

Part III		Statement of Program Service Accomplishments	
		Check if Schedule O contains a response or note to any line in this Part III ☒	
1 Briefly describe the organization's mission:			
SEE SCHEDULE OMARCH OF DIMES LEADS THE FIGHT FOR THE HEALTH OF ALL MOMS AND BABIES. WE SUPPORT RESEARCH, LEAD PROGRAMS AND PROVIDE EDUCATION AND ADVOCACY SO THAT EVERY FAMILY CAN HAVE THE BEST POSSIBLE START. BUILDING ON A SUCCESSFUL 80+ YEAR LEGACY, WE SUPPORT EVERY PREGNANT PERSON AND EVERY FAMILY.			
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No			
If "Yes," describe these new services on Schedule O.			
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No			
If "Yes," describe these changes on Schedule O.			
4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.			
4a	(Code:) (Expenses \$ 67,406,586 including grants of \$ 965,846) (Revenue \$ 177,885)		
PROGRAMS, EDUCATION, AND ADVOCACY - SEE SCHEDULE OPROGRAMS, EDUCATION, AND ADVOCACYNICU INITIATIVESWE SUPPORTED PEOPLE AT EVERY STAGE OF PREGNANCY AND REACHED MORE THAN 52,000 FAMILIES WITH BABIES IN THE NICU WITH PROGRAMS AND SERVICES TO HELP THEM GET CARE. THROUGH NICU INITIATIVES, WE PROVIDED ACCESS TO SUPPORT AND EDUCATION NEEDED TO IMPROVE THE PATIENT EXPERIENCE, WHICH INCLUDED THE EXPANSION OF OUR SERVICES TO NICU FAMILIES AND STAFF THROUGH 12 NEW NICU FAMILY SUPPORT (NFS) SITES IN HOSPITALS WITH MORE THAN 70 SITES ACROSS THE COUNTRY.MOBILE HEALTH CENTERSMARCH OF DIMES MOM & BABY MOBILE HEALTH CENTERS PROVIDED OVER 4,100 PATIENT VISITS, HELPING UNINSURED AND UNDER-INSURED WOMEN OF CHILDBEARING AGE AND FAMILIES RECEIVE QUALITY HEALTHCARE. WE SERVED FIVE COMMUNITIES, INCLUDING IN ARIZONA, MARYLAND, AND OHIO. WE ALSO ADDED A STATE-OF-THE-ART 40-FOOT MOBILE CLINIC, WHICH WILL BE ONLINE SOON TO HELP WOMEN IN BROOKLYN AND QUEENS IN NEW YORK CITY.SUPPORTIVE PREGNANCY CARESUPPORTIVE PREGNANCY CARE (SPC) PROVIDED TOOLS, TRAINING, AND SUPPORT FOR HEALTHCARE PROVIDERS TO IMPLEMENT A SUSTAINABLE MODEL OF GROUP PRENATAL CARE IN A WAY THAT WORKS BEST FOR THEIR PRACTICE AND THE PREGNANT PEOPLE THEY SERVE. WE SUPPORTED 45 SPC SITES AROUND THE COUNTRY WITH SEVEN BRAND NEW SITES. PROFESSIONAL EDUCATIONTHE MARCH OF DIMES PROFESSIONAL EDUCATION TEAM TRAINED MORE THAN 33,000 HEALTHCARE PROFESSIONALS AND STUDENTS WITH LIVE AND ONLINE TRAINING. OUR IMPLICIT BIAS TRAINING TO EXPOSE THE IMPACT SYSTEMIC RACISM HAS ON BIRTH OUTCOMES AND MATERNAL HEALTH MADE UP 20,160 OF THESE TRAININGS TO HELP US CLOSE THE HEALTH EQUITY GAP. MORE THAN 12,900 PARTICIPANTS ENGAGED IN EIGHT NEW MATERNAL HEALTH TRAINING SESSIONS AND SIX ENHANCED SESSIONS FOR NICU PROFESSIONALS.CONSUMER EDUCATIONMARCH OF DIMES CONSUMER EDUCATION FOR BOTH FAMILIES AND MEDICAL PROFESSIONALS REACHED MORE THAN NINE MILLION UNIQUE INDIVIDUALS WITH TRUSTED EDUCATION TO ENSURE HEALTHY PREGNANCIES AND BABIES. OUR SIGNATURE IT STARTS WITH MOM LIVE IN MAY GENERATED OVER 340,000 VIEWS, AND ALSO IN 2022, WE HOSTED 11 HEALTHY MOMS, STRONG BABIES WEBINARS, REACHING MORE THAN 335,000 PEOPLE.PERISTATSPERISTATS IS OUR WEBSITE THAT PROVIDES FREE ACCESS TO MATERNAL AND INFANT HEALTH-RELATED DATA AT THE U.S., STATE, COUNTY, AND CITY LEVEL. THE PERISTATS WEBPAGE HAD 178,370 VISITS FOR HEALTH PROFESSIONALS, RESEARCHERS, MEDICAL LIBRARIANS, POLICYMAKERS, STUDENTS, AND THE MEDIA TO EASILY ACCESS THIS DATA FOR FACT-FINDING, HEALTH ASSESSMENTS, GRANT WRITING, POLICY DEVELOPMENT, LECTURES, AND PRESENTATIONS.ADVOCACYMARCH OF DIMES' OFFICE OF GOVERNMENT AFFAIRS (OGA) LED A SUCCESSFUL AGGRESSIVE MATERNAL AND CHILD HEALTH POLICY AGENDA WITH 127 STATE LEVEL BILLS ADVOCATED FOR AND 31 LEGISLATIVE VICTORIES. AT THE FEDERAL LEVEL, WE ADVOCATED FOR 65 BILLS TO IMPROVE MOM AND BABY HEALTH NATIONWIDE, WITH THE PASSAGE AND SIGNING OF 18 LANDMARK LAWS. THROUGH OUR ADVOCACY EFFORTS, THE PREGNANT WORKERS FAIRNESS ACT WAS INCLUDED AS PART OF AN OMNIBUS AS AN AMENDMENT AND PASSED IN DECEMBER AND WE CONTINUED TO ADVOCATE FOR FEDERAL PAID FAMILY LEAVE. MARCH OF DIMES ADVOCACY LED TO A NEARLY \$3 BILLION INCREASE IN SPENDING BY FEDERAL AND STATE GOVERNMENTS ON MATERNAL AND INFANT HEALTH PROGRAMS FOR 2023.			
4b	(Code:) (Expenses \$ 15,685,081 including grants of \$ 4,959,844) (Revenue \$ 134,830)		
RESEARCH - SEE SCHEDULE ORESEARCHMARCH OF DIMES ADDRESSED THE MULTIFACETED NATURE OF THE U.S. MATERNAL AND INFANT HEALTH CRISIS. BY FUNDING INNOVATIVE RESEARCH THAT SPANS DISCIPLINES, WE'RE EXPANDING KNOWLEDGE AND DEVELOPING TOOLS AND RESOURCES TO SAVE MOMS' LIVES AND HELP BABIES THRIVE.PREMATUREITY RESEARCH CENTERSOUR RESEARCH TO FIND THE CAUSES AND PREVENTIONS OF PRETERM BIRTH CONTINUED AT OUR FIVE PREMATUREITY RESEARCH CENTERS (PRCS) IN THE U.S. AND LONDON. OUR NEWEST PRC AT THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO LED THE FIELD IN THE INTEGRATION OF MACHINE LEARNING AND DATA SCIENCE TO UNDERSTAND AND PREVENT PRETERM BIRTH. RESEARCH AT IMPERIAL COLLEGE LONDON ON GLYCANS AND GLYCOBIOLOGY IN CERVICOVAGINAL FLUID SHOWS PROMISE AS AN EARLY INDICATOR OF PRETERM BIRTH.GRANTSWE INVESTED MORE THAN \$5.7 MILLION AMONG 42 AWARDEES, INCLUDING OVER \$4.5 MILLION TO OUR PRCS IN 2022 TO SPEED THE DEVELOPMENT OF LIFESAVING DIAGNOSTICS AND TREATMENTS FOR MOMS AND BABIES, AND WE PUBLISHED 82 ARTICLES IN 62 UNIQUE JOURNALS WITH AN OVERALL IMPACT FACTOR SCORE OF OVER 570.FUNDSIN SEPTEMBER WE LAUNCHED OUR INNOVATION FUND, A VENTURE PHILANTHROPY INITIATIVE THAT WILL USE DONATED FUNDS TO INVEST IN EARLY-STAGE COMPANIES TO ADDRESS THE MOST PRESSING MATERNAL AND INFANT HEALTH CHALLENGES TO IMPROVE OUTCOMES FOR MOMS AND BABIES. WE ENGAGED WITH OVER 100 COMPANIES IN THE MATERNAL AND INFANT HEALTH SPACE AND COMPLETED ONE INVESTMENT IN 2022.			
