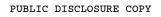
TAX RETURN FILING INSTRUCTIONS

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.



Return of Organization Exempt From Income Tax

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.

<u>A I</u>	-or the	and and a second and a second	ending	1		
B	Check if applicabl	C Name of organization		D Employer identifie	cation number	
	Addre	MARCH OF DIMES INC.				
	Name chang	Doing business as		13-1846366		
	Initial	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number		
	Final	1550 CRYSTAL DRIVE	1300	(888) 663-46		
L	lreturn termir ated			G Gross receipts \$	138,358,517.	
	Amen			H(a) Is this a group re		
	Applic				? Yes X No	
L	tion pendi	¹⁹ SAME AS C ABOVE		H(b) Are all subordinates in		
1.	Гах-ех	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	1	list. See instructions	
	Websi			H(c) Group exemption		
		organization: X Corporation Trust Association Other	I Vear		I State of legal domicile: NY	
	art I	Summary			otate of legal dofinent.	
	_	Briefly describe the organization's mission or most significant activities: MARCH	OF DIMES	LEADS THE FIGHT		
e	1.	FOR THE HEALTH OF ALL MOMS AND BABIES.				
Governance	2	Check this box if the organization discontinued its operations or disposed	sed of more	than 25% of its net ass	ete	
veri	3			3	17	
ĝ	4	Number of independent voting members of the governing body (Part VI, line 1b)			17	
~ ~	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)			645	
ties	6	Total number of volunteers (estimate if necessary)			1000000	
Activities &	79	Total unrelated business revenue from Part VIII, column (C), line 12			0.	
Ă	'a	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.	
				Prior Year	Current Year	
	8	Contributions and grants (Part VIII, line 1h)		100,144,706.	104,434,563.	
ant	9	Program service revenue (Part VIII, line 2g)		172,726.	247,741.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,467,684.	-768,905.	
Re	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		528,282.	1,077,268.	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		103,313,398.	104,990,667.	
		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.	
	40	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		50,270,540.	56,626,711.	
sec	16a	Professional fundraising fees (Part IX, column (A), line 11e)		1,722,681.	1,782,719.	
Expenses	. b	Total fundraising expenses (Part IX, column (D), line 25) 13,870,	442.	, ,		
Ă	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		44,356,986.	49,254,822.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		102,800,561.	113,589,942.	
		Revenue less expenses. Subtract line 18 from line 12		512,837.	-8,599,275.	
or or	3			ginning of Current Year	End of Year	
Net Assets or	20	Total assets (Part X, line 16)		88,338,195.	72,400,131.	
ASS	21	Total liabilities (Part X, line 26)	·····	86,742,512.	80,943,649.	
Net	22	Net assets or fund balances. Subtract line 21 from line 20		1,595,683.	-8,543,518.	
Pa	art II	Signature Block		·		
Und	ler pena	Ities of perjury, I declare that I have examined this return, including accompanying schedule	s and stateme	ents, and to the best of my	knowledge and belief, it is	
		t, and complete. Declaration of preparer (other than officer) is based on all information of w		has any knowledge.		
				-11/13/202	5	

	Candice Christopher		, -,			
Sign	Signature of officer		Date			
Here	CANDICE CHRISTOP					
	Type or print name and					
	Print/Type preparer's n	ame	Preparer's signature	Date 11/13/2		
Paid	MARY TORRETTA		Mary Torretta	11/15/2	self-employed P00847851	
Preparer	Firm's name GRAN	T THORNTON LLP			Firm's EIN 36-6055558	
Use Only	Firm's address 1000	WILSON BOULEVARD, SU	ITE 1500			
	ARLI	NGTON, VA 22209			Phone no. (703) 847-7500	
May the I	RS discuss this return	with the preparer shown abo	ve? See instructions		X Yes	No

232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions.



Open to Public

Inspection

Go to w

Form **990**

Department of the Treasury Internal Revenue Service

4e	Total program service expenses87,526,638.		Form 990
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4c	(Code:) (Expenses \$4,434,971. including grants of \$0. COMMUNITY COLLABORATION - SEE SCHEDULE O	(Revenue \$	40,2
4b	(Code:) (Expenses \$15,685,081including grants of \$4,959,844.) RESEARCH - SEE SCHEDULE O	(Revenue \$	134,8
	· · ·		
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$67,406,586. including grants of \$965,846.) PROGRAMS, EDUCATION, AND ADVOCACY - SEE SCHEDULE O	(Revenue \$	177,8
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to report the amount of grants and allocatins an		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program servi If "Yes," describe these changes on Schedule O.		Yes X
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	_	Yes X
2	Did the organization undertake any significant program services during the year which were not listed on the	ne	
1	Briefly describe the organization's mission: SEE SCHEDULE O		
	Check if Schedule O contains a response or note to any line in this Part III		

Form	990 (2022) MARCH OF DIMES INC. 13-18463	66	Р	age 3
Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	х	
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Form	990	(2022)
	000	(2022)

MARCH OF DIMES INC.

Pa	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
u	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
Ŭ	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00		30		x
31	contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		x
32	Did the organization requirate, enhance, or dissolve and cease operations? <i>If Yes, complete Schedule N, Part 1</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	- 51		
52		32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34		24	x	
25-	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
b		0.5%		x
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
~-	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	0-		v
~~	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		v	
Pa	Note: All Form 990 filers are required to complete Schedule O TV Statements Regarding Other IRS Filings and Tax Compliance	38	X	
1 0	Check if Schedule O contains a response or note to any line in this Bart V			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	v	
4	Enter the number reported in box 3 of Form 1096 Enter 0 if not applicable $1a$ 39		Yes	No
		2		
b		Ĥ		
с			v	
	(gambling) winnings to prize winners?	1c	x 990	(0000
232004	4 12-13-22	Form	550	(2022)

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Form	990 (2022) MARCH OF DIMES INC.	13-18463	56	Р	age 5						
Par	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)										
				Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return	2a 645									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?										
			3a		x						
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O										
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X						
b	If "Yes," enter the name of the foreign country										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	counts (FBAR).									
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<u>5a</u>		X						
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		X						
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		<u>5c</u>		 						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e organization solicit									
			<u>6a</u>		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributi	ons or gifts									
	were not tax deductible?		6b								
7	Organizations that may receive deductible contributions under section 170(c).										
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	Х							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	is required									
	to file Form 8282?		7c		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		X						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		X						
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		X						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h	X							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the									
	sponsoring organization have excess business holdings at any time during the year?										
9	Sponsoring organizations maintaining donor advised funds.										
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		<u> </u>						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b								
10	Section 501(c)(7) organizations. Enter:										
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	-								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-								
11	Section 501(c)(12) organizations. Enter:	1 1									
а	Gross income from members or shareholders	11a	4								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)	11b	-								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		L						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	Is the organization licensed to issue qualified health plans in more than one state?		13a								
	Note: See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the										
	organization is licensed to issue qualified health plans	13b	-								
С	Enter the amount of reserves on hand	13c									
	o o o o o o o o o o		14a		x						
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	le O	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation or	1								
	excess parachute payment(s) during the year?		15		X						
	If "Yes," see the instructions and file Form 4720, Schedule N.										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		x						
	If "Yes," complete Form 4720, Schedule O.										
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities	1								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17								
	If "Yes," complete Form 6069.										
232005	12-13-22		Forn	ז 990	(2022)						

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	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					
Sec	check in Schedule C contains a response of hote to any line in this Part Vi	<u></u>							
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	17							
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent 1b	17							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?	2		X					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	1							
	of officers, directors, trustees, or key employees to a management company or other person?	3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X					
6	Did the organization have members or stockholders?	6	Х						
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?		Х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	0 0 7		Х						
b	Each committee with authority to act on behalf of the governing body?	8b	Х						
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			X					
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
			Yes	No					
	Did the organization have local chapters, branches, or affiliates?	<u>10a</u>		X					
b	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?								
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the for	orm? 11a	X						
b			v						
12a									
b	, , , , , , , , , , , , , , , , , , , ,	<u>12b</u>	~						
С		10-	x						
40	on Schedule O how this was done Did the organization have a written whistleblower policy?	<u>12c</u>	X						
13 14			x						
14 15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent								
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а		15a	x						
b									
5	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		x					
b	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?	16b							
Sec	ction C. Disclosure	<u></u>							
17	List the states with which a copy of this Form 990 is required to be filedSEE_SCHEDULE_O								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 50	01(c)(3)s only	availa	ble					
	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)								
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest po	licy, and finar	icial						
19	statements available to the public during the tax year.								
19									
19 20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	State the name, address, and telephone number of the person who possesses the organization's books and records								

Form 990 (2022) MARCH OF DIMES INC.	13-1846366	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest C	ompensated	
	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 Comple	ete this table for all persons required to be listed. Report compensation for the calendar year ending	with or within the organization'	s tax year.

