHUSETTS AVE BOSTON, MA 02118 | 042103547 | 501 C (3) | 150,000. | | | | RESEARCH & MEDICAL S |
| (6) | BETH ISRAEL DEACONESS MEDICAL 330 BROOKLINE AVENUE BOSTON, MA 02215 | 042103881 | 501 C (3) | 150,000. | | | | RESEARCH & MEDICAL S |
| (7) | BRIGHAM & WOMENS HOSPITAL 75 FRANCIS STREET BOSTON, MA 02115 | 042312909 | 501 C (3) | 150,000. | | | | RESEARCH & MEDICAL S |
| (8) | GENERAL HOSPITAL CORPORATION 50 STANIFORD ST. BOSTON, MA 02114 | 042697983 | 501 C (3) | 150,000. | | | | RESEARCH & MEDICAL S |
| (9) | CHILDREN'S HOSPITAL BOSTON P.O. BOX 414413 BOSTON, MA 02241-4413 | 042774441 | 501 C (3) | 270,402. | | | | RESEARCH & MEDICAL S |
| (10) | CHILDREN'S HOSPITAL BOSTON P.O. BOX 414413 BOSTON, MA 02241-4413 | 042774441 | 501 C (3) | 150,000. | | | | RESEARCH & MEDICAL S |
| (11) | YALE UNIVERSITY 155 WHITNEY AVE. NEW HAVEN, CT 06520 | 060646973 | 501 C (3) | 368,697. | | | | RESEARCH & MEDICAL S |
| (12) | SAVE THE CHILDREN 54 WILTON ROAD WESTPORT, CT 06880 | 060726487 | 501 C (3) | 100,000. | | | | RESEARCH & MEDICAL S |

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

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

Schedule I (Form 990) (2011)

**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

2011

**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) | WINTHROP UNIVERSITY HOSPITAL 259 FIRST STREET MINCOLA, NY 11501 | 111633486 | 501 C (3) | 480,513. | | | | RESEARCH & MEDICAL S |
| (2) | WEILL MEDICAL COLLEGE OF CORNE 1300 YORK AVENUE NEW YORK, NY 10021 | 131623978 | 501 C (3) | 193,329. | | | | RESEARCH & MEDICAL S |
| (3) | WEILL MEDICAL COLLEGE OF CORNE 1300 YORK AVENUE NEW YORK, NY 10021 | 131623978 | 501 C (3) | 150,000. | | | | RESEARCH & MEDICAL S |
| (4) | NEW YORK UNIVERSITY SCHOOL OF 550 FIRST AVE. NEW YORK, NY 10016-6481 | 135562308 | 501 C (3) | 355,812. | | | | RESEARCH & MEDICAL S |
| (5) | NEW YORK UNIVERSITY SCHOOL OF 550 FIRST AVE. NEW YORK, NY 10016-6481 | 135562308 | 501 C (3) | 259,091. | | | | RESEARCH & MEDICAL S |
| (6) | TRUSTEES OF COLUMBIA UNIVERSIT 630 WEST 168TH ST NEW YORK, NY 10032 | 135598093 | 501 C (3) | 150,000. | | | | 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 1 GUSTAVE LEVY PLACE NEW YORK, NY 10029 | 136171197 | 501 C (3) | 150,000. | | | | RESEARCH & MEDICAL S |
| (9) | MT SINAI SCHOOL OF MEDICINE 1 GUSTAVE LEVY PLACE NEW YORK, NY 10029 | 136171197 | 501 C (3) | 8,000. | | | | RESEARCH & MEDICAL S |
| (10) | CORNELL UNIVERSITY P.O. BOX 22 ITHACA, NY 14850 | 150532082 | 501 C (3) | 290,161. | | | | RESEARCH & MEDICAL S |
| (11) | INTERNATIONAL SOCIETY OF 750 WASHINGTON STREET BOSTON, MA 02111 | 203021146 | 501 C (3) | 10,000. | | | | RESEARCH & MEDICAL S |
| (12) | WHITEHEAD INSTITUTE FOR BIOMEDICAL RESEARCH NINE CAMBRIDGE CNETER CAMBRIDGE, MA 02142 | 061043412 | | 125,000. | | | | RESEARCH & MEDICAL S |

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

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

Schedule I (Form 990) (2011)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

MARCH OF DIMES FOUNDATION

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

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**Open to Public
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13-1846366

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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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) | FAMILY INTERVENTION SERVICES, 86 S. HARRISON ST. EAST ORANGE, NJ 07018 | 222368489 | 501 C (3) | 7,900. | | | | RESEARCH & MEDICAL S |
| (2) | NEWARK BETH ISRAEL MEDICAL CTR 201 LYONS AVE NEWARK, NJ 07112 | 223452311 | 501 C (3) | 25,575. | | | | RESEARCH & MEDICAL S |
| (3) | RUTGERS THE STATE UNIV. OF NEW 197 UNIVERSITY AVE. NEWARK, NJ 07102 | 226001086 | 501 C (3) | 320,085. | | | | RESEARCH & MEDICAL S |
| (4) | UNIVERSITY OF PITTSBURGH 3017 CATHEDRAL OF LEARNING | 250965591 | 501 C (3) | 150,000. | | | | RESEARCH & MEDICAL S |
| (5) | CINCINNATI CHILDREN'S HOSPITAL 3333 BURNET AVENUE CINCINNATI, OH 45229 | 310833936 | 501 C (3) | 150,000. | | | | RESEARCH & MEDICAL S |
| (6) | CINCINNATI CHILDREN'S HOSPITAL 3333 BURNET AVENUE CINCINNATI, OH 45229 | 310833936 | 501 C (3) | 150,000. | | | | RESEARCH & MEDICAL S |
| (7) | CINCINNATI CHILDREN'S HOSPITAL 3333 BURNET AVENUE CINCINNATI, OH 45229 | 310833936 | 501 C (3) | 150,000. | | | | RESEARCH & MEDICAL S |
| (8) | CINCINNATI CHILDREN'S HOSPITAL 3333 BURNET AVENUE CINCINNATI, OH 45229 | 310833936 | 501 C (3) | 150,000. | | | | RESEARCH & MEDICAL S |
| (9) | CINCINNATI CHILDREN'S HOSPITAL 3333 BURNET AVENUE CINCINNATI, OH 45229 | 310833936 | 501 C (3) | 10,328. | | | | RESEARCH & MEDICAL S |
| (10) | UNIVERSITY OF ILLINOIS 600 S MATTHEWS DR URBANA, IL 61801 | 376000511 | 501 C (3) | 354,040. | | | | RESEARCH & MEDICAL S |
| (11) | UNIVERSITY OF ILLINOIS 600 S MATTHEWS DR URBANA, IL 61801 | 376000511 | 501 C (3) | 150,000. | | | | RESEARCH & MEDICAL S |
| (12) | UNIVERSITY OF ILLINOIS 600 S MATTHEWS DR URBANA, IL 61801 | 376000511 | 501 C (3) | 150,000. | | | | RESEARCH & MEDICAL S |

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

Schedule I (Form 990) (2011)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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) | REGENTS OF UNIVERSITY OF MICHIGAN 3003 S.STATE STREET | 386006309 | 501 C (3) | 207,680. | | | | RESEARCH & MEDICAL S |
| (2) | REGENTS OF UNIVERSITY OF MICHIGAN 3003 S.STATE STREET | 386006309 | 501 C (3) | 384,120. | | | | RESEARCH & MEDICAL S |
| (3) | REGENTS OF UNIVERSITY OF MICHIGAN 3003 S.STATE STREET | 386006309 | 501 C (3) | 398,581. | | | | RESEARCH & MEDICAL S |
| (4) | REGENTS OF UNIVERSITY OF MICHIGAN 3003 S.STATE STREET | 386006309 | 501 C (3) | 244,954. | | | | RESEARCH & MEDICAL S |
| (5) | SOCIETY FOR STUDY OF REPRODUCTIVE UNIVERSITY OF TEXAS AT SAN ANTONIO | 386144910 | 501 C (3) | 6,000. | | | | RESEARCH & MEDICAL S |
| (6) | MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK RD. | 390806261 | 501 C (3) | 264,000. | | | | RESEARCH & MEDICAL S |
| (7) | UNIVERSITY OF IOWA 4 JESSUP HALL IOWA CITY, IA 52242 | 426004813 | 501 C (3) | 252,014. | | | | RESEARCH & MEDICAL S |
| (8) | UNIVERSITY OF IOWA 4 JESSUP HALL IOWA CITY, IA 52242 | 426004813 | 501 C (3) | 150,000. | | | | RESEARCH & MEDICAL S |
| (9) | UNIVERSITY OF IOWA 4 JESSUP HALL IOWA CITY, IA 52242 | 426004813 | 501 C (3) | 150,000. | | | | RESEARCH & MEDICAL S |
| (10) | UNIVERSITY OF IOWA 4 JESSUP HALL IOWA CITY, IA 52242 | 426004813 | 501 C (3) | 272,892. | | | | RESEARCH & MEDICAL S |
| (11) | WASHINGTON UNIVERSITY 660 S.EUCLID AVE. ST. LOUIS, MO 63110 | 430653611 | 501 C (3) | 150,000. | | | | RESEARCH & MEDICAL S |
| (12) | WASHINGTON UNIVERSITY 660 S.EUCLID AVE. ST. LOUIS, MO 63110 | 430653611 | 501 C (3) | 147,108. | | | | RESEARCH & MEDICAL S |

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| (1) | JOHNS HOPKINS UNIVERSITY 1101 EAST 33RD STREET | 520595110 | 501 C (3) | 236,699. | | | | RESEARCH & MEDICAL S |
| (2) | JOHNS HOPKINS UNIVERSITY 1101 EAST 33RD STREET | 520595110 | 501 C (3) | 150,000. | | | | RESEARCH & MEDICAL S |
| (3) | JOHNS HOPKINS UNIVERSITY 1101 EAST 33RD STREET | 520595110 | 501 C (3) | 303,476. | | | | RESEARCH & MEDICAL S |
| (4) | TERATOLOGY SOCIETY 50 PEGOUT AVE. NEW LONDON, CT 06320 | 520962081 | 501 C (3) | 10,000. | | | | RESEARCH & MEDICAL S |
| (5) | NATIONAL PUBLIC HEALTH & HOSPITAL 1301 PENNSYLVANIA AVE WASHINGTON, DC 20004 | 521535611 | 501 C (3) | 12,125. | | | | RESEARCH & MEDICAL S |
| (6) | NATIONAL PUBLIC HEALTH & HOSPITAL 1301 PENNSYLVANIA AVE WASHINGTON, DC 20004 | 521535611 | 501 C (3) | 20,000. | | | | RESEARCH & MEDICAL S |
| (7) | NATIONAL PUBLIC HEALTH & HOSPITAL 1301 PENNSYLVANIA AVE WASHINGTON, DC 20004 | 521535611 | 501 C (3) | 7,350. | | | | RESEARCH & MEDICAL S |
| (8) | NATIONAL PUBLIC HEALTH & HOSPITAL 1301 PENNSYLVANIA AVE WASHINGTON, DC 20004 | 521535611 | 501 C (3) | 20,000. | | | | RESEARCH & MEDICAL S |
| (9) | NATIONAL ACADEMY OF SCIENCES 500 FIFTH ST. NW WASHINGTON, DC 20001 | 530196932 | 501 C (3) | 24,000. | | | | RESEARCH & MEDICAL S |
| (10) | DUKE UNIVERSITY BOX 3382 DUMC DURHAM, NC 27710 | 560532129 | 501 C (3) | 150,000. | | | | RESEARCH & MEDICAL S |
| (11) | DUKE UNIVERSITY BOX 3382 DUMC DURHAM, NC 27710 | 560532129 | 501 C (3) | 150,000. | | | | RESEARCH & MEDICAL S |
| (12) | DUKE UNIVERSITY BOX 3382 DUMC DURHAM, NC 27710 | 560532129 | 501 C (3) | 300,207. | | | | RESEARCH & MEDICAL S |

