

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047
2021
Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 01-01-2021, and ending 12-31-2021

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
MARCH OF DIMES INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1550 CRYSTAL DRIVE 1300

City or town, state or province, country, and ZIP or foreign postal code
ARLINGTON, VA 22202

D Employer identification number
13-1846366

E Telephone number
(888) 663-4637

G Gross receipts \$ 106,287,067

F Name and address of principal officer:
STACEY D STEWART CEO
1550 CRYSTAL DRIVE 1300
ARLINGTON, VA 22202

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. See instructions.

H(c) Group exemption number ▶

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.MARCHOFDIMES.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1938

M State of legal domicile: NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
MARCH OF DIMES LEADS THE FIGHT FOR THE HEALTH OF ALL MOMS AND BABIES.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	19
5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	683
6	Total number of volunteers (estimate if necessary)	1,000,000
7a	Total unrelated business revenue from Part VIII, column (C), line 12	0
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0

	Prior Year	Current Year	
8	Contributions and grants (Part VIII, line 1h)	96,801,387	100,144,706
9	Program service revenue (Part VIII, line 2g)	27,561	172,726
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,994,987	2,467,684
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,030,469	528,282
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	100,854,404	103,313,398
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,305,741	6,450,354
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	54,273,739	50,270,540
16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,756,172	1,722,681
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 9,398,168		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	39,466,516	44,356,986
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	99,802,168	102,800,561
19	Revenue less expenses. Subtract line 18 from line 12	1,052,236	512,837
Net Assets or Fund Balances	Beginning of Current Year	End of Year	
20	Total assets (Part X, line 16)	74,954,887	88,338,195
21	Total liabilities (Part X, line 26)	94,462,676	86,742,512
22	Net assets or fund balances. Subtract line 21 from line 20	-19,507,789	1,595,683

Part II Signature Block

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

Sign Here

Signature of officer: *****
Date: 2022-09-06

DAVID C DAMOND SR. VP & CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00847851
Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-6055558			
Firm's address ▶ 1000 WILSON BOULEVARD SUITE 1400 ARLINGTON, VA 22209	Phone no. (703) 847-7500			

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

SEE SCHEDULE OMARCH OF DIMES LEADS THE FIGHT FOR THE HEALTH OF ALL MOMS AND BABIES. WE SUPPORT RESEARCH, LEAD PROGRAMS AND PROVIDE EDUCATION AND ADVOCACY SO THAT EVERY FAMILY CAN HAVE THE BEST POSSIBLE START. BUILDING ON A SUCCESSFUL 80+ YEAR LEGACY, WE SUPPORT EVERY PREGNANT PERSON AND EVERY FAMILY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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

4a	(Code:) (Expenses \$	54,340,068	including grants of \$	383,383	(Revenue \$	165,806)
	See Additional Data					

4b	(Code:) (Expenses \$	14,850,637	including grants of \$	6,066,971	(Revenue \$	7,056)
	See Additional Data					

4c	(Code:) (Expenses \$	12,719,575	including grants of \$	0	(Revenue \$	27,536)
	See Additional Data					

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

4e	Total program service expenses ▶	81,910,280
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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with 4 columns: Question, 2a, 2b, and Yes/No. Rows include questions 2a through 17 regarding employee reporting, federal employment tax returns, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, charitable contributions, and various organizational requirements.

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



Section A. Governing Body and Management

Table with 5 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, family relationships, management delegation, and governance decisions.

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

Table with 5 columns: Question, Yes, No. Rows include questions about local chapters, conflict of interest policies, whistleblower policies, and compensation review.

Section C. Disclosure

Table with 5 columns: Question, Yes, No. Rows include questions about states where Form 990 is required, public inspection of Form 990, and disclosure of governing documents.

Part VIII Statement of Revenue

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

Table with columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; and Other Revenue.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,381,169	4,381,169		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	4,000	4,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	2,065,185	2,065,185		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	3,886,409	3,324,463	50,731	511,215
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	36,636,773	33,804,513	1,391,096	1,441,164
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	926,593	434,496	290,553	201,544
9 Other employee benefits	5,862,852	2,749,198	1,838,423	1,275,231
10 Payroll taxes	2,957,913	1,387,019	927,517	643,377
11 Fees for services (non-employees):				
a Management				
b Legal	168,760		168,760	
c Accounting	290,663		290,663	
d Lobbying	570,420	570,420		
e Professional fundraising services. See Part IV, line 17	1,722,681			1,722,681
f Investment management fees	115,692		115,692	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	14,387,483	13,447,375	940,108	
12 Advertising and promotion	2,696,776	453,854	1,700,714	542,208
13 Office expenses	15,218,021	11,443,077	1,610,311	2,164,633
14 Information technology				
15 Royalties				
16 Occupancy	3,550,676	2,529,960	886,114	134,602
17 Travel	403,744	368,559	35,185	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	199,962	131,182	26,453	42,327
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	177,556	126,514	44,389	6,653
23 Insurance	251,149	178,952	62,787	9,410
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a EQUIPMENT AND FURNITURE	3,214,979	2,300,331	676,002	238,646
b TELECOMMUNICATION	536,827	386,930	124,462	25,435
c BAD DEBT	478,845	296,460	40,698	141,687
d OBSOLETE INVENTORY	37,341	23,907	5,408	8,026
e All other expenses	2,058,092	1,502,716	266,047	289,329
25 Total functional expenses. Add lines 1 through 24e	102,800,561	81,910,280	11,492,113	9,398,168
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).	16,371,729	9,313,877	2,233,104	4,824,748

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	3,869,131	1	4,854,746
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	2,146,991	3	2,857,835
	4 Accounts receivable, net	7,939,431	4	7,546,454
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	633,007	8	534,019
	9 Prepaid expenses and deferred charges	1,432,347	9	1,916,456
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	20,459,080		
	b Less: accumulated depreciation	19,272,519		
	11 Investments—publicly traded securities	47,078,929	11	57,113,988
	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	11,507,500	15	12,328,136
16 Total assets. Add lines 1 through 15 (must equal line 33)	74,954,887	16	88,338,195	
Liabilities	17 Accounts payable and accrued expenses	7,039,962	17	8,898,198
	18 Grants payable	2,560,950	18	982,155
	19 Deferred revenue	5,113,199	19	5,366,326
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	79,748,565	25	71,495,833
	26 Total liabilities. Add lines 17 through 25	94,462,676	26	86,742,512
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	-42,595,656	27	-23,617,639
	28 Net assets with donor restrictions	23,087,867	28	25,213,322
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	-19,507,789	32	1,595,683	
33 Total liabilities and net assets/fund balances	74,954,887	33	88,338,195	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	103,313,398
2	Total expenses (must equal Part IX, column (A), line 25)	2	102,800,561
3	Revenue less expenses. Subtract line 2 from line 1	3	512,837
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-19,507,789
5	Net unrealized gains (losses) on investments	5	2,267,903
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	18,322,732
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,595,683

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

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

Additional Data

Software ID:

Software Version:

EIN: 13-1846366

Name: MARCH OF DIMES INC

Form 990 (2021)

Form 990, Part III, Line 4a:

COMMUNITY SERVICES AND PROGRAMS - SEE SCHEDULE OCOMMUNITY SERVICES AND PROGRAMSNICU FAMILY SUPPORT WITH THE HELP OF OUR COMMUNITY, WE REACHED MORE THAN 50,000 FAMILIES THROUGH OUR NICU INITIATIVES, INCLUDING THE NICU FAMILY SUPPORT (NFS) PROGRAM AND THE MY NICU BABY AND MI BEBE EN LA NICU APPS, WHICH WERE DOWNLOADED OVER 14,000 TIMES. WE ALSO CONTINUED OUR LEADING ROLE TO PROTECT THE HEALTH OF MOMS AND BABIES IN THE NICU DURING THE COVID-19 PANDEMIC, PROVIDING:- 6,249 MEALS FOR FRONTLINE WORKERS AND NICU FAMILIES- 9,190 NICU BAGS WITH ESSENTIAL ITEMS- 82,050 MASKS- 281 TABLETS FOR HOSPITAL PARTNERSWE ENDED THE YEAR AT 67 NFS SITES NATIONWIDE, WITH NEW ONES OPENING AT CHILDREN'S MEMORIAL HERMANN HOSPITAL; WELLSTAR COBB; HACKENSACK UNIVERSITY MEDICAL CENTER; JOSEPH M. SANZARI CHILDREN'S HOSPITAL; AND VIRTUALLY AT NORTHSIDE HOSPITAL IN ATLANTA.SUPPORTIVE PREGNANCY CAREWE ALSO CONTINUED PROVIDING LOCAL PROGRAMS BOTH ON SITE AND REMOTELY, LIKE SUPPORTIVE PREGNANCY CARE (SPC), OUR GROUP PRENATAL CARE PROGRAM THAT BRINGS HIGH QUALITY PRENATAL CARE ALONG WITH EDUCATION AND SOCIAL SUPPORT WHERE IT'S MOST NEEDED. FIFTY SPC SITES EXIST AROUND THE COUNTRY TODAY, WITH 13 NEW ONES TRAINED IN 2021.MOBILE HEALTH CENTERSWE BROUGHT CRITICAL SERVICES TO UNINSURED AND UNDER-INSURED PREGNANT PEOPLE WITH OUR MOM & BABY MOBILE HEALTH CENTERS, WHICH PROVIDED 2,400 PATIENT VISITS AND OVER 5,000 COVID-19 VACCINES.HEALTHY MOMS, STRONG BABIES WEBINARSIN 2021, WE HOSTED 10 HEALTHY MOMS, STRONG BABIES WEBINARS, BRINGING TOGETHER EXPERTS, PARENTS AND LEADERS ON TOPICS RANGING FROM INFANT LOSS, TO DEBUNKING COVID-19 MYTHS, TO BLACK MOTHERHOOD. WE REACHED MORE THAN 156,000 PEOPLE TO HELP MOMS AND THEIR FAMILIES BEST PREPARE AND CARE FOR THEIR BABY. OUR WEBINARS HAD A TOTAL REACH IN PAID AND ORGANIC SOCIAL OF 237,000, WITH A 53 PERCENT YEAR-OVER-YEAR INCREASE IN ENGAGEMENT RATE.IT STARTS WITH MOMTOGETHER WITH OUR PARTNERS, WE HELPED WOMEN FEEL BETTER PREPARED FOR MOTHERHOOD AND THEIR ENTIRE PREGNANCY WITH OUR IT STARTS WITH MOM CAMPAIGN. WE RAISED MORE THAN \$3 MILLION IN CORPORATE PARTNERSHIPS AND CONTRIBUTIONS, AND \$99,000 DURING MOTHER'S DAY WEEK THROUGH DIGITAL AND DIRECT MARKETING SOLICITATIONS. AND OUR SECOND ANNUAL IT STARTS WITH MOM LIVE RECEIVED 30,000+ VIEWS.

Form 990, Part III, Line 4b:

ADVOCACY AND RESEARCH - SEE SCHEDULE OADVOCACYMARCH OF DIMES' OFFICE OF GOVERNMENT AFFAIRS (OGA) LED A SUCCESSFUL AGGRESSIVE MATERNAL AND CHILD HEALTH POLICY AGENDA, ADVOCATING FOR 106 PIECES OF STATE LEGISLATION, 34 OF WHICH WERE SIGNED INTO LAW. AMONG THE MOST SIGNIFICANT ACHIEVEMENTS WAS THE PASSAGE OF THE FEDERAL LAW, THE AMERICAN RESCUE PLAN ACT OF 2021. THE LEGISLATION INCLUDED KEY MARCH OF DIMES' PRIORITIES, MOST NOTABLY A NEW OPTION ALLOWING STATES TO EXTEND POSTPARTUM MEDICAID COVERAGE FOR UP TO 12 MONTHS FOR ELIGIBLE MOMS AND PREGNANT WOMEN. THIS POLICY WILL HAVE A POSITIVE IMPACT FOR TENS OF THOUSANDS OF UNDERSERVED WOMEN, ESPECIALLY BLACK MOMS, ACROSS THE COUNTRY. ALSO LAST YEAR, OUR #BLANKETCHANGE ADVOCACY NETWORK ACQUIRED NEARLY 11,000 NEW ADVOCATES WITH MORE THAN 47,000 ACTIONS TAKEN TO CALL ON POLICYMAKERS TO IMPROVE MOM AND BABY HEALTH. THANKS TO OUR #BLANKETCHANGE PARTNERS, WE MADE AN IMPACT ON THE 2021 BLACK MATERNAL HEALTH #MOMNIBUS ACT, A PACKAGE OF 12 BILLS THAT BUILDS ON EXISTING MATERNAL HEALTH LEGISLATION TO ADDRESS OUR COUNTRY'S MATERNAL AND INFANT HEALTH CRISIS. MOM AND BABY ACTION NETWORKBRINGING PEOPLE AND ORGANIZATIONS TOGETHER IS AT THE HEART OF HOW WE SUPPORT FAMILIES. AT THE NATIONAL LEVEL, MARCH OF DIMES FACILITATES THE MOM AND BABY ACTION NETWORK (M-BAN): A CONSORTIUM OF MORE THAN 260 NATIONAL, STATE AND LOCAL PARTNERS DEDICATED TO ADDRESSING INEQUITIES IN MATERNAL AND INFANT HEALTH THROUGH FIVE SHARED STRATEGIES. AS A LEADING M-BAN PARTNER, MARCH OF DIMES IS ALSO BUILDING PARTNERSHIPS WITH LOCAL PUBLIC AND PRIVATE ORGANIZATIONS IN NINE CITIES ACROSS THE U.S. TO IMPROVE MATERNAL AND INFANT HEALTH WITHIN EACH COMMUNITY. IN 2021, OVER 1,800 ADVOCATES CAME TOGETHER THROUGH A SERIES OF M-BAN LEARNING WEBINARS AND A NATIONAL M-BAN VIRTUAL SUMMIT TO LEARN ABOUT THE FIVE STRATEGIES IN THE NATIONAL EQUITY FRAMEWORK AND HOW, THROUGH ALIGNED IMPLEMENTATION OF EFFECTIVE POLICIES AND PRACTICES, THEY CAN ACHIEVE TOGETHER WHAT THEY CANNOT ACHIEVE ALONE. COLLECTIVE IMPACTACCESS TO CARE CAN MAKE MANY PREGNANT PEOPLE AND PARENTS' PREGNANCIES DIFFICULT AND STRESSFUL. WE WORKED TO CHANGE THAT FOR FAMILIES EVERYWHERE. MARCH OF DIMES MOBILIZED CROSS-SECTOR PARTNERS AT THE NATIONAL AND LOCAL LEVEL TO TACKLE THE MATERNAL AND INFANT HEALTH CRISIS USING COLLECTIVE IMPACTA PROVEN APPROACH FOR SOLVING COMPLEX SOCIETAL CHALLENGES. ACROSS OUR NINE COLLECTIVE IMPACT LOCATIONS, WE ENGAGED MORE THAN 300 PARTNERS AND COMMUNITY MEMBERS TO DEVELOP COLLABORATIVE AGENDAS FOR HOW WE'LL IMPROVE BIRTH OUTCOMES. THE KEY AREAS THESE LOCATIONS FOCUS ON INCLUDE: DISMANTLING RACISM AND UNEQUAL TREATMENT, ACCESS TO CARE, ECONOMIC SECURITY AND SUPPORTIVE COMMUNITIES. PROFESSIONAL TRAININGMARCH OF DIMES WORKS TO MITIGATE BIAS AMONG MATERNAL AND INFANT HEALTH CARE PROFESSIONALS TO PROMOTE BETTER OUTCOMES FOR PREGNANT AND POSTPARTUM PEOPLE, NEWBORNS AND THEIR FAMILIES THROUGH ADVOCACY, RESEARCH AND PROGRAMS. IN 2021, OUR IMPLICIT BIAS TRAINING WAS OFFERED TO 30,000 HEALTH CARE PROFESSIONALS TO INCREASE AWARENESS AND STIMULATE ACTION IN CARE SETTINGS NATIONWIDE. IN ADDITION, 5,000 HEALTH CARE PROFESSIONALS COMPLETED OUR CONTINUING EDUCATION ON TOPICS SUCH AS: REDUCING STIGMA IN THE CARE OF WOMEN WITH MATERNAL MENTAL HEALTH AND SUBSTANCE USE DISORDERS; CARE PRACTICES TO REDUCE MATERNAL MORBIDITY AND MORTALITY; AND STRATEGIES TO IMPROVE CARE AND OUTCOMES IN THE NICU. MARCH FOR BABIESTOGETHER WITH OUR INCREDIBLE COMMUNITY FILLED WITH CARING PARENTS WHO PARTICIPATE FOR SO MANY REASONSWE AGAIN HELD OUR LARGEST ANNUAL FUNDRAISING EVENT VIRTUALLY IN RESPONSE TO THE COVID-19 GLOBAL PANDEMIC AND RESTRICTIONS ON IN-PERSON GATHERINGS WITH THE MARCH FOR BABIES: A MOTHER OF A MOVEMENT CAMPAIGN. ACROSS THE U.S. 41,000 INDIVIDUALS, COMPANIES AND TEAMS STEPPED UP TO RAISE MORE THAN \$25 MILLION TO MAKE AMERICA MORE EQUITABLE AND ENSURE THAT EVERY FAMILY IS HEALTHY. VOLUNTEER ENGAGEMENTTHROUGHOUT 2021, OUR VOLUNTEERS HELPED MOBILIZE COMMUNITIES, RAISE CRITICAL AWARENESS AND FUNDS AND IMPROVE THE HEALTH OF MOMS, BABIES AND FAMILIESINCLUDING MORE THAN 11,000 NATIONAL SERVICE PARTNER MEMBERS WHO PARTICIPATED IN MARCH FOR BABIES, VOLUNTEER ACTIVATIONS AND ADVOCACY ACTIONS. WITH 18,300 TOTAL VOLUNTEERS JOINING OUR FIGHT, WE MADE AN IMPACT TOGETHER BY:- PROVIDING ALMOST 800 MILITARY FAMILIES WITH EDUCATIONAL INFORMATION AND BABY ITEMS THROUGH MISSION: HEALTHY BABY.- RAISING \$500,000 IN OVER 250 DO-IT-YOURSELF FUNDRAISERS.- WRITING 18,700 NOTES OF HOPE TO FAMILIES IN THE NICU OR NOTES OF GRATITUDE TO HEALTH CARE WORKERS.- DONATING NEARLY \$125,000 OF MEALS THAT MATTER TO FAMILIES IN NEED AROUND THE COUNTRY. MEALS THAT MATTER IN NASHVILLE FEATURED AND WAS SUPPORTED BY CELEBRITY CHEF AND VOLUNTEER MANEET CHAUHAN BRINGING MEALS TO THE NICU STAFF AND PARENTS AND FAMILIES. INFLUENCERSOUR CELEBRITY ADVOCATE COUNCIL AMPLIFIES THE IMPACT OF OUR WORK TO HELP ALL MOMS AND BABIES BE HEALTHY AND STRONG. OUR EIGHT MEMBERS ARE DEEPLY CONNECTED AND INVOLVED, AND CONTINUE TO MAKE A BIG DIFFERENCE FOR FAMILIES. WE ADDED THREE NEW MEMBERS IN 2021, INCLUDING INFLUENCER WHITNEY PORT, PODCAST HOST JADE ROPER TOLBERT WHO ENGAGED HER 1.5 MILLION FOLLOWERS FOR OUR IT STARTS WITH MOM CAMPAIGN AND ACTOR ROB HUEBEL WHO SUPPORTED US DURING MARCH FOR BABIES AND ALSO HOSTED OUR MISSION IN ACTION ON GIVING TUESDAY VIRTUAL EXPERIENCE. WE'VE ALSO CONTINUED OUR WORK WITH ONGOING SUPPORTERS, INCLUDING MUSICIAN ALLY BROOKE, NICK LACHEY WHO SUPPORTED MARCH FOR BABIES DURING FATHER'S DAY, ATHLETE AND OLYMPIC CHAMPION ALLYSON FELIX WHO PARTNERED IN THE BETTER STARTS FOR ALL PROGRAM THAT WAS COVERED BY PEOPLE, NBC NEWS AND HEALTHLINE, AS WELL AS ACTRESS AND SINGER TATYANA ALI AND TV PERSONALITY AND INFLUENCER PORSHA WILLIAMS. MORE WAYS TO MAKE A DIFFERENCEMARCH OF DIMES MAKES IT EASY FOR PEOPLE EVERYWHERE TO ENGAGE WITH OUR CAUSE, WHICH IS SO IMPORTANT TO THEM TO HELP IMPROVE THE HEALTH EVERY FAMILY. NEARLY 12 MILLION PEOPLE VIEWED OUR EDUCATIONAL WEBPAGES TO FIND INFORMATION. WE ALSO PARTNERED WITH AMAZON SMILE, WHERE WE RECEIVED MORE THAN \$50,000 IN 2021 THANKS TO SUPPORTERS CHOOSING MARCH OF DIMES AS THEIR CHARITY OF CHOICE. SINCE THE LAUNCH OF THE TIKTOK CHANNEL ON AUGUST 9, 2021, WE'VE GAINED 7,751 FOLLOWERS, AND ACQUIRED MORE THAN 7.6 MILLION VIDEO VIEWS AND 263,000 ENGAGEMENTS (COMMENTS, LIKES AND SHARES). RESEARCHWE REACHED SIGNIFICANT NEW MILESTONES WITH PREMATURITY RESEARCH. CARING DONORS, SUCH AS MEMBERS OF OUR PRESTIGIOUS ROOSEVELT SOCIETY, MADE IT POSSIBLE TO CONTINUE OUR RELENTLESS RESEARCH TO END PREVENTABLE PRETERM BIRTH AT OUR PREMATURITY RESEARCH CENTERS (PRCS) IN THE U.S. AND LONDON. OUR STUDIES SHOWCASED A VARIETY OF FACTORS THAT IMPACT PRETERM BIRTH, INCLUDING WILDFIRE SMOKE DURING PREGNANCY AND A FATHER'S EDUCATION (AS A FATHER'S EDUCATION LEVEL INCREASES, PRETERM BIRTH RATES DECREASE). 2021 HIGHLIGHTS INCLUDE:- IMPERIAL COLLEGE LONDONRESEARCHERS REACHED A SIGNIFICANT MILESTONE BY DEVELOPING A FIRST-OF-ITS-KIND VAGINAL MICROBIOME TESTING DEVICE THAT HAS GREAT POTENTIAL TO ADVANCE DIAGNOSIS OF PRETERM BIRTH.- STANFORD UNIVERSITYA BLOOD TEST WAS DEVELOPED FOR EARLY DETECTION OF PREECLAMPSIA, AN INCREDIBLE ACHIEVEMENT THAT FAR EXCEEDS TODAY'S DIAGNOSTIC TOOLS.- WE CONTINUED FUNDING COVID-19 RESEARCH AT MASSACHUSETTS GENERAL HOSPITAL (MGH) AND THE UNIVERSITY OF PENNSYLVANIA. RESEARCHERS AT MGH SHOWCASED HOW ANTIBODIES GENERATED BY THE COVID-19 VACCINE CROSS THE PLACENTA AND PASS INTO THE UMBILICAL CORD AND INTO BREAST MILK, PROVIDING SOME LEVEL OF IMMUNE PROTECTION FOR THE NEWBORN AND BREASTFED BABY. DONATIONS AND FUNDRAISING ENABLED US TO INVEST \$6.5 MILLION IN 26 ACTIVE GRANTS TO SPEED THE DEVELOPMENT OF LIFESAVING DIAGNOSTICS AND TREATMENTS FOR MOMS AND BABIES, AND WE PUBLISHED 74 PUBLICATIONS. OUR SCIENTIFIC REPORTS, INCLUDING THE MARCH OF DIMES REPORT CARD AND NOWHERE TO GO: MATERNITY CARE DESERTS ACROSS THE U.S., GARNERED NEARLY 208,000 WEBPAGE VIEWS.

