

TAX RETURN FILING INSTRUCTIONS

PUBLIC INSPECTION COPY

Prepared by	Grant Thornton LLP 1000 Wilson Boulevard, Suite 1500 Arlington, VA 22209
Special Instructions	Returns should be signed and dated by the appropriate officer(s). Exempt organizations are required to provide copies of their most recent Forms 990, and their Application for Recognition of Exemption (Form 1023 or 1024) for public inspection upon request. Charities must also make available Forms 990-T filed after August 17, 2006. Schedules, attachments, and supporting documents filed with Form 990-T that do not relate to the imposition of unrelated business income tax are not required to be made available for public inspection and copying (e.g. Form 5471, <i>Information Return of U.S. Persons With Respect to Certain Foreign Corporations</i> and Form 8886, <i>Reportable Transaction Disclosure Statement</i>). Forms 990 and 990-T must be made available for the three-year period beginning on the last day prescribed for filing such return (determined with regard to any extension of time for filing). The names of any contributors should not be disclosed, so we have deleted them.
Application for Recognition of Exemption	The copy of the Application for Recognition of Exemption must include any papers submitted in support of such application and any letter or other document issued by the Internal Revenue Service with respect to such application. An organization that submitted its Form 1023 or 1024 on or before July 15, 1987 must make this form available for public inspection only if they had a copy of the Application on July 15, 1987.
Requests made in person	If the request is made in person, the organization must respond by the end of the business day.
Requests made in writing	If the request is made in writing, the organization must respond within 30 days.
Fees charged for copies	The organization can make a reasonable charge for copying and posting. The regulations limit the copying charge to that charged by the IRS for providing copies, currently \$0.20 for each page.
What if we post Form 990 on our website?	The requirement to provide copies can be eliminated if the organization posts the relevant documents on its website. The public must be able to download the documents and print them in the exact form they were filed with the IRS (except for disclosing contributors). The download must be free and use software that is available without charge. Even if the documents are posted on the web, the organization must still have a copy available for inspection at its offices.
What if we fail to comply with requests?	The IRS may impose significant monetary penalties on an organization that does not adhere to the disclosure requirements.

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the **2022** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MARCH OF DIMES INC.		D Employer identification number 13-1846366
	Doing business as		E Telephone number (888) 663-4637
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	1550 CRYSTAL DRIVE		1300
	G Gross receipts \$ 138,358,517.		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code ARLINGTON, VA 22202		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
F Name and address of principal officer: ELIZABETH CHERLOT, MD SAME AS C ABOVE		If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.MARCHOFDIMES.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1938
			M State of legal domicile: NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: MARCH OF DIMES LEADS THE FIGHT FOR THE HEALTH OF ALL MOMS AND BABIES.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	645
	6 Total number of volunteers (estimate if necessary)	6	1000000
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	100,144,706.	104,434,563.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	172,726.	247,741.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,467,684.	-768,905.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	528,282.	1,077,268.
		103,313,398.	104,990,667.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,450,354.	5,925,690.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	50,270,540.	56,626,711.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,722,681.	1,782,719.
	b Total fundraising expenses (Part IX, column (D), line 25)	13,870,442.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	44,356,986.	49,254,822.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	102,800,561.	113,589,942.	
19 Revenue less expenses. Subtract line 18 from line 12	512,837.	-8,599,275.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	88,338,195.	72,400,131.
	22 Net assets or fund balances. Subtract line 21 from line 20	86,742,512.	80,943,649.
	1,595,683.	-8,543,518.	

Part II Signature Block

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

Sign Here	<i>Candice Christopher</i> Signature of officer	11/13/2023 Date			
	CANDICE CHRISTOPHER, INTERIM CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name MARY TORRETTA	Preparer's signature <i>Mary Torretta</i>	Date 11/13/2023	Check if self-employed <input type="checkbox"/>	PTIN P00847851
	Firm's name GRANT THORNTON LLP	Firm's EIN 36-6055558	Firm's address 1000 WILSON BOULEVARD, SUITE 1500 ARLINGTON, VA 22209	Phone no. (703) 847-7500	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O

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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 67,406,586. including grants of \$ 965,846.) (Revenue \$ 177,885.) PROGRAMS, EDUCATION, AND ADVOCACY - SEE SCHEDULE O

4b (Code:) (Expenses \$ 15,685,081. including grants of \$ 4,959,844.) (Revenue \$ 134,830.) RESEARCH - SEE SCHEDULE O

4c (Code:) (Expenses \$ 4,434,971. including grants of \$ 0.) (Revenue \$ 40,201.) COMMUNITY COLLABORATION - SEE SCHEDULE O