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Internal Revenue Service

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Name of the organization

MARCH OF DIMES FOUNDATION

Employer identification number

13-1846366

Part I General Information on Grants and Assistance

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|------|---|-----------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) | DUKE UNIVERSITY BOX 3382 DUMC DURHAM, NC 27710 | 560532129 | 501 C (3) | 148,926. | | | | RESEARCH & MEDICAL S |
| (2) | UNIVERSITY OF NORTH CAROLINA 104 AIRPORT DRIVE | 566001393 | 501 C (3) | 166,964. | | | | RESEARCH & MEDICAL S |
| (3) | HARDIN MEMORIAL HOSPITAL 913 NORTH DIXIE AVENUE | 611022426 | 501 C (3) | 10,000. | | | | RESEARCH & MEDICAL S |
| (4) | VANDERBILT UNIVERSITY MEDICAL 3319 WEST END AVENUE NASHVILLE, TN 37203 | 620476822 | 501 C (3) | 585,156. | | | | RESEARCH & MEDICAL S |
| (5) | COASTAL FAMILY HEALTH, INC. 1046 DIVISION STREET BILOXI, MS 19533 | 640592416 | 501 C (3) | 12,500. | | | | PUBLIC AND PROFESSIO |
| (6) | COASTAL FAMILY HEALTH, INC. 1046 DIVISION STREET BILOXI, MS 19533 | 640592416 | 501 C (3) | 25,000. | | | | PUBLIC AND PROFESSIO |
| (7) | COASTAL FAMILY HEALTH, INC. 1046 DIVISION STREET BILOXI, MS 19533 | 640592416 | 501 C (3) | 12,500. | | | | PUBLIC AND PROFESSIO |
| (8) | SOUTHWEST LOUISIANA AHEC 103 INDEPENDENCE BLVD. LAFAYETTE, LA 70506 | 721191867 | 501 C (3) | 16,378. | | | | PUBLIC AND PROFESSIO |
| (9) | SOUTHWEST LOUISIANA AHEC 103 INDEPENDENCE BLVD. LAFAYETTE, LA 70506 | 721191867 | 501 C (3) | 9,648. | | | | PUBLIC AND PROFESSIO |
| (10) | SOUTHWEST LOUISIANA AHEC 103 INDEPENDENCE BLVD. LAFAYETTE, LA 70506 | 721191867 | 501 C (3) | 12,500. | | | | PUBLIC AND PROFESSIO |
| (11) | SOUTHWEST LOUISIANA AHEC 103 INDEPENDENCE BLVD. LAFAYETTE, LA 70506 | 721191867 | 501 C (3) | 20,000. | | | | PUBLIC AND PROFESSIO |
| (12) | SOUTHWEST LOUISIANA AHEC 103 INDEPENDENCE BLVD. LAFAYETTE, LA 70506 | 721191867 | 501 C (3) | 12,500. | | | | PUBLIC AND PROFESSIO |

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|------|---|-----------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) | MEDICAL CENTER OF LOUISIANA AT 2021 PERDIDO STREET | 726000734 | 501 C (3) | 125,000. | | | | PUBLIC AND PROFESSIO |
| (2) | BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030 | 741613878 | 501 C (3) | 342,652. | | | | RESEARCH & MEDICAL S |
| (3) | BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030 | 741613878 | 501 C (3) | 297,000. | | | | RESEARCH & MEDICAL S |
| (4) | SOCIETY FOR MATERNAL FETAL MED 409 12TH ST., SW WASHINGTON, DC 20024 | 742052541 | 501 C (3) | 15,000. | | | | PUBLIC AND PROFESSIO |
| (5) | SOCIETY FOR MATERNAL FETAL MED 409 12TH ST., SW WASHINGTON, DC 20024 | 742052541 | 501 C (3) | 15,000. | | | | PUBLIC AND PROFESSIO |
| (6) | UNIVERSITY OF TEXAS MEDICAL BR 2014 NORTH 10TH ST ORANGE, TX 77630 | 746000949 | 501 C (3) | 25,000. | | | | RESEARCH & MEDICAL S |
| (7) | UNIVERSITY OF TEXAS SOUTHWESTE P.O. BOX 841573 DALLAS, TX 75284 | 756002868 | 501 C (3) | 300,722. | | | | RESEARCH & MEDICAL S |
| (8) | UNIVERSITY OF TEXAS SOUTHWESTE P.O. BOX 841573 DALLAS, TX 75284 | 756002868 | 501 C (3) | 150,000. | | | | RESEARCH & MEDICAL S |
| (9) | UNIVERSITY OF TEXAS SOUTHWESTE P.O. BOX 841573 DALLAS, TX 75284 | 756002868 | 501 C (3) | 303,406. | | | | RESEARCH & MEDICAL S |
| (10) | KEYSTONE SYMPOSIA P.O. BOX 1630 SILVERTHORNE, CO 80498 | 841326605 | 501 C (3) | 10,000. | | | | RESEARCH & MEDICAL S |
| (11) | AMERICAN SOCIETY OF GENE THERA GENE THERAPY MILWAUKEE, WI 53202 | 911766321 | 501 C (3) | 10,000. | | | | RESEARCH & MEDICAL S |
| (12) | OREGON HEALTH SCIENCES UNIVERS 3181 S.W. SAM JACKSON PARK RD. | 931176109 | 501 C (3) | 241,310. | | | | RESEARCH & MEDICAL S |

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|------|--|-----------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) | BOARD OF TRUSTEES OF THE LELAN JUNIOR UNIVERSITY STANFORD, CA 94305-5169 | 941156365 | 501 C (3) | 420,000. | | | | RESEARCH & MEDICAL S |
| (2) | STANFORD UNIVERSITY 651 SERRA ST. STANFORD, CA 94305-4125 | 941156365 | 501 C (3) | 324,770. | | | | RESEARCH & MEDICAL S |
| (3) | STANFORD UNIVERSITY 651 SERRA ST. STANFORD, CA 94305-4125 | 941156365 | 501 C (3) | 2,000,000. | | | | RESEARCH & MEDICAL S |
| (4) | STANFORD UNIVERSITY 651 SERRA ST. STANFORD, CA 94305-4125 | 941156365 | 501 C (3) | 286,307. | | | | RESEARCH & MEDICAL S |
| (5) | REGENTS OF UNIVERSITY OF CALIF 1855 FOLSOM ST. | 946036493 | 501 C (3) | 60,000. | | | | RESEARCH & MEDICAL S |
| (6) | CALIFORNIA INSTITUTE OF TECHNO 1200 E. CALIFORNIA BOULEVARD | 951643307 | 501 C (3) | 196,139. | | | | RESEARCH & MEDICAL S |
| (7) | CEDARS SINAI MEDICAL CTR 8700 BEVERLY BLVD LOS ANGELES, CA 90048 | 951644600 | 501 C (3) | 25,000. | | | | RESEARCH & MEDICAL S |
| (8) | SALK INSTITUTE FOR BIOLOGICAL 10010 NORTH TORREY PINES ROAD | 952160097 | 501 C (3) | 1,000,000. | | | | RESEARCH & MEDICAL S |
| (9) | REGENTS OF UNI. CALIFORNIA LA 9500 GILMAN DRIVE LA JOLLA, CA 92093 | 956006144 | 501 C (3) | 297,000. | | | | RESEARCH & MEDICAL S |
| (10) | EMORY UNIVERSITY 1784 NORTH DECATUR ROAD ATLANTA, GA 30322 | 158056256 | 501 C (3) | 331,860. | | | | RESEARCH & MEDICAL S |
| (11) | THE LELAND STANFORD JUNIOR UNI 300 PASTEUR DRIVE STANFORD, CA 94305 | 941156365 | 501 C (3) | 150,000. | | | | RESEARCH & MEDICAL S |
| (12) | UNIVERSITY OF MASSACHUSETTS AM 661 NORTH PLEASANT STREET AMHERST, MA 01003 | 542084125 | 501 C (3) | 253,000. | | | | RESEARCH & MEDICAL S |

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|------|--|-----------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) | MAINE MEDICAL CENTER 22 BRAMHILL STREET BRAMHILL, ME 04102 | 010238552 | 501 C (3) | 224,124. | | | | RESEARCH & MEDICAL S |
| (2) | COLUMBIA UNIVERSITY PO BOX 29789-GPO NEW YORK, NY 10032 | 135598093 | 501 C (3) | 310,348. | | | | RESEARCH & MEDICAL S |
| (3) | NEW YORK MEDICAL COLLEGE 40 SUNSHINE COTTAGE ROAD VALHALLA, NY 10595 | 131099420 | 501 C (3) | 56,452. | | | | RESEARCH & MEDICAL S |
| (4) | WINIFRED MASTERSON BURKE MEDIC 785 MAMARONECK AVENUE | 133434924 | 501 C (3) | 150,000. | | | | RESEARCH & MEDICAL S |
| (5) | METRO HEALTH MEDICAL CENTER - 2500 METROHEALTH DR TOWERS 135 | 346004382 | 501 C (3) | 464,399. | | | | RESEARCH & MEDICAL S |
| (6) | GEISENGER CLINIC 100 NORTH ACADEMY AVENUE DANVILLE, PA 17822 | 236291113 | 501 C (3) | 141,347. | | | | RESEARCH & MEDICAL S |
| (7) | TEXAS A & M RESEARCH FOUNDATIO TAMU 3258 COLLEGE STATION, TX 77843-3258 | 741238434 | 501 C (3) | 150,000. | | | | RESEARCH & MEDICAL S |
| (8) | THE UNIVERSITY OF TEXAS HEALTH 7703 FLOYD CURL DRIVE | 741717115 | 501 C (3) | 150,000. | | | | RESEARCH & MEDICAL S |
| (9) | UNIVERSITY OF TEXAS AT SAN ANT 7703 FLOYD CURL DRIVE | 741717115 | 501 C (3) | 409,196. | | | | RESEARCH & MEDICAL S |
| (10) | THE RECTOR & VISITORS OF THE U 1340 JEFFERSON PARK AVENUE | 546001796 | 501 C (3) | 150,000. | | | | RESEARCH & MEDICAL S |
| (11) | THE RECTOR & VISITORS OF THE U 1340 JEFFERSON PARK AVENUE | 546001796 | 501 C (3) | 334,638. | | | | RESEARCH & MEDICAL S |
| (12) | AMERICAN SOCIETY OF GENE & CEL 555 E WELLS STREET MILWAUKEE, WI 53202 | 911766321 | 501 C (3) | 10,000. | | | | RESEARCH & MEDICAL S |