Form 990, Part III, Line 4c:

PUBLIC AND PROFESSIONAL EDUCATION - SEE SCHEDULE O PUBLIC AND PROFESSIONAL EDUCATION MARCH OF DIMES OPERATES AND MAINTAINS PERISTATS, A RESOURCE OF NATIONAL MATERNAL AND CHILD HEALTH DATA, INCLUDING CDC NATALITY AND MORTALITY, THE AMERICAN COMMUNITY SURVEY AND THE PREGNANCY RISK ASSESSMENT MONITORING SYSTEM (PRAMS), AMONG OTHERS. THESE ARE CONSTANTLY UPDATED AND CURATED SO THAT CUSTOM REPORTS CAN BE DOWNLOADED FROM THE WEB. AMONG THE REPORTS MANY USES, STATE GOVERNMENT, ACADEMIC AND ADVOCACY ORGANIZATIONS COME TO PERISTATS FOR DATA TO INFORM DECISIONS AND SEEK SUPPORT FOR POLICIES AND PROGRAMS DESIGNED TO IMPROVE THE HEALTH OF FAMILIES. WE ALSO PROVIDE A RANGE OF EDUCATIONAL OPPORTUNITIES FOR HEALTH CARE PROFESSIONALS, INCLUDING IMPLICIT BIAS TRAINING, WHICH WAS OFFERED TO 30,000 MATERNAL AND INFANT HEALTH CARE PROFESSIONALS TO MITIGATE BIAS IN CARE SETTINGS AND PROMOTE BETTER PREGNANCY OUTCOMES NATIONWIDE. IN ADDITION, 5,000 HEALTH CARE PROFESSIONALS COMPLETED OUR CONTINUING EDUCATION.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JUDY L ASCHNER MD TRUSTEE	1.00 0.00	X						0	0	0
GRETCHEN CARLSON TRUSTEE	1.00 0.00	X						0	0	0
AMY L CASSERI TRUSTEE	3.00 0.00	X						0	0	0
F SESSIONS COLE III MD VICE CHAIR (LEFT 06/21)	3.00 0.00	X		X				0	0	0
PHYLLIS A DENNERY MD TRUSTEE (BEG 06/21)	1.00 0.00	X						0	0	0
WILLIAM A FITZGERALD TREASURER AND VICE CHAIR	3.00 0.00	X		X				0	0	0
JAY S GREENSPAN MD TRUSTEE (BEG 06/21)	1.00 0.00	X						0	0	0
DOUGLAS D HAWTHORNE TRUSTEE	1.00 0.00	X						0	0	0
SHARON MILLS HIGGINS SECRETARY AND CHAIR	10.00 0.00	X		X				0	0	0
DAVID L LAKEY MD TRUSTEE/VICE CHAIR	3.00 0.00	X		X				0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TONYA LEWIS LEE TRUSTEE	1.00 0.00	X						0	0	0
JUDETTE LOUIS MD TRUSTEE (BEG 03/21)	1.00 0.00	X						0	0	0
CHARLES J LOCKWOOD MD MHCM TRUSTEE (LEFT 03/21)	1.00 0.00	X						0	0	0
MONICA LUECHTEFELD CHAIR/TRUSTEE	5.00 0.00	X		X				0	0	0
MATAN PARNES TRUSTEE (LEFT 12/21)	1.00 0.00	X						0	0	0
JUAN SALGADO-MORALES FACOG MD TRUSTEE	1.00 0.00	X						0	0	0
SUE SCHICK VICE CHAIR/SECRETARY	3.00 0.00	X		X				0	0	0
MUHAMMAD SHAHZAD TREASURER	3.00 0.00	X		X				0	0	0
ELLEN STANG MD TRUSTEE (BEG 06/21)	1.00 0.00	X						0	0	0
LORNA STREET TRUSTEE	1.00 0.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BRIAN THOMPSON MD TRUSTEE (BEG 06/21)	1.00 0.00	X						0	0	0
DONALD K WARNE MD MP TRUSTEE (LEFT 03/21)	1.00 0.00	X						0	0	0
EVERETT B WARD TRUSTEE	1.00 0.00	X						0	0	0
STACEY D STEWART PRESIDENT & CEO	40.00 0.00			X				579,653	0	41,841
ADRIAN P MOLLO SVP, GEN. COUNSEL & ASST. SECRETARY	40.00 0.00			X				280,118	0	42,738
FREDERICK A BROGDON SVP, COO & BOARD OFFICER	40.00 0.00			X				291,044	0	13,998
DAVID C DAMOND SVP, CFO & ASSISTANT TREASURER	40.00 0.00			X				265,357	0	39,330
RAHUL GUPTA SVP, CHIEF MED HLTH OFF (END 11/21)	40.00 0.00				X			353,558	0	7,150
ZSAKEBA T HENDERSON MD SVP MCH IMP DEP MD OF	40.00 0.00				X			311,452	0	34,915
ANDREW S COCCARI JR SVP & CHIEF DEVELOPMENT OFFICER	40.00 0.00				X			301,673	0	42,988

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization MARCH OF DIMES INC	Employer identification number 13-1846366
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	152,799,982	138,512,167	118,932,931	96,801,387	100,144,706	607,191,173
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3	152,799,982	138,512,167	118,932,931	96,801,387	100,144,706	607,191,173
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						
6 Public support. Subtract line 5 from line 4.						607,191,173

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4. . .	152,799,982	138,512,167	118,932,931	96,801,387	100,144,706	607,191,173
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,482,114	1,577,753	1,243,720	3,342,311	2,829,005	10,474,903
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.) . . .	12,320,310	10,537,356	11,746,380	2,160,260	3,048,154	39,812,460
11 Total support. Add lines 7 through 10						657,478,536
12 Gross receipts from related activities, etc. (see instructions)					12	1,986,790

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	92.350 %
15 Public support percentage for 2020 Schedule A, Part II, line 14	15	91.520 %

- 16a 33 1/3% support test—2021.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- b 10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

Section C. Computation of Public Support Percentage

15	Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2020 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2020 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2021 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016.			
b From 2017.			
c From 2018.			
d From 2019.			
e From 2020.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017.			
b Excess from 2018.			
c Excess from 2019.			
d Excess from 2020.			
e Excess from 2021.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	GAMING ACTIVITIES - 2017 AMOUNT: \$ 120,178. 2018 AMOUNT: \$ 16,975. 2019 AMOUNT: \$ 68,095. 2020 AMOUNT: \$ 0. 2021 AMOUNT: \$ 0. FUNDRAISING - 2017 AMOUNT: \$ 11,912,816. 2018 AMOUNT: \$ 9,772,328. 2019 AMOUNT: \$ 10,928,230. 2020 AMOUNT: \$ 1,519,581. 2021 AMOUNT: \$ 2,886,564 . PLEDGE DISCOUNT - 2017 AMOUNT: \$ 0. 2018 AMOUNT: \$ 0. 2019 AMOUNT: \$ 239,372. 2020 AMOUN T: \$ 0. 2021 AMOUNT: \$ 0. GRANT REFUNDS - 2017 AMOUNT: \$ 183,608. 2018 AMOUNT: \$ 503,672. 2019 AMOUNT: \$ 377,137. 2020 AMOUNT: \$ 21,107. 2021 AMOUNT: \$ 22,301. ALL OTHER REVENUE - 2017 AMOUNT: \$ 103,708. 2018 AMOUNT: \$ 244,381. 2019 AMOUNT: \$ 133,546. 2020 AMOUNT: \$ 619 ,572. 2021 AMOUNT: \$ 139,289.

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047
2021
Open to Public Inspection

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

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."

2 Political campaign activity expenditures. See instructions ▶ \$ _____

3 Volunteer hours for political campaign activities. See instructions _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
--	----------------------------------	-----------------------------

- | | | |
|---|--|---|
| 1a Total lobbying expenditures to influence public opinion (grass roots lobbying) | | 0 |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | 0 |
| c Total lobbying expenditures (add lines 1a and 1b) | | |
| d Other exempt purpose expenditures | | 0 |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | |

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000.

- g** Grassroots nontaxable amount (enter 25% of line 1f)
- h** Subtract line 1g from line 1a. If zero or less, enter -0-
- i** Subtract line 1f from line 1c. If zero or less, enter -0-
- j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No

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

Lobbying Expenditures During 4-Year Averaging Period

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

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

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

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?	Yes		199
d	Mailings to members, legislators, or the public?	Yes		10,250
e	Publications, or published or broadcast statements?	Yes		2,011
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		5,546
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		3,886
i	Other activities?	Yes		571,893
j	Total. Add lines 1c through 1i			593,785
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

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

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047 2021 Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization MARCH OF DIMES INC

Employer identification number 13-1846366

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-4 about fund values and questions 5-6 about donor notification.

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

Form for Part II Conservation Easements. Includes questions 1-9 about easement types, monitoring, and reporting. Includes a table for 'Held at the End of the Year' with rows 2a-2d.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a-1b and 2 about reporting on art and historical treasures.

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

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

Part IV Escrow and Custodial Arrangements.

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

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

- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- c** Beginning balance
 - d** Additions during the year
 - e** Distributions during the year
 - f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,651,194	1,445,798	1,222,910	4,604,170	4,249,671
b Contributions	24,700	203,000	3,000		
c Net investment earnings, gains, and losses	270,419	162,276	295,825	-310,565	595,947
d Grants or scholarships					
e Other expenditures for facilities and programs	97,316	159,880	75,937	214,680	241,448
f Administrative expenses					
g End of year balance	1,848,997	1,651,194	1,445,798	4,078,925	4,604,170

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

- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶ 71.110 %
 - c** Term endowment ▶ 28.890 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

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

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

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

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		37,210	13,804	23,406
d Equipment		20,261,149	19,258,715	1,002,434
e Other		160,721		160,721
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,186,561

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	▶	

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) ASSETS HELD IN TRUSTS BY OTHER	12,328,136
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	▶ 12,328,136

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED PENSION & POSTRET. BENEFIT	61,495,833
(3) OTHER LIABILITY	10,000,000
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	▶ 71,495,833

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	124,926,379
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	2,267,903
b	Donated services and use of facilities	2b	1,050,933
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	18,322,732
e	Add lines 2a through 2d	2e	21,641,568
3	Subtract line 2e from line 1	3	103,284,811
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	115,692
b	Other (Describe in Part XIII.)	4b	-87,105
c	Add lines 4a and 4b	4c	28,587
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	103,313,398

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

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

1	Total expenses and losses per audited financial statements	1	103,822,907
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	1,050,933
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	1,050,933
3	Subtract line 2e from line 1	3	102,771,974
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	115,692
b	Other (Describe in Part XIII.)	4b	-87,105
c	Add lines 4a and 4b	4c	28,587
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	102,800,561

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 13-1846366

Name: MARCH OF DIMES INC

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	INTENDED USE OF ENDOWMENT MARCH OF DIMES' POLICY IS TO USE THE ENDOWMENT ASSETS TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS SUPPORTED BY THE ENDOWMENT, PRINCIPALLY RESEARCH, WHILE SEEKING TO PROTECT THE ORIGINAL VALUE OF THE GIFT. MARCH OF DIMES FOLLOWS THE NEW YORK PRUDENT MANAGEMENT OF INSTITUTIONAL FUNDS ACT (NYPMIFA).

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	<p>LIABILITY FOR UNCERTAIN TAX POSITIONS THE ORGANIZATION FOLLOWS GUIDANCE THAT CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN , INCLUDING ISSUES RELATED TO FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT. THIS GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN ONLY BE RECOGNIZED IN THE FINANCIAL STATEMENTS IF THE POSITION IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED IF THE POSITION WERE TO BE CHALLENGED BY A TAXING AUTHORITY. THE ASSESSMENT OF THE TAX POSITION IS BASED SOLELY ON THE TECHNICAL MERITS OF THE POSITION, WITHOUT REGARD TO THE LIKELIHOOD THAT THE TAX POSITION MAY BE CHALLENGED. THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(3), THOUGH IT IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. THE ORGANIZATION HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. THE ORGANIZATION HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.</p>

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	NET CHANGE IN FV OF ASSETS HELD IN TRUST 18,322,732.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	COST OF GOODS SOLD -87,105.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	COST OF GOODS SOLD -87,105.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to 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.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
MARCH OF DIMES INC

Employer identification number
13-1846366

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

- For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	0	0			2,065,185
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			2,065,185

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	1,905,185	WIRE	0		
		NORTH AMERICA	RESEARCH & MEDICAL	150,000	WIRE	0		

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

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* Yes No

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
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#

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 3:	ACCOUNTING METHOD USED GRANT MAKING IS REPORTED ON THE ACCRUAL METHOD.

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

Additional Data

Software ID:

Software Version:

EIN: 13-1846366

Name: MARCH OF DIMES INC

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	0	0	GRANTMAKING	RESEARCH & MEDICAL	150,000
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING	RESEARCH & MEDICAL	1,915,185

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047
2021
Open to Public Inspection

Name of the organization
MARCH OF DIMES INC

Employer identification number
13-1846366

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
INFOCISION MGMT CORP 325 SPRINGSIDE DRIVE AKRON, OH 44333	TELEMARKETING SERVICES	Yes		669,000	310,983	358,017
M&R STRATEGIC SERVICES INC 1101 CONNECTICUT AVE NW SUITE 70 WASHINGTON, DC 20036	FUNDRAISING CONSULTANT	Yes		553,470	261,702	291,768
EDGE DIRECT LLC 3030 WATERVIEW AVENUE BALTIMORE, MD 21230	FUNDRAISING CONSULTANT	Yes		0	1,149,996	0
Total				1,222,470	1,722,681	649,785

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		MARCH/WALK (event type)	SPECIAL EVENTS (event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	25,922,570	17,776,876		43,699,446
	2 Less: Contributions	25,601,035	15,211,847		40,812,882
	3 Gross income (line 1 minus line 2)	321,535	2,565,029		2,886,564
Direct Expenses	4 Cash prizes	0	0		
	5 Noncash prizes	0	0		
	6 Rent/facility costs	27,225	1,118,204		1,145,429
	7 Food and beverages	12,980	671,304		684,284
	8 Entertainment	21,724	106,832		128,556
	9 Other direct expenses	259,605	668,690		928,295
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				2,886,564
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				0	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

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

Name ▶

Address ▶

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

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

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

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

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

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization MARCH OF DIMES INC

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

Employer identification number 13-1846366

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 29
3 Enter total number of other organizations listed in the line 1 table 1

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

Part III can be duplicated if additional space is needed.

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

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

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

Additional Data

Software ID:
Software Version:
EIN: 13-1846366
Name: MARCH OF DIMES INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE GENERAL HOSPITAL CORPORATION BANK OF AMERICA NA PO BOX 414876 BOSTON, MA 022410487	04-2697983	501(C)(3)	124,998	0			RESEARCH & MEDICAL
YALE UNIVERSITY 150 MUNSON STREET-25 SCIENCE PARK NEW HAVEN, CT 06511	06-0646973	501(C)(3)	30,000	0			COMMUNITY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF COASTAL FAIRFIELD COUNTY 855 MAIN STREET 10TH FLOOR BRIDGEPORT, CT 06604	06-0864341	501(C)(3)	17,500	0			COMMUNITY
THE BRONX HEALTH LINK 851 GRAND CONCOURSE SUITE 914 BRONX, NY 10451	13-4045022	501(C)(3)	10,000	0			COMMUNITY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THOMAS JEFFERSON UNIVERSITY 1101 MARKET STREET 29TH FLOOR PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	50,000	0			RESEARCH & MEDICAL
TRUSTEES UNIVERSITY OF PENNSYLVANIA THE WHARTON SCHOOL LOCKBOX 9726 PO BOX 8500 PHILADELPHIA, PA 19178	23-1352685	501(C)(3)	375,000	0			RESEARCH & MEDICAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FUTURE BUSINESS LEADERS OF AMERICA - PHI BETA LAMBDA INC 1912 ASSOCIATION DR RESTON, VA 201911591	23-7157445	501(C)(3)	19,808	0			COMMUNITY
OHIOHEALTH FOUNDATION 3430 OHIOHEALTH PARKWAY 3RD FLOOR COLUMBUS, OH 43202	23-7446919	501(C)(3)	53,275	0			COMMUNITY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF PITTSBURGH 3100 CATHEDRAL OF LEARNING PITTSBURGH, PA 15260	25-0965591	501(C)(3)	88,363	0			RESEARCH & MEDICAL
MAGEE-WOMEN'S RESEARCH INSTITUTE & FOUNDATION 3240 CRAFT PLACE SUITE 100 PITTSBURGH, PA 15213	25-1462312	501(C)(3)	10,000	0			RESEARCH & MEDICAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HEALTH AND RESEARCH FOUNDATION INC 1 NORTH LEXINGTON AVENUE 7TH FLOOR WHITE PLAINS, NY 10601	27-2415391	501(C)(3)	15,000	0			COMMUNITY
GIVING AUSTIN LABOR SUPPORT PO BOX 41074 AUSTIN, TX 78704	27-3448123	501(C)(3)	20,000	0			COMMUNITY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CINCINNATI CHILDREN'S HOSPITAL MED CTR 3333 BURNET AVENUE MLC 7030 CINCINNATI, OH 452293039	31-0833936	501(C)(3)	550,000	0			RESEARCH & MEDICAL
UNIVERSITY HEALTH SYSTEM INC 1924 ALCOA HIGHWAY KNOXVILLE, TN 37920	31-1626179	501(C)(3)	7,000	0			COMMUNITY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS, OH 43210	31-6025986	115	82,800	0			COMMUNITY
TRUSTEES OF INDIANA UNIVERSITY PO BOX 78000 DEPT 78867 DETROIT, MI 482780867	35-6001673	115	150,000	0			RESEARCH & MEDICAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE UNIVERSITY OF CHICAGO 6054 S DREXEL AVENUE SUITE 300 CHICAGO, IL 60615	36-2177139	501(C)(3)	125,000	0			RESEARCH & MEDICAL
JAMAA BIRTH VILLAGE 40 N FLORISSANT RD ST LOUIS, MO 63135	47-5592021	501(C)	7,000	0			COMMUNITY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIMENSIONS HEALTH CORPORATION 302 BUSKIN COURT SEVERN, MD 21144	52-1289729	501(C)(3)	26,250	0			COMMUNITY
THE BIRTH CIRCLE INC PO BOX 665 ATHENS, OH 45701	56-2467244	501(C)(3)	6,500	0			COMMUNITY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBORHOOD HEALTH INC 2711 FOSTER AVE NASHVILLE, TN 37210	62-1032792	501(C)(3)	6,000	0			COMMUNITY
REGIONAL ONE HEALTH 880 MADISON AVE STE 3E01 MEMPHIS, TN 38103	62-1113169	501(C)(3)	12,000	0			COMMUNITY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TENNESSEE 62 SOUTH DUNLAP STREET SUITE 300 MEMPHIS, TN 38163	62-6001636	115	6,000	0			COMMUNITY
BIOSUPERIOR TECHNOLOGY INC 1731 PENNY WAY LOS ALTOS, CA 94024	82-3225234	C CORPORATION	225,110	0			RESEARCH & MEDICAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOSPITAL COLORADO FOUNDATION (HANA SMITH MD) 13123 EAST 16TH AVENUE BOX 045 - AURORA, CO 80045	84-0813462	501(C)(3)	10,000	0			COMMUNITY
OMAHA BETTER BIRTH PROJECT 6232 N 104TH ST OMAHA, NE 68134	85-2740585	501(C)(3)	6,000	0			COMMUNITY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STANFORD UNIVERSITY SCHOOL OF MEDICINE PO BOX 44253 SAN FRANCISCO, CA 941444253	94-1156365	501(C)(3)	1,833,332	0			RESEARCH & MEDICAL
REGENTS OF THE UNIVERSITY OF CALIFORNIA (SF 94143) 1855 FOLSOM ST MCB 425 BOX0897 SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	220,492	0			RESEARCH & MEDICAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOCIETY FOR REPRODUCTIVE INVESTIGATION FOUNDATION 555 EAST WELLS STREET SUITE 1100 MILWAUKEE, WI 53202	95-2293816	501(C)(3)	20,000	0			RESEARCH & MEDICAL
REGENTS OF THE UNIVERSITY OF CALIFORNIA (LA 90065) PO BOX 748872 LOS ANGELES, CA 90065	95-6006143	501(C)(3)	220,492	0			COMMUNITY