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

4e Total program service expenses 87,526,638.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 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. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on 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 - 571-257-3148
1550 CRYSTAL DRIVE, SUITE 1300, ARLINGTON, VA 22202

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- 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 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) STACEY D. STEWART PRESIDENT & CEO (END 12/22)	40.00 0.00			X				607,033.	0.	45,310.
(2) ZSAKEBA T. HENDERSON M.D. SVP MCH IMP DEP MD OF (END 12/22)	40.00 0.00				X			344,981.	0.	42,274.
(3) DAVID C. DAMOND SVP, CFO & ASST. TREAS. (END 10/22)	40.00 0.00			X				312,391.	0.	40,659.
(4) ANDREW S. COCCARI, JR. SVP & CHIEF DEVELOPMENT OFFICER	40.00 0.00				X			299,027.	0.	46,557.
(5) ADRIAN P. MOLLO SVP, GEN. COUNSEL & ASST. SECRETARY	40.00 0.00			X				291,652.	0.	45,479.
(6) FREDERICK A. BROGDON SVP & CHIEF OPERATING OFFICER	40.00 0.00			X				316,282.	0.	19,494.
(7) KELLY ERNST SVP, MARKET IMPACT	40.00 0.00				X			267,306.	0.	43,818.
(8) CYNTHIA H. RAHMAN SVP, CHIEF MARKETING OFFICER	40.00 0.00				X			273,976.	0.	10,349.
(9) DEIRDRE MALONEY VP, HUMAN RESOURCES	40.00 0.00					X		227,467.	0.	48,087.
(10) NICHOLAS M. DIFRANZA SVP & CHIEF TECH OFFICER	40.00 0.00					X		240,895.	0.	31,349.
(11) ALISON A. SPERA VP, MARKET IMPACT	40.00 0.00					X		217,559.	0.	41,230.
(12) DARLENE R. SLAUGHTER VP & CHIEF DIV., INCL. & ENGAGE. OFC	40.00 0.00				X			219,698.	0.	20,681.
(13) ROCHELLE S. SIEGEL SENIOR EXECUTIVE DIR. MARKET IMPACT	40.00 0.00					X		205,130.	0.	17,189.
(14) PAUL ZIV VP, ASSOCIATE CHIEF OPERATING OFFICE	40.00 0.00					X		205,793.	0.	8,206.
(15) JUDY L. ASCHNER, MD TRUSTEE	1.00 0.00	X						0.	0.	0.
(16) GRETCHEN CARLSON TRUSTEE (END 06/22)	1.00 0.00	X						0.	0.	0.
(17) AMY L. CASSERI 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 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) ANDREW J. DAHLE TRUSTEE (BEG 12/22)	1.00 0.00	X						0.	0.	0.
(19) PHYLLIS A. DENNERY, MD TRUSTEE	1.00 0.00	X						0.	0.	0.
(20) WILLIAM A. FITZGERALD VICE CHAIR	2.00 0.00	X		X				0.	0.	0.
(21) JAY S. GREENSPAN, MD TRUSTEE	1.00 0.00	X						0.	0.	0.
(22) DOUGLAS D. HAWTHORNE TRUSTEE	1.00 0.00	X						0.	0.	0.
(23) SHARON MILLS HIGGINS CHAIR	6.00 0.00	X		X				0.	0.	0.
(24) DAVID L. LAKEY, MD VICE CHAIR	1.00 0.00	X		X				0.	0.	0.
(25) TONYA LEWIS LEE TRUSTEE	1.00 0.00	X						0.	0.	0.
(26) JUDETTE LOUIS, MD TRUSTEE	1.00 0.00	X						0.	0.	0.
1b Subtotal								4,029,190.	0.	460,682.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								4,029,190.	0.	460,682.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
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 P.O. BOX 840, TULSA, OK 74101-0840	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.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 39

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a 106,461.					
	b	Membership dues	1b					
	c	Fundraising events	1c 41,882,516.					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e 10,728,226.					
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f 51,717,360.					
	g	Noncash contributions included in lines 1a-1f	1g \$ 2,377,063.					
	h	Total. Add lines 1a-1f						104,434,563.
Program Service Revenue	2 a	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.	
	6 a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses ...	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
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.		
8 a	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.				
			8b	9,004,298.				
			c	Net income or (loss) from fundraising events		0.		
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
			9b					
			c	Net income or (loss) from gaming activities				
10 a	Gross sales of inventory, less returns and allowances	10a		88,654.				
			10b	122,984.				
			c	Net income or (loss) from sales of inventory		-34,330.	-34,330.	
Miscellaneous Revenue	11 a	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	900099	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 (nonemployees):				
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 Sch 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 on 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 <input checked="" type="checkbox"/> 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 X

		(A) Beginning of year		(B) 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 <input checked="" type="checkbox"/> 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 <input type="checkbox"/> 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.	