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|------|--|-----------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) | SOUTHWEST PUBLIC HEALTH DISTRI 1109 N. JACKSON ST ALBANY, GA 31701 | 237379607 | 501 C (3) | 42,000. | | | | COMMUNITY SERVICES |
| (2) | SOUTHWEST PUBLIC HEALTH DISTRI 1109 N. JACKSON ST ALBANY, GA 31701 | 237379607 | 501 C (3) | 50,000. | | | | COMMUNITY SERVICES |
| (3) | GREENSPPOINT BAPTIST CHURCH 11703 WALTERS ROAD HOUSTON, TX 77067 | 742210697 | 501 C (3) | 16,500. | | | | PUBLIC & PROFESSIONA |
| (4) | METHODIST HEALTH SYSTEM FOUNDA 1441 NORTH BECKLEY DALLAS, TX 75265-5999 | 741578343 | 501 C (3) | 15,000. | | | | PUBLIC & PROFESSIONA |
| (5) | METHODIST HEALTH SYSTEM FOUNDA 1441 NORTH BECKLEY DALLAS, TX 75265-5999 | 741578343 | 501 C (3) | 40,000. | | | | PUBLIC & PROFESSIONA |
| (6) | FAMILY OUTREACH CORPUS CHRISTI 1444 BALDWIN BLVD CORPUS CHRISTI, TX 78404 | 742049746 | 501 C (3) | 17,500. | | | | PUBLIC & PROFESSIONA |
| (7) | GREATER LOVE MISSIONARY BAPTIS 1534 PECK AVENUE SAN ANTONIO, TX 78210 | 742487205 | 501 C (3) | 16,500. | | | | PUBLIC & PROFESSIONA |
| (8) | RIGGS COMMUNITY HEALTH CENTER 1716 HARTFORD ST. LAFAYETTE, IN 47904 | 351965865 | 501 C (3) | 10,800. | | | | PUBLIC & PROFESSIONA |
| (9) | GREATER MOUNT TABOR CHRISTIAN 2513 EDGEWOOD TERRANCE FT WORTH, TX 76105 | 751943938 | 501 C (3) | 16,500. | | | | PUBLIC & PROFESSIONA |
| (10) | AVANCE DALLAS 2816 SWISS AVE DALLAS, TX 75212 | 741769114 | 501 C (3) | 8,000. | | | | PUBLIC & PROFESSIONA |
| (11) | WTL -THE WAY, TRUTH, AND LIFE 30443 BETKA RD WALLER, TX 77484 | 841639778 | 501 C (3) | 41,280. | | | | PUBLIC & PROFESSIONA |
| (12) | WHEELER AVENUE 5C'S, INC 3826 WHEELER AVENUE HOUSTON, TX 77004 | 741952632 | 501 C (3) | 16,500. | | | | PUBLIC & PROFESSIONA |

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

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

Schedule I (Form 990) (2011)

**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

2011

**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) | ANMED HEALTH 500 NORTH FANT STREET ANDERSON, SC 29621 | 570359174 | 501 C (3) | 36,306. | | | | COMMUNITY SERVICES |
| (2) | CORNERSTONE BAPTIST CHURCH 5415 MATLOCK ROAD ARLINGTON, TX 76018 | 751882212 | 501 C (3) | 16,500. | | | | PUBLIC & PROFESSIONA |
| (3) | ALPHA PHI ALPHA FRATERNITY - S P.O BOX 354 COLUMBIA, SC 29202 | 010593969 | 501 C (3) | 10,000. | | | | PUBLIC & PROFESSIONA |
| (4) | ETA IOTA ZETA EDUCATION FOUNDA P.O BOX 372295 EL PASO, TX 79937-2295 | 320013758 | 501 C (3) | 13,644. | | | | PUBLIC & PROFESSIONA |
| (5) | CLARENDON MEMORIAL HOSPITAL P.O BOX 550 MANNING, SC 29102 | 516001305 | 501 C (3) | 30,605. | | | | COMMUNITY SERVICES |
| (6) | CAMUY HEALTH SERVICES, INC P.O BOX 660 CAMUY, PR 00627 | 660428652 | 501 C (3) | 5,301. | | | | PUBLIC & PROFESSIONA |
| (7) | SPECTRUM HEALTH FOUNDATION 100 MICHIGAN STREET NE MC4 | 382752328 | 501 C (3) | 25,000. | | | | PUBLIC & PROFESSIONA |
| (8) | SALINE COUNTY HEALTH DEPARTMEN 125 W. ELIN SALINA, KS 67401 | 486086715 | 501 C (3) | 25,000. | | | | PUBLIC & PROFESSIONA |
| (9) | HAMILTON COUNTY GENERAL HEALTH 138 E. COURT ST. ROOM# CINCINNATI, OH 45229 | 316000063 | 501 C (3) | 15,000. | | | | RESEARCH & MEDICAL S |
| (10) | HAMILTON COUNTY GENERAL HEALTH 138 E. COURT ST. ROOM# CINCINNATI, OH 45229 | 316000063 | 501 C (3) | 15,000. | | | | RESEARCH & MEDICAL S |
| (11) | ST JOSEPH MEDICAL CENTER 1401 ST JOSEPH PARKWAY HOUSTON, TX 77002 | 204835578 | 501 C (3) | 22,342. | | | | PUBLIC & PROFESSIONA |
| (12) | ST LOUIS UNIVERSITY 1402 S GRAND BLVD ST. LOUIS, MO 63104 | 430654872 | 501 C (3) | 70,146. | | | | COMMUNITY SERVICES |

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| (1) | CHEROKEE HEALTH SYSTEMS 2018 WESTERN AVE. KNOXVILLE, TN 37921 | 620637925 | 501 C (3) | 20,000. | | | | COMMUNITY SERVICES |
| (2) | SALUD FAMILY HEALTH 203 SOUTH ROLLIE AVE FORT LUPTON, CO 80621 | 840613540 | 501 C (3) | 10,000. | | | | PUBLIC & PROFESSIONA |
| (3) | WOMEN'S HEALTH ALLIANCE 209 EAST CARVER ST. DURHAM, NC 27704 | 562142486 | 501 C (3) | 14,370. | | | | PUBLIC & PROFESSIONA |
| (4) | SHENANDOAH WOMENS HEALTHCARE 240 LUCY DRIVE HARRISONBURG, VA 22801 | 541920395 | 501 C (3) | 7,000. | | | | RESEARCH & MEDICAL S |
| (5) | MEDICAL CENTER AT BOWLING GREE 250 PARK ST. BOWLING GREEN, KY 42101 | 611362000 | 501 C (3) | 7,500. | | | | PUBLIC & PROFESSIONA |
| (6) | INTER-TRIBAL COUNCIL OF MICHIG 2956 ASHMAN STREET | 381893519 | 501 C (3) | 25,000. | | | | PUBLIC & PROFESSIONA |
| (7) | BAPTIST HEALTH CARE FOUNDATION 301 BROWN SPRINGS ROAD MONTGOMERY, AL 36127 | 237281996 | 501 C (3) | 9,000. | | | | PUBLIC & PROFESSIONA |
| (8) | WASHINGTON COUNTY YOUTH SERVIC 38 ELMS STREET P.O BOX 627 | 030262162 | 501 C (3) | 6,500. | | | | PUBLIC & PROFESSIONA |
| (9) | ARKANSAS DEPARTMENT OF HEALTH 4815 W. MARKHAM ST, H- | 710847443 | | 20,000. | | | | PUBLIC & PROFESSIONA |
| (10) | MIGRANT HEALTH PROMOTIONS, INC 536 S TEXAS BLVD SUITE 115 | 383092194 | 501 C (3) | 11,666. | | | | PUBLIC & PROFESSIONA |
| (11) | NORTHEAST FLORIDA HEALTHY STAR 644 CESERY BLVD. STE.2 | 593135801 | 501 C (3) | 64,916. | | | | PUBLIC & PROFESSIONA |
| (12) | CHRISTIAN STRONGHOLD CHURCH 6810 SAMUEL BLVD DALLAS, TX 75228 | 752591359 | 501 C (3) | 15,500. | | | | PUBLIC & PROFESSIONA |

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Schedule I (Form 990) (2011)

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Department of the Treasury
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|------|---|-----------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) | WOMANS HOSPITAL OF TEXAS 7600 FANNIN ST HOUSTON, TX 77054 | 621810381 | 501 C (3) | 16,667. | | | | PUBLIC & PROFESSIONA |
| (2) | JFK MEDICAL CENTER 80 JAMES STREET EDISON, NJ 08820 | 222315044 | 501 C (3) | 13,400. | | | | PUBLIC & PROFESSIONA |
| (3) | JFK MEDICAL CENTER 80 JAMES STREET EDISON, NJ 08820 | 222315044 | 501 C (3) | 13,575. | | | | PUBLIC & PROFESSIONA |
| (4) | PASOS'S PROGRAM 901 SUMTER ST. 5TH FL COLUMBIA, SC 29208 | 570967350 | 501 C (3) | 8,588. | | | | PUBLIC & PROFESSIONA |
| (5) | PASOS'S PROGRAM 901 SUMTER ST. 5TH FL COLUMBIA, SC 29208 | 570967350 | 501 C (3) | 8,588. | | | | PUBLIC & PROFESSIONA |
| (6) | UNION COUNTY HEALTH DEPARTMENT 940 LONDON AVE. STE. 1 MARYSVILLE, OH 43040 | 316400087 | | 13,628. | | | | PUBLIC & PROFESSIONA |
| (7) | TROVER HEALTH SYSTEM 200 HOSPITAL DR. MADISONVILLE, KY 42431 | 610654587 | 501 C (3) | 45,000. | | | | PUBLIC & PROFESSIONA |
| (8) | ALPHA PI ZETA CHAPTER STORK'S P.O BOX 34326 SAN ANTONIO, TX 78265 | 830409059 | 501 C (3) | 6,000. | | | | PUBLIC & PROFESSIONA |
| (9) | KORNERSTONE, INC P.O BOX 396 SHELL KNOB, MO 65747 | 431820354 | 501 C (3) | 17,570. | | | | PUBLIC & PROFESSIONA |
| (10) | AID UPSTATE, INC. PO BOX 105 GREENVILLE, SC 29601 | 570848637 | 501 C (3) | 9,524. | | | | COMMUNITY SERVICES |
| (11) | AID UPSTATE, INC. PO BOX 105 GREENVILLE, SC 29601 | 570848637 | 501 C (3) | 9,524. | | | | PUBLIC & PROFESSIONA |
| (12) | COMMUNITY MEMORIAL HEALTHCARE 125 BUENA VISTA CIRCLE P.O BOX 90 | 540551711 | 501 C (3) | 31,511. | | | | RESEARCH & MEDICAL S |