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)	(B)		(0	C)			(D)	(E)	(F)		
Name and title	Average	Position (do not check more than one					ne	Reportable	Estimated		
	hours per	box	box, unless person i officer and a directo				n an	compensation	compensation	amount of	
	week						Stor/trustee)		from	from related	other
	(list any	rector						the	organizations	compensation	
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the	
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related	
	below	lual tr	tional		nploy	st con	_	1033-1120)		organizations	
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) STACEY D. STEWART	40.00	_	-				-				
PRESIDENT & CEO (END 12/22)	0.00			х				607,033.	0.	45,310.	
(2) ZSAKEBA T. HENDERSON M.D.	40.00										
SVP MCH IMP DEP MD OF (END 12/22)	0.00				х			344,981.	0.	42,274.	
(3) DAVID C. DAMOND	40.00										
SVP, CFO & ASST. TREAS. (END 10/22)	0.00			Х				312,391.	0.	40,659.	
(4) ANDREW S. COCCARI, JR.	40.00										
SVP & CHIEF DEVELOPMENT OFFICER	0.00				х			299,027.	0.	46,557.	
(5) ADRIAN P. MOLLO	40.00										
SVP, GEN. COUNSEL & ASST. SECRETARY	0.00			х				291,652.	0.	45,479.	
(6) FREDERICK A. BROGDON	40.00										
SVP & CHIEF OPERATING OFFICER	0.00			х				316,282.	0.	19,494.	
(7) KELLY ERNST	40.00										
SVP, MARKET IMPACT	0.00				х			267,306.	0.	43,818.	
(8) CYNTHIA H. RAHMAN	40.00										
SVP, CHIEF MARKETING OFFICER	0.00				х			273,976.	0.	10,349.	
(9) DEIRDRE MALONEY	40.00							007.467		10 007	
VP, HUMAN RESOURCES	0.00		<u> </u>			X		227,467.	0.	48,087.	
(10) NICHOLAS M. DIFRANZA	40.00							0.40.005		24 240	
SVP & CHIEF TECH OFFICER	0.00					X		240,895.	0.	31,349.	
(11) ALISON A. SPERA	40.00							045 550		44 000	
VP, MARKET IMPACT	0.00					x		217,559.	0.	41,230.	
(12) DARLENE R. SLAUGHTER	40.00							010 000		00 001	
VP & CHIEF DIV., INCL. & ENGAGE. OFC	0.00				X			219,698.	0.	20,681.	
(13) ROCHELLE S. SIEGEL	40.00							205 120	•	17 100	
SENIOR EXECUTIVE DIR. MARKET IMPACT	0.00					X		205,130.	0.	17,189.	
(14) PAUL ZIV	40.00							205 702	•	0.000	
VP, ASSOCIATE CHIEF OPERATING OFFICE	0.00					x		205,793.	0.	8,206.	
(15) JUDY L. ASCHNER, MD TRUSTEE	0.00	x						0.	0.	0	
(16) GRETCHEN CARLSON	1.00	^	-			-		<u>.</u>	0.	0.	
TRUSTEE (END 06/22)	0.00	x						0.	0.	0.	
(17) AMY L. CASSERI	1.00	A	-			-		· · ·	0.	· · ·	
TRUSTEE	0.00	x						0.	0.	0.	
232007 12-13-22			I	I	I	L			••	Form 990 (2022)	

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Form **990** (2022)

Form 990 (2022) MARCH OF DIME									13-184	6366		Pa	ige 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A)	(B)			_ (0		_		(D)	(E)			(F)	
Name and title	Average	(do not check more than o						Reportable	Reportable		Est	imate	d
	hours per					is both or/trus		compensation	compensation			ount o	of
	week			a a a				from	from related			other	
	(list any hours for	director						the	organizations	,	comp		
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC 1099-NEC)	″		m the nizati	
	organizations	ruste	l trus		ee	npen		1099-NEC)	1099-NEC)		•	relate	
	below	dual t	ıtiona	~	nploy	st cor	-	1000 1120)				nizatio	
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	nzatie	
(18) ANDREW J. DAHLE	1.00	_	_	0	×	1	-						
TRUSTEE (BEG 12/22)	0.00	х						0.		0.			Ο.
(19) PHYLLIS A. DENNERY, MD	1.00												
TRUSTEE	0.00	х						0.		0.			Ο.
(20) WILLIAM A. FITZGERALD	2.00												
VICE CHAIR	0.00	х		х				0.		٥.			Ο.
(21) JAY S. GREENSPAN, MD	1.00					-							
TRUSTEE	0.00	х						0.		0.			0.
(22) DOUGLAS D. HAWTHORNE	1.00	л						••		<u>.</u>			<u> </u>
TRUSTEE		v						0					0
	0.00	Х						0.		0.			0.
(23) SHARON MILLS HIGGINS	6.00												•
CHAIR	0.00	х		Х				0.		0.			0.
(24) DAVID L. LAKEY, MD	1.00												
VICE CHAIR	0.00	Х		X				0.		0.			0.
(25) TONYA LEWIS LEE	1.00												
TRUSTEE	0.00	Х						0.		٥.			0.
(26) JUDETTE LOUIS, MD	1.00												
TRUSTEE	0.00	х						0.		0.			Ο.
1b Subtotal								4,029,190.		0.		460,0	582.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)								4,029,190.		0.	460,682.		
2 Total number of individuals (including but n								, ,	000 of reportable				
compensation from the organization		000	noco	u uo		,	010						122
												Yes	No
3 Did the organization list any former officer,	director truste	ا مد		mnl	0.70		hia	hest compensated empl		Г			
3	,					,	0		,	- 1	3		х
line 1a? If "Yes," complete Schedule J for si										·· -	3		
4 For any individual listed on line 1a, is the su	•		•						•	- 1		x	
and related organizations greater than \$150			•							··· -	4	A	
5 Did any person listed on line 1a receive or a											_		37
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or sl	ich r	oers	son .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	•	•							•	nsati	on froi	n	
the organization. Report compensation for t	he calendar ye	ear e	endir	ig w	ith c	or wi	thin	the organization's tax y	ear.				
(A)								(B)		~	(C)		
Name and business								Description of s	ervices	Co	ompen	satior	1
TRUE NORTH, INC., 515 MADISON AVENUE	, STE												
8083, NEW YORK, NY 10022							4	ADVERTISING			3,	068,	764.
DDTV - DIRECT DONOR TV													
16900 SCIENCE DRIVE, BOWIE, MD 20715							ľ	DEVELOP & AIR TIME			1,	707,9	937.
EDGE DIRECT LLC													
P.O. BOX 840, TULSA, OK 74101-0840							2	ADVERTISING			1,1	149,3	163.
CSM SPORT AND ENTERTAINMENT, 8770 GU	ION												
ROAD, SUITE G, INDIANAPOLIS, IN 46268	3							MARKETING			1,	096,0	.000
FORUM ONE COMMUNICATIONS, 6140 S. GUI													
RD., K6-153, AURORA, CO 80016								DIGITAL SERVICES/S	OLUTIONS		1	919,2	267.
2 Total number of independent contractors (ir	ncluding but no	ot lin	nited	tot	thos	se lis						,	
\$100,000 of compensation from the organiz	zation				3								
SEE PART VII, SECTION A CONTINU	JATION SHEE	TS								F	Form 9	90 (2	2022)

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Part VII Section A. Officers, Directors, Tru		nplo	yee			lighe	est (, ,	
(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average hours per	Position (check all that a				ly)	Reportable compensation from	Reportable compensation from related	Estimated amount of other	
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest com pensated em ployee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
27) MONICA LUECHTEFELD	1.00									
RUSTEE (END 06/22)	0.00	Х						0.	0.	
28) JUAN SALGADO-MORALES, FACOG, MD	1.00									
RUSTEE (END 06/22)	0.00	Х						0.	0.	
29) SUE SCHICK	3.00									
ECRETARY	0.00	Х		Х				0.	0.	
30) MUHAMMAD SHAHZAD	3.00									
REASURER	0.00	х		х				0.	0.	
31) ELLEN STANG, MD	1.00									
RUSTEE	0.00	Х						0.	0.	
32) LORNA STREET	1.00									
RUSTEE	0.00	Х						0.	0.	
33) BRIAN THOMPSON, MD	1.00									
RUSTEE	0.00	Х						0.	0.	
34) EVERETT B. WARD	1.00									
									0.	

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										-
		Check if Schedule O	<u>contair</u>	is a respo	onse o	r note to any line	<u>e in this Part VIII</u> (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclud from tax unde sections 512 - {
ts	1 a	Federated campaigns		1a		106,461.				
uno	b	Membership dues		1b						
Ĕ	с	Fundraising events		1c		41,882,516.				
ar /	d	Related organizations		1d						
	е	Government grants (contr	ributior	s) 1e		10,728,226.				
ž	f	All other contributions, gifts,								
) III		similar amounts not included	l above			51,717,360.				
	g	Noncash contributions included in				2,377,063.				
a	h	Total. Add lines 1a-1f	Total. Add lines 1a-1f				104,434,563.			
					-	Business Code				
	2 a	PROGRAM SPONSORSHIP	,			900099	247,741.	247,741.		
ne										
ven										
Miscellaneous Miscellaneous Other Revenue Program Service Contributions, Gifts, Gran Revenue Anoun Revenue and Other Similar Amoun Revenue of the similar Amoun of the second sec					—					
	All other program service	rovoni	0							
		Total. Add lines 2a-2f					247,741.			
		Investment income (includ					, .			
	Ū	other similar amounts) Income from investment of tax-exempt bond pro			· .	156,769.			156,70	
	4									
	5	Royalties		•	•	F	379,211.			379,2
				(i) Rea		(ii) Personal				
	6 a	Gross rents	6a							
	b		6b							
		Rental income or (loss)	6c							
	d	Net rental income or (loss) <u></u>							
	7 a	Gross amount from sales of		(i) Securi		(ii) Other				
		assets other than inventory	7a 2	3,314,8	894.					
	b	Less: cost or other basis								
		and sales expenses		4,240,						
	С	Gain or (loss)	7c	-925,0	574.					
		Net gain or (loss)					-925,674.			-925,6
	8 a	Gross income from fundraisi								
Miscellaneous Other Revenue Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts		including \$ 41,								
		contributions reported on				9 004 298				
	h	Part IV, line 18			8a 8b	9,004,298.				
				ising ovo	<u> </u>	5,004,250.	0.			
		Net income or (loss) from Gross income from gamin					5.			
Other Revenue Other Revenue Revenue	Ja	Part IV, line 19			9a					
	b				9b					
		Net income or (loss) from								
		Gross sales of inventory, I								
		and allowances			10a	88,654.				
	b	Less: cost of goods sold			10b	122,984.				
		Net income or (loss) from			ry		-34,330.	-34,330.		
Τ						Business Code				
Ð	11 a	GRANT REFUNDS			[900099	139,505.	139,505.		
nue	b	VENDOR REFUNDS				900099	60,000.			60,00
eve	с	REBATES/REWARDS/SET	TLEME	NTS		900099	48,324.			48,32
ľ	d	All other revenue				900099	484,558.			484,55
	e	Total. Add lines 11a-11d			<u></u>		732,387.			
	40	Total revenue. See instruction	one				104,990,667.	352,916.	0.	203,18

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MARCH OF DIMES INC.