4c	(Code:) (Expenses \$ 4,434,971 including grants of \$ 0) (Revenue \$ 40,201)		
COMMUNITY COLLABORATION - SEE SCHEDULE OCOMMUNITY COLLABORATIONMARCH OF DIMES CONVENED THOUSANDS OF VOLUNTEERS, CORPORATIONS, AND PEOPLE TO BUILD INITIATIVES, COLLABORATE, AND TURN AROUND THE MATERNAL AND INFANT HEALTH CRISIS THAT FAMILIES ACROSS THE COUNTRY FACE.VOLUNTEER ENGAGEMENTWE COULDN'T FIGHT FOR HEALTHY MOMS AND STRONG BABIES WITHOUT OUR VOLUNTEERS. WITH 6,000 NEW VOLUNTEERS JOINING US LAST YEAR, TOTALING 24,000, WE MADE AN IMPACT TOGETHER BY: - PROVIDING 725 MILITARY FAMILIES EDUCATIONAL INFORMATION AND BABY ITEMS THROUGH MISSION: HEALTHY BABY. - WRITING 7,00 NOTES OF HOPE TO FAMILIES IN THE NICU OR NOTES OF GRATITUDE TO HEALTHCARE WORKERS, FOR A TOTAL OF 25,000 DELIVERED SINCE THE PROGRAM'S START. - RAISING \$2.67 MILLION DOLLARS, THANKS TO OUR 2022 MARCH FOR BABIES NATIONAL SERVICE PARTNERS, WITH 12,032 WALKERS PARTICIPATING. - LEVERAGING VOLUNTEER SUPPORT TO RESPOND TO GLOBAL CRISIS AND DISASTER RECOVERY (UKRAINE, KY FLOODING, HURRICANE IAN, ETC.) WITH A TOTAL ESTIMATED IN-KIND CONTRIBUTION VALUE OF OVER \$100,000. MARCH FOR BABIES AND SPECIAL EVENTSFUNDS RAISED AT OUR SPECIAL EVENTS SUPPORT OUR FIGHT TO IMPROVE THE HEALTH OF MOMS AND BABIES. TOGETHER WITH OUR SUPPORTERS, WE RAISED OVER \$29.5 MILLION IN OUR BIGGEST ACTIVATION OF THE YEAR, MARCH FOR BABIES, AND MORE THAN \$21 MILLION IN OUR SPECIAL EVENTS. 80% OF THAT WENT TOWARD OUR WORK TO ENSURE THAT EVERY FAMILY IS HEALTHY.COLLECTIVE IMPACTMORE THAN 250 CROSS-SECTOR ORGANIZATIONS ACTIVELY WORK WITH US TO TACKLE THE MATERNAL AND INFANT HEALTH CRISIS USING COLLECTIVE IMPACT (CI), A MODEL FOR SOLVING COMPLEX SOCIAL PROBLEMS. LOCALLY, NINE CI COMMUNITIES ACROSS THE COUNTRY FOCUS EFFORTS ON KEY DRIVERS AND ROOT CAUSES OF INFANT MORTALITY, PRETERM BIRTH, MATERNAL MORTALITY, AND SEVERE MATERNAL MORBIDITY, AND IN 2022, REACHED MORE THAN 6,400 PEOPLE.M-BANMARCH OF DIMES FACILITATES THE MOM AND BABY ACTION NETWORK (M-BAN): A CONSORTIUM OF OVER 400 NATIONAL, STATE, AND LOCAL PARTNERS DEDICATED TO ADDRESSING INEQUITIES IN MATERNAL AND INFANT HEALTH THROUGH FIVE SHARED STRATEGIES AND TO IMPROVE MOM AND BABY HEALTH. AS A LEADING M-BAN PARTNER, WE ALSO BUILD PARTNERSHIPS WITH LOCAL PUBLIC AND PRIVATE ORGANIZATIONS IN COMMUNITIES ACROSS THE U.S. TO IMPROVE MOM AND BABY HEALTH. IN TOTAL, 800 ADVOCATES ENGAGED IN A SERIES OF M-BAN LEARNING WEBINARS.EXPLORING SOLUTIONS TOGETHERCOMPASS BY MARCH OF DIMES WE LAUNCHED AN INNOVATIVE NEW MOBILE APP CALLED COMPASS BY MARCH OF DIMES THAT SUPPORTS PARENTS IN THEIR JOURNEY FROM PREGNANCY THROUGH POSTPARTUM BY PROVIDING ANSWERS, RESOURCES, AND COMPASSION AT EVERY STEP. KEY FEATURES INCLUDE JOURNAL AND TRACKERS, A COMMUNITY AND RESOURCE LIBRARY, NICU FAMILY SUPPORT PARTNERS, QUESTIONS TO ASK A CARE PROVIDER, AND MORE.MATERNAL HEALTHCARE PROJECT MATERNAL HEALTH COLLABORATIVE TO ADVANCE RACIAL EQUITY (MATERNAL HEALTHCARE) IS A MULTI-YEAR PUBLIC-PRIVATE PARTNERSHIP BETWEEN THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) AND MARCH OF DIMES TO IMPROVE MATERNAL HEALTH OUTCOMES AND ADVANCE EQUITY. THE VISION FOR THIS QUALITY IMPROVEMENT PROJECT IS TO ENSURE THAT EVERY BLACK WOMAN WILL HAVE A SAFE AND RESPECTFUL BIRTH EXPERIENCE WITH ACCESS TO HIGH-QUALITY CARE BEFORE, DURING, AND AFTER PREGNANCY. THIS PROJECT LAUNCHED IN 2021 AND OPERATED IN THREE HOSPITALS IN TWO STATES THROUGHOUT 2022.POSTPARTUM PILOT TO INCREASE ACCESS TO POSTPARTUM EDUCATION AND SUPPORT, MARCH OF DIMES PARTNERED WITH MERCK FOR MOTHERS AND JOHNSON AND JOHNSON TO DEVELOP, TEST, AND EVALUATE CURRICULUM CONTENT AND PROGRAMMATIC STRUCTURE TO ADDRESS THE GAP IN POSTPARTUM EDUCATION, SUPPORT, AND RESOURCES TO MEET MOMS AND THEIR NEEDS IN THE WAY THAT WORKS BEST FOR THEIR LIFESTYLE. THE PILOT WAS OFFERED TO PARTICIPANTS FROM THREE COMMUNITIES (ATLANTA, GA; CHICAGO, IL; AND BIRMINGHAM, AL), AS WELL AS FROM MARCH OF DIMES AFFILIATED NICU PARTNERS AROUND THE COUNTRY. WE EXCEEDED OUR RECRUITMENT GOAL OF 60 PARTICIPANTS WITH A TOTAL OF 69 PARTICIPANTS, MORE THAN HALF OF WHICH WERE MEMBERS OF COMMUNITIES THAT ARE BLACK, INDIGENOUS, AND PEOPLE OF COLOR. INFLUENCERS BY RAISING AWARENESS ABOUT THE ISSUES IMPACTING MOMS AND BABIES, OUR HELPS DRIVE ATTENTION TO AREAS WHERE IT'S NEEDED MOST. OUR 10 CELEBRITY ADVOCATE COUNCIL MEMBERS ARE DEEPLY INVOLVED WITH THE WORK OF MARCH OF DIMES AND DEDICATED TO RAISING AWARENESS ABOUT THE ISSUES IMPACTING MOMS AND BABIES. IN 2022, WE HAD THE ADDITION OF OUR FIRST CELEBRITY MISSION-AFFECTED COUPLE TO THE COUNCIL: ENTREPRENEUR, AUTHOR, AND FORMER OLYMPIC GYMNAST SHAWN JOHNSON EAST AND HER HUSBAND, NFL PLAYER ANDREW EAST.			
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)		
4e	Total program service expenses ► 87,526,638		