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Department of the Treasury
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|------|--|-----------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) | THOMAS JEFFERSON UNIVERSITY 125 S. 9TH STREET SHERIDAN BLDG, 2ND FLO | 231352651 | 501 C (3) | 59,000. | | | | COMMUNITY SERVICES |
| (2) | CALIFORNIA HEALTH COLLABORATIV 1625 E SHAW AVE SUITE 155 FRESNO, CA 93710 | 942862660 | 501 C (3) | 12,562. | | | | COMMUNITY SERVICES |
| (3) | PARKLAND FOUNDATION TX652 2777 N STEMMONS FREETWASUITE#1700 | 752089180 | 501 C (3) | 6,668. | | | | PUBLIC & PROFESSIONA |
| (4) | HENRY W GRADY HEALTH SYSTEM FO 50 HURT PLAZA SUITE 803 ATLANTA, GA 30303 | 582130437 | 501 C (3) | 50,000. | | | | PUBLIC & PROFESSIONA |
| (5) | BLACK HEALTH CARE COALITION 6675 HOLMES SUITE 650 KANSAS CITY, MO 64131 | 431515095 | 501 C (3) | 10,000. | | | | PUBLIC & PROFESSIONA |
| (6) | REGENTS OF UNIV.OF COLORADO 12631 E. 17TH AVE AURORA, CO 80045 | 846000555 | 501 C (3) | 20,358. | | | | PUBLIC & PROFESSIONA |
| (7) | REGENTS OF UNIVERSITY OF COLORADO 12631 E. 17TH AVE AURORA, CO 80045 | 846000555 | 501 C (3) | 19,500. | | | | PUBLIC & PROFESSIONA |
| (8) | HEALTHY BIRTHDAY 4300 BEAVER HILLS DR | 263998964 | 501 C (3) | 11,677. | | | | PUBLIC & PROFESSIONA |
| (9) | HUNTSVILLE HOSPITAL FOUNDATION 101 SILVEY RD HUNTSVILLE, AL 35801 | 630752604 | 501 C (3) | 25,000. | | | | COMMUNITY SERVICES |
| (10) | SIDS NETWORK OF KANSAS 1148 S HILLSIDE #10 WICHITA, KS 67211 | 481213707 | 501 C (3) | 9,380. | | | | PUBLIC & PROFESSIONA |
| (11) | ABINGTON MEMORIAL HOSPITAL 1200 OLD YORK ROAD ABINGTON, PA 19001 | 231352152 | 501 C (3) | 28,000. | | | | COMMUNITY SERVICES |
| (12) | GUILFORD CO. COAL. ON INFANT M 1203 MAPLE ST 3RD FLOOR | 561804884 | 501 C (3) | 20,662. | | | | PUBLIC & PROFESSIONA |

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|------|--|-----------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) | CABARRUS HEALTH ALLIANCE 1307 S. CANNON BOULEVARD | 562016594 | 501 C (3) | 18,643. | | | | PUBLIC & PROFESSIONA |
| (2) | AMERICAN ACADEMY OF PEDIATRICS 19 S. JACKSON ST. MONTGOMERY, AL 36104 | 630798492 | 501 C (3) | 7,000. | | | | PUBLIC & PROFESSIONA |
| (3) | MARY'S CENTER FOR MATERNAL & C 2333 ONTARIO RD. N.W. WASHINGTON, DC 20009 | 052159416 | 501 C (3) | 173,000. | | | | PUBLIC & PROFESSIONA |
| (4) | ALAMANCE COUNTY HEALTH DEPARTM 319 N. GRAHAM-HOPEDALE ROAD | 566000271 | 501 C (3) | 41,565. | | | | PUBLIC & PROFESSIONA |
| (5) | DURHAM COUNTY HEALTH DEPARTMEN 414 EAST MAIN STREET DURHAM, NC 27701 | 566000297 | 501 C (3) | 37,064. | | | | PUBLIC & PROFESSIONA |
| (6) | UNIVERSITY OF PENNSYLVANIA 1500 MARKET STREET 8TH FLOOR | 232810852 | 510 C 3 | 10,000. | | | | COMMUNITY SERVICES |
| (7) | CENTERING HEALTHCARE INSTITUTE 558 MAPLE AVENUE BOSTON, MA 02111 | 061622668 | 501 C (3) | 25,000. | | | | PUBLIC & PROFESSIONA |
| (8) | CENTERING HEALTHCARE INSTITUTE 558 MAPLE AVENUE BOSTON, MA 02111 | 061622668 | 501 C (3) | 25,000. | | | | COMMUNITY SERVICES |
| (9) | CENTERING HEALTHCARE INSTITUTE 558 MAPLE AVENUE BOSTON, MA 02111 | 061622668 | 501 C (3) | 24,000. | | | | COMMUNITY SERVICES |
| (10) | CHILDREN'S HOME SOCIETY OF NJ 635 SOUTH CLINTON AVE TRENTON, NJ 08611 | 210634966 | 501 C (3) | 14,678. | | | | COMMUNITY SERVICES |
| (11) | CHILDREN'S HOME SOCIETY OF NJ 635 SOUTH CLINTON AVE TRENTON, NJ 08611 | 210634966 | 501 C (3) | 11,719. | | | | PUBLIC & PROFESSIONA |
| (12) | EL BUEN SAMARITANO 7000 WOODHUE DRIVE AUSTIN, TX 78745 | 742488682 | 501 C (3) | 11,677. | | | | PUBLIC & PROFESSIONA |

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|------|--|-----------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) | GREENVILLE HOSPITAL SYSTEM 701 GROVE ROAD GREENVILLE, SC 29605 | 576007863 | 501 C (3) | 55,232. | | | | COMMUNITY SERVICES |
| (2) | GREENVILLE HOSPITAL SYSTEM 701 GROVE ROAD GREENVILLE, SC 29605 | 576007863 | 501 C (3) | 17,176. | | | | COMMUNITY SERVICES |
| (3) | FAMILY MEDICINE EDUCATION CONS 7795 RAINTREE RD. DAYTON, OH 45459 | 311436038 | 501 C (3) | 50,000. | | | | COMMUNITY SERVICES |
| (4) | CENTRO SAN VICENTE 8061 ALAMEDA AVENUE EL PASO, TX 79937 | 742505561 | 501 C (3) | 7,000. | | | | PUBLIC & PROFESSIONA |
| (5) | HENRY M JACKSON FOUNDATION FOR 6720-A ROCKLEDGE DR ROCKVILLE, MD 20817 | 521317896 | 501 C (3) | 10,740. | | | | PUBLIC & PROFESSIONA |
| (6) | SOUTHWEST MEDICAL ASSOCIATES 2316 W CHARLESTON BLVD LAS VEGAS, NV 89102 | 880201420 | 501 C (3) | 6,400. | | | | COMMUNITY SERVICES |
| (7) | UNIVERSITY OF SOUTH FLORIDA ATTN: REBECCA PUIG DIVISION OF SPONSORED 36 | 593102112 | 501 C (3) | 93,378. | | | | PUBLIC & PROFESSIONA |
| (8) | UNIVERSITY OF SOUTH FLORIDA ATTN: REBECCA PUIG DIVISION OF SPONSORED 36 | 593102112 | 501 C (3) | 100,000. | | | | PUBLIC & PROFESSIONA |
| (9) | MANASSAS MIDWIFERY AND WOMEN'S 8424 DORSEY CIRCLE MANASSAS, VA 20110 | 264762497 | 501 C (3) | 5,500. | | | | PUBLIC & PROFESSIONA |
| (10) | TEXAS TECH UNIVERSITY HEALTH S 3601 4TH STREET MAIL STOP 6274 | 752668014 | 501 C (3) | 11,667. | | | | PUBLIC & PROFESSIONA |
| (11) | GREATER HUDSON VALLEY FAMILY H 2570 ROUTE 9W CORNWALL, NY 12518 | 061036715 | 501 C (3) | 44,000. | | | | PUBLIC & PROFESSIONA |
| (12) | CENTRAL NEW JERSEY MAT CHILD H 2 KING ARTHUR CT SUITE B | 223197191 | 501 C (3) | 15,000. | | | | PUBLIC & PROFESSIONA |

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| (1) | HEALTHY START COALITION OF HIL 2806 N. ARMENIA AVE SUITE 100 | 593127943 | 501 C (3) | 93,549. | | | | PUBLIC & PROFESSIONA |
| (2) | MOUNTAIN AREA HEALTH EDUCATION 501 BILTMORE AVENUE ASHEVILLE, NC 28801 | 561071426 | 501 C (3) | 27,029. | | | | PUBLIC & PROFESSIONA |
| (3) | MEDICAL UNIVERSITY OF SOUTH CA 96 JONATHAN LUCAS ST SUITE #6 | 576000722 | 501 C (3) | 15,601. | | | | COMMUNITY SERVICES |
| (4) | OKLAHOMA HOSPITAL ASSOCIATION DEPT #96-0298 OKLAHOMA CITY, OK 73196-0298 | 730618552 | 501 C (3) | 10,000. | | | | PUBLIC & PROFESSIONA |
| (5) | UNIVERSITY OF MARYLAND MEDICAL 110 SOUTH PACA STREET 9TH FLOOR | 522238993 | 501 C (3) | 10,500. | | | | PUBLIC & PROFESSIONA |
| (6) | UNIVERSITY OF MARYLAND MEDICAL 110 SOUTH PACA STREET 9TH FLOOR | 522238993 | 501 C (3) | 7,663. | | | | PUBLIC & PROFESSIONA |
| (7) | WAIANAE COAST COMPREHENSIVE HE HEALTH CENTER WAIANAE, HI 96792 | 990148164 | 501 C (3) | 20,000. | | | | PUBLIC & PROFESSIONA |
| (8) | BEAUFORT JASPER HAMPTON COMPRE 721 OKATIE HIGHWAY 170 P.O B | 570523586 | 501 C (3) | 22,178. | | | | COMMUNITY SERVICES |
| (9) | BEAUFORT JASPER HAMPTON COMPRE 721 OKATIE HIGHWAY 170 P.O B | 570523586 | 501 C (3) | 22,178. | | | | PUBLIC & PROFESSIONA |
| (10) | NORTH CAROLINA BAPTIST HOSPITA 1200 MLK JR DRIVE WINSTON-SALEM, NC 27101 | 560552787 | 501 C (3) | 20,498. | | | | PUBLIC & PROFESSIONA |
| (11) | REGENTS OF UNIV. OF CA DAVIS 354 BRIGGS HALL DAVIS, CA 95616 | 946036494 | 501 C (3) | 50,000. | | | | COMMUNITY SERVICES |
| (12) | SOUTH CAROLINA PERINATAL ASSOC P.O. BOX 5247 COLUMBIA, SC 29250 | 570656784 | 501 C (3) | 10,000. | | | | PUBLIC & PROFESSIONA |

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

Schedule I (Form 990) (2011)