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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 respons		<u>r organizations must con</u> this Part IX	, , ,	
	not include amounts reported on lines 6b, 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):				
а	F				
b	F	225,689.		225,689.	
С	Accounting	257,342.		257,342.	
d	, , , , , , , , , , , , , , , , , , ,	353,787.	349,327.	3,120.	1,340.
е	, F	1,782,719.		4.04, 4.00	1,782,719.
f	Investment management fees	181,122.		181,122.	
g		12 200 450	10 242 025	1 000 000	
	column (A), amount, list line 11g expenses on Sch 0.)	13,382,458.	12,343,235.	1,039,223.	401 450
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	2 202 570	0.054.700	707 104	151 647
16		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	250 412	279 420	71 000	
19	Conferences, conventions, and meetings	350,412.	278,420.	71,992.	
20					
21	Payments to affiliates	242,713.	170,706.	60,678.	11,329.
22	Depreciation, depletion, and amortization	670,637.	471,676.	167,659.	31,302.
23	Insurance	070,037.	±/1,0/0.	107,009.	51,502.
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 0.)				
а		3,311,276.	2,375,564.	761,309.	174,403.
b		536,602.	252,691.	21,127.	262,784.
c		448,627.	320,753.	100,732.	27,142.
d		1,582.	1,196.	3.	383.
	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 X if following SOP 98-2 (ASC 958-720)	17,599,299.	945,082.	1,818,008.	14,836,209.

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2022.05000 MARCH OF DIMES INC.

Form 990 (2022)

MARCH OF DIMES INC.

	Check if Schedule O contains a response or note to any I		(A)	<u> </u>	(B)
			(A) Beginning of year		End of year
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	6,556,183
5	Loans and other receivables from any current or former o				
	trustee, key employee, creator or founder, substantial cor	ntributor, or 35%			
	controlled entity or family member of any of these person	s		5	
6	Loans and other receivables from other disqualified perso	ons (as defined			
	under section 4958(f)(1)), and persons described in section	on 4958(c)(3)(B)		6	
<u></u> 9 7	Notes and loans receivable, net			7	
Assets	Inventories for sale or use		534,019.	8	525,33·
¶ 9	Description of the second state of the second		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		19,515,232.	1,186,561.	10c	2,706,473
11	Investments - publicly traded securities	57,113,988.	11	31,694,260	
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	22,970,460	
16	Total assets. Add lines 1 through 15 (must equal line 33)		88,338,195.	16	72,400,13
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			21	
	Loans and other payables to any current or former officer				
tie	trustee, key employee, creator or founder, substantial cor				
Liabilities	controlled entity or family member of any of these person			22	
₂₃ ا ت	Secured mortgages and notes payable to unrelated third	F		23	
24	Unsecured notes and loans payable to unrelated third pa			24	
25	Other liabilities (including federal income tax, payables to				
	parties, and other liabilities not included on lines 17-24).				
	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
	Organizations that follow FASB ASC 958, check here	X			
es	and complete lines 27, 28, 32, and 33.				
un 27			-23,617,639.	27	-40,268,837
	Net assets with donor restrictions	F	25,213,322.	28	31,725,319
P	Organizations that do not follow FASB ASC 958, check				· · · ·
л Ц	and complete lines 29 through 33.				
ਠੋ 29	Capital stock or trust principal, or current funds			29	
5 20	Paid-in or capital surplus, or land, building, or equipment			30	
SS 31	Retained earnings, endowment, accumulated income, or			31	
Net Assets or Fund Balances 5 1 0 6 8 2 2 7 1 0 6 9 8 2 2	Total net assets or fund balances	·····	1,595,683.	32	-8,543,518
Z 33	Total liabilities and net assets/fund balances		88,338,195.	33	72,400,131
100			,,->••	00	Form 990 (2)

Form **990** (2022)

232011 12-13-22

Form	990 (2022) MARCH OF DIMES INC.	13-1846	366	Pa	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		X
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.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x
	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?		2b	Х	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	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?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	Х	
			_	000	(0000)

Form **990** (2022)

232012 12-13-22

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

Total

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

Employer identification number

			OF DIMES INC.						13-1846366
Pa	art I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions	5.	
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, cl	neck only (one box.)			
1		A church, convention of ch	urches, or associatio	on of churches described	in sectio	n 170(b)(1	I)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Form	n 990).)				
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(ii	ii).		
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	llege or university owned	or operate	ed by a go	overnmental un	it describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	lly receives a substa	ntial part of its support fr	om a gove	ernmental	unit or from the	e general p	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Part	: II.)				
9		An agricultural research org				ed in conju	inction with a l	and-grant	college
		or university or a non-land-g	rant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of t	he college	or
		university:				-		-	
10		An organization that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membershi	o fees, and	d gross receipts from
		activities related to its exem							
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the orga	anization a	fter June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusi	ively to test for public saf	ety. See	section 50	09(a)(4).		
12		An organization organized a						ry out the	purposes of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section &	509(a)(2).	See section 5	09(a)(3). (Check the box on
		lines 12a through 12d that	describes the type of	f supporting organization	and com	plete lines	12e, 12f, and	12g.	
a		Type I. A supporting orga	nization operated, s	upervised, or controlled I	by its supp	oorted org	anization(s), ty	pically by	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	of the direc	tors or trustee	s of the su	pporting
		organization. You must o	omplete Part IV, Se	ections A and B.					
k	, 🗌	Type II. A supporting org	anization supervised	or controlled in connect	ion with it:	s supporte	ed organization	(s), by hav	ing
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	e the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
c	;	Type III functionally inte	grated. A supporting	g organization operated i	in connect	tion with, a	and functionally	y integrate	d with,
		its supported organization	n(s) (see instructions)). You must complete F	Part IV, Se	ections A,	D, and E.		
c	I 🗌	Type III non-functionally	v integrated. A supp	orting organization operation	ated in cor	nnection w	vith its support	ed organiz	ation(s)
		that is not functionally int	egrated. The organiz	ation generally must sati	sfy a distr	ibution rec	quirement and	an attentiv	veness
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	v .		
e		Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Type I, Type II	, Type III	
		functionally integrated, or	Type III non-function	nally integrated supportir	ng organiz	ation.			
f	Ente	er the number of supported c	organizations						
ç		vide the following informatior	about the supporte	d organization(s).					
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	anization listed ing document?	(v) Amount of		(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see ins	structions)	support (see instructions)

MARCH OF DIMES INC.

Page 2

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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.)

See	ction A. Public Support						
Cale	ndar 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 organ-						
	ization'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)						
	Public support. Subtract line 5 from line 4.						558,825,754.
See	ction B. Total Support				1		1
	ndar 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 \dots	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 instructio	ons)			12	2,323,185.
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
_	organization, check this box and stop						
	ction C. Computation of Publi					<u> </u>	
	Public support percentage for 2022 (I					14	92.28 %
	Public support percentage from 2021					15	92.35 %
16 a	33 1/3% support test - 2022. If the o				14 is 33 1/3% or m	ore, check this boy	
	stop here. The organization qualifies		•				
b	33 1/3% support test - 2021. If the o				line 15 is 33 1/3%	or more, check thi	is box
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ition			
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact			•	•	VI how the organiz	ation
	meets the facts-and-circumstances te	•	•		•		
b	10% -facts-and-circumstances test	•				-	10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu						
18	Private foundation. If the organization	on did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a		
						Schedule A	(Form 990) 2022

Schedule A (Form 990) 20

232022 12-09-22

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						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 202	2 (f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for t	•					·
check this box and stop here Section C. Computation of Publ	ia Support Dou					
· · ·					45	0/
15 Public support percentage for 2022 (.,,		15 16	<u> </u>
16 Public support percentage from 202 Section D. Computation of Invest						%
17 Investment income percentage for 2			ine 13. column (f))	1	17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2022. If the					· · · · · · · · · · · · · · · · · · ·	
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2021. If the						/3%, and
line 18 is not more than 33 1/3%, che	eck this box and st	op here. The org	anization qualifies	as a publicly supp	orted organiz	ation
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	
232023 12-09-22		16	5		Sche	dule A (Form 990) 2022

2022.05000 MARCH OF DIMES INC.

1

2

3a

Yes No

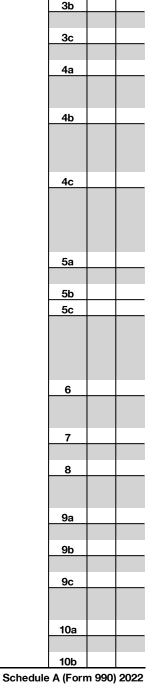
Part IV Supporting Organizations

(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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*
- **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)? *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.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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? *If "Yes," provide detail in* Part VI.
- 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? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **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))? *If* "*Yes*," *provide detail in* **Part VI.**
- **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? *If* "Yes," *provide detail in* **Part VI.**
- 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? *If* "Yes," *provide detail in* **Part VI.**
- **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)? *If "Yes," answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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17

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Yes

1

2

No

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

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? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	
2	Did the organization operate for the benefit of any supported organization other than the supported	ſ

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

upervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

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

ation(s) organ Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
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? If "No," explain in Part VI how			
3	the organization maintained a close and continuous working relationship with the supported organization(s). 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? <i>If</i> "Yes," <i>describe in</i> Part VI <i>the role the organization</i> 's	2		
	supported organizations played in this regard	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the org	anization used to satisfy	the Integral Part Test durin	a the year (see instructions).
-				

- The organization satisfied the Activities Test. Complete line 2 below. а
- h The organization is the parent of each of its supported organizations. Complete line 3 below.