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?	11f Yes	
12a If "Yes," complete Schedule D, Part XI. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15 Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions.	17 Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	

Part IV

Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No
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? If "Yes," complete Schedule J	23	Yes
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
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? If "Yes," complete Schedule L, Part I	25b	No
26 Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons?	26	No
27 If "Yes," complete Schedule L, Part I. Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	No
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	No
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	No
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	No
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?	30	No
31 If "Yes," complete Schedule M. Did the organization reorganize, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
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?	33	No
34 If "Yes," complete Schedule R, Part I. Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	No
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	No
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? If "Yes," complete Schedule R, Part VI	37	No
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	399
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

Part V			Statements Regarding Other IRS Filings and Tax Compliance (continued)		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			2a	645	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O			3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No
b If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year			7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		No
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h	Yes	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9 Sponsoring organizations maintaining donor advised funds.					
a Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10 Section 501(c)(7) organizations. Enter:					
a Initiation fees and capital contributions included on Part VIII, line 12			10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			10b		
11 Section 501(c)(12) organizations. Enter:					
a Gross income from members or shareholders			11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state?			13a		
Note. See the instructions for additional information the organization must report on Schedule O.					
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			13b		
c Enter the amount of reserves on hand			13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?			15		No
16 Is the organization subject to the section 4968 excise tax on net investment income?			16		No
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.			17		

Part VI

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

☒

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
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?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
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		No

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

	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	No
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?	Yes
	Describe on 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	Yes
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	Yes
13	Did the organization have a written whistleblower policy?	Yes
14	Did the organization have a written document retention and destruction policy?	Yes
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	Yes
15b	Other officers or key employees of the organization	Yes
	If "Yes" to line 15a or 15b, describe the process on 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?	No
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

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

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records:

CANDICE CHRISTOPHER 1550 CRYSTAL DRIVE SUITE 1300 ARLINGTON, VA 22202 (571) 257-3148

Part VII

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

Check if Schedule O contains a response or note to any line 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization’s **former** officers, key employees, or 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.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) JUDY L ASCHNER MD TRUSTEE	1.00 0.00	X						0	0	0
(2) GRETCHEN CARLSON TRUSTEE (END 06/22)	1.00 0.00	X						0	0	0
(3) AMY L CASSERI TRUSTEE	1.00 0.00	X						0	0	0
(4) ANDREW J DAHLE TRUSTEE (BEG 12/22)	1.00 0.00	X						0	0	0
(5) PHYLLIS A DENNERY MD TRUSTEE	1.00 0.00	X						0	0	0
(6) WILLIAM A FITZGERALD VICE CHAIR	2.00 0.00	X		X				0	0	0
(7) JAY S GREENSPAN MD TRUSTEE	1.00 0.00	X						0	0	0
(8) DOUGLAS D HAWTHORNE TRUSTEE	1.00 0.00	X						0	0	0
(9) SHARON MILLS HIGGINS CHAIR	6.00 0.00	X		X				0	0	0
(10) DAVID L LAKEY MD VICE CHAIR	1.00 0.00	X		X				0	0	0
(11) TONYA LEWIS LEE TRUSTEE	1.00 0.00	X						0	0	0
(12) JUDETTE LOUIS MD TRUSTEE	1.00 0.00	X						0	0	0
(13) MONICA LUECHTEFELD TRUSTEE (END 06/22)	1.00 0.00	X						0	0	0
(14) JUAN SALGADO-MORALES FACOG MD TRUSTEE (END 06/22)	1.00 0.00	X						0	0	0
(15) SUE SCHICK SECRETARY	3.00 0.00	X		X				0	0	0
(16) MUHAMMAD SHAHZAD TREASURER	3.00 0.00	X		X				0	0	0
(17) ELLEN STANG MD TRUSTEE	1.00 0.00	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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(18) LORNA STREET TRUSTEE	1.00 0.00	X						0	0	0
(19) BRIAN THOMPSON MD TRUSTEE	1.00 0.00	X						0	0	0
(20) EVERETT B WARD TRUSTEE	1.00 0.00	X						0	0	0
(21) STACEY D STEWART PRESIDENT & CEO (END 12/22)	40.00 0.00			X				607,033	0	45,310
(22) DAVID C DAMOND SVP, CFO & ASST. TREAS. (END 10/22)	40.00 0.00			X				312,391	0	40,659
(23) ADRIAN P MOLLO SVP, GEN. COUNSEL & ASST. SECRETARY	40.00 0.00			X				291,652	0	45,479
(24) FREDERICK A BROGDON SVP & CHIEF OPERATING OFFICER	40.00 0.00			X				316,282	0	19,494
(25) ZSAKEBA T HENDERSON MD SVP MCH IMP DEP MD OF (END 12/22)	40.00 0.00				X			344,981	0	42,274
(26) ANDREW S COCCARI JR SVP & CHIEF DEVELOPMENT OFFICER	40.00 0.00				X			299,027	0	46,557
(27) KELLY ERNST SVP, MARKET IMPACT	40.00 0.00				X			267,306	0	43,818
(28) CYNTHIA H RAHMAN SVP, CHIEF MARKETING OFFICER	40.00 0.00				X			273,976	0	10,349
(29) DARLENE R SLAUGHTER VP & CHIEF DIV., INCL. & ENGAGE. OFC	40.00 0.00				X			219,698	0	20,681
(30) DEIRDRE MALONEY VP, HUMAN RESOURCES	40.00 0.00					X		227,467	0	48,087
(31) NICHOLAS M DIFRANZA SVP & CHIEF TECH OFFICER	40.00 0.00					X		240,895	0	31,349
(32) ALISON A SPERA VP, MARKET IMPACT	40.00 0.00					X		217,559	0	41,230
(33) ROCHELLE S SIEGEL SENIOR EXECUTIVE DIR. MARKET IMPACT	40.00 0.00					X		205,130	0	17,189
(34) PAUL ZIV VP, ASSOCIATE CHIEF OPERATING OFFICER	40.00 0.00					X		205,793	0	8,206

1b Sub-Total	▶			
c Total from continuation sheets to Part VII, Section A	▶			
d Total (add lines 1b and 1c)	▶	4,029,190	0	460,682

2Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 122

		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>		No
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>	Yes	
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>		No

Section B. Independent Contractors

1Complete 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
TRUE NORTH INC 515 MADISON AVENUE STE 8083 NEW YORK, NY 10022	ADVERTISING	3,068,764
DDTV - DIRECT DONOR TV 16900 SCIENCE DRIVE BOWIE, MD 20715	DEVELOP & AIR TIME	1,707,937
EDGE DIRECT LLC PO BOX 840 TULSA, OK 741010840	ADVERTISING	1,149,163
CSM SPORT AND ENTERTAINMENT 8770 GUION ROAD SUITE G INDIANAPOLIS, IN 46268	MARKETING	1,096,000
FORUM ONE COMMUNICATIONS 6140 S GUN CLUB RD K6-153 AURORA, CO 80016	DIGITAL SERVICES/SOLUTIONS	919,267
2Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 39		

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants, and Other		1a	Federated campaigns	1a	106,461	
			Membership dues	1b		
			Fundraising events	1c	41,882,516	
			Related organizations	1d		
			Government grants (contributions)	1e	10,728,226	
			All other contributions, gifts, grants, and similar amounts not included above	1f	51,717,360	
			Noncash contributions included in lines 1a - 1f:\$	1g	2,377,063	
			h Total. Add lines 1a-1f			

Program Service Revenue	2a	PROGRAM SPONSORSHIP	Business Code				
			900099	247,741	247,741		
	b						
	c						
	d						
	e						
	f	All other program service revenue.					
	g	Total. Add lines 2a-2f.	247,741				

Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		156,769			156,769
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		379,211			379,211
			(i) Real	(ii) Personal			
	6a	Gross rents	6a				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	7a	23,314,894			
	b	Less: cost or other basis and sales expenses	7b	24,240,568			
	c	Gain or (loss)	7c	-925,674			
	d	Net gain or (loss)		-925,674			-925,674
	8a	Gross income from fundraising events (not including \$ 41,882,516 of contributions reported on line 1c). See Part IV, line 18	8a	9,004,298			
	b	Less: direct expenses	8b	9,004,298			
	c	Net income or (loss) from fundraising events . .		0			
	9a	Gross income from gaming activities. See Part IV, line 19	9a				
	b	Less: direct expenses	9b				
	c	Net income or (loss) from gaming activities . .					
	10a	Gross sales of inventory, less returns and allowances . .	10a	88,654			
	b	Less: cost of goods sold	10b	122,984			
	c	Net income or (loss) from sales of inventory . .		-34,330	-34,330		

Other Revenue	11a	GRANT REFUNDS	Business Code				
			900099	139,505	139,505		
	b	VENDOR REFUNDS	900099	60,000			60,000
	c	REBATES/REWARDS/SETTLEMENTS	900099	48,324			48,324
	d	All other revenue		484,558			484,558
	e	Total. Add lines 11a-11d		732,387			
	12	Total revenue. See instructions		104,990,667	352,916	0	203,188