**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

2011

**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) | SISTERHOOD OF FAITH IN ACTION P.O. BOX 91238 HOUSTON, TX 77291-1238 | 760446282 | 501 C (3) | 25,000. | | | | PUBLIC & PROFESSIONA |
| (2) | SISTERHOOD OF FAITH IN ACTION P.O. BOX 91238 HOUSTON, TX 77291-1238 | 760446282 | 501 C (3) | 30,000. | | | | PUBLIC & PROFESSIONA |
| (3) | TRUSTEES OF THE UNIVERSITY OF 3451 WALNUT STREET P221 FRANKLIN BLDG | 231353685 | 501 C (3) | 28,000. | | | | COMMUNITY SERVICES |
| (4) | WHEATON FRANCISCAN 5000 W CHAMBERS STREET MILWAUKEE, WI 53212 | 391636804 | 501 C (3) | 22,500. | | | | PUBLIC & PROFESSIONA |
| (5) | ACERCAMIENTO HISPANIC DE CAROL 240 STONERIDGE DR ONE GR COLUMBIA, SC 29210 | 571030805 | 501 C (3) | 22,950. | | | | COMMUNITY SERVICES |
| (6) | ACERCAMIENTO HISPANIC DE CAROL 240 STONERIDGE DR ONE GR COLUMBIA, SC 29210 | 571030805 | 501 C (3) | 22,950. | | | | PUBLIC & PROFESSIONA |
| (7) | ADDISON COUNTY PARENT CHILD CE 126 MONROE STREET MIDDLEBURY, VT 05753 | 030280370 | 501 C (3) | 9,000. | | | | PUBLIC & PROFESSIONA |
| (8) | AGAPE CHILD & FAMILY SERVICES, 111RACINE MEMPHIS, TN 38112 | 237039683 | 501 C (3) | 20,000. | | | | COMMUNITY SERVICES |
| (9) | ALICE PECK DAY HOSPITAL 125 MASCOMA STREET LEBANON, NH 03766 | 020222791 | 501 C (3) | 6,250. | | | | PUBLIC & PROFESSIONA |
| (10) | AUGUSTA HEALTH CARE FOR WOMEN 39 BEAM LANE FISHERVILLE, VA 22939 | 541875814 | 501 C (3) | 9,989. | | | | RESEARCH & MEDICAL S |
| (11) | AUGUSTA HEALTH CARE FOR WOMEN 39 BEAM LANE FISHERVILLE, VA 22939 | 541875814 | 501 C (3) | 19,099. | | | | RESEARCH & MEDICAL S |
| (12) | BALTIMORE HEALTHY START 2521 NORTH CHARKE STREET | 521694523 | 501 C (3) | 20,000. | | | | PUBLIC & PROFESSIONA |

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| (1) | BEACH BABY'S DOULA SERVICES, I 514 ALDER STREET MYRTLE BEACH, SC 29577 | 208423941 | 501 C (3) | 21,250. | | | | COMMUNITY SERVICES |
| (2) | BEACH BABY'S DOULA SERVICES, I 514 ALDER STREET MYRTLE BEACH, SC 29577 | 208423941 | 501 C (3) | 21,250. | | | | PUBLIC & PROFESSIONA |
| (3) | BELLIN MEMORIAL HOSPITAL, INC 744 S WEBSTER AVENUE GREEN BAY, WI 54301 | 390884478 | 501 C (3) | 10,400. | | | | COMMUNITY SERVICES |
| (4) | BROOKLYN PERINATAL NETWORK, IN 76 NEVINS STREET BROOKLYN, NY 11217 | 13328222 | 501 C (3) | 22,770. | | | | PUBLIC & PROFESSIONA |
| (5) | BROOKLYN PERINATAL NETWORK, IN 76 NEVINS STREET BROOKLYN, NY 11217 | 13328222 | 501 C (3) | 22,770. | | | | PUBLIC & PROFESSIONA |
| (6) | CENTERING PREGNANCY & PARENTIN 89 SOUTH STREET BOSTON, MA 02111 | 061622668 | 501 C (3) | 48,300. | | | | COMMUNITY SERVICES |
| (7) | CLARK COUNTY PUBLIC HEALTH P.O BOX 9825 VANCOUVER, WA 98666 | 916001299 | 501 C (3) | 15,000. | | | | RESEARCH & MEDICAL S |
| (8) | CLAYTON COUNTY BOARD OF HEALTH 1117 BATTLECREEK ROA JONESBORO, GA 30236 | 581108112 | 501 C (3) | 35,000. | | | | COMMUNITY SERVICES |
| (9) | CONCORD HOSPITAL 250 PLEASANT ST CONCORD, NH 03301 | 222594672 | 501 C (3) | 6,250. | | | | PUBLIC & PROFESSIONA |
| (10) | CORPORACION DESERVICIOS MEDICO PO BOX 907 HATILLO, PR 00659 | 660427194 | 501 C (3) | 7,000. | | | | PUBLIC & PROFESSIONA |
| (11) | CRITTENDEN REGIONAL HOSPITAL 200 TYLER STREET WEST MEMPHIS, TN 72301 | 710236932 | 501 C (3) | 20,000. | | | | COMMUNITY SERVICES |
| (12) | DARTMOUTH HITCHOCK KEENE 590 COURT STREET KEENE, NH 03431 | 222519596 | 501 C (3) | 10,000. | | | | PUBLIC & PROFESSIONA |

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Schedule I (Form 990) (2011)

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(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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OMB No. 1545-0047

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Name of the organization

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|------|---|-----------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) | DOULA CONNECTION 722 BROOKS STREET ANN ARBOR, MI 48103 | 800709005 | 501 C (3) | 14,162. | | | | PUBLIC & PROFESSIONA |
| (2) | EAST BAY COMMUNITY ACTION PROG 100 BULLOCKS PT AVE | 050310024 | 501 C (3) | 6,500. | | | | PUBLIC & PROFESSIONA |
| (3) | ECHO MINNESOTA 125 CHARLES AVENUE SAINT PAUL, MN 55103 | 261475578 | 501 C (3) | 25,000. | | | | PUBLIC & PROFESSIONA |
| (4) | ELNITA MCCLAIN WOMEN'S CENTER, 2223 ARBOR STREET HOUSTON, TX 77004 | 760444882 | 501 C (3) | 9,000. | | | | PUBLIC & PROFESSIONA |
| (5) | FAMILY PARTNERSHIP, THE 414 S 8TH STREET MINNEAPOLIS, MN 55404 | 410693858 | 501 C (3) | 25,000. | | | | COMMUNITY SERVICES |
| (6) | FAMILYCARE HEALTH CENTER 301 GREAT TEAYS BLVD SCOTT DEPOT, WV 25560 | 550691297 | 501 C (3) | 10,500. | | | | PUBLIC & PROFESSIONA |
| (7) | GENESYS HEALTH FOUNDATION ONE GENESYS PARKWAY GRAND BALANC, MI 48439 | 383591148 | 501 C (3) | 25,000. | | | | PUBLIC & PROFESSIONA |
| (8) | GRACE HILL HEALTH CENTER 2524 HADLEY STREET ST LOUIS, MO 63106 | 430817642 | 501 C (3) | 9,215. | | | | COMMUNITY SERVICES |
| (9) | HEALTHCENTRIC ADVISORS 235 PROMENDAE STREET PROVIDENCE, RI 02908 | 050487616 | 501 C (3) | 6,000. | | | | PUBLIC & PROFESSIONA |
| (10) | HOSPITAL COUNCIL OF NORTHWEST 3231 CENTRAL PARK WE TOLEDO, OH 43617 | 341116795 | 501 C (3) | 25,000. | | | | PUBLIC & PROFESSIONA |
| (11) | INFANT MORTALITY PROGRAM 45 CANDLER STREET HIGHLAND, MI 48203 | 382262856 | 501 C (3) | 25,000. | | | | PUBLIC & PROFESSIONA |
| (12) | JOHN HOPKINS BAYVIEW MEDICAL C 1627-A THAMES ST BALTIMORE, MD 21231 | 521341890 | 501 C (3) | 7,500. | | | | PUBLIC & PROFESSIONA |

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Schedule I (Form 990) (2011)

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(Form 990)**

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

OMB No. 1545-0047

2011

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Department of the Treasury
Internal Revenue Service

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Name of the organization

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Employer identification number

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|------|--|-----------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) | JORDAN HOSPITAL 275 SANDWICH ST PLYMOUTH, MA 02360 | 222667354 | 501 C (3) | 5,406. | | | | PUBLIC & PROFESSIONA |
| (2) | KELSEY RESEARCH FOUNDATION 5615 KIRBY DR HOUSTON, TX 77005 | 760637670 | 501 C (3) | 22,342. | | | | PUBLIC & PROFESSIONA |
| (3) | LITTLE DIXIE COMMUNITY ACTION 209 N 4TH STREET HUGO, OK 74743 | 730772321 | 501 C (3) | 9,150. | | | | COMMUNITY SERVICES |
| (4) | MEMORIAL HERMANN HOSPITAL SYST 909 FROSTWOOD HOUSTON, TX 77024 | 741152597 | 501 C (3) | 22,342. | | | | PUBLIC & PROFESSIONA |
| (5) | MICHIGAN DEPT. OF COMMUNITY HE 201 TOWNSEND ST LANSING, MI 48913 | 386000134 | 501 C (3) | 24,223. | | | | PUBLIC & PROFESSIONA |
| (6) | MIDWIVES OF WEST VIRGINIA 1120 DENVER AVENUE MORGANTOWN, WV 26505 | 550681967 | 501 C (3) | 10,346. | | | | PUBLIC & PROFESSIONA |
| (7) | MILWAUKEE HEALTH SERVICES, INC 2555 N. DR MARTIN LU MILWAUKEE, WI 53212 | 391664109 | 501 C (3) | 17,600. | | | | PUBLIC & PROFESSIONA |
| (8) | MULTNOMAH COUNTY HEALTH 426 SW STARK ST PORTLAND, OR 97204 | 936002309 | 501 C (3) | 16,000. | | | | RESEARCH & MEDICAL S |
| (9) | NATIONWIDE CHILDREN'S HOSPITAL 700 CHILDREN'S DRIVE COLUMBUS, OH 43205 | 314379441 | 501 C (3) | 35,000. | | | | PUBLIC & PROFESSIONA |
| (10) | NIAGARA FALLS MEMORIAL MEDICAL 621 10TH STREET NIAGARA FALLS, NY 14302 | 160743094 | 501 C (3) | 44,865. | | | | PUBLIC & PROFESSIONA |
| (11) | PROGRAMA EDUCATIVO FORMANDO A PMB 338, 405 AVE ESM GUAYNABO, PR 00969 | 660653498 | 501 C (3) | 8,350. | | | | PUBLIC & PROFESSIONA |
| (12) | RICHMOND CITY HEALTH DISTRICT 400 E CARY ST RICHMOND, VA 23219 | 546001775 | 501 C (3) | 6,000. | | | | PUBLIC & PROFESSIONA |

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|------|---|-----------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) | ROCHESTER CITY SCHOOL, THE 30 HART STREET ROCHESTER, NY 14611 | 166002010 | 501 C (3) | 46,021. | | | | PUBLIC & PROFESSIONA |
| (2) | SCDHEC REGION I OCONEE COUNTY PO BOX 488 SENECA, SC 29679 | 576000286 | 501 C (3) | 9,637. | | | | PUBLIC & PROFESSIONA |
| (3) | SCDHEC REGION I OCONEE COUNTY PO BOX 488 SENECA, SC 29679 | 576000286 | 501 C (3) | 9,638. | | | | PUBLIC & PROFESSIONA |
| (4) | SEATTLE-KING CO DEPT OF PUBLIC 401 5TH AVE SEATTLE, WA 98104 | 916001327 | 501 C (3) | 20,000. | | | | PUBLIC & PROFESSIONA |
| (5) | SOUTHAMPTON MEMORIAL HOSPITAL 100 FAIRVIEW DRIVE FRANKLIN, VA 23851 | 522200240 | 501 C (3) | 12,002. | | | | COMMUNITY SERVICES |
| (6) | SOUTHAMPTON MEMORIAL HOSPITAL 100 FAIRVIEW DRIVE FRANKLIN, VA 23851 | 522200240 | 501 C (3) | 6,000. | | | | PUBLIC & PROFESSIONA |
| (7) | ST JOHN'S UNITED METHODIST CHU 2002 BAANDERA ROAD SAN ANTONIO, TX 78228 | 741309386 | 501 C (3) | 8,000. | | | | PUBLIC & PROFESSIONA |
| (8) | ST LUKE'S UNITED METHODIST CHU 3011 W. KANSAS AVENU MIDLAND, TX 79701 | 750855635 | 501 C (3) | 10,000. | | | | PUBLIC & PROFESSIONA |
| (9) | STORC REGIONAL OBSTETRICAL CON 921 MCCALLIE AVENUE CHATTANOOGA, TN 37403 | 621811978 | 501 C (3) | 19,875. | | | | COMMUNITY SERVICES |
| (10) | TEXAS ASSOCIATION OF OB/GYN 1850 HICKORY ABILENE, TX 79601 | 742204210 | 501 C (3) | 10,000. | | | | PUBLIC & PROFESSIONA |
| (11) | VIRGINIA LEAGUE FOR PLANNED PA 201 N. HAMILTON STRE RICHMOND, VA 23221 | 540505973 | 501 C (3) | 9,890. | | | | COMMUNITY SERVICES |
| (12) | WACO CENTER FOR WOMEN'S HEALTH 6901 MEDICAL PARKWAY WACO, TX 76710 | 742696970 | 501 C (3) | 13,285. | | | | PUBLIC & PROFESSIONA |