с		The organization supported a governmental entity.	Describe in Part VI how you suppor	ted a governmental entity (see instruction <u>s).</u>
---	--	---	------------------------------------	---

18

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 232025 12-09-22

Schedule A (Form 990) 2022

2022.05000 MARCH OF DIMES INC.

Yes No 2a 2b 3a 3b

ar	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on N	ov. 20, 1970 (<i>explain in</i>	Part VI). See instruction
	All other Type III non-functionally integrated supporting organizations mu	st complete S	Sections A through E.	
ecti	on 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		
ecti	on 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
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		
ecti	on 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		

Schedule A (Form 990) 2022

232026 12-09-22

u	1101112020		
е	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: \$		
а	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
с	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, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h		
	and 4b from line 1. For result greater than zero, explain in		
	Part VI. See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j		
	and 4c.		
8	Breakdown of line 7:		
а	Excess from 2018		
b	Excess from 2019		
с	Excess from 2020		
d	Excess from 2021		
е	Excess from 2022		
		0.	

Schedule A (Form 990) 2022

MARCH OF DIMES INC.

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

Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	3			
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	IS	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). 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, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				

Schedule A (Form 990) 2022

Page 7

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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:

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.		Schedule A (Form 990) 2022
		21	

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.

2018 AMOUNT: \$	244,381.		
2019 AMOUNT: \$	133,546.		
2020 AMOUNT: \$	619,572.		
2021 AMOUNT: \$	139,289.		
2022 AMOUNT: \$	592,882.		

** PUBLIC DISCLOSURE COPY **

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

Employer identification number

13-1846366

Department of the Treasury
Internal Revenue Service

(Form 990)

Schedule B

Name of the organization

Organization type (check one):

5	·
Filers of:	Section:
Form 990 or 990-EZ	X 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 for an *exclusively* set in the set of t

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).

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

Schedule B (Form 990) (2022)

	3 (Form 990) (2022)		Page
Name of o	rganization	Emplo	oyer identification number
MARCH OF	DIMES INC.	1	L3-1846366
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		\$10,000,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$2,300,000.	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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	B (Form 990) (2022)		Page
Name of o	rganization		Employer identification number
MARCH OF	7 DIMES INC.		13-1846366
Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed	J.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
223453 11-15	25 22		Schedule B (Form 990) (2022)

2022.05000 MARCH OF DIMES INC. 01994531

Schedule I	B (Form 990) (2022)		Page 4				
Name of o	rganization		Employer identification number				
MARCH OF	F DIMES INC.		13-1846366				
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line entry charitable, etc., contributions of \$1,000 or le	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the year /. For organizations ss for the year. (Enter this info. once.) \$				
(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, a	Ind ZIP + 4	Relationship of transferor to transferee				
(a) No.							
(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, a	Ind ZIP + 4	Relationship of transferor to transferee				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
-		(e) Transfer of gift					
-	Transferee's name, address, a	ind ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
-	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee				

223454 11-15-22

Schedule B (Form 990) (2022)

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2022.05000 MARCH OF DIMES INC.

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01994531

SCHEDULE C	Po	litical Campaign	and Lobbyin	g Activities		OMB No. 1545-0047
(Form 990)	For Orga	anizations Exempt From Incom	e Tax Under section §	501(c) and section 527		2022
	Complete i	f the organization is described	below. Attach to Fe	orm 990 or Form 990-I	EZ.	Open to Public
Department of the Treasury Internal Revenue Service	Go	to www.irs.gov/Form990 for in	nstructions and the la	test information.		Inspection
If the organization answ	wered "Yes," on	Form 990, Part IV, line 3, or Fo	rm 990-EZ, Part V, lin	e 46 (Political Campai	gn Activ	ities), then
 Section 501(c)(3) org 	ganizations: Com	plete Parts I-A and B. Do not cor	nplete Part I-C.			
 Section 501(c) (other 	er than section 50	1(c)(3)) organizations: Complete	Parts I-A and C below.	Do not complete Part I-	·B.	
 Section 527 organization 	•					
		Form 990, Part IV, line 4, or Fo				
	0	ave filed Form 5768 (election un	(//	•	•	
	•	ave NOT filed Form 5768 (election				•
Tax) (See separate inst		Form 990, Part IV, line 5 (Prox	y Tax) (See Separate II	istructions) or Form 9	90-EZ, F	Part V, line 35C (Proxy
		ons: Complete Part III.				
Name of organization	<i>"</i> (<i>,</i> 3			E	mployer	identification number
	MARCH OF DI					13-1846366
Part I-A Comple	lete if the org	anization is exempt unde	er section 501(c) o	or is a section 527	organ	ization.
1 Provide a description	on of the organiza	ation's direct and indirect politica	al campaign activities ir	n Part IV.		
2 Political campaign	activity expenditu	ires			\$	
3 Volunteer hours for	r political campaig	n activities				
		anization is exempt unde		-	•	
		ncurred by the organization und				
		ncurred by organization manage 1 4955 tax, did it file Form 4720 f				Yes No
		14955 tax, did it life Form 4720 1				
b If "Yes," describe in						
		anization is exempt unde	er section 501(c),	except section 50	1(c)(3).	
1 Enter the amount d	directly expended	by the filing organization for sec	tion 527 exempt functi	on activities	\$	
		zation's funds contributed to oth				
exempt function ac			-		\$	
3 Total exempt functi		Add lines 1 and 2. Enter here an				
line 17b					\$	
4 Did the filing organi	ization file Form	1120-POL for this year?				Yes No
		ployer identification number (EIN		-		
		ion listed, enter the amount paid				
		mptly and directly delivered to a additional space is needed, provi		, 1	arate seg	pregated fund or a
				1		-) A
(a) Name	e	(b) Address	(c) EIN	(d) Amount paid fro filing organization'		e) Amount of political ntributions received and
				funds. If none, enter	-0	promptly and directly
						elivered to a separate political organization.
						If none, enter -0
				-		
For Donominants Destroy	tion Act Nation	ee the Instructions for Form 9	00 or 000 E7		Color:	dule C (Form 990) 2022
FOR Paperwork Reduct	II ON ACT NOTICE. S	ee me monucuons for Form 9	JU UI JJU-EL.		SCNE	uule 🗸 (F0111 990) 2022

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(For 90)

232041 11-08-22

27 2022.05000 MARCH OF DIMES INC.

	MARCH OF					.846366 Page 2
Part II-A Complete if the orga	anization	is exen	npt under section	n 501(c)(3) and file	ed Form 5768 (ele	ection under
section 501(h)).						
A Check if the filing organizat	tion belongs	s to an affil	iated group (and list ir	n Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and share	e of excess	lobbying e	expenditures).			
B Check if the filing organizat	tion checke	d box A ar	d "limited control" pro	ovisions apply.	r	1
Limit	s on Lobby	ina Exper	nditures		(a) Filing	(b) Affiliated group
	-	• •	nts paid or incurred.)	organization's totals	totals
						0
1a Total lobbying expenditures to influ	-		• •			0.
b Total lobbying expenditures to influ	-		• • • • •			U.
c Total lobbying expenditures (add lir						0.
d Other exempt purpose expenditure						••
 e Total exempt purpose expenditures f Lobbying nontaxable amount. Ente 						
If the amount on line 1e, column (a) or			•			
Not over \$500,000	(U) 15.		bying nontaxable am the amount on line 1e.			
Over \$500,000 but not over \$1,000	000		0 plus 15% of the exc			
Over \$1,000,000 but not over \$1,000			0 plus 10% of the exc			
Over \$1,500,000 but not over \$1,50			0 plus 5% of the exce			
Over \$17,000,000	500,000	\$1,000,0		<u></u>		
0101 011,000,000		φ1,000,0				
g Grassroots nontaxable amount (ent	ter 25% of li	ne 1f)				
h Subtract line 1g from line 1a. If zero		,				
i Subtract line 1f from line 1c. If zero		0				
j If there is an amount other than zer						
reporting section 4911 tax for this y						Yes No
			raging Period Under			
(Some organizations th)1(h) election do not ate instructions for li		of the five columns b	elow.
	Lobby	ing Exper	ditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 20	019	(b) 2020	(c) 2021	(d) 2022	(e) Total
(0						
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				l	0-1	

Schedule C (Form 990) 2022

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13-1846366 Page 3

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		(a)		(b)	
	lobbying activity.	Yes	No	Amou	int
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:				
а	Volunteers?	X			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			
	Media advertisements?	X			39.
	Mailings to members, legislators, or the public?	X			816.
	Publications, or published or broadcast statements?	X			2,779.
f	Grants to other organizations for lobbying purposes?		Х		
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.
	Other activities?	X			49,305.
	Total. Add lines 1c through 1i			6	63,339.
	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				
	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?	- E01(-)//		1:00	
Par	t III-A Complete if the organization is exempt under section 501(c)(4), sectio 501(c)(6).	n 501(c)(:	o), or sec	τιοη	
	00 N(0)(0).			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?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th				
	t III-B Complete if the organization is exempt under section 501(c)(4), sectio		-	tion	
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				B, 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).				
а	Current year		2a		
	Carryover from last year				
	Total				
3					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pe	olitical			
	expenditures next year?		4		
_5	Taxable amount of lobbying and political expenditures. See instructions		5		
instru	Supplemental Information de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group ictions); and Part II-B, line 1. Also, complete this part for any additional information. II-B, LINE 1, LOBBYING ACTIVITIES:	list); Part II-,	A, lines 1 a	nd 2 (See	
AT T	HE FEDERAL LEVEL AND IN EACH STATE, THE DISTRICT OF COLUMBIA, AND				
	TO RICO, MARCH OF DIMES STAFF AND VOLUNTEERS WORK TO INFLUENCE BOTH				
	SLATIVE AND REGULATORY ACTIVITIES, SERVING AS POWERFUL VOICES FOR				
	NEEDS OF PREGNANT WOMEN, INFANTS, CHILDREN, AND FAMILIES. OUR				
FLEO	RTS SPAN THE FULL RANGE OF OUR ANNUAL ADVOCACY AND GOVERNMENT		<u>.</u>		