Part IX

Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,830,132	3,830,132		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	2,095,558	2,095,558		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,246,968	2,972,110	77,616	197,242
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	43,554,994	39,868,043	1,041,140	2,645,811
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,252,009	583,532	401,005	267,472
9 Other employee benefits	5,342,756	2,490,132	1,711,228	1,141,396
10 Payroll taxes	3,229,984	1,505,419	1,034,530	690,035
11 Fees for services (non-employees):				
a Management				
b Legal	225,689		225,689	
c Accounting	257,342		257,342	
d Lobbying	353,787	349,327	3,120	1,340
e Professional fundraising services. See Part IV, line 17	1,782,719			1,782,719
f Investment management fees	181,122		181,122	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	13,382,458	12,343,235	1,039,223	
12 Advertising and promotion	3,587,192	936,852	2,248,882	401,458
13 Office expenses	18,553,231	11,756,571	1,419,012	5,377,648
14 Information technology				
15 Royalties				
16 Occupancy	3,203,570	2,254,799	797,124	151,647
17 Travel	1,794,429	1,420,357	162,230	211,842
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	350,412	278,420	71,992	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	242,713	170,706	60,678	11,329
23 Insurance	670,637	471,676	167,659	31,302
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 EQUIPMENT AND FURNITURE	3,311,276	2,375,564	761,309	174,403
b BAD DEBT	536,602	252,691	21,127	262,784
c TELECOMMUNICATION	448,627	320,753	100,732	27,142
d OBSOLETE INVENTORY	1,582	1,196	3	383
e All other expenses	2,154,153	1,249,565	410,099	494,489
25 Total functional expenses. Add lines 1 through 24e	113,589,942	87,526,638	12,192,862	13,870,442
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 ☒ if following SOP 98-2 (ASC 958-720).	17,599,299	945,082	1,818,008	14,836,209

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

☐

				(A)		(B)	
				Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing		4,854,746	1	3,622,282	
	2	Savings and temporary cash investments			2		
	3	Pledges and grants receivable, net		2,857,835	3	3,044,646	
	4	Accounts receivable, net		7,546,454	4	6,556,181	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net			7		
	8	Inventories for sale or use		534,019	8	525,334	
	9	Prepaid expenses and deferred charges		1,916,456	9	1,280,483	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	22,221,705			
	b	Less: accumulated depreciation	10b	19,515,232	1,186,561	10c	2,706,473
	11	Investments—publicly traded securities		57,113,988	11	31,694,266	
	12	Investments—other securities. See Part IV, line 11			12		
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		12,328,136	15	22,970,466	
16	Total assets. Add lines 1 through 15 (must equal line 33)		88,338,195	16	72,400,131		
Liabilities	17	Accounts payable and accrued expenses		8,898,198	17	7,202,698	
	18	Grants payable		982,155	18	952,441	
	19	Deferred revenue		5,366,326	19	3,082,766	
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties			24		
	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		71,495,833	25	69,705,744	
	26	Total liabilities. Add lines 17 through 25		86,742,512	26	80,943,649	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		-23,617,639	27	-40,268,837	
	28	Net assets with donor restrictions		25,213,322	28	31,725,319	
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		1,595,683	32	-8,543,518	
	33	Total liabilities and net assets/fund balances		88,338,195	33	72,400,131	

Part XI

Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	104,990,667
2	Total expenses (must equal Part IX, column (A), line 25)	2	113,589,942
3	Revenue less expenses. Subtract line 2 from line 1	3	-8,599,275
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,595,683
5	Net unrealized gains (losses) on investments	5	-7,553,843
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	6,013,917
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	-8,543,518

Part XII

Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Yes	

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

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

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

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

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10

☐

An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11

☐

An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f

Enter the number of supported organizations
- g

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	138,512,167	118,932,931	96,801,387	100,144,706	104,434,563	558,825,754
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge. .						
4 Total. Add lines 1 through 3	138,512,167	118,932,931	96,801,387	100,144,706	104,434,563	558,825,754
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . .						
6 Public support. Subtract line 5 from line 4.						558,825,754

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4. . .	138,512,167	118,932,931	96,801,387	100,144,706	104,434,563	558,825,754
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,577,753	1,243,720	3,342,311	2,829,005	535,980	9,528,769
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .	10,537,356	11,746,380	2,160,260	3,048,154	9,736,685	37,228,835
11 Total support. Add lines 7 through 10						605,583,358
12 Gross receipts from related activities, etc. (see instructions)					12	2,323,185

13 First 5 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

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	92.280 %
15 Public support percentage for 2020 Schedule A, Part II, line 14	15	92.350 %

- 16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒
- b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐
- 17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐
- b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐
- 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) .						
14 First 5 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		
15 Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2022 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests–2022. 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–2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ☐		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)			
2	Activities Test. Answer lines 2a and 2b below.			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			

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

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

Section A - Adjusted Net Income

(A) Prior Year

(B) Current Year
(optional)

- | | | |
|----------|--|----------|
| 1 | Net short-term capital gain | 1 |
| 2 | Recoveries of prior-year distributions | 2 |
| 3 | Other gross income (see instructions) | 3 |
| 4 | Add lines 1 through 3 | 4 |
| 5 | Depreciation and depletion | 5 |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 |
| 7 | Other expenses (see instructions) | 7 |
| 8 | Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 |

Section B - Minimum Asset Amount

(A) Prior Year

(B) Current Year
(optional)

- | | | |
|----------|---|-----------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | 1 |
| a | Average monthly value of securities | 1a |
| b | Average monthly cash balances | 1b |
| c | Fair market value of other non-exempt-use assets | 1c |
| d | Total (add lines 1a, 1b, and 1c) | 1d |
| e | Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): | |
| 2 | Acquisition indebtedness applicable to non-exempt use assets | 2 |
| 3 | Subtract line 2 from line 1d | 3 |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 |
| 6 | Multiply line 5 by 0.035 | 6 |
| 7 | Recoveries of prior-year distributions | 7 |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 |

Section C - Distributable Amount

Current Year

- | | | |
|----------|--|----------|
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 |
| 2 | Enter 85% of line 1 | 2 |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 |
| 4 | Enter greater of line 2 or line 3 | 4 |
| 5 | Income tax imposed in prior year | 5 |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) | 6 |

- 7** ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			(continued)
Section D - Distributions		Current Year	
1 Amounts paid to supported organizations to accomplish exempt purposes	1		
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2		
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3		
4 Amounts paid to acquire exempt-use assets	4		
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5		
6 Other distributions (<i>describe in Part VI</i>). See instructions	6		
7 Total annual distributions. Add lines 1 through 6.	7		
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8		
9 Distributable amount for 2022 from Section C, line 6	9		
10 Line 8 amount divided by Line 9 amount	10		

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2022:			
a From 2017.			
b From 2018.			
c From 2019.			
d From 2020.			
e From 2021.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018.			
b Excess from 2019.			
c Excess from 2020.			
d Excess from 2021.			
e Excess from 2022.			

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

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	GAMING ACTIVITIES - 2018 AMOUNT: \$ 16,975. 2019 AMOUNT: \$ 68,095. 2020 AMOUNT: \$ 0. 2021 AMOUNT: \$ 0. 2022 AMOUNT: \$ 0. FUNDRAISING - 2018 AMOUNT: \$ 9,772,328. 2019 AMOUNT: \$ 10,928,230. 2020 AMOUNT: \$ 1,519,581. 2021 AMOUNT: \$ 2,886,564. 2022 AMOUNT: \$ 9,004,298. PLEDGE DISCOUNT - 2018 AMOUNT: \$ 0. 2019 AMOUNT: \$ 239,372. 2020 AMOUNT: \$ 0. 2021 AMOUNT: \$ 0. 2022 AMOUNT: \$ 0. GRANT REFUNDS - 2018 AMOUNT: \$ 503,672. 2019 AMOUNT: \$ 377,137. 2020 AMOUNT: \$ 21,107. 2021 AMOUNT: \$ 22,301. 2022 AMOUNT: \$ 139,505. ALL OTHER REVENUE - 2018 AMOUNT: \$ 244,381. 2019 AMOUNT: \$ 133,546. 2020 AMOUNT: \$ 619,572. 2021 AMOUNT: \$ 139,289. 2022 AMOUNT: \$ 592,882.

Additional Data

[Return to Form](#)

Software ID:

Software Version:

Schedule B (Form 990) Department of the Treasury Internal Revenue Service	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047
		2022
Name of the organization MARCH OF DIMES INC		Employer identification number 13-1846366

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)() (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Employer identification number
13-1846366

Contributors

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	☐ Person
			☐ Payroll
			☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	☐ Person
			☐ Payroll
			☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	☐ Person
			☐ Payroll
			☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	☐ Person
			☐ Payroll
			☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	☐ Person
			☐ Payroll
			☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	☐ Person
			☐ Payroll
			☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	☐ Person
			☐ Payroll
			☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	☐ Person
			☐ Payroll
			☐ Noncash (Complete Part II for noncash contributions.)