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| (1) | ZETA PHI BETA SORORITY, INC P.O BOX 8434 MARSHALL, TX 75671 | 521344982 | 501 C (3) | 9,500. | | | | PUBLIC & PROFESSIONA |
| (2) | COMMUNITY ACTION ORGANIZATION 1001 SW BASELINE ST. HILLSBORO, OR 97123 | 930554941 | 501 C (3) | 11,000. | | | | COMMUNITY SERVICES |
| (3) | MEHARRY MEDICAL COLLEGE 1005 D.B. TODD BLVD. NASHVILLE, TN 37208 | 620488046 | 501 C (3) | 20,000. | | | | COMMUNITY SERVICES |
| (4) | COASTAL FAMILY HEALTH, INC. 1046 DIVISION STREET BILOXI, MS 19533 | 640592416 | 501 C (3) | 14,000. | | | | PUBLIC & PROFESSIONA |
| (5) | FERRE INSTITUTE INC. 124 FRONT STREET BINGHAMTON, NY 13905 | 161078686 | 501 C (3) | 24,951. | | | | PUBLIC & PROFESSIONA |
| (6) | MEDICAL UNIVERSITY OF SC 135 RUTLEDGE AVE. CHARLESTON, SC 29425 | 576000722 | 501 C (3) | 29,325. | | | | PUBLIC & PROFESSIONA |
| (7) | MEDICAL UNIVERSITY OF SC 135 RUTLEDGE AVE. CHARLESTON, SC 29425 | 576000722 | 501 C (3) | 29,325. | | | | PUBLIC & PROFESSIONA |
| (8) | HURON HOSPITAL STORK'S NEST 13951 TERRACE ROAD EAST CLEVELAND, OH 44112 | 340714593 | 501 C (3) | 10,000. | | | | COMMUNITY SERVICES |
| (9) | KNOX COUNTY HEALTH DEPARTMENT 140 DAMERON AVE. KNOXVILLE, TN 37917 | 626007979 | 501 C (3) | 9,539. | | | | COMMUNITY SERVICES |
| (10) | COMMUNITY SERVICE COUNCIL OF G 16 EAST 16TH STREET TULSA, OK 74119 | 73-0580282 | 501 C (3) | 10,120. | | | | PUBLIC & PROFESSIONA |
| (11) | OUR LADY OF LOURDES HEALTH FOU 1600 HADDON AVENUE CAMDEN, NJ 08103 | 222351960 | 501 C (3) | 15,872. | | | | PUBLIC & PROFESSIONA |
| (12) | OUR LADY OF LOURDES HEALTH FOU 1600 HADDON AVENUE CAMDEN, NJ 08103 | 222351960 | 501 C (3) | 22,242. | | | | PUBLIC & PROFESSIONA |

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|------|--|-----------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) | COLE COUNTY HEALTH DEPT. 1616 INDUSTRIAL DRIVE | 446000488 | 501 C (3) | 22,735. | | | | PUBLIC & PROFESSIONA |
| (2) | SC AFRICAN AMERICAN TOBACCO CO 230 SCALYBARK ROAD SUMMERVILLE, SC 29485 | 571071132 | 501 C (3) | 9,350. | | | | COMMUNITY SERVICES |
| (3) | SC AFRICAN AMERICAN TOBACCO CO 230 SCALYBARK ROAD SUMMERVILLE, SC 29485 | 571071132 | 501 C (3) | 9,350. | | | | PUBLIC & PROFESSIONA |
| (4) | HUDSON PERINATAL CONSORTIUM - 242 TENTH STREET JERSEY CITY, NJ 07302 | 223206376 | 501 C (3) | 20,000. | | | | PUBLIC & PROFESSIONA |
| (5) | YAKIMA VALLEY MEMORIAL HOSPITA 2701 TIETON DRIVE YAKIMA, WA 98902 | 911022358 | 501 C (3) | 20,000. | | | | PUBLIC & PROFESSIONA |
| (6) | GREATER LAWRENCE FAMILY HLTH C 34 HAVERHILL ST LAWRENCE, MA 01841-2884 | 042708824 | 501 C (3) | 5,539. | | | | PUBLIC & PROFESSIONA |
| (7) | CAPITAL HEALTH SYSTEM 446 BELLEVUE AVE. TRENTON, NJ 08618 | 223548695 | 501 C (3) | 51,500. | | | | PUBLIC & PROFESSIONA |
| (8) | INDIAN HEALTH CARE RESOURCE CE 550 S. PEORIA AVENUE TULSA, OK 74120 | 731042545 | 501 C (3) | 13,275. | | | | PUBLIC & PROFESSIONA |
| (9) | CENTRASTATE MEDICAL CENTER-NJ 901 W. MAIN STREET FREEHOLD, NJ 07728 | 221750190 | 501 C (3) | 21,250. | | | | PUBLIC & PROFESSIONA |
| (10) | HARDIN MEMORIAL HOSPITAL 913 NORTH DIXIE AVENUE | 611022426 | 501 C (3) | 10,000. | | | | PUBLIC & PROFESSIONA |
| (11) | CENTRASTATE HEALTHCARE FOUNDAT 916 HIGHWAY 33 FREEHOLD, NJ 07728 | 222383065 | 501 C (3) | 24,240. | | | | PUBLIC & PROFESSIONA |
| (12) | GENESEE INTERMEDIATE SCHOOL DI 2413 WEST MAPLE AVENU FLINT, MI 48507 | 381714600 | 501 C (3) | 25,000. | | | | PUBLIC & PROFESSIONA |

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

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

Schedule I (Form 990) (2011)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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) | MICHIGAN PUBLIC HEALTH INSTITU 2342 WOODLAKE DR OKEMOS, MI 48864 | 382963835 | 501 C (3) | 14,864. | | | | PUBLIC & PROFESSIONA |
| (2) | GLEN FALLS OBSTETRICS AND GYNE 28 SOUTH WESTERN AVE QUEESNBURY, NY 12804 | 141634538 | 501 C (3) | 44,715. | | | | COMMUNITY SERVICES |
| (3) | STORK'S NEST P.O. BOX 11163 ROCK HILL, SC 29731 | 570752577 | 501 C (3) | 11,050. | | | | COMMUNITY SERVICES |
| (4) | STORK'S NEST P.O. BOX 11163 ROCK HILL, SC 29731 | 570752577 | 501 C (3) | 11,050. | | | | PUBLIC & PROFESSIONA |
| (5) | UNIVERSITY HOSPITALS OF CLEVEL DEPT OF NEURPSURGERY CLEVELAND, OH 44102 | 341567805 | 501 C (3) | 20,000. | | | | RESEARCH & MEDICAL S |
| (6) | AMERICAN LUNG ASSOCIATION OF P 1010 E. 8TH ST TULSA, OK 74120 | 430662525 | 501 C (3) | 10,728. | | | | PUBLIC & PROFESSIONA |
| (7) | ASSOCIATION OF PERINATAL NETWO 457 STATE STREET BINGHAMTON, NY 13901 | 201284067 | 501 C (3) | 35,100. | | | | PUBLIC & PROFESSIONA |
| (8) | LAURENS COUNTY HOSPITAL P.O. DRAWER CLINTON, SC 29325 | 596034108 | 501 C (3) | 10,200. | | | | COMMUNITY SERVICES |
| (9) | LAURENS COUNTY HOSPITAL P.O. DRAWER CLINTON, SC 29325 | 596034108 | 501 C (3) | 10,200. | | | | PUBLIC & PROFESSIONA |
| (10) | TENNESSEE INTIATIVE FOR PERINA QUALITY CARE NASHVILLE, TN 37232-0656 | 620476822 | 501 C (3) | 15,000. | | | | COMMUNITY SERVICES |
| (11) | AMERICAN ACADEMY OF PEDIATRICS PO BOX 20365 CRANSTON, RI 02920 | 050494347 | 501 C (3) | 7,700. | | | | PUBLIC & PROFESSIONA |
| (12) | COMMUNITY ACTION CORPORATION O 204 E FIRST ALICE, TX 78332 | 741679824 | 501 C (3) | 26,500. | | | | PUBLIC & PROFESSIONA |

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Schedule I (Form 990) (2011)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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| (1) | ATHENS LIMESTONE COUNTY FAMILY 406 S JEFFERSON ST ATHENS, AL 35611 | 261076284 | 501 C (3) | 7,000. | | | | COMMUNITY SERVICES |
| (2) | CENTRAL MAINE MEDICAL CENTER 300 MAIN ST LEWISTON, ME 04240 | 010211494 | 501 C (3) | 12,500. | | | | PUBLIC & PROFESSIONA |
| (3) | CHILDREN'S NATIONAL MEDICAL CE 111 MICHIGAN AVE, NW WASHINGTON, DC 20010 | 521640403 | 501 C (3) | 15,000. | | | | PUBLIC & PROFESSIONA |
| (4) | COMMUNITY HEALTH CENTER 1500 NORTH RITTER AVENUE | 350983617 | 501 C (3) | 24,160. | | | | PUBLIC & PROFESSIONA |
| (5) | CONNECTICUT CHILDREN'S MEDICAL 282 WASHINGTON ST. HARTFORD, CT 06106 | 222619869 | 501 C (3) | 14,000. | | | | PUBLIC & PROFESSIONA |
| (6) | DANBURY VISITING NURSE ASSOCIA 4 LIBERTY STREET DANBURY, CT 06810 | 060655138 | 501 C (3) | 20,000. | | | | PUBLIC & PROFESSIONA |
| (7) | FLORIDA ASSOCIATION OF HEALTHY 2600 EAST BAY DRIVE LARGO, FL 33771 | 593306893 | 501 C (3) | 100,000. | | | | PUBLIC & PROFESSIONA |
| (8) | GRACE BAPTIST CHURCH 2018 HINTON DRIVE OXFORD, AL 36203 | 630822341 | 501 C (3) | 12,000. | | | | COMMUNITY SERVICES |
| (9) | GREATER PRINCE WILLIAM COMMUNI 4379 RIDGEWOOD CENTER WOODBRIDGE, VA 22912 | 830435138 | 501 C (3) | 22,780. | | | | PUBLIC & PROFESSIONA |
| (10) | HARTFORD HOSPITAL CT322 80 SEYMOUR ST HARTFORD, CT 06102-5037 | 060646668 | 501 C (3) | 21,000. | | | | PUBLIC & PROFESSIONA |
| (11) | HELEN KELLER HOSPITAL PO BOX 610 SHEFFIELD, AL 35680 | 631275219 | 501 C (3) | 10,000. | | | | COMMUNITY SERVICES |
| (12) | HOUSTON HEALTHCARE 2205 HIGHLAND AVENUE | 580833515 | 501 C (3) | 20,000. | | | | COMMUNITY SERVICES |