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Schedule C (Form 990) 2022

Schedule C (Form 990) 2022 MARCH OF DIMES INC.	13-1846366	Page 4
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 C (Form 990) 2022

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						0 0 MD No. 1545 0047
	HEDULE D	Supplementa				OMB No. 1545-0047
(Forr	n 990)	Complete if the orga Part IV, line 6, 7, 8, 9, 10	nization answered "Y , 11a, 11b, 11c, 11d, 1			ZUZZ
	ment of the Treasury I Revenue Service		ttach to Form 990.			Open to Public Inspection
	e of the organizatio				Emp	bloyer identification number
	-	MARCH OF DIMES INC.			.	13-1846366
Pa		tions Maintaining Donor Advise answered "Yes" on Form 990, Part IV, lin		Similar Funds or A	ccoun	ts. Complete if the
	organization	ranswered Tes OffForm 390, Fait IV, in	(a) Donor advi	sed funds	(b) Fun	ds and other accounts
1	Total number at on	d of year				
2		contributions to (during year)				
3		grants from (during year)				
4		end of year				
5		n inform all donors and donor advisors in	writing that the assets	held in donor advised fur	ds	
	are the organizatior	n's property, subject to the organization's	exclusive legal control'	?		Yes No
6	Did the organization	n inform all grantees, donors, and donor a	dvisors in writing that g	grant funds can be used (only	
	for charitable purpo	oses and not for the benefit of the donor o	,	<i>,</i> , ,	0	
Pa	impermissible priva					
		ation Easements. Complete if the organization			, line 7.	
1		ervation easements held by the organization of land for public use (for example, recreation)	· · · ·	<u>,</u>	orioally	important land area
		natural habitat		Preservation of a hist Preservation of a cer		•
		of open space	L		.mea me	
2		through 2d if the organization held a quali	ied conservation contr	ibution in the form of a co	onservat	tion easement on the last
	day of the tax year.	o o 1				Held at the End of the Tax Year
а	Total number of co	nservation easements			2a	
b	Total acreage restri	icted by conservation easements			2b	
с	Number of conserve	ation easements on a certified historic stru	ucture included in (a)		2c	
d		ation easements included in (c) acquired a	• • •			
		sted in the National Register			2d	
3		ation easements modified, transferred, rel	eased, extinguished, o	r terminated by the orgar	ization	during the tax
4	year	where property subject to concernation and	amont is located			
-+ 5		where property subject to conservation east ion have a written policy regarding the per		ection handling of		
Ŭ	8	procement of the conservation easements it	5, 1			Yes No
6		hours devoted to monitoring, inspecting,				
			.	-		C ,
7	Amount of expense	es incurred in monitoring, inspecting, hanc	lling of violations, and e	enforcing conservation ea	isement	s during the year
8	Does each conserv	ation easement reported on line 2(d) abov	e satisfy the requireme	ents of section 170(h)(4)(E)(i)	
-	and section 170(h)(Yes No
9		e how the organization reports conservation		-		
		include, if applicable, the text of the footr punting for conservation easements.	lote to the organization	i s infancial statements tr	at desc	ribes the
Pa	rt III Organiza	tions Maintaining Collections of	Art, Historical Tr	easures, or Other S	Simila	r Assets.
		the organization answered "Yes" on Form		·		
1a	If the organization e	elected, as permitted under FASB ASC 95	8, not to report in its re	evenue statement and ba	ance sh	neet works
	of art, historical trea	asures, or other similar assets held for put	olic exhibition, educatio	on, or research in furthera	nce of p	public
	service, provide in F	Part XIII the text of the footnote to its finar	ncial statements that de	escribes these items.		
b	If the organization e	elected, as permitted under FASB ASC 95	8, to report in its reven	ue statement and balanc	e sheet	works of
	art, historical treasu	ures, or other similar assets held for public	exhibition, education,	or research in furtheranc	e of pub	blic service,
	•	ng amounts relating to these items:				
		led on Form 990, Part VIII, line 1				\$
~	.,					\$
2		received or held works of art, historical tre			provide	
а	-	nts required to be reported under FASB A on Form 990, Part VIII, line 1	-			\$
u						

07481117 153424 0199453-00001

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b Assets included in Form 990, Part X

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

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Schedule D (Form 990) 2022

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Sche	dule D (Form 990) 2022 MARCH OF DI					13-184		P	age 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	er Sim	ilar Assets	s (conti	nued)	
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	following that make	significa	nt use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further th	ne organization's ex	empt pu	rpose in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	sures, or other simi	lar assets	s	_		_
	to be sold to raise funds rather than to be ma				<u></u>		Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		te if the organizatio	n answered "Yes"	on Form	990, Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contribution	s or other assets no	ot include	ed			
	on Form 990, Part X?		-				Yes		No
b	If "Yes," explain the arrangement in Part XIII								
							Amoun	t	
с	Beginning balance				1	с			
	Additions during the year					d			
е	Distributions during the year				1	е			
f	Ending balance					f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line 2	21, for escrow or cu	ustodial account lia	bility?	L	Yes		No
	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete i					<u> </u>	1 () 5		
		(a) Current year	(b) Prior year	(c) Two years back		ee years back		· ·	
-	Beginning of year balance	1,848,997.	1,651,194.	, ,	_	2,222,910.	4	,604,	1/0.
b	Contributions	200 155	24,700.	,	_	3,000.		21.0	FCF
C.	Net investment earnings, gains, and losses	-289,155.	270,419.	162,276	•	295,825.		-310,	202.
d	Grants or scholarships								
е	Other expenditures for facilities	77,993.	07 216	150 000		75 027	37. 214,680		600
	and programs	11,995.	97,316.	159,880	•	75,937.		214,	000.
	Administrative expenses	1 / 81 8/9	1,848,997.	1,651,194	1	,445,798.	1	,078,	925
g	End of year balance Provide the estimated percentage of the curr				•	., 445, 750.		, , , ,	525.
2	Board designated or quasi-endowment	ent year end balance)) heid as.					
a b	Permanent endowment 89.0000	%	_%						
c	Term endowment 11.0000								
U	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse		ion that are held ar	nd administered for	the				
ou	organization by:	oolon on the organization						Yes	No
	(i) Unrelated organizations						3a(i)		х
	(ii) Related organizations						3a(ii)		х
b	If "Yes" on line 3a(ii), are the related organiza								
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answere	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Part	X, line 10).			
	Description of property	(a) Cost or ot basis (investm	• •		Accumu depreciat		(d) Boo	k valu	е
1a	Land								
	Buildings								
	Leasehold improvements			37,210.	2	21,006.		16,	204.
	Equipment		22	,016,530.	19,49	94,226.	2	,522,	304.
	Other			167,965.				167,	965.
Tota	. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part >	(. column (B). line 1	0c.)			2	,706,	473.

Schedule D (Form 990) 2022

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Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"			
(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)			
<u>(E)</u>			
(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 000 Dart IV line	110 Soo Form 000 Port V line 12	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of yoor market yelue
		(c) Method of Valdation. Cost of end	-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Tetel (Col. (b) must equal Form 000, Part V, col. (D) line 12.)			
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.	
) 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) lin	ne 15)		22,970,466.
Part X Other Liabilities.			, ,
Complete if the organization answered "Yes'	' on Form 990, Part IV, line	e 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) lin	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 X 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

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Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 MARCH OF DIMES INC.			13-18	846366 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Staten	nents With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
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:				
а	Net unrealized gains (losses) on investments	2a	-7,553,843.		
b	Donated services and use of facilities	2b	313,239.		
с	Recoveries of prior year grants	2c			
d			6,013,917.		
е	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:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	181,122.		
b	Other (Describe in Part XIII.)	4b	-122,985.		
с	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.
Pa	t XII Reconciliation of Expenses per Audited Financial State	ments With	Expenses per R	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
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:				
а	Donated services and use of facilities	2a	313,239.		
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	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:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	181,122.		
b	Other (Describe in Part XIII.)	4b	-122,985.		
с	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

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Schedule D (Form 990) 2022

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:

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Schedule D (Form 990) 2022 MARCH OF DIMES INC.		13-1846366	Page 5
Part XIII Supplemental Information (continued)			
PENSION AND POSTRETIREMENT COSTS OTHER THAN NET PERIODIC			
BENEFIT COSTS	6 013 017		
BENEFIT COSTS	6,013,917.		
PART XI, LINE 4B - OTHER ADJUSTMENTS:			
COST OF GOODS SOLD	-122 985		
	-122,985.		
PART XII, LINE 4B - OTHER ADJUSTMENTS:			
COST OF GOODS SOLD	-122,985.		
	,		
		Schedule D (Form	n 990) 2022
232055 09-01-22			

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Name of the organization					Employer identifi	cation number
MARCH OF DIMES INC.					13-1846366	
	mation on A	ctivities Out	side the United States. Comple	te if the organ		es" on
Form 990, Part IV			Compi	sto in the organ		
		n maintain record	ds to substantiate the amount of its gra	nts and other a	issistance,	
the grantees' eligibility for	or the grants or a	ssistance, and t	he selection criteria used to award the	grants or assis	tance? X	Yes 🗌 No
	ribe in Part V the	organization's p	procedures for monitoring the use of its	grants and oth	ner assistance outsi	de the
United States.						
			In be duplicated if additional space is n		it. lists at its (al)	(6) Tatal
(a) Region	(b) Number of offices	(c) Number of employees, agents, and	(d) Activities conducted in the region (by type) (such as, fundraising, pro-		vity listed in (d) gram service,	(f) Total expenditures
	in the region	independent	gram services, investments, grants to		specific type	for and
	-	contractors in the region	recipients located in the region)	of service	s) in the region	investments in the region
		In the region				
EUROPE (INCLUDING						
ICELAND & GREENLAND)	0	0	GRANTMAKING	RESEARCH &	MEDICAL	1,990,558.
MIDDLE EAST AND						
NORTH AFRICA	0	0	GRANTMAKING	RESEARCH &	MEDICAL	100,000.
NORTH AMERICA	0	0	GRANTMAKING	COMMUNITY		5,000.
				COMMONITI		5,000.
						0.005.550
3 a Subtotal	0	0				2,095,558.
b Total from continuation	0	0				٥.
sheets to Part I c Totals (add lines 3a						<u> </u>
						1

Statement of Activities Outside the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990.