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
MARCH OF DIMES INC

Employer identification number
13-1846366

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>										
<p>a Receive a severance payment or change-of-control payment?</p>	4a	No								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	No								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>										
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>										
<p>a The organization?</p>	5a	No								
<p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>										
<p>a The organization?</p>	6a	No								
<p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	Yes								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 3	THE MARCH OF DIMES HIRES AN INDEPENDENT EXTERNAL ORGANIZATION, BUCK, TO PERFORM BENCHMARK ANALYSIS FOR THE CEO/PRESIDENT AND SEVERAL OTHER KEY POSITIONS. BUCK COLLECTS COMPENSATION DATA AND COMPARES MOD DATA PEER GROUP DATA AS DISCLOSED IN IRC FORM 990 AS WELL AS DATA FROM THIRD PARTY COMPENSATION SURVEYS. IN ADDITION, TO 990 DATA BUCK COLLECTED PEER GROUP DATA FOR THREE MARKET SEGMENTS: HEALTH CHARITIES, SOCIAL SERVICES, AND HOSPITALS/HEALTH CARE THIS ANALYSIS PROVIDES THE MARCH OF DIMES INTELLIGENCE AND MARKET STANDARDS TO GUIDE PAY FOR THE PRESIDENT/CEO AND OTHER EXECUTIVE POSITIONS.
PART I, LINE 7:	NONFIXED PAYMENTS MARCH OF DIMES ESTABLISHES ANNUAL PERFORMANCE GOALS FOR ITS OFFICERS AND KEY EMPLOYEES. IF THE EMPLOYEE ATTAINS THE GOALS WHICH ARE ESTABLISHED FOR THEM, THOSE INDIVIDUALS MAY RECEIVE A PERFORMANCE BONUS. ALL BONUSES ARE CONSIDERED IN EVALUATION OF REASONABLE COMPENSATION FOR DISQUALIFIED PERSONS.

Additional Data

Software ID:
Software Version:
EIN: 13-1846366
Name: MARCH OF DIMES INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 STACEY D STEWART PRESIDENT & CEO	(i)	577,821	0	1,832	8,700	33,141	621,494	0
	(ii)	0	0	0	0	0	0	0
1 RAHUL GUPTA SVP, CHIEF MED HLTH OFF (END 11/21)	(i)	352,744	0	814	5,757	1,393	360,708	0
	(ii)	0	0	0	0	0	0	0
2 ZSAKEBA T HENDERSON MD SVP MCH IMP DEP MD OF	(i)	265,893	45,000	559	6,534	28,381	346,367	0
	(ii)	0	0	0	0	0	0	0
3 ANDREW S COCCARI JR SVP & CHIEF DEVELOPMENT OFFICER	(i)	299,841	0	1,832	8,700	34,288	344,661	0
	(ii)	0	0	0	0	0	0	0
4 ADRIAN P MOLLO SVP, GEN. COUNSEL & ASST. SECRETARY	(i)	279,479	0	639	8,650	34,088	322,856	0
	(ii)	0	0	0	0	0	0	0
5 FREDERICK A BROGDON SVP, COO & BOARD OFFICER	(i)	290,405	0	639	8,700	5,298	305,042	0
	(ii)	0	0	0	0	0	0	0
6 DAVID C DAMOND SVP, CFO & ASSISTANT TREASURER	(i)	263,529	0	1,828	7,792	31,538	304,687	0
	(ii)	0	0	0	0	0	0	0
7 KELLY ERNST SVP MARKET IMPACT	(i)	249,525	0	639	7,493	32,358	290,015	0
	(ii)	0	0	0	0	0	0	0
8 NICHOLAS M DIFRANZA SVP & CHIEF TECH OFFICER	(i)	236,194	0	639	0	31,440	268,273	0
	(ii)	0	0	0	0	0	0	0
9 DEIRDRE MALONEY VP, HUMAN RESOURCES	(i)	220,106	0	980	6,882	34,288	262,256	0
	(ii)	0	0	0	0	0	0	0
10 CYNTHIA H RAHMAN SVP, CHIEF MARKETING OFFICER	(i)	252,600	0	426	7,333	0	260,359	0
	(ii)	0	0	0	0	0	0	0
11 DARLENE R SLAUGHTER VP & CHIEF DIV., INCL. & ENGAGE. OFC	(i)	219,095	0	2,777	6,612	11,575	240,059	0
	(ii)	0	0	0	0	0	0	0
12 ALISON A SPERA VP, MARKET IMPACT	(i)	195,991	0	426	0	32,738	229,155	0
	(ii)	0	0	0	0	0	0	0
13 ANNE G GALLIVAN VP EVENT FUNDRAISING	(i)	191,128	0	0	5,828	10,495	207,451	0
	(ii)	0	0	0	0	0	0	0
14 ROCHELLE S SIEGEL SENIOR EXECUTIVE DIR. MARKET IMPACT	(i)	176,982	0	7,663	5,379	9,641	199,665	0
	(ii)	0	0	0	0	0	0	0

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

▶ **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 the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
MARCH OF DIMES INC

Employer identification number
13-1846366

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		1,539,593	FMV
6 Cars and other vehicles	X	35	40,243	
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock	X	29	153,234	
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 1

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

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

Return Reference	Explanation
PART I, COLUMN (B):	NONCASH CONTRIBUTIONS OTHER THAN CONTRIBUTIONS OF MARKETABLE SECURITIES AND VEHICLES, NON-CASH ITEMS ARE NOT INCLUDED IN THE FINANCIAL STATEMENTS OF THE ORGANIZATION UNLESS THEY ARE SIGNIFICANT IN AMOUNT. IN 2021, THE ORGANIZATION RECEIVED AUCTION ITEMS, WHICH WERE RECORDED AT ZERO VALUE.
PART I, LINE 32B:	USE OF THIRD PARTIES CAR DONATION PROGRAM MARCH OF DIMES ACCEPTS DONATIONS OF CARS, BOATS, OR OTHER VEHICLES THROUGH A THIRD PARTY. THE FIRM HANDLES ALL ASPECTS OF THE DONATION FROM INITIAL CONTACT WITH THE DONOR, TRANSFER OF TITLES, AS WELL AS THE PICKUP AND SALE OF THE VEHICLE. THE NUMBER OF CONTRIBUTIONS (RATHER THAN ITEMS) IS REPORTED AT FAIR MARKET VALUE.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization
MARCH OF DIMES INC

Employer identification number

13-1846366

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION, CONTINUED:	ACCOMPLISHMENTS IN 2021, WE CONTINUE OUR UNSTOPPABLE MARCH FORWARD TO FIGHT FOR THE HEALTH OF ALL MOMS AND BABIES TO ENSURE A SAFE PREGNANCY JOURNEY FOR EVERY FAMILY. OVER THE PAST YEAR, OUR IMPACT WAS POWERED BY VOLUNTEERS, DONORS, ADVOCATES, PARTNERS AND MILLIONS OF PEOPLE WITH A SHARED COMMITMENT TO FUEL OUR MISSION THROUGH THEIR FUNDRAISING, ACTIONS, PARTNERSHIPS, VOLUNTEER EFFORTS AND GENERAL SUPPORT. OUR TIRELESS PURSUIT TO KEEP AHEAD OF THE GLOBAL PANDEMIC AND IMPROVE MOM AND BABY HEALTH WAS MADE POSSIBLE BY A PASSIONATE COMMUNITY OF SUPPORTERS, WHO ENABLED US TO CONTINUE INNOVATIVE RESEARCH AT OUR SIX PREMATURITY RESEARCH CENTERS, DELIVER PROGRAMS SUCH AS SUPPORTIVE PREGNANCY CARE AND NICU FAMILY SUPPORT, AND DISTRIBUTE ESSENTIAL SUPPLIES AND INFORMATION TO PROTECT THE HEALTH OF ALL MOMS AND BABIES. THE FOLLOWING SUMMARIES DEMONSTRATE THE UNSTOPPABLE IMPACT WE MADE IN 2021, AND HOW TOGETHER, AS A COMMUNITY, WE WERE THERE FOR PARENTS WHEN THEY NEEDED US MOST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1A	BOARD OF TRUSTEES MARCH OF DIMES' BOARD OF TRUSTEES HAVE DELEGATED AUTHORITY TO THE EXECUTIVE COMMITTEE TO ACT ON BEHALF OF THE GOVERNING BODY DURING 2021 AS PROVIDED IN THE ORGANIZATION'S BY-LAWS AND CONSISTENT WITH APPLICABLE LAW.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	MEMBERS' POWER TO ELECT MARCH OF DIMES IS A NEW YORK NONPROFIT CORPORATION WITH ONE CLASS OF MEMBERS. THE MEMBERS OF THE ORGANIZATION HOLD THE AUTHORITY TO ELECT OR APPOINT NEW MEMBERS. THIS CLASS OF MEMBERS IS COEXTENSIVE WITH THE ORGANIZATION'S BOARD OF TRUSTEES, WHICH OPERATES AS THE ORGANIZATION'S GOVERNING BODY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	SEE EXPLANATION FOR PART VI, LINE 6.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	REVIEW OF 990 GOVERNING BODY MARCH OF DIMES' IRS FORM 990 IS PREPARED BY AN INDEPENDENT AC COUNTING FIRM BASED ON INFORMATION PROVIDED BY THE ORGANIZATION. UPON ITS COMPLETION IT IS THEN REVIEWED BY THE PRESIDENT & CEO, SVP & CHIEF FINANCIAL OFFICER, AND MARCH OF DIMES' AUDIT COMMITTEE OF THE BOARD OF TRUSTEES PRIOR TO FILING WITH THE IRS. THE FINAL FORM 990 IS PROVIDED TO ALL MEMBERS OF THE BOARD PRIOR TO ELECTRONICALLY FILING WITH THE IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST POLICY ANNUALLY MARCH OF DIMES ASKS THEIR BOARD OF TRUSTEES MEMBERS TO REVIEW AND SIGN A CONFLICT OF INTEREST POLICY. EMPLOYEES AGREE AND ARE OBLIGED TO ABIDE BY THE EMPLOYEE HANDBOOK WHICH HAS POLICIES REGARDING REPORTING AND AVOIDING CONFLICTS OF INTEREST. MARCH OF DIMES' LEGAL COUNSEL DETERMINES WHETHER A CONFLICT EXISTS. LEGAL COUNSEL RESOLVES ISSUES WITH RESPECT TO EMPLOYEES AND ISSUES CONCERNING TRUSTEES ARE RESOLVED BY THE EXECUTIVE COMMITTEE OF THE BOARD (UNLESS THE MATTER IS ELEVATED TO THE FULL BOARD OF TRUSTEES), IN ACCORDANCE WITH THE CONFLICT OF INTEREST POLICY. ANY BOARD MEMBERS WITH A CONFLICT IN A MATTER REQUIRING ACTION BY THE BOARD ARE PROHIBITED FROM PARTICIPATING IN THE BOARD'S DELIBERATIONS OR DECISIONS REGARDING THE MATTER UNDER CONSIDERATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>DETERMINATION OF COMPENSATION DETERMINATION OF EXECUTIVE COMPENSATION AT MARCH OF DIMES IS A THREE STAGE PROCESS, DESIGNED TO ENSURE AN INDEPENDENT AND TRANSPARENT APPROACH TO THE REVIEW OF MARCH OF DIMES OFFICERS AND ENSURE THAT THEIR COMPENSATION REFLECTS FAIR MARKET VALUE. THE FIRST STAGE OF THE PROCESS IS PERFORMED BY THE EXECUTIVE COMPENSATION COMMITTEE . THE EXECUTIVE COMPENSATION COMMITTEE WAS ORGANIZED TO CLARIFY AND SIMPLIFY THE COMPENSATION REVIEW PROCESS FOR THE PRESIDENT, STAFF OFFICERS AND KEY EXECUTIVE MANAGEMENT. THE COMMITTEE IS COMPRISED OF FOUR INDEPENDENT TRUSTEES WHO MEET ANNUALLY TO REVIEW AND DISCUSS THE SALARY RANGES FOR THE PRESIDENT & CEO, STAFF OFFICERS, AND KEY EXECUTIVE MANAGEMENT OF MARCH OF DIMES, INCLUDING MERIT, VARIABLE PAY AND BENEFITS. IT TYPICALLY RECEIVES A BENCHMARKING REPORT FROM AN OUTSIDE CONSULTANT, WHICH COMPARES THE COMPENSATION DATA TO OTHER SIMILAR CHARITIES. THE COMMITTEE THEN MAKES ITS RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE. THE SECOND STAGE OF THE PROCESS IS THE PRESENTATION OF THE EXECUTIVE COMPENSATION COMMITTEE'S FINDINGS AND RECOMMENDATION TO THE EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE CONSIDERS AND DISCUSSES THE RECOMMENDATIONS, AND THEN TAKES A VOTE ON COMPENSATION. THE THIRD STAGE IS WHEN THE FULL BOARD OF TRUSTEES IS BRIEFED ON THE EXECUTIVE COMMITTEE'S FINDINGS AND CONCLUSIONS. MINUTES ARE TAKEN CONTEMPORANEOUSLY TO RECORD THE DISCUSSION AND CONCLUSIONS REACHED, AND ARE KEPT ON FILE. THIS PROCESS IS IN KEEPING WITH MARCH OF DIMES BY-LAWS AND THE RESPONSIBILITIES OF THE EXECUTIVE COMMITTEE, AND ALSO INTENDED TO COMPORT WITH REGULATIONS ON INTERMEDIATE SANCTIONS PROMULGATED BY THE IRS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	CONTRACTED SERVICES: PROGRAM SERVICE EXPENSES 13,447,375. MANAGEMENT AND GENERAL EXPENSES 940,108. TOTAL EXPENSES 14,387,483.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	CHANGE IN FAIR VALUE OF ASSETS HELD IN TRUST 18,322,732.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
MARCH OF DIMES INC

Employer identification number

13-1846366

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

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

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

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

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

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

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

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

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

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

	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	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	No

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

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

Part VII **Supplemental Information**

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

Return Reference	Explanation