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

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	

Additional Data

[Return to Form](#)

Software ID:

Software Version:

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

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

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

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

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

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

Name of the organization MARCH OF DIMES INC	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. See instructions for definition of "political campaign activities."	
2	Political campaign activity expenditures. See instructions	\$
3	Volunteer hours for political campaign activities. See instructions	

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

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

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

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

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

Part II-A

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?	Yes		39
d	Mailings to members, legislators, or the public?	Yes		816
e	Publications, or published or broadcast statements?	Yes		2,779
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		8,603
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		1,797
i	Other activities?	Yes		649,305
j	Total. Add lines 1c through 1i			663,339
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1:	AT THE FEDERAL LEVEL AND IN EACH STATE, THE DISTRICT OF COLUMBIA, AND PUERTO RICO, MARCH OF DIMES STAFF AND VOLUNTEERS WORK TO INFLUENCE BOTH LEGISLATIVE AND REGULATORY ACTIVITIES, SERVING AS POWERFUL VOICES FOR THE NEEDS OF PREGNANT WOMEN, INFANTS, CHILDREN, AND FAMILIES. OUR EFFORTS SPAN THE FULL RANGE OF OUR ANNUAL ADVOCACY AND GOVERNMENT AFFAIRS PRIORITIES, INCLUDING: ACCESS TO QUALITY AND AFFORDABLE HEALTH CARE FOR ALL WOMEN, CHILDREN AND FAMILIES; RESEARCH AND SURVEILLANCE IMPACTING THE HEALTH OF MOMS AND INFANTS; PREVENTION AND EDUCATION; AND ISSUES IMPORTANT TO TAX-EXEMPT ORGANIZATIONS. IN EACH OF THESE AREAS, WE BUILD AND MAINTAIN STRONG BIPARTISAN RELATIONSHIPS WITH MEMBERS OF CONGRESS, ADMINISTRATION OFFICIALS, AND STATE GOVERNMENT OFFICIALS. OUR POLICY PRIORITIES ARE GUIDED BY THE NATIONAL BOARD OF TRUSTEES AND APPROVED ANNUALLY. MARCH OF DIMES PARTICIPATES IN HEALTH-RELATED COALITIONS WITH PARTNERS EMBRACING SIMILAR PRIORITIES, AND UTILIZE CONTRACTUAL CONSULTANTS IN KEY STATES TO ASSIST IN MOVING KEY POLICIES FORWARD. WE PROVIDE PUBLIC POLICY RESEARCH THAT IS EVIDENCE BASED TO DEVELOP POLICY POSITION STATEMENTS, FACTSHEETS, ISSUE BRIEFS AND TESTIMONY WHEN SUPPORTING OR OPPOSING SPECIFIC LEGISLATION. WE MAINTAIN A DIGITAL ADVOCACY ACTION CENTER FOR GRASSROOTS EFFORTS THAT ALLOWS VOLUNTEERS TO ENGAGE WITH ELECTED OFFICIALS AT THE FEDERAL AND STATE LEVEL ON KEY MARCH OF DIMES ISSUES.

Additional Data

[Return to Form](#)

Software ID:

Software Version:

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

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

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

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

1	Purpose(s) of conservation easements held by the organization (check all that apply). ☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area ☐ Protection of natural habitat ☐ Preservation of a certified historic structure ☐ Preservation of open space											
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.											
a	Total number of conservation easements	<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>2a</td><td></td></tr><tr><td>2b</td><td></td></tr><tr><td>2c</td><td></td></tr><tr><td>2d</td><td></td></tr></table>		Held at the End of the Year	2a		2b		2c		2d	
	Held at the End of the Year											
2a												
2b												
2c												
2d												
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register											
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____											
4	Number of states where property subject to conservation easement is located ▶ _____											
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No											
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____											
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____											
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No											
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.											

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,848,997	1,651,194	1,445,798	1,222,910	4,604,170
b Contributions		24,700	203,000	3,000	
c Net investment earnings, gains, and losses	-289,155	270,419	162,276	295,825	-310,565
d Grants or scholarships					
e Other expenditures for facilities and programs	77,993	97,316	159,880	75,937	214,680
f Administrative expenses					
g End of year balance	1,481,849	1,848,997	1,651,194	1,445,798	4,078,925

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 ▶ 89.000 %
- c** Term endowment ▶ 11.000 %

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

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

- (i)** Unrelated organizations
- (ii)** Related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		37,210	21,006	16,204
d Equipment		22,016,530	19,494,226	2,522,304
e Other		167,965		167,965
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				2,706,473

Part VII

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

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

Part VIII

Investments - Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX

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

(a) Description	(b) Book value
(1) ASSETS HELD IN TRUST BY OTHERS	9,992,321
(2) RIGHT OF USE ASSET	12,978,145
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	22,970,466

Part X

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	69,705,744

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

Part XI

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

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

1	Total revenue, gains, and other support per audited financial statements	1	103,705,843
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-7,553,843
b	Donated services and use of facilities	2b	313,239
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	6,013,917
e	Add lines 2a through 2d	2e	-1,226,687
3	Subtract line 2e from line 1	3	104,932,530
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	181,122
b	Other (Describe in Part XIII.)	4b	-122,985
c	Add lines 4a and 4b	4c	58,137
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	104,990,667

Part XII

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

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

1	Total expenses and losses per audited financial statements	1	113,845,044
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	313,239
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	313,239
3	Subtract line 2e from line 1	3	113,531,805
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	181,122
b	Other (Describe in Part XIII.)	4b	-122,985
c	Add lines 4a and 4b	4c	58,137
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	113,589,942

Part XIII

Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4:	INTENDED USE OF ENDOWMENT 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. MARCH OF DIMES FOLLOWS THE NEW YORK PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT (NYPMIFA).
PART X, LINE 2:	LIABILITY FOR UNCERTAIN TAX POSITIONS THE ORGANIZATION FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING ISSUES RELATED TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN ONLY BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED. THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(3), THOUGH IT IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. THE ORGANIZATION HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. THE ORGANIZATION HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. PART IX, RIGHT-OF-USE ASSETS: THE FINANCIAL ACCOUNTING STANDARDS BOARD ("FASB") IMPLEMENTED A NEW LEASE ACCOUNTING STANDARD THAT BECAME EFFECTIVE IN THE YEAR ENDING JUNE 30, 2021. THIS ACCOUNTING STANDARD WAS EFFECTUATED TO IMPROVE THE TRANSPARENCY SURROUNDING KEY INFORMATION PERTAINING TO AN EXEMPT ORGANIZATION'S LEASING ARRANGEMENTS (AND TO ENSURE THAT ALL ORGANIZATIONS WERE RECORDING THE TRANSACTIONS UNIFORMLY ON THEIR BALANCE SHEETS).
PART XI, LINE 2D - OTHER ADJUSTMENTS:	PENSION AND POSTRETIREMENT COSTS OTHER THAN NET PERIODIC BENEFIT COSTS 6,013,917.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	COST OF GOODS SOLD -122,985.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	COST OF GOODS SOLD -122,985.

Additional Data

Return to Form

Software ID:
Software Version:

Name of the organization
MARCH OF DIMES INC

Employer identification number
13-1846366

Part I

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING	RESEARCH & MEDICAL	1,990,558
(2) MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING	RESEARCH & MEDICAL	100,000
(3) NORTH AMERICA	0	0	GRANTMAKING	COMMUNITY	5,000
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	0	0			2,095,558
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			2,095,558

Part II

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH & MEDICAL	1,990,558	WIRE	0		
(2)			MIDDLE EAST AND NORTH AFRICA	RESEARCH & MEDICAL	100,000	WIRE	0		
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities

2

0

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

- 1

Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐ Yes

☒ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)*

☐ Yes

☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☐ Yes

☒ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐ Yes

☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*

☐ Yes

☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).*

☐ Yes

☒ No

Part V **Supplemental Information**

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

[illegible]

Additional Data

Software ID:

Software Version:

SCHEDULE G
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
MARCH OF DIMES INC

Employer identification number
13-1846366

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☒ Mail solicitations

e ☒ Solicitation of non-government grants

b ☒ Internet and email solicitations

f ☒ Solicitation of government grants

c ☒ Phone solicitations

g ☒ Special fundraising events

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 EDGE DIRECT LLC 3030 WATERVIEW AVENUE BALTIMORE, MD 21230	FUNDRAISING CONSULTANT	Yes		22,200,609	1,149,163	21,051,446
2 INFOCISION MGMT CORP 325 SPRINGSIDE DRIVE AKRON, OH 44333	TELEMARKETING SERVICES	Yes		544,610	282,229	262,381
3 M&R STRATEGIC SERVICES INC 1101 CONNECTICUT AVE NW SUITE 70 WASHINGTON, DC 20036	FUNDRAISING CONSULTANT	Yes		533,114	313,727	219,387
4 SHOOT FOR A CURE 1300 VANTAGE COURT CLARKSVILLE, TN 37040	FUNDRAISING CONSULTANT	Yes		500,000	37,600	462,400
5						
6						
7						
8						
9						
10						
Total				23,778,333	1,782,719	21,995,614

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.