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Schedule I (Form 990) (2011)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

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|------|---|-----------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) | ILLINOIS MATERNAL&CHILD HEALTH 233 N. HOUSTON ROAD CHICAGO, IL 60622 | 363651051 | 501 C (3) | 22,500. | | | | COMMUNITY SERVICES |
| (2) | KOOTENIA HEALTH - BRIDGING TH 704 SE FIRST STREET | 820231746 | 501 C (3) | 10,000. | | | | PUBLIC & PROFESSIONA |
| (3) | LAKE COUNTY HEALTH DEPARTMENT 505 A WEST MARKET ST EUSTIS, FL 32726 | 593502843 | 501 C (3) | 28,297. | | | | COMMUNITY SERVICES |
| (4) | MAGOFFIN COUNTY HEALTH DEPARTM 310 E. TORRANCE AVENUE | 611076286 | 501 C (3) | 12,700. | | | | PUBLIC & PROFESSIONA |
| (5) | MAPLE CITY HEALTH CARE CENTER 723 PARKWAY DRIVE GOSHEN, IN 46528 | 351749398 | 501 C (3) | 14,000. | | | | PUBLIC & PROFESSIONA |
| (6) | MEADOWS REGIONAL MEDICAL CENTE 305 N. WALNUT ST VIDALIA, GA 30474 | 582044503 | 501 C (3) | 35,000. | | | | COMMUNITY SERVICES |
| (7) | MEMORIAL HEALTH SYSTEM 704 MAPLE DRIVE SOUTH BEND, IN 46601 | 351536132 | 501 C (3) | 14,219. | | | | PUBLIC & PROFESSIONA |
| (8) | MIDCOAST HOSPITAL 305 NW 7TH STREET LEWISTON, ME 04240 | 010215911 | 501 C (3) | 10,000. | | | | PUBLIC & PROFESSIONA |
| (9) | MUSKEGON COMMUNITY HEALTH PROJ PO BOX 6191 MUSKEGON, MI 49440 | 911932918 | 501 C (3) | 25,000. | | | | PUBLIC & PROFESSIONA |
| (10) | NASSUA HEALTH CARE CORP 565 W. WESTERN AVE EAST MEADOWS, NY 11554 | 113465690 | 501 C (3) | 66,750. | | | | COMMUNITY SERVICES |
| (11) | NEIGHBORHOOD FAMILY PRACTICE 2201 HEMPSTEAD TPKE CLEVELAND, OH 44102 | 341300581 | 501 C (3) | 15,000. | | | | PUBLIC & PROFESSIONA |
| (12) | NEIGHBORHOOD FAMILY PRACTICE 3569 PRIDGE RD CLEVELAND, OH 44102 | 341300581 | 501 C (3) | 15,000. | | | | PUBLIC & PROFESSIONA |

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**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

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|------|--|-----------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) | NORTHEAST GUIDANCE CENTER 40 NORTH 25TH AVENUE DETROIT, MI 48215 | 381752961 | 501 C (3) | 12,494. | | | | PUBLIC & PROFESSIONA |
| (2) | OMNI INSTITUTE 3381 COLLEGE AVENUE DENVER, CO 80203 | 841307583 | 501 C (3) | 15,000. | | | | PUBLIC & PROFESSIONA |
| (3) | OUR FAMILY SERVICES 899 LOGAN STREET TUCSON, AZ 85716 | 942598560 | 501 C (3) | 10,000. | | | | PUBLIC & PROFESSIONA |
| (4) | PCC COMMUNITY WELLNESS CENTER 353 NORTH OAK ST OAK PARK, IL 60302 | 363828320 | 501 C (3) | 33,310. | | | | COMMUNITY SERVICES |
| (5) | POMONA VALLEY HOSPITAL MEDICAL 9201 N.25TH AVE.,STE#1 PONOMA, CA 91767 | 951115230 | 501 C (3) | 50,000. | | | | COMMUNITY SERVICES |
| (6) | PROVIDENCE HEALTH FOUNDATION, P.O. BOX 81025 WASHINGTON, DC 20017 | 521275583 | 501 C (3) | 8,887. | | | | PUBLIC & PROFESSIONA |
| (7) | PROVIDENCE HEALTH FOUNDATION, 1150 VARNUM RD, NE WASHINGTON, DC 20017 | 521275583 | 501 C (3) | 15,000. | | | | PUBLIC & PROFESSIONA |
| (8) | RUSH UNIVERSITY MEDICAL CENTER 200 BUNKER HILL DR CHICAGO, IL 60612-3244 | 362174823 | 501 C (3) | 44,997. | | | | COMMUNITY SERVICES |
| (9) | SAMARITAN HOSPITAL FOUNDATION 424 DECATUR STREET, SE ASHLAND, OH 44805 | 341783215 | 501 C (3) | 15,000. | | | | RESEARCH & MEDICAL S |
| (10) | SAMARITAN HOSPITAL FOUNDATION 663 EAST MAIN STREET ASHLAND, OH 44805 | 341783215 | 501 C (3) | 15,000. | | | | RESEARCH & MEDICAL S |
| (11) | SANSUM DIABETES RESEARCH INSTI PO BOX 16036 SANTA BARBARA, CA 93105 | 951684086 | 501 C (3) | 49,083. | | | | COMMUNITY SERVICES |
| (12) | SHELBY COMMUNITY HEALTH CENTER E655 WEST 8TH STREET SHELBYVILLE, IN 46176 | 300174146 | 501 C (3) | 21,000. | | | | PUBLIC & PROFESSIONA |

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|------|---|-----------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) | SOUTHERN NEVADA CHILDREN FIRST P.O BOX 318 N LAS VEGA, NV 89030 | 651312502 | 501 C (3) | 8,100. | | | | COMMUNITY SERVICES |
| (2) | SOUTHERN NEW JERSEY PERINATAL 720 CHEYENE AVE PENNSAUKEN, NJ 08109 | 222371223 | 501 C (3) | 10,000. | | | | COMMUNITY SERVICES |
| (3) | SOUTHERN NEW JERSEY PERINATAL 2500 MCCLELLAN AVENUE, PENNSAUKEN, NJ 08109 | 222371223 | 501 C (3) | 13,436. | | | | PUBLIC & PROFESSIONA |
| (4) | SOUTHWEST HUMAN DEVELOPMENT, I 2500 MCCLELLAN AVENUE, PHOENIX, AZ 85008 | 860407179 | 501 C (3) | 23,340. | | | | PUBLIC & PROFESSIONA |
| (5) | ST CHARLES COMMUNITY HEALTH CE 1015 BOWLES AVENUE LULING, LA 70070 | 470852944 | 501 C (3) | 25,000. | | | | PUBLIC & PROFESSIONA |
| (6) | ST LUKE'S HOSPITAL 325 WESR 1ST ST KANSAS CITY, MO 64111 | 440545297 | 501 C (3) | 7,200. | | | | PUBLIC & PROFESSIONA |
| (7) | ST VINCENT HOSPITAL & HEALTH 4401 WORNALL INDIANAPOLIS, IN 46202 | 350869066 | 501 C (3) | 9,000. | | | | PUBLIC & PROFESSIONA |
| (8) | STF GENEVIEVE COUNTY MEMORIAL 1285 SPRING GREEN LA | 841633893 | 501 C (3) | 19,988. | | | | COMMUNITY SERVICES |
| (9) | STORMONT VAIL HEALTH CARE 1500 SW 10TH ST. TOPEKA, KS 66604-1353 | 480543789 | 501 C (3) | 15,000. | | | | PUBLIC & PROFESSIONA |
| (10) | SUFFOLK COUNTY DEPARTMENT OF HEALTH SERVICE 1500 SW 10TH ST. HAUPPAUGE, NY 11788 | 116000464 | 501 C (3) | 46,750. | | | | COMMUNITY SERVICES |
| (11) | SUTTER HEALTH CENTER 450 CLARKSON AVENUE SACRAMENTO, CA 95819 | 941156621 | 501 C (3) | 36,602. | | | | COMMUNITY SERVICES |
| (12) | TEEN OUTREACH PREGNANCY SERVIC 5151 F STREET, 2 SOUTH TUCSON, AZ 85716 | 861005133 | 501 C (3) | 23,340. | | | | PUBLIC & PROFESSIONA |

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| (1) | TELAMON CORPORATION 3024 E. FT LOWELL RD RALEIGH, NC 27612 | 561022483 | 501 C (3) | 25,000. | | | | PUBLIC & PROFESSIONA |
| (2) | TRUSTEES OF INDIANA UNIVERSITY 415 JEFFERSON STREET INDIANAPOLIS, IN 46202 | 356001673 | 501 C (3) | 33,243. | | | | PUBLIC & PROFESSIONA |
| (3) | UNIVERSITY OF CALIFORNIA 4450 CAPITOLA ROAD DAVIS, CA 95616 | 946036494 | 501 C (3) | 50,000. | | | | COMMUNITY SERVICES |
| (4) | UNIVERSITY OF CALIFORNIA ONE SHEILDS AVENUE BERKELEY, CA 94720-7360 | 946002123 | 501 C (3) | 49,997. | | | | COMMUNITY SERVICES |
| (5) | UNIVERSITY OF IOWA 50 UNIVERISTY HALL, IOWA CITY, IA 52242 | 426004813 | 501 C (3) | 24,043. | | | | PUBLIC & PROFESSIONA |
| (6) | WASHINGTON HOSPITAL CENTER 638 COOPER AVE WASHINGTON, DC 20010 | 521791670 | 501 C (3) | 20,457. | | | | PUBLIC & PROFESSIONA |
| (7) | WEST SIDE COMMUNITY HEALTH SER 1300 YORK AVENUE ST PAUL, MN 55107 | 237156236 | 501 C (3) | 25,000. | | | | PUBLIC & PROFESSIONA |
| (8) | WOMEN'S SPECIALTY CARE 1001 W. 10TH STREET LAS VEGAS, NV 89148 | 270024561 | 501 C (3) | 17,991. | | | | COMMUNITY SERVICES |
| (9) | YWCA OF GREENSBORO P.O. BOX 528 GREENSBORO, NC 27407 | 560529936 | 501 C (3) | 42,955. | | | | PUBLIC & PROFESSIONA |
| (10) | YWCA OF KAUAI 4002 SPRING GARDEN ST LIHUE, HI 96766 | 990073504 | 501 C (3) | 20,000. | | | | PUBLIC & PROFESSIONA |
| (11) | ZETA PHI BETA SORORITY P.O. BOX 531672 AKRON, OH 44309-0382 | 521345967 | 501 C (3) | 10,000. | | | | COMMUNITY SERVICES |
| (12) | ZETA PHI BETA SORORITY INC P.O. BOX 382 CAMBRIDGE, MD 21613 | 521661933 | 501 C (3) | 7,000. | | | | PUBLIC & PROFESSIONA |

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Department of the Treasury
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Name of the organization

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|------|---|-----------|-------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) | ZETA PHI BETA SORORITY, INC P.O BOX 45 DISTRICT HGTS, MD 20742 | 521345590 | 501 C (3) | 8,450. | | | | PUBLIC & PROFESSIONA |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| (5) | | | | | | | | |
| (6) | | | | | | | | |
| (7) | | | | | | | | |
| (8) | | | | | | | | |
| (9) | | | | | | | | |
| (10) | | | | | | | | |
| (11) | | | | | | | | |
| (12) | | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 624.