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

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

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Schedule F (Form 990) 2022

2,095,558.

OMB No. 1545-0047

Open to Public

Inspection

232071 10-17-22

and 3b)

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

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.		
	nization by the IRS, o	or for which the grantee	ecognized as charities by the t or counsel has provided a sect			👌 -		

		1		

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

(d) Amount of

cash grant

(e) Manner of

cash disbursement

(c) Number of

recipients

(a) Type of grant or assistance

MARCH OF DIMES INC. Schedule F (Form 990) 2022

(b) Region

13-1846366

(f) Amount of

noncash

assistance

(g) Description of

noncash assistance

Page 3

(h) Method of valuation (book, FMV, appraisal, other)

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X 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	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X 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? <i>If</i> "Yes," <i>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)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

MARCH OF DIMES INC. Schedule F (Form 990) 2022

> 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#

PART I, LINE 3:

ACCOUNTING METHOD USED

GRANT MAKING IS REPORTED ON THE ACCRUAL METHOD.

Schedule F (Form 990) 2022

232075 10-17-22

Part V Supplemental Information

SCHEDULE G	Suppleme	ental Information Regarding	Fund	Iraisi	ing or Gaming A	ctiv	ities I c	MB No. 1545-0047
(Form 990)	Complete if the	e organization answered "Yes" on organization entered more than \$1	Form	990, F	Part IV, line 17, 18, o			2022
Department of the Treasury		Attach to Form 990						Open to Public
Internal Revenue Service	Go t	to www.irs.gov/Form990 for instru	ctions	and t	he latest informatior	า.		Inspection
Name of the organization	า						Employer ide	ntification number
	MARCH OF D						13-184636	
	complete this par	Complete if the organization answ t.	ered "Y	'es" or	n Form 990, Part IV, li	ine 17	7. Form 990-EZ	filers are not
 a X Mail solicitat b X Internet and c X Phone solicitat d X In-person so 2 a Did the organization key employees list 	ions email solicitations tations licitations on have a written o ed in Form 990, P I highest paid indiv	f X Solicita g X Specia or oral agreement with any individua Part VII) or entity in connection with p viduals or entities (fundraisers) pursu	ation of ation of I fundra I (incluc professi	non-g gover aising ding of	overnment grants nment grants events ficers, directors, trus undraising services?		X Yes	
(i) Name and addres or entity (func		(ii) Activity	fùndi have c or cor	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	tò (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
EDGE DIRECT, LLC -	3030		Yes	No				
WATERVIEW AVENUE,	BALTIMORE,	FUNDRAISING CONSULTANT	Х		22,200,609.		1,149,163.	21,051,446.
INFOCISION MGMT CO	RP - 325							
SPRINGSIDE DRIVE,	AKRON, OH	TELEMARKETING SERVICES	Х		544,610.		282,229.	262,381.
M&R STRATEGIC SERV	ICES, INC -							
1101 CONNECTICUT A	VE., NW,	FUNDRAISING CONSULTANT	Х		533,114.		313,727.	219,387.
SHOOT FOR A CURE -	1300							
VANTAGE COURT, CLA	RKSVILLE,	FUNDRAISING CONSULTANT	х		500,000.		37,600.	462,400.
Total					23,778,333.		1,782,719.	21,995,614.
3 List all states in whi or licensing.	ch the organizatio	on is registered or licensed to solicit	contrib	utions	or has been notified	it is e	exempt from reg	gistration
AL, AK, AR, CA, CO, CT,	DC,FL,GA,HI,I	L,KS,KY,LA,ME,MD,MA,MI,MN,I	MO,MS	, NV , N	H,NJ,NM			
NY, NC, ND, OH, OK, OR,	PA,RI,SC,TN,U	T,VA,WA,WV,WI						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2022

232081 10-27-22

42 2022.05000 MARCH OF DIMES INC. 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 NONE	(d) Total events
		MARCH/WALK	SPECIAL EVENTS		(add col. (a) through
ש		(event type)	(event type)	(total number)	col. (c))
	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.
4	Cash prizes	0.	0.		
5	Noncash prizes	0.	0.		
6	Rent/facility costs	2,331,664.	2,056,712.		4,388,376.
6 7	Food and beverages	90,593.	759,189.		849,782.
5 8	Entertainment	204,112.	207,807.		411,919.
9	Other direct expenses	2,828,388.	525,833.		3,354,221.
10		n 9 in column (d)			9,004,298.
11	Net income summary. Subtract line 10 from I	ine 3, column (d)			0.

\$15,000 on Form 990-EZ, line 6a.

anue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 (Gross revenue				
s	2 (Cash prizes				
Direct Expenses		Noncash prizes				
lirect E	4 F	Rent/facility costs				
	5 (Other direct expenses				
	6 \	Volunteer labor	└── Yes % └── No	└── Yes % │── No	└── Yes % └── No	
	7 [Direct expense summary. Add lines 2 through	5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
9	Ente	r the state(s) in which the organization condu	cts gaming activities:			
		e organization licensed to conduct gaming ac o," explain:				
		e any of the organization's gaming licenses re es," explain:				Yes No
23208	2 10-2	27-22			Sche	dule G (Form 990) 2022

Schedule G (Form 990) 20	MARCH OF DIMES INC. 1	L3-1846366	Page 3
11 Does the organization	n conduct gaming activities with nonmembers?	Yes	No
	grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
to administer charitat	ble gaming?	Yes	No No
	age of gaming activity conducted in:		
a The organization's fac	cility	13a	%
			%
	address of the person who prepares the organization's gaming/special events books and records:		
Name			
Address			
/ dd1000			
15a Does the organization	n have a contract with a third party from whom the organization receives gaming revenue?	Yes	No
	nount of gaming revenue received by the organization \$ and the amoun	t	
	tained by the third party \$		
c If "Yes," enter name a	and address of the third party:		
Name			
Address			
16 Gaming manager info	ormation:		
Name			
Gaming manager con	npensation \$		
Description of service	es provided		
Director/office	er Employee Independent contractor		
17 Mandatory distributio			
	quired under state law to make charitable distributions from the gaming proceeds to		
retain the state gamir	•	Yes	└── No
	distributions required under state law to be distributed to other exempt organizations or spent in the xempt activities during the tax year \$	е	
	ental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	d Part III, lines 9,	9b, 10b,
	, and 17b, as applicable. Also provide any additional information. See instructions.		
SCHEDULE G, PART 1,	LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:		
(I) NAME OF FUNDRAIS	SER: EDGE DIRECT, LLC		
	RAISER: 3030 WATERVIEW AVENUE, BALTIMORE, MD 21230		
(1) ADDRESS OF FOND	RAISER: 3030 WATERVIEW AVENUE, BALTIMORE, MD 21230		
(I) NAME OF FUNDRAIS	SER: INFOCISION MGMT CORP		
(T) ADDRESS OF FILM	RAISER: 325 SPRINGSIDE DRIVE, AKRON, OH 44333		
	IN THE DIVISION DATE, MARCH, ON 11000		
(I) NAME OF FUNDRALS	SER: M&R STRATEGIC SERVICES, INC		
232083 10-27-22	44 Sc	chedule G (Form	ı 990) 2022
	± ±		

07481117 153424 0199453-00001

2022.05000 MARCH OF DIMES INC. 01994531

Schedule G (Form 990) MARCH OF DIMES INC.	13-1846366	Page 4
Bechedule G (Form 990) MARCH OF DIMES INC. Part IV Supplemental Information (continued)		
I) ADDRESS OF FUNDRAISER:		
101 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		
CHEDULE G, PART I, LINE 2B		
UNDRAISING ACTIVITIES		
HE FOLLOWING FUNDRAISING FEE ARRANGEMENTS WERE MADE BETWEEN THOSE		
UNDRAISERS LISTED ON SCHEDULE G, PART I AND THE ORGANIZATION:		
. INFOCISION MANAGEMENT CORP - PAID BY THE HOUR AS WELL AS BY THE		
CTUAL NUMBER OF DONATIONS RECEIVED.		
. M&R STRATEGIC SERVICES, INC - THE RETAINER THE ORGANIZATION PAYS		
NCLUDES THE OUTSOURCING OF OUR EMAIL MARKETING PROGRAM AMONG OTHER		
ERVICES.		
. EDGE DIRECT, LLC (DOING BUSINESS AS BARTON COTTON) - PAID A		
ONSULTING FEE AS WELL AS A PASS THROUGH ON THE EXPENSES OF POSTAGE,		

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 G (Form 990)

232084 04-01-22

SCHEDULE I (Form 990)		Grants and Oth					OMB No. 1545-0047
(Form 990)		vernments, ar lete if the organizatio					2022
Department of the Treasury	Comp		Attach to Form				Open to Public
Internal Revenue Service		Go to www.irs	s.gov/Form990 for		ation.		Inspection
Name of the organization MARCH OF DIM	ES 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 assis	stance, and the selecti	on
criteria used to award the grants or as	sistance?						X Yes No
2 Describe in Part IV the organization's p							
Part II Grants and Other Assistance to	-				anization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than			1		(f) Method of		
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	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
INTURDATELY OF GALLEODNIA CAN							
UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 490 ILLINOIS STREET							
FLOOR 10 - SAN FRANCISCO, CA 9414	3 94-6036493	501(C)(3)	901,952.	0.			COMMUNITY
	5 54 0050455	501(0)(3)	501,552.	·.			
CINCINNATI CHILDREN'S HOSPITAL ME	D						
CTR - 333 BURNET AVENUE -							
CINCINNATI, OH 45229-3039	31-0833936	501(C)(3)	500,000.	٥.			RESEARCH & MEDICAL
· · · · · ·			,				
STANFORD UNIVERSITY SCHOOL OF							
MEDICINE - P.O. BOX 44253 - SAN							
FRANCISCO, CA 94144-4253	94-1156365	501(C)(3)	500,000.	٥.			COMMUNITY
UNIVERSITY OF PENNSYLVANIA							
3451 WALNUT STREET, P221 FRANKLIN							
BUILDING - PHILADELPHIA, PA							
19104-6205	23-1352685	501(C)(3)	458,333.	٥.			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 DESCRIPTION STORE THE							
NEW YORK PRESBYTERIAN FUND, INC							
850 THIRD AVENUE, 12TH FLOOR	12 2160256		125 401				
NEW YORK, NY 10022	13-3160356	I	135,401.	0.			COMMUNITY 21.
2 Enter total number of section 501(c)(3)			e line 1 table				
3 Enter total number of other organizatio	ns listed in the line						

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

Schedule I (Form 990) MARCH OF DIMES INC.

13-1846366 Page 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 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) MARCH OF DIMES INC.

13-1846366 Page 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 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		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		38,092.	0.			COMMUNITY
ALPHA PHI ALPHA FRATERNITY, INC. 2313 ST. PAUL STREET BALTIMORE, MD 21218	36-2105176		28,971.	0.			COMMUNITY
SAN ANTONIO BLACK DOULA COLLECTIVE 830 NORTH BLVD UNIVERSITY CITY, TX 78148	85-3528617		20,000.	0.			RESEARCH & MEDICAL
SOCIETY FOR REPRODUCTIVE INVESTIGATION FOUNDATION - 555 EAST WELLS STREET, SUITE 1100 - MILWAUKEE, WI 53202	95-2293816		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) MARCH OF DIMES INC.

13-1846366 Page 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 non-cash assistance	(h) Purpose of grant or assistance
BIRTHLAND MIDWIFERY 186 49TH STREET, SUITE C DAKLAND, 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

Schedule I (Form 990) 2022

MARCH OF DIMES INC.

13-1846366

Page 2

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:

MARCH OF DIMES INC.

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 I (Form 990)

232291 04-01-22

> 51 2022.05000 MARCH OF DIMES INC.

SC	HEDULE J	Compensation Information	1	OMB No.	1545-004	47
(Fo	Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest			20	22)
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.				
Depa	tment of the Treasury	Attach to Form 990.		Open to		ic
-	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.	F aran la san ial	Inspe		
Nan	e of the organization		Employer id		on nui	mber
Da	rt I Question	MARCH OF DIMES INC. s Regarding Compensation	13-18	40300		
Fa		s negarating compensation			Vaa	Na
10	Chock the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	000		Yes	No
1a		line 1a. Complete Part III to provide any relevant information regarding these items.	990,			
	First-class or c		naluse			
	Travel for com	i i i i i i i i i i i i i i i i i i i				
		ation and gross-up payments Health or social club dues or initiation fee				
		spending account				
	,		, ,			
b	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
	reimbursement or p	provision of all of the expenses described above? If "No," complete Part III to explain		1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		. 2		
3	Indicate which, if an	ny, of the following the organization used to establish the compensation of the organization's	;			
	CEO/Executive Dire	ector. Check all that apply. Do not check any boxes for methods used by a related organizati	on to			
	establish compensa	ation of the CEO/Executive Director, but explain in Part III.				
	Compensation	n committee Written employment contract				
		compensation consultant				
	X Form 990 of o	ther organizations	ommittee			
_						
4		any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
_	organization or a re				х	
a L		e payment or change-of-control payment?			~	x
b		eive payment from a supplemental nonqualified retirement plan?				X
С		eive payment from an equity-based compensation arrangement?		<u>4c</u>		
	I Tes to any or in	nes 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		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n			
-	contingent on the r					
а	•			5a		x
b	Any related organiz	ation?		5b		x
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the n	et earnings of:				
а	The organization?			6a		х
b	Any related organiz	ation?		6b		X
		or 6b, describe in Part III.				
7	-	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		nes 5 and 6? If "Yes," describe in Part III		. 7	Х	
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ne			
				8		X
9		id the organization also follow the rebuttable presumption procedure described in				
	Regulations section			9		
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedu	le J (Forr	n 990)) 2022

232111 10-18-22

13-1846366

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.

		(B) Breakdown of W	-2 and/or 1099-MIS0 compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) STACEY D. STEWART	(i)	605,201.	0.	1,832.	12,200.	33,110.	652,343.	0.
PRESIDENT & CEO (END 12/22)	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(2) ZSAKEBA T. HENDERSON M.D.	(i)	344,369.	0.	612.	9,709.	32,565.	387,255.	0.
SVP MCH IMP DEP MD OF (END 12/22)	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(3) DAVID C. DAMOND	(i)	251,950.	0.	60,441.	9,111.	31,548.	353,050.	0.
SVP, CFO & ASST. TREAS. (END 10/22)	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(4) ANDREW S. COCCARI, JR.	(i)	297,195.	0.	1,832.	12,200.	34,357.	345,584.	0.
SVP & CHIEF DEVELOPMENT OFFICER	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(5) ADRIAN P. MOLLO	(i)	291,013.	0.	639.	11,122.	34,357.	337,131.	0.
SVP, GEN. COUNSEL & ASST. SECRETARY	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(6) FREDERICK A. BROGDON	(i)	315,302.	0.	980.	11,527.	7,967.	335,776.	0.
SVP & CHIEF OPERATING OFFICER	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(7) KELLY ERNST	(i)	266,667.	0.	639.	10,511.	33,307.	311,124.	0.
SVP, MARKET IMPACT	(ii)	Ο.	Ο.	0.	0.	0.	0.	0.
(8) CYNTHIA H. RAHMAN	(i)	273,550.	0.	426.	10,349.	0.	284,325.	0.
SVP, CHIEF MARKETING OFFICER	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(9) DEIRDRE MALONEY	(i)	226,487.	0.	980.	9,630.	38,457.	275,554.	0.
VP, HUMAN RESOURCES	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(10) NICHOLAS M. DIFRANZA	(i)	240,256.	0.	639.	Ο.	31,349.	272,244.	0.
SVP & CHIEF TECH OFFICER	(ii)	Ο.	Ο.	0.	Ο.	0.	0.	0.
(11) ALISON A. SPERA	(i)	206,620.	10,300.	639.	7,223.	34,007.	258,789.	0.
VP, MARKET IMPACT	(ii)	Ο.	Ο.	0.	Ο.	0.	0.	0.
(12) DARLENE R. SLAUGHTER	(i)	216,926.	Ο.	2,772.	8,883.	11,798.	240,379.	0.
VP & CHIEF DIV., INCL. & ENGAGE. OFC	(ii)	Ο.	Ο.	0.	0.	0.	0.	0.
(13) ROCHELLE S. SIEGEL	(i)	188,082.	9,000.	8,048.	7,524.	9,665.	222,319.	0.
SENIOR EXECUTIVE DIR. MARKET IMPACT	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(14) PAUL ZIV	(i)	205,154.	0.	639.	8,206.	0.	213,999.	0.
VP, ASSOCIATE CHIEF OPERATING OFFICE	(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

Open to Public

Z

Department of the Treasury Internal Revenue Service

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.

Inspection

Name of the organization

MARCH OF DIMES INC.

Employer identification number 13 - 1846366

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Par	τI	Тур	bes of Property								
				(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribut amounts reported Form 990, Part VIII, I	on	(d) Method of de noncash contribu		•	S
1	Δrt -	Works	of art				ino ig				
2			cal treasures								
3			onal interests								
4			publications								
5			nd household goods	X		2,318	,475.	FMV			
6			ther vehicles	X	12		, 535.				
7			planes								
8			property								
9			Publicly traded	Х	10	39	,053.				
10			Closely held stock				-				
11	Secu		Partnership, LLC, or								
12			sts Miscellaneous								
13	Qua	ified co	onservation contribution -								
			uctures								
14			onservation contribution - Other								
15			- Residential								
16			- Commercial								
17			- Other								
18			\$								
19 00			tory								
20			medical supplies								
21			rifecto								
22			rtifacts								
23 24			pecimens								
24 25	Othe		cal artifacts								
25 26	Othe	```)								
20 27	Othe	```)								
28	Othe	``)								
<u>20</u> 29			Forms 8283 received by the organiz	zation during	the tax year for co	ontributions					
			ne organization completed Form 82	-	•		9				
				,, _	j		-			Yes	No
30a	Durii	ng the	year, did the organization receive by	y contributio	n any property rep	orted in Part I, lines 1	throug	h 28, that it			
			or at least 3 years from the date of								
			poses for the entire holding period?	•					30a		х
b			scribe the arrangement in Part II.								
31			rganization have a gift acceptance p	policy that re	quires the review o	of any nonstandard co	ontribut	ions?	31	х	
	Does	s the o	rganization hire or use third parties	or related or	ganizations to solid	cit, process, or sell no	ncash				
		ributio	-		-				32a	х	
b	lf "Y	es," de	escribe in Part II.								
33	If the	e organ	ization didn't report an amount in c	olumn (c) foi	a type of property	for which column (a)	is chec	ked,			
	desc	ribe in	Part II.		-						

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

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Schedule M (Form 990) 2022	MARCH	OF	DIMES	INC.	
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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 M (Form 990) 2022

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13-1846366

SCHEDULE O	Supplemental Information to Form 990 or 990	-EZ ├	OMB No. 1545-0047
(Form 990)	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.		2022
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.		Open to Public Inspection
Name of the organizatio	MARCH OF DIMES INC.	Employer i	dentification number
FORM 990, PART III	, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	L	
MARCH OF DIMES LEA	DS THE FIGHT FOR THE HEALTH OF ALL MOMS AND BABIES.		
WE SUPPORT RESEARC	H, LEAD PROGRAMS AND PROVIDE EDUCATION AND ADVOCACY		
SO THAT EVERY FAMI	LY CAN HAVE THE BEST POSSIBLE START. BUILDING ON A		
SUCCESSFUL 80+ YEA	R LEGACY, WE SUPPORT EVERY PREGNANT PERSON AND EVERY		
FAMILY.			
FORM 990, PART III	, LINE 1, DESCRIPTION OF ORGANIZATION MISSION, CONTINUED:		
THIS YEAR REFLECTE	D BROADER INDUSTRY TRENDS IN CHARITABLE		
CONTRIBUTIONS, WIT	H SLOWER THAN ANTICIPATED INCREASES IN REVENUE		
IMPACTING NET OPER	ATING OUTCOMES. WITH A FOCUS ON OUR MISSION, THE		
ORGANIZATION HAS S	INCE 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 ADVAN	CE OUR EFFORTS TO REDUCE INFANT AND MATERNAL		
MORTALITY, AND IMP	ROVE HEALTH FOR MOMS AND BABIES ACROSS THE COUNTRY.		
THE FOLLOWING PAGE	S ARE A POWERFUL REFLECTION OF OUR ACCOMPLISHMENTS		
MADE POSSIBLE BY C	UR 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 RESEARC	H AT OUR PREMATURITY RESEARCH CENTERS, ADVOCATED		
NATIONALLY AND LOC	ALLY TO PUT MOM AND BABY HEALTH AT THE FOREFRONT,		
DELIVERED PROGRAMS	SUCH AS SUPPORTIVE PREGNANCY CARE AND NICU FAMILY		
SUPPORT, AND DISTR	IBUTED ESSENTIAL RESOURCES AND INFORMATION TO IMPROVE		
THE HEALTH OF FAMI			
LHA For Paperwork R 232211 10-28-22	eduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Sched	ule O (Form 990) 2022
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Schedule O (Form 990) 2022	Page 2
Name of the organization	Employer identification number
MARCH OF DIMES INC.	13-1846366

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.

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

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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

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lame of the organization MARCH OF DIMES INC.	Employer identification numb 13-1846366
E 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	
RTICLES IN 62 UNIQUE JOURNALS WITH AN OVERALL IMPACT FACTOR SCORE OF	
VER 570.	
UNDS	
N SEPTEMBER WE LAUNCHED OUR INNOVATION FUND, A VENTURE PHILANTHROPY	
NITIATIVE THAT WILL USE DONATED FUNDS TO INVEST IN EARLY-STAGE	
OMPANIES TO ADDRESS THE MOST PRESSING MATERNAL AND INFANT HEALTH	
HALLENGES TO IMPROVE OUTCOMES FOR MOMS AND BABIES. WE ENGAGED WITH	
VER 100 COMPANIES IN THE MATERNAL AND INFANT HEALTH SPACE AND	
COMPLETED ONE INVESTMENT IN 2022.	
ORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:	
COMMUNITY COLLABORATION	
ARCH OF DIMES CONVENED THOUSANDS OF VOLUNTEERS, CORPORATIONS, AND	
PEOPLE TO BUILD INITIATIVES, COLLABORATE, AND TURN AROUND THE MATERNAL	
ND INFANT HEALTH CRISIS THAT FAMILIES ACROSS THE COUNTRY FACE.	
OLUNTEER ENGAGEMENT	
OLUNTEER ENGAGEMENT E COULDN'T FIGHT FOR HEALTHY MOMS AND STRONG BABIES WITHOUT OUR	
E COULDN'T FIGHT FOR HEALTHY MOMS AND STRONG BABIES WITHOUT OUR	
E COULDN'T FIGHT FOR HEALTHY MOMS AND STRONG BABIES WITHOUT OUR	
E COULDN'T FIGHT FOR HEALTHY MOMS AND STRONG BABIES WITHOUT OUR COLUNTEERS. WITH 6,000 NEW VOLUNTEERS JOINING US LAST YEAR, TOTALING 4,000, WE MADE AN IMPACT TOGETHER BY:	
TE COULDN'T FIGHT FOR HEALTHY MOMS AND STRONG BABIES WITHOUT OUR TOLUNTEERS. 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	

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2022.05000 MARCH OF DIMES INC.

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Schedule O	(Form 990) 2022
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Name of the organization

MARCH OF DIMES INC.

Employer identification number 13-1846366

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

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Schedule O (Form 990) 2022

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2022.05000 MARCH OF DIMES INC.

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Schedule O (Form 990) 2022 Name of the organization	Page 2
MARCH OF DIMES INC.	13-1846366
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,	

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Schedule O (Form 990) 2022 Name of the organization		Page 2 Employer identification number
MARCH OF DIMES IN	NC.	13-1846366
TEST, AND EVALUATE CURRICULUM CONTENT	AND PROGRAMMATIC STRUCTURE TO	
ADDRESS THE GAP IN POSTPARTUM EDUCATIO	ON, 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 C	OUNTRY. WE EXCEEDED OUR	
RECRUITMENT GOAL OF 60 PARTICIPANTS W	ITH 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 I	NVOLVED WITH THE WORK OF MARCH OF	
DIMES AND DEDICATED TO RAISING AWAREN	ESS ABOUT THE ISSUES IMPACTING	
MOMS AND BABIES. IN 2022, WE HAD THE 2	ADDITION OF OUR FIRST CELEBRITY	
MISSION-AFFECTED COUPLE TO THE COUNCI	L: 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 HAV	E DELEGATED AUTHORITY TO THE EXECUTIVE	
COMMITTEE TO ACT ON BEHALF OF THE GOV	ERNING BODY DURING 2022 AS PROVIDED IN	
THE ORGANIZATION'S BY-LAWS AND CONSIS	TENT WITH APPLICABLE LAW.	
FORM 990, PART VI, SECTION A, LINE 6:		
MEMBERS' POWER TO ELECT		
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Name of the organization MARCH OF DIMES INC.	Employer identification numbe
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	
DRGANIZATION'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	
ARCH OF DIMES' IRS FORM 990 IS PREPARED BY AN INDEPENDENT ACCOUNTING FIRM	
ASED ON INFORMATION PROVIDED BY THE ORGANIZATION. UPON ITS COMPLETION IT	
S 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:	
ONFLICT OF INTEREST POLICY	
NNUALLY MARCH OF DIMES ASKS THEIR BOARD OF TRUSTEES MEMBERS TO REVIEW AND	
IGN A CONFLICT OF INTEREST POLICY. EMPLOYEES AGREE AND ARE OBLIGED TO	
BIDE BY THE EMPLOYEE HANDBOOK, WHICH HAS POLICIES REGARDING REPORTING AND	
VOIDING CONFLICTS OF INTEREST. MARCH OF DIMES' LEGAL COUNSEL DETERMINES	
THETHER A CONFLICT EXISTS. LEGAL COUNSEL RESOLVES ISSUES WITH RESPECT TO	
MPLOYEES 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	

2022.05000 MARCH OF DIMES INC. 01994531

Schedule O (Form 990) 2022 Name of the organization	Employer identification numb
MARCH OF DIMES INC.	13-1846366
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	

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Schedule O (Form 990) 2022 Name of the organization	Page 2 Employer identification number
MARCH OF DIMES INC.	13-1846366
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.	
232212 10-28-22	Schedule O (Form 990) 2022

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Part II

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

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

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

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.

(b)

Primary activity

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

(c)

Legal domicile (state or

foreign country)

(a)

Name, address, and EIN (if applicable)

of disregarded entity

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

MARCH OF DIMES INC.

SCHEDULE R

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

OMB No. 1545-0047

Open to Public

(e)

End-of-year assets

(d)

Total income

13-1846366

Schedule R (Form 990) 2022



(f)

Direct controlling

entity

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate itions?	Code V-UBI amount in box 20 of Schedule	Gener mana partr	ral or F ging her?	Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(cont	(i) ction (b)(13) trolled tity?
		country)		,				Yes	No
ALVERTA SECHRIST PERPETUAL TRUST	_								
200 PARK AVENUE									
NEW YORK, NY 10166	INVESTMENT	CA	N/A	TRUST			100%	х	
MARGARET WEILER PERPETUAL TRUST									
100 N. MAIN STREET	7								
6TH FLOOR WINSTOM-SALEM, NC 27101	INVESTMENT	CA	N/A	TRUST			100%	х	
CHARITABLE REMAINDER TRUST (1)									
4550 LINDEN HILL ROAD									
SUITE 200 WLIMINGTON, DE 19808	INVESTMENT	CA	N/A	TRUST					x
	-								
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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.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
b Gift, grant, or capital contribution to related organization(s)			Х
c Gift, grant, or capital contribution from related organization(s)	1c		Х
d Loans or loan guarantees to or for related organization(s)			Х
e Loans or loan guarantees by related organization(s)			X
f Dividends from related organization(s)	1f		x
g Sale of assets to related organization(s)			Х
h Purchase of assets from related organization(s)			х
i Exchange of assets with related organization(s)			Х
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)	1k		x
I Performance of services or membership or fundraising solicitations for related organization(s)			Х
m Performance of services or membership or fundraising solicitations by related organization(s)			Х
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			Х
• 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	1q		X
r Other transfer of cash or property to related organization(s)	1r		x
s Other transfer of cash or property from related organization(s)	1s		Х
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 threshol	ds.		

Schedule R (Form 990) 2022 MARCH OF DIMES INC.

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(۲	1)	(i)	(j)		(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501(org	e all rs sec.	Share of	Share of	Dispr tior	opor-	Code V-UBI	Genera	I or Per	ercentage
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	501(org	c)(3) Is.?	total	end-of-year	tion allocat	iate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag partne	er? OV	wnership
		country)	sections 512-514)	Yes		income	assets	Yes	No	(Form 1065)	Yes	10	
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