A L, A K, A R, C A, C O, C T, D C, F L, G A, H I, I L, K S, K Y, L A, M E, M D, M A, M I, M N, M O, M S, N V, N H, N J, N M, N Y, N C, N D, O H, O K, O R, P A, R I, S C, T N, U T, V A, W A, W V, W I

Part II

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

Revenue		(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	29,752,813	21,134,001		50,886,814
	2 Less: Contributions	24,298,056	17,584,460		41,882,516
	3 Gross income (line 1 minus line 2)	5,454,757	3,549,541		9,004,298
Direct Expenses	4 Cash prizes	0	0		
	5 Noncash prizes	0	0		
	6 Rent/facility costs	2,331,664	2,056,712		4,388,376
	7 Food and beverages	90,593	759,189		849,782
	8 Entertainment	204,112	207,807		411,919
	9 Other direct expenses	2,828,388	525,833		3,354,221
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				9,004,298
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				0

Part III

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

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

9 Enter the state(s) in which the organization conducts gaming activities:_____

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

b If "No," explain: _____

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

b If "Yes," explain: _____

11

Does the organization conduct gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity conducted in:

a

The organization's facility

13a

%

b

An outside facility

13b

%

14

Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

15a

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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV

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

Return Reference	Explanation
SCHEDULE G, PART I, LINE 2B	FUNDRAISING ACTIVITIES THE FOLLOWING FUNDRAISING FEE ARRANGEMENTS WERE MADE BETWEEN THOSE FUNDRAISERS LISTED ON SCHEDULE G, PART I AND THE ORGANIZATION: 1. INFOCISION MANAGEMENT CORP - PAID BY THE HOUR AS WELL AS BY THE ACTUAL NUMBER OF DONATIONS RECEIVED. 2. M&R STRATEGIC SERVICES, INC - THE RETAINER THE ORGANIZATION PAYS INCLUDES THE OUTSOURCING OF OUR EMAIL MARKETING PROGRAM AMONG OTHER SERVICES. 3. EDGE DIRECT, LLC (DOING BUSINESS AS BARTON COTTON) - PAID A CONSULTING FEE AS WELL AS A PASS THROUGH ON THE EXPENSES OF POSTAGE, ENVELOPES, AND OTHER MAILING MATERIALS.
SCHEDULE G, PART I, LINE 2B	EDGE DIRECT, LLC IS A COLLABORATOR THAT HELPS DRIVE THE ORGANIZATION'S DIRECT RESPONSE MARKETING. THE GROSS RECEIPTS REPORTED REPRESENT AN ALLOCABLE PORTION OF THE ORGANIZATION'S TOTAL DIRECT RESPONSE REVENUE.

Additional Data

Schedule G (Form 990) 2022

Return to Form

Software ID:

Software Version:

Schedule I
(Form 990)

Department of the
Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization
MARCH OF DIMES INC

Employer identification number
13-1846366

Part I General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF CALIFORNIA SAN FRANCISCO 490 ILLINOIS STREET FLOOR 10 SAN FRANCISCO, C A 94143	94-6036493	501(C)(3)	901,952	0			COMMUNITY
(2) CINCINNATI CHILDREN'S HOSPITAL MED CTR 333 BURNET AVENUE CINCINNATI, O H 452293039	31-0833936	501(C)(3)	500,000	0			RESEARCH & MEDICAL
(3) STANFORD UNIVERSITY SCHOOL OF MEDICINE PO BOX 44253 SAN FRANCISCO, C A 941444253	94-1156365	501(C)(3)	500,000	0			COMMUNITY
(4) UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET P221 FRANKLIN BUILDING PHILADELPHIA, P A 191046205	23-1352685	501(C)(3)	458,333	0			COMMUNITY
(5) UNIVERSITY OF CHICAGO 6054 S DREXEL AVENUE SUITE 30 CHICAGO, IL 60615	36-2177139	501(C)(3)	250,000	0			RESEARCH & MEDICAL
(6) NEW YORK PRESBYTERIAN FUND INC 850 THIRD AVENUE 12TH FLOOR NEW YORK, NY 10022	13-3160356		135,401	0			COMMUNITY
(7) OHIOHEALTH FOUNDATION 3430 OHIOHEALTH PARKWAY 3RD FLOOR COLUMBUS, O H 43202	23-7446919	501(C)(3)	105,432	0			COMMUNITY
(8) BOSTON MEDICAL CENTER ONE BOSTON MEDICAL CENTER PLACE BOSTON, MA 02118	04-3314093	501(C)(3)	100,000	0			RESEARCH & MEDICAL
(9) WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY PO BOX 22371 NEW YORK, NY 100872371	13-1623978	501(C)(3)	100,000	0			RESEARCH & MEDICAL
(10) DIMENSION HEALTH CORPORATION 901 HARRY S TRUMAN DRIVE N OFFICE H-3-S-210 LARGO, MD 20774	52-1289729	501(C)(3)	88,750	0			COMMUNITY
(11) HUMC FOUNDATION 343 THORNALL ST 7TH FLOOR EDISON, NJ 08837	22-2339534	501(C)(3)	75,000	0			COMMUNITY

(12) WOLOMI LLC 1629 K ST NW SUITE 300 WASHINGTON,DC 20006	83-4334414		73,000	0			RESEARCH & MEDICAL
(13) CARDINAL GLENNON CHILDREN'S HOSPITAL - ST LOUIS 1465 S GRAND BLVD SAINT LOUIS,MO 631041095	43-1754347	509(A)(1)	55,000	0			COMMUNITY
(14) BANNER HEALTH FOUNDATION 2901 N CENTRAL AVENUE SUITE 160 PHOENIX,AZ 85012	94-2545356	501(C)(3)	52,000	0			COMMUNITY
(15) YALE UNIVERSITY PO BOX 1873 NEW HAVEN,CT 065081873	06-0646973	501(C)(3)	50,000	0			COMMUNITY
(16) THE OHIO STATE UNIVERSITY RESEARCH FDN DEPOSITS 1960 KENNY ROAD COLUMBUS,OH 43210	31-6401599	501(C)(3)	48,310	0			COMMUNITY
(17) CHILDREN'S MEMORIAL HERMANN HOSPITAL 6411 FANNIN ST H8001 HOUSTON,TX 77030	74-1152597	501(C)(3)	46,883	0			COMMUNITY
(18) SPARTANBURG MEDICAL CENTER 101 E WOOD STREET SPARTANBURG,SC 29303	57-1075649	501(C)(3)	39,000	0			RESEARCH & MEDICAL
(19) ZETA PHI BETA SORORITY (WASHINGTON DC) 1734 NEW HAMPSHIRE AVENUE NW WASHINGTON,DC 20009	53-0261012	501(C)(7)	38,092	0			COMMUNITY
(20) ALPHA PHI ALPHA FRATERNITY INC 2313 ST PAUL STREET BALTIMORE,MD 21218	36-2105176	501(C)(7)	28,971	0			COMMUNITY
(21) SAN ANTONIO BLACK DOULA COLLECTIVE 830 NORTH BLVD UNIVERSITY CITY,TX 78148	85-3528617	501(C)(3)	20,000	0			RESEARCH & MEDICAL
(22) SOCIETY FOR REPRODUCTIVE INVESTIGATION FOUNDATION 555 EAST WELLS STREET SUITE 1100 MILWAUKEE,WI 53202	95-2293816	501(C)(3)	20,000	0			COMMUNITY
(23) METRO MOMMY AGENCY LLC 15744 11TH CT NORTH MIAMI BEACH,FL 33162	84-4914023		11,406	0			COMMUNITY
(24) AMERICAN SOCIETY FOR REPRODUCTIVE IMMUNOLOGY 6524 SW 61ST TERRACE MIAMI,FL 33143	13-3390665	501(C)(3)	10,000	0			RESEARCH & MEDICAL
(25) BIRTHLAND MIDWIFERY 486 49TH STREET SUITE C OAKLAND,CA 94609	84-3091870		10,000	0			COMMUNITY
(26) GORDON RESEARCH CONFERENCES 5586 POST ROAD UNIT 2 EAST GREENWICH,RI 02818	26-0150662	501(C)(3)	10,000	0			RESEARCH & MEDICAL
(27) MELINATED MOMS LLC 142 LAFAYETTE STREET NEWARK,NJ 07105	82-3773816	501(C)(3)	10,000	0			COMMUNITY
(28) PERINATAL RESEARCH SOCIETY 6431 FANNIN STREET MSB 3113 HOUSTON,TX 77030	23-7122446	501(C)(3)	10,000	0			RESEARCH & MEDICAL