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

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

Schedule I (Form 990) (2011)

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 | | | | | |
| 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 MONITORING GRANTS

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 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

2011

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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III.

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

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

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

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

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

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

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

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

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

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in 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) 2011

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| (A) Name | (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 as deferred in prior Form 990 |
|---------------------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 JENNIFER HOWSE, PHD | (i) | 482,597. | 0 | 63,385. | 8,244. | 554,226. | |
| | (ii) | 0 | 0 | 0 | | | |
| 2 JANE MASSEY *SERVED UNT | (i) | 343,912. | 0 | 32,820. | 8,361. | 385,093. | |
| | (ii) | 0 | 0 | 0 | | | |
| 3 DR. ALAN FLEISCHMAN | (i) | 296,502. | 0 | 5,334. | 9,800. | 19,578. | 331,214. |
| | (ii) | 0 | 0 | 0 | | | |
| 4 RICHARD E. MULLIGAN *EF | (i) | 249,330. | 0 | 1,832. | 23,332. | 274,494. | |
| | (ii) | 0 | 0 | 0 | | | |
| 5 LISA BELLSEY, ESQ. | (i) | 227,322. | 0 | 1,806. | 8,656. | 237,784. | |
| | (ii) | 0 | 0 | 0 | | | |
| 6 DAVID HORNE *EFFECTIVE | (i) | 151,506. | 0 | 315. | 20,996. | 172,817. | |
| | (ii) | 0 | 0 | 0 | | | |
| 7 MICHAEL KATZ | (i) | 298,166. | 0 | 8,776. | 1,128. | 308,070. | |
| | (ii) | 0 | 0 | 0 | | | |
| 8 ALAN KAUFFMAN | (i) | 231,600. | 0 | 980. | 16,764. | 249,344. | |
| | (ii) | 0 | 0 | 0 | | | |
| 9 JAMES GREEN | (i) | 255,383. | 0 | 44,394. | 23,569. | 323,346. | |
| | (ii) | 0 | 0 | 0 | | | |
| 10 PAULA HOWELL | (i) | 214,124. | 0 | 1,832. | 22,378. | 238,334. | |
| | (ii) | 0 | 0 | 0 | | | |
| 11 PAULA RANSOM | (i) | 196,820. | 14,100. | 951. | 25,932. | 237,803. | |
| | (ii) | 0 | 0 | 0 | | | |
| 12 | (i) | | | | | | |
| | (ii) | | | | | | |
| 13 | (i) | | | | | | |
| | (ii) | | | | | | |
| 14 | (i) | | | | | | |
| | (ii) | | | | | | |
| 15 | (i) | | | | | | |
| | (ii) | | | | | | |
| 16 | (i) | | | | | | |
| | (ii) | | | | | | |

Part III Supplemental Information

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

COST OF LIVING ADJUSTMENT

SCHEDULE J PART 1 LINE 7

THE MARCH OF DIMES EXPERIENCED ANOTHER YEAR OF FINANCIAL STABILITY IN 2011. BY ATTAINING CERTAIN REVENUE AND EXPENSE BUDGET ITEMS AND DUE TO CONTINUED STABILITY, THE BOARD OF TRUSTEES DETERMINED AND APPROVED A ONE TIME COST OF LIVING ADJUSTMENT OF 2%.

SUPPLEMENTAL NONQUALIFIED RETIREMENT INCLUDING RELATED TAX GROSS UP PMNTS

PART 1, #4B

JENNIFER HOWSE, PHD. \$58,051

JANE MASSEY \$30,048

JAMES GREEN \$38,984

COMPENSATION NOTE

SCHEDULE J

THE BOARD OF TRUSTEES APPROVES AN ANNUAL INCENTIVE PROGRAM TO REWARD CHAPTER STAFF WHO MEET CERTAIN PROGRAM AND REVENUE GOALS. THESE GOALS INCLUDE EXPANSION OF MISSION, COMMUNICATION, ADVOCACY AND REVENUE

Part III Supplemental Information

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

ACTIVITIES. PAYMENTS FOR THESE INCENTIVES ARE DISTRIBUTED TO THE CHAPTERS
AS A POOL AND DISTRIBUTED TO INDIVIDUALS BASED UPON THEIR LEVEL OF
CONTRIBUTION TO ACHIEVING THOSE 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

2011

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 | 92. | 64,682. | SELLING PRICE |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | 42. | 85,358. | SELLING PRICE |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other ▶(_____) | | | | |
| 26 Other ▶(_____) | | | | |
| 27 Other ▶(_____) | | | | |
| 28 Other ▶(_____) | | | | |

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

| | Yes | No |
|--|-----|----|
| 30 a During the year, did the organization receive by contribution any property reported in Part I, lines 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? | | X |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? | X | |
| 32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | X | |
| b If "Yes," describe in Part II. | | |
| 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

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

Schedule M (Form 990) (2011)

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

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

2011

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

PART VI REVIEW OF 990 BY GOVERNING BODY

LINE 11B

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

PART VI SECTION B CONFLICT OF INTEREST

LINE 12C

ANNUALLY THE MARCH OF DIMES ASKS THEIR BOARD MEMBERS (BOTH NATIONAL AND CHAPTER) TO REVIEW AND SIGN A CONFLICT OF INTEREST POLICY. VOLUNTEER BOARD MEMBERS ARE GIVEN A HARD COPY TO SIGN. EMPLOYEES ACCESS THE FOUNDATION'S INTRANET WEBSITE TO REVIEW AND SIGN THE POLICY. THE FOUNDATION'S LEGAL COUNSEL DETERMINES WHETHER A CONFLICT EXISTS AND RESOLVES ANY ACTUAL CONFLICTS. ANY BOARD MEMBERS WITH A CONFLICT IN A

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

MATTER REQUIRING ACTION BY THE BOARD ARE PROHIBITED FROM PARTICIPATING IN THE BOARD'S DELIBERATIONS OR DECISIONS REGARDING THE MATTER UNDER CONSIDERATION.

PART VI SECTION B POLICIES

LINE 15

THE MARCH OF DIMES EXPERIENCED ANOTHER YEAR OF FINANCIAL STABILITY IN 2011. OVER THE LAST 4 YEARS 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 (PART VII, COL.F). DUE TO CONTINUED STABILITY, THE BOARD OF TRUSTEES DETERMINED AND APPROVED A ONE TIME COST OF LIVING ADJUSTMENT OF 2%.

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

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

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

CONSULTANT, WHICH COMPARES THE COMPENSATION DATA TO OTHER SIMILAR CHARITIES. THE COMMITTEE THEN MAKES ITS RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE.

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

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

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

PART VI SECTION C. DISCLOSURES

LINE 19

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

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

RETURN/LOSS ON INVESTMENTS AND PENSION COSTS AS OUTLINED BELOW.

PENSION/POST RETIREMENT COSTS (33,653,541)

NET UNREALIZED GAIN/(LOSS) (8,705,219)

ATTACHMENT 1

FORM 990, PART VI, LINE 17 - STATES

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

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, TN, UT, VA, WA, WV, WI,

ATTACHMENT 2

990, 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 | 3,755,834. |
| PEP DIRECT 19 STONEY BROOK DRIVE WILTON, NH 03086 | MAIL HOUSE | 2,616,610. |
| BLACKBAUD PO BOX 930256 ATLANTA, GA 31193-0256 | SOFTWARE DESIGN | 1,538,760. |
| PARADYSZ MATERA & CO 5 HANOVER SQUARE NEW YORK, NY 10004 | MAILING LISTS | 854,097. |
| MEDIA VENTURES GROUP, LLC 60 WEST 55TH STREET 4TH FLOOR NEW YORK, NY 10014 | MARKETING | 770,862. |
| TOTAL COMPENSATION | | <u>9,536,163.</u> |

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

ATTACHMENT 3

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 | 241,104. | | | 241,104. |
| INTEREST & DIVIDENDS | 3,231,608. | | | 3,231,608. |
| TOTALS | <u>3,472,712.</u> | | | <u>3,472,712.</u> |

ATTACHMENT 4

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

| DESCRIPTION | AMOUNT |
|----------------|---------------------|
| SPECIAL EVENTS | 133,859,127. |
| TOTAL | <u>133,859,127.</u> |

ATTACHMENT 5

FORM 990, PART VIII - FUNDRAISING EVENTS

| DESCRIPTION | GROSS INCOME | DIRECT EXPENSES |
|----------------|--------------------|--------------------|
| SPECIAL EVENTS | 13,421,561. | 13,421,561. |
| TOTALS | <u>13,421,561.</u> | <u>13,421,561.</u> |

ATTACHMENT 6

FORM 990, PART VIII - GAMING ACTIVITIES

| DESCRIPTION | GROSS INCOME | DIRECT EXPENSES |
|-------------------|-----------------|--------------------|
| GAMING ACTIVITIES | 279,886. | 279,886. |
| TOTALS | <u>279,886.</u> | <u>279,886.</u> |

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

ATTACHMENT 7FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

| <u>DESCRIPTION</u> | <u>ENDING BOOK VALUE</u> |
|------------------------|--------------------------|
| PREPAID INSURANCE | 279,918. |
| PREPAID RENT | 437,543. |
| DEFERRED TRUST | 48,637. |
| OTHER PREPAID EXPENSES | 812,288. |
| TOTALS | <u>1,578,386.</u> |

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

| <u>DESCRIPTION</u> | <u>ENDING BOOK VALUE</u> |
|------------------------------|--------------------------|
| SHORT TERM SECURITY | 1,881,996. |
| DOMESTIC COMMON STOCK | 21,577,960. |
| PUBLICLY TRADED MUTUAL FUNDS | 35,728,144. |
| INSTITUTIONAL MUTUAL FUNDS | 30,159,821. |
| FIXED INCOME | 1,296,567. |
| TOTALS | <u>90,644,488.</u> |

ATTACHMENT 9FORM 990, PART X - DEFERRED REVENUE

| <u>DESCRIPTION</u> | <u>ENDING BOOK VALUE</u> |
|--------------------|--------------------------|
| DEFERRED REV | 200,000. |

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

ATTACHMENT 9 (CONT'D)

FORM 990, PART X - DEFERRED REVENUE

| <u>DESCRIPTION</u> | <u>ENDING BOOK VALUE</u> |
|------------------------------|------------------------------|
| DEFERRED REV - MFB | 845,638. |
| DEFERRED REV - TEST/DINNER | 187,394. |
| DEFERRED REV - OTHER SPEC EV | 55,150. |
| DEFERRED REV - OTHER | 137,796. |
| TOTALS | <u>1,425,978.</u> |