Form 990 (2022)

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 on 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 (B))	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

- 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
- b** Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____
- 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 on Schedule O and describe any steps taken to undergo such audits _____

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

Form **990** (2022)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 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.")	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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	92.28	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	92.35	%
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			<input checked="" type="checkbox"/>
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			<input type="checkbox"/>
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			<input type="checkbox"/>
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			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included 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.

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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 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, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 (as 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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<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 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2022

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 (prior IRS approval required - <i>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 3e			
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. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result 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			

Schedule A (Form 990) 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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR 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.

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.)

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.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 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)(3) (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 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 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 10,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 2,300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization MARCH OF DIMES INC.	Employer identification number 13-1846366
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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 info. once.) \$ _____
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	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

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

Name of organization 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.
- 2 Political campaign activity expenditures \$ _____
- 3 Volunteer hours for political campaign activities _____

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-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2022

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(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?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
c Media advertisements?	X		39.
d Mailings to members, legislators, or the public?	X		816.
e Publications, or published or broadcast statements?	X		2,779.
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		8,603.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		1,797.
i Other activities?	X		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)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

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

Part IV Supplemental Information (continued)

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.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring expenses.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include whether art collections are reported and amounts of revenue and assets included.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

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 make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	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 89.0000%
 - c Term endowment 11.0000%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 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 10c.)				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. (Col. (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. (Col. (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.
(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	
(2) ACCRUED PENSION & POSTRET. BENEFIT	55,671,916.
(3) LEASE LIABILITY-NON CURRENT	14,033,828.
(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 FASB 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.

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

Part XIII Supplemental Information (continued)

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:

Part XIII Supplemental Information (continued)

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.

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)
		EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH & MEDICAL	1,990,558.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	RESEARCH & MEDICAL	100,000.	WIRE	0.		

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

3 Enter total number of other organizations or entities **0**

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

Schedule F (Form 990) 2022

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.

PART I, LINE 2:

GRANT MAKING AND GRANT MONITORING PROCEDURES

GRANTEES ARE AWARDED BY COMMITTEES BASED ON VARIOUS FACTORS AND ARE

RANKED USING A SCORING SYSTEM. THE COMMITTEE MEMBERS CONSIST PRIMARILY OF

VOLUNTEERS WHO ARE QUALIFIED TO EVALUATE THE MERITS OF THE GRANT

APPLICATIONS. ONCE SELECTED, GRANTEES ARE REQUIRED TO SUBMIT INTERIM

ACCOUNTING REPORTS AS WELL AS A FINAL ACCOUNTING OF ALL EXPENDITURES,

DELIVERABLES AND RESULTS, DURING AND 90 DAYS AFTER THE TERMINATION OF THE

GRANT. REFER TO THE WEBSITE FOR FURTHER INFORMATION:

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

PART I, LINE 3:

ACCOUNTING METHOD USED

GRANT MAKING IS REPORTED ON THE ACCRUAL METHOD.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		MARCH/WALK (event type)	SPECIAL EVENTS (event type)	NONE (total number)	
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.

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

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

Part IV Supplemental Information. Provide the 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.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: EDGE DIRECT, LLC

(I) ADDRESS OF FUNDRAISER: 3030 WATERVIEW AVENUE, BALTIMORE, MD 21230

(I) NAME OF FUNDRAISER: INFOCISION MGMT CORP

(I) ADDRESS OF FUNDRAISER: 325 SPRINGSIDE DRIVE, AKRON, OH 44333

(I) NAME OF FUNDRAISER: M&R STRATEGIC SERVICES, INC

Part IV Supplemental Information (continued)

(I) ADDRESS OF FUNDRAISER:

1101 CONNECTICUT AVE., NW, SUITE 700, WASHINGTON, DC 20036

(I) NAME OF FUNDRAISER: SHOOT FOR A CURE

(I) ADDRESS OF FUNDRAISER: 1300 VANTAGE COURT, CLARKSVILLE, TN 37040

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.

**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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 490 ILLINOIS STREET FLOOR 10 - SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	901,952.	0.			COMMUNITY
CINCINNATI CHILDREN'S HOSPITAL MED CTR - 333 BURNET AVENUE - CINCINNATI, OH 45229-3039	31-0833936	501(C)(3)	500,000.	0.			RESEARCH & MEDICAL
STANFORD UNIVERSITY SCHOOL OF MEDICINE - P.O. BOX 44253 - SAN FRANCISCO, CA 94144-4253	94-1156365	501(C)(3)	500,000.	0.			COMMUNITY
UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET, P221 FRANKLIN BUILDING - PHILADELPHIA, PA 19104-6205	23-1352685	501(C)(3)	458,333.	0.			COMMUNITY
UNIVERSITY OF CHICAGO 6054 S. DREXEL AVENUE, SUITE 30 CHICAGO, IL 60615	36-2177139	501(C)(3)	250,000.	0.			RESEARCH & MEDICAL
NEW YORK PRESBYTERIAN FUND, INC 850 THIRD AVENUE, 12TH FLOOR NEW YORK, NY 10022	13-3160356		135,401.	0.			COMMUNITY

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **21.**

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

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

Schedule I (Form 990) 2022

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OHIOHEALTH FOUNDATION 3430 OHIOHEALTH PARKWAY, 3RD FLOOR COLUMBUS, OH 43202	23-7446919	501(C)(3)	105,432.	0.			COMMUNITY
BOSTON MEDICAL CENTER ONE BOSTON MEDICAL CENTER PLACE BOSTON, MA 02118	04-3314093	501(C)(3)	100,000.	0.			RESEARCH & MEDICAL
WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY - P.O. BOX 22371 - NEW YORK, NY 10087-2371	13-1623978	501(C)(3)	100,000.	0.			RESEARCH & MEDICAL
DIMENSION HEALTH CORPORATION 901 HARRY S TRUMAN DRIVE, N OFFICE LARGO, MD 20774	52-1289729	501(C)(3)	88,750.	0.			COMMUNITY
HUMC FOUNDATION 343 THORNALL ST., 7TH FLOOR EDISON, NJ 08837	22-2339534	501(C)(3)	75,000.	0.			COMMUNITY
WOLOMI LLC 1629 K ST. NW, SUITE 300 WASHINGTON, DC 20006	83-4334414		73,000.	0.			RESEARCH & MEDICAL
CARDINAL GLENNON CHILDREN'S HOSPITAL - ST. LOUIS - 1465 S GRAND BLVD. - SAINT LOUIS, MO 63104-1095	43-1754347	509(A)(1)	55,000.	0.			COMMUNITY
BANNER HEALTH FOUNDATION 2901 N. CENTRAL AVENUE, SUITE 160 PHOENIX, AZ 85012	94-2545356	501(C)(3)	52,000.	0.			COMMUNITY
YALE UNIVERSITY P.O. BOX 1873 NEW HAVEN, CT 06508-1873	06-0646973	501(C)(3)	50,000.	0.			COMMUNITY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE OHIO STATE UNIVERSITY RESEARCH FDN DEPOSITS - 1960 KENNY ROAD - COLUMBUS, OH 43210	31-6401599	501(C)(3)	48,310.	0.			COMMUNITY
CHILDREN'S MEMORIAL HERMANN HOSPITAL - 6411 FANNIN ST. H8.001 - HOUSTON, TX 77030	74-1152597	501(C)(3)	46,883.	0.			COMMUNITY
SPARTANBURG MEDICAL CENTER 101 E WOOD STREET SPARTANBURG, SC 29303	57-1075649	501(C)(3)	39,000.	0.			RESEARCH & MEDICAL
ZETA PHI BETA SORORITY (WASHINGTON, DC) - 1734 NEW HAMPSHIRE AVENUE, NW - WASHINGTON, DC 20009	53-0261012	501(C)(7)	38,092.	0.			COMMUNITY
ALPHA PHI ALPHA FRATERNITY, INC. 2313 ST. PAUL STREET BALTIMORE, MD 21218	36-2105176	501(C)(7)	28,971.	0.			COMMUNITY
SAN ANTONIO BLACK DOULA COLLECTIVE 830 NORTH BLVD UNIVERSITY CITY, TX 78148	85-3528617	501(C)(3)	20,000.	0.			RESEARCH & MEDICAL
SOCIETY FOR REPRODUCTIVE INVESTIGATION FOUNDATION - 555 EAST WELLS STREET, SUITE 1100 - MILWAUKEE, WI 53202	95-2293816	501(C)(3)	20,000.	0.			COMMUNITY
METRO MOMMY AGENCY, LLC 15744 11TH CT NORTH MIAMI BEACH, FL 33162	84-4914023		11,406.	0.			COMMUNITY
AMERICAN SOCIETY FOR REPRODUCTIVE IMMUNOLOGY - 6524 SW 61ST TERRACE - MIAMI, FL 33143	13-3390665	501(C)(3)	10,000.	0.			RESEARCH & MEDICAL

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIRTHLAND MIDWIFERY 486 49TH STREET, SUITE C OAKLAND, CA 94609	84-3091870		10,000.	0.			COMMUNITY
GORDON RESEARCH CONFERENCES 5586 POST ROAD, UNIT 2 EAST GREENWICH, RI 02818	26-0150662	501(C)(3)	10,000.	0.			RESEARCH & MEDICAL
MELINATED MOMS, LLC 142 LAFAYETTE STREET NEWARK, NJ 07105	82-3773816	501(C)(3)	10,000.	0.			COMMUNITY
PERINATAL RESEARCH SOCIETY 6431 FANNIN STREET, MSB 3.113 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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

GRANT MONITORING PROCEDURES

GRANTEES ARE AWARDED BY COMMITTEES BASED ON VARIOUS FACTORS AND ARE RANKED

USING A SCORING SYSTEM. THE COMMITTEE MEMBERS CONSIST PRIMARILY OF

VOLUNTEERS WHO ARE QUALIFIED TO EVALUATE THE MERITS OF THE GRANT

APPLICATIONS. ONCE SELECTED, GRANTEES ARE REQUIRED TO SUBMIT INTERIM

ACCOUNTING REPORTS AS WELL AS A FINAL ACCOUNTING OF ALL EXPENDITURES,

DELIVERABLES AND RESULTS, DURING AND 90 DAYS AFTER THE TERMINATION OF THE

GRANT. REFER TO THE WEBSITE FOR FURTHER INFORMATION:

Part IV Supplemental 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.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
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

Name of the organization

MARCH OF DIMES INC.

Employer identification number

13-1846366

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
1a		
1b		
2		
3		
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) STACEY 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.
(2) ZSAKEBA T. HENDERSON M.D. 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.
(3) DAVID 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.
(4) ANDREW 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.
(5) ADRIAN 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.
(6) FREDERICK 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.
(7) KELLY ERNST SVP, MARKET IMPACT	(i)	266,667.	0.	639.	10,511.	33,307.	311,124.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) CYNTHIA 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.
(9) DEIRDRE MALONEY VP, HUMAN RESOURCES	(i)	226,487.	0.	980.	9,630.	38,457.	275,554.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) NICHOLAS 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.
(11) ALISON 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.
(12) DARLENE 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.
(13) ROCHELLE 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.
(14) PAUL 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.
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

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.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	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 V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

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.

SCHEDULE M, 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.

SCHEDULE M, 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.

**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 Form 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

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

MARCH 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.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION, CONTINUED:

THIS YEAR REFLECTED BROADER INDUSTRY TRENDS IN CHARITABLE

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.

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

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization MARCH OF DIMES INC.	Employer identification number 13-1846366
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FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

PROGRAMS, EDUCATION, AND ADVOCACY

NICU INITIATIVES

WE 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 CENTERS

MARCH 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 CARE

SUPPORTIVE 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.

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

THE 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 EDUCATION

MARCH 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.

PERISTATS

PERISTATS 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.

ADVOCACY

MARCH OF DIMES' OFFICE OF GOVERNMENT AFFAIRS (OGA) LED A SUCCESSFUL

AGGRESSIVE MATERNAL AND CHILD HEALTH POLICY AGENDA WITH 127 STATE LEVEL

Name of the organization

MARCH OF DIMES INC.

Employer identification number

13-1846366

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.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

RESEARCH

MARCH 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.

PREMATURITY RESEARCH CENTERS

OUR RESEARCH TO FIND THE CAUSES AND PREVENTIONS OF PRETERM BIRTH

CONTINUED AT OUR FIVE PREMATURITY 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.

GRANTS

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

FUNDS
IN 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.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
COMMUNITY COLLABORATION
MARCH 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 ENGAGEMENT
WE 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

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

FUNDS 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 IMPACT

MORE 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-BAN

MARCH 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

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

COMPASS 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,

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

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

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

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

Name of the organization MARCH OF DIMES INC.	Employer identification number 13-1846366
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INTERMEDIATE SANCTIONS PROMULGATED BY THE IRS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

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

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, CHANGES IN NET ASSETS:

PENSION AND POSTRETIREMENT COSTS OTHER THAN NET PERIODIC

BENEFIT COSTS 6,013,917.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

Name of the organization <p align="center">MARCH OF DIMES INC.</p>	Employer identification number <p align="center">13-1846366</p>
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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

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

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

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