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV

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

Return Reference	Explanation
PART I, LINE 2:	GRANT MONITORING PROCEDURES GRANTEEES ARE AWARDED BY COMMITTEES BASED ON VARIOUS FACTORS AND ARE RANKED USING A SCORING SYSTEM. THE COMMITTEE MEMBERS CONSIST PRIMARILY OF VOLUNTEERS WHO ARE QUALIFIED TO EVALUATE THE MERITS OF THE GRANT APPLICATIONS. ONCE SELECTED, GRANTEEES ARE REQUIRED TO SUBMIT INTERIM ACCOUNTING REPORTS AS WELL AS A FINAL ACCOUNTING OF ALL EXPENDITURES, DELIVERABLES AND RESULTS, DURING AND 90 DAYS AFTER THE TERMINATION OF THE GRANT. REFER TO THE WEBSITE FOR FURTHER INFORMATION: HTTPS://WWW.MARCHOFDIMES.ORG/RESEARCH/RESEARCH-GRANTS.ASPX# SELECTION PROCESS FOR MICRO-AWARDS BY THE COLLECTIVE IMPACT: THE LOCAL MIH STAFF PERSON USES THEIR COMMON AGENDA WORK TO DETERMINE WHAT PARTNERS HAVE A ROLE TO PLAY. ONCE THEY HAVE ESTABLISHED THE WORK FLOW AND KNOW WHAT RESOURCES ARE NEEDED THEY CAN PROVIDE SEED FUNDING FOR A PROJECT THAT THEY ARE WORKING TO MOVE FORWARD IN THEIR GEOGRAPHIC AREA. MONITORING FOR MICRO-AWARDS BY THE COLLECTIVE IMPACT: MOD WILL REVIEW THE RECIPIENTS' WRITTEN PROGRESS AND EXPENDITURE REPORTS AND EVALUATE ITS OVERALL SUCCESS.

Additional Data

Return to Form

Software ID:
Software Version:

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

Part I

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e.g., maid, chauffeur, chef)		
1b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?		
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☒ Compensation committee ☒ Independent compensation consultant ☒ Form 990 of other organizations ☐ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III		
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

Part II

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that 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 and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1STACEY D STEWART PRESIDENT & CEO (END 12/22)	(i)	605,201	0	1,832	12,200	33,110	652,343	0
	(ii)	0	0	0	0	0	0	0
2ZSAKEBA T HENDERSON MD SVP MCH IMP DEP MD OF (END 12/22)	(i)	344,369	0	612	9,709	32,565	387,255	0
	(ii)	0	0	0	0	0	0	0
3DAVID C DAMOND SVP, CFO & ASST. TREAS. (END 10/22)	(i)	251,950	0	60,441	9,111	31,548	353,050	0
	(ii)	0	0	0	0	0	0	0
4ANDREW S COCCARI JR SVP & CHIEF DEVELOPMENT OFFICER	(i)	297,195	0	1,832	12,200	34,357	345,584	0
	(ii)	0	0	0	0	0	0	0
5ADRIAN P MOLLO SVP, GEN. COUNSEL & ASST. SECRETARY	(i)	291,013	0	639	11,122	34,357	337,131	0
	(ii)	0	0	0	0	0	0	0
6FREDERICK A BROGDON SVP & CHIEF OPERATING OFFICER	(i)	315,302	0	980	11,527	7,967	335,776	0
	(ii)	0	0	0	0	0	0	0
7KELLY ERNST SVP, MARKET IMPACT	(i)	266,667	0	639	10,511	33,307	311,124	0
	(ii)	0	0	0	0	0	0	0
8CYNTHIA H RAHMAN SVP, CHIEF MARKETING OFFICER	(i)	273,550	0	426	10,349	0	284,325	0
	(ii)	0	0	0	0	0	0	0
9DEIRDRE MALONEY VP, HUMAN RESOURCES	(i)	226,487	0	980	9,630	38,457	275,554	0
	(ii)	0	0	0	0	0	0	0
10NICHOLAS M DIFRANZA SVP & CHIEF TECH OFFICER	(i)	240,256	0	639	0	31,349	272,244	0
	(ii)	0	0	0	0	0	0	0
11ALISON A SPERA VP, MARKET IMPACT	(i)	206,620	10,300	639	7,223	34,007	258,789	0
	(ii)	0	0	0	0	0	0	0
12DARLENE R SLAUGHTER VP & CHIEF DIV., INCL. & ENGAGE. OFC	(i)	216,926	0	2,772	8,883	11,798	240,379	0
	(ii)	0	0	0	0	0	0	0
13ROCHELLE S SIEGEL SENIOR EXECUTIVE DIR. MARKET IMPACT	(i)	188,082	9,000	8,048	7,524	9,665	222,319	0
	(ii)	0	0	0	0	0	0	0
14PAUL ZIV VP, ASSOCIATE CHIEF OPERATING OFFICE	(i)	205,154	0	639	8,206	0	213,999	0
	(ii)	0	0	0	0	0	0	0

Part III **Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 4A	SEVERANCE PAYMENTS THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS DURING 2022. THE AMOUNT IS INCLUDED IN SCHEDULE J, PART II, COLUMN B(III). DAVID C. DAMOND - \$58,991
PART I, LINE 7:	NONFIXED PAYMENTS MARCH OF DIMES ESTABLISHES ANNUAL PERFORMANCE GOALS FOR ITS OFFICERS AND KEY EMPLOYEES. IF THE EMPLOYEE ATTAINS THE GOALS WHICH ARE ESTABLISHED FOR THEM, THOSE INDIVIDUALS MAY RECEIVE A PERFORMANCE BONUS. ALL BONUSES ARE CONSIDERED IN EVALUATION OF REASONABLE COMPENSATION FOR DISQUALIFIED PERSONS.

Additional Data

Return to Form

Software ID:

Software Version:

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	X	2,318,475	FMV
6	Cars and other vehicles	X	12	19,535
7	Boats and planes			
8	Intellectual property			
9	Securities—Publicly traded	X	10	39,053
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	
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?				
b If "Yes," describe the arrangement in Part II.				
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?			31	Yes
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?			32a	Yes
b If "Yes," describe in Part II.				
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.				

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

Return Reference	Explanation
PART I, COLUMN (B):	NONCASH CONTRIBUTIONS OTHER THAN CONTRIBUTIONS OF MARKETABLE SECURITIES AND VEHICLES, NON-CASH ITEMS ARE NOT INCLUDED IN THE FINANCIAL STATEMENTS OF THE ORGANIZATION UNLESS THEY ARE SIGNIFICANT IN AMOUNT. IN 2022, THE ORGANIZATION RECEIVED AUCTION ITEMS, WHICH WERE RECORDED AT ZERO VALUE.
PART I, LINE 32B:	USE OF THIRD PARTIES CAR DONATION PROGRAM 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 TITLES, AS WELL AS THE PICKUP AND SALE OF THE VEHICLE. THE NUMBER OF CONTRIBUTIONS (RATHER THAN ITEMS) IS REPORTED AT FAIR MARKET VALUE.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE O (Form 990) 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. ▶ Go to www.irs.gov/Form990 for the latest information.		OMB No. 1545-0047 2022 Open to Public Inspection	
Name of the organization MARCH OF DIMES INC				Employer identification number 13-1846366	
Return Reference		Explanation			
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION, CONTINUED:		THIS YEAR REFLECTED BROADER INDUSTRY TRENDS IN CHARITBALE CONTRIBUTIONS, WITH SLOWER THAN ANTICIPATED INCREASES IN REVENUE IMPACTING NET OPERATING OUTCOMES. WITH A FOCUS ON OUR MISSION, THE ORGANIZATION HAS SINCE RESPONDED WITH ORGANIZATIONAL CHANGES FOCUSED ON ENSURING LONG-TERM GROWTH, SUSTAINABILITY, AND IMPACT. THE NEED HAS NEVER BEEN GREATER, AND DESPITE THESE SHORT-TERM CHALLENGES WE CONTINUED TO ADVANCE OUR EFFORTS TO REDUCE INFANT AND MATERNAL MORTALITY, AND IMPROVE HEALTH FOR MOMS AND BABIES ACROSS THE COUNTRY. THE FOLLOWING PAGES ARE A POWERFUL REFLECTION OF OUR ACCOMPLISHMENTS MADE POSSIBLE BY OUR STAFF, SUPPORTERS, VOLUNTEERS, AND PARTNERS WHO NEVER WAVERED FROM TAKING ACTION TO DIRECTLY HELP FAMILIES WHO NEEDED US BEFORE, DURING, AND AFTER PREGNANCY. TOGETHER WE CONTINUED INNOVATIVE RESEARCH AT OUR PREMATURITY RESEARCH CENTERS, ADVOCATED NATIONALLY AND LOCALLY TO PUT MOM AND BABY HEALTH AT THE FOREFRONT, DELIVERED PROGRAMS SUCH AS SUPPORTIVE PREGNANCY CARE AND NICU FAMILY SUPPORT, AND DISTRIBUTED ESSENTIAL RESOURCES AND INFORMATION TO IMPROVE THE HEALTH OF FAMILIES.			
FORM 990, PART VI, SECTION A, LINE 1A		BOARD OF TRUSTEES MARCH OF DIMES' BOARD OF TRUSTEES HAVE DELEGATED AUTHORITY TO THE EXECUTIVE COMMITTEE TO ACT ON BEHALF OF THE GOVERNING BODY DURING 2022 AS PROVIDED IN THE ORGANIZATION'S BY-LAWS AND CONSISTENT WITH APPLICABLE LAW.			
FORM 990, PART VI, SECTION A, LINE 6		MEMBERS' POWER TO ELECT MARCH OF DIMES IS A NEW YORK NONPROFIT CORPORATION WITH ONE CLASS OF MEMBERS. THE MEMBERS OF THE ORGANIZATION HOLD THE AUTHORITY TO ELECT OR APPOINT NEW MEMBERS. THIS CLASS OF MEMBERS IS COEXTENSIVE WITH THE ORGANIZATION'S BOARD OF TRUSTEES, WHICH OPERATES AS THE ORGANIZATION'S GOVERNING BODY.			
FORM 990, PART VI, SECTION A, LINE 7A		SEE EXPLANATION FOR PART VI, LINE 6.			
FORM 990, PART VI, SECTION B, LINE 11B		REVIEW OF 990 GOVERNING BODY MARCH OF DIMES' IRS FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM BASED ON INFORMATION PROVIDED BY THE ORGANIZATION. UPON ITS COMPLETION IT IS THEN REVIEWED BY THE PRESIDENT & CEO, SVP & CHIEF FINANCIAL OFFICER, AND MARCH OF DIMES' AUDIT COMMITTEE OF THE BOARD OF TRUSTEES PRIOR TO FILING WITH THE IRS. THE FINAL FORM 990 IS PROVIDED TO ALL MEMBERS OF THE BOARD PRIOR TO ELECTRONICALLY FILING WITH THE IRS.			
FORM 990, PART VI, SECTION B, LINE 12C		CONFLICT OF INTEREST POLICY ANNUALLY MARCH OF DIMES ASKS THEIR BOARD OF TRUSTEES MEMBERS TO REVIEW AND SIGN A CONFLICT OF INTEREST POLICY. EMPLOYEES AGREE AND ARE OBLIGED TO ABIDE BY THE EMPLOYEE HANDBOOK, WHICH HAS POLICIES REGARDING REPORTING AND AVOIDING CONFLICTS OF INTEREST. MARCH OF DIMES' LEGAL COUNSEL DETERMINES WHETHER A CONFLICT EXISTS. LEGAL COUNSEL RESOLVES ISSUES WITH RESPECT TO EMPLOYEES AND ISSUES CONCERNING TRUSTEES ARE RESOLVED BY THE EXECUTIVE COMMITTEE OF THE BOARD (UNLESS THE MATTER IS ELEVATED TO THE FULL BOARD OF TRUSTEES), IN ACCORDANCE WITH THE CONFLICT OF INTEREST POLICY. ANY BOARD MEMBERS WITH A CONFLICT IN A MATTER REQUIRING ACTION BY THE BOARD ARE PROHIBITED FROM PARTICIPATING IN THE BOARD'S DELIBERATIONS OR DECISIONS REGARDING THE MATTER UNDER CONSIDERATION.			
FORM 990, PART VI, SECTION B, LINE 15		DETERMINATION OF COMPENSATION DETERMINATION OF EXECUTIVE COMPENSATION AT MARCH OF DIMES IS A THREE STAGE PROCESS, DESIGNED TO ENSURE AN INDEPENDENT AND TRANSPARENT APPROACH TO THE REVIEW OF MARCH OF DIMES OFFICERS AND ENSURE THAT THEIR COMPENSATION REFLECTS FAIR MARKET VALUE. THE FIRST STAGE OF THE PROCESS IS PERFORMED BY THE EXECUTIVE COMPENSATION COMMITTEE. THE EXECUTIVE COMPENSATION COMMITTEE WAS ORGANIZED TO CLARIFY AND SIMPLIFY THE COMPENSATION REVIEW PROCESS FOR THE PRESIDENT, STAFF OFFICERS, AND KEY EXECUTIVE MANAGEMENT. THE COMMITTEE IS COMPRISED OF FOUR INDEPENDENT TRUSTEES WHO MEET ANNUALLY TO REVIEW AND DISCUSS THE SALARY RANGES FOR THE PRESIDENT & CEO, STAFF OFFICERS, AND KEY EXECUTIVE MANAGEMENT OF MARCH OF DIMES, INCLUDING MERIT, VARIABLE PAY AND BENEFITS. IT TYPICALLY RECEIVES A BENCHMARKING REPORT FROM AN OUTSIDE CONSULTANT, WHICH COMPARES THE COMPENSATION DATA TO OTHER SIMILAR CHARITIES. THE COMMITTEE THEN MAKES ITS RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE. THE SECOND STAGE OF THE PROCESS IS THE PRESENTATION OF THE EXECUTIVE COMPENSATION COMMITTEE'S FINDINGS AND RECOMMENDATION 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 TRUSTEES 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 MARCH OF DIMES BY-LAWS AND THE RESPONSIBILITIES OF THE EXECUTIVE COMMITTEE, AND ALSO INTENDED TO COMPORT WITH REGULATIONS ON INTERMEDIATE SANCTIONS PROMULGATED BY THE IRS.			
FORM 990, PART VI, SECTION C, LINE 19		DISCLOSURES MARCH OF DIMES MAKES ITS ANNUAL REPORT AND IRS FORM 990 ACCESSIBLE VIA OUR WEBSITE, WWW.MARCHOFDIMES.ORG AND UPON REQUEST.			
FORM 990, PART XI, LINE 9:		PENSION AND POSTRETIREMENT COSTS OTHER THAN NET PERIODIC BENEFIT COSTS 6,013,917.			

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
MARCH OF DIMES INC

Related Organizations and Unrelated Partnerships

- Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Employer identification number

13-1846366

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

Table with 6 columns: (a) Name, address, and EIN (if applicable) of disregarded entity; (b) Primary activity; (c) Legal domicile (state or foreign country); (d) Total income; (e) End-of-year assets; (f) Direct controlling entity.

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

Table with 7 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile (state or foreign country); (d) Exempt Code section; (e) Public charity status (if section 501(c)(3)); (f) Direct controlling entity; (g) Section 512(b)(13) controlled entity? (Yes/No).

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) ALVERTA SECHRIST PERPETUAL TRUST 200 PARK AVENUE NEW YORK, NY 10166	INVESTMENT	CA	N/A	T			100.000 %	Yes	
(2) MARGARET WEILER PERPETUAL TRUST 100 N MAIN STREET TH FLOOR WINSTOMSALE, NC 27101	INVESTMENT	CA	N/A	T			100.000 %	Yes	
(3) CHARITABLE REMAINDER TRUST (1) 4550 LINDEN HILL ROAD SUITE WLIMINGTON, DE 19808	INVESTMENT	CA	N/A	T					No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	Yes	No
1a		No
1b		No
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o		No
1p		No
1q		No
1r		No
1s		No

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
------------------	-------------

Schedule R (Form 990) 2021

Additional Data

[Return to Form](#)

Software ID:
Software Version: