

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

A For the 2022 calendar year, or tax year beginning 07-01-2022, and ending 06-30-2023

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

C Name of organization: AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT CHAPTERS AND BRANCHES. Doing business as. Number and street (or P.O. box if mail is not delivered to street address): 431 18TH STREET NW. Room/suite. City or town, state or province, country, and ZIP or foreign postal code: WASHINGTON, DC 200065009

D Employer identification number: 53-0196605. E Telephone number: (202) 303-4498. G Gross receipts \$ 3,678,650,067

F Name and address of principal officer: GAIL MCGOVERN, 430 17TH ST NW, WASHINGTON, DC 20006

H(a) Is this a group return for subordinates? No. H(b) Are all subordinates included? No. H(c) Group exemption number

I Tax-exempt status: 501(c)(3)

J Website: WWW.REDCROSS.ORG

K Form of organization: Corporation

L Year of formation: 1900. M State of legal domicile: DC

Part I Summary

Table with 4 columns: Line number, Description, Prior Year, Current Year. Rows include: 1 Mission statement, 2-7 Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

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 knowledge.

any knowledge.

Sign Here	Signature of officer	2024-03-07
	CARMEL DARCY CFO Type or print name and title	Date

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date 2024-03-05	Check <input type="checkbox"/> if self-employed	PTIN P01048557
	Firm's name ▶ KPMG LLP	Firm's EIN ▶ 13-5565207			
	Firm's address ▶ 8350 BROAD STREET SUITE 900 MCLEAN, VA 22102	Phone no. (703) 286-8000			

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form **990** (2022)

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:
 THE AMERICAN RED CROSS PREVENTS AND ALLEVIATES HUMAN SUFFERING IN THE FACE OF EMERGENCIES BY MOBILIZING THE POWER OF VOLUNTEERS AND THE GENEROSITY OF DONORS.

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 \$ 1,912,771,324 including grants of \$ 0) (Revenue \$ 2,011,917,984)
 BIOMEDICAL SERVICES - SEE SCHEDULE O

4b (Code:) (Expenses \$ 472,420,047 including grants of \$ 172,888,260) (Revenue \$ 0)
 DOMESTIC DISASTER SERVICES - SEE SCHEDULE O

4c (Code:) (Expenses \$ 121,154,910 including grants of \$ 1,034,293) (Revenue \$ 156,006,888)
 TRAINING SERVICES - SEE SCHEDULE O

(Code:) (Expenses \$ 104,822,608 including grants of \$ 86,040,732) (Revenue \$ 0)
 INTERNATIONAL RELIEF AND DEVELOPMENT SERVICES:THE ORGANIZATION HELPS VULNERABLE PEOPLE AROUND THE WORLD PREVENT,PREPARE FOR, RESPOND TO AND RECOVER FROM DISASTERS, COMPLEXHUMANITARIAN EMERGENCIES, AND LIFE-THREATENING HEALTH CONDITIONSTHROUGH GLOBAL INITIATIVES AND COMMUNITY-BASED PROGRAMS. WITH A FOCUSON MASS SCALE DISEASE PREVENTION, DISASTER MANAGEMENT, RESTORING FAMILYLINKS, AND THE DISSEMINATION OF INTERNATIONAL HUMANITARIAN LAW, THEORGANIZATION PROVIDES RAPID, EFFECTIVE, AND LARGE-SCALE HUMANITARIANASSISTANCE TO THOSE IN NEED. TO ACHIEVE OUR GOALS, THE ORGANIZATIONWORKS WITH OUR PARTNERS IN THE INTERNATIONAL RED CROSS AND RED CRESCENTMOVEMENT AND OTHER INTERNATIONAL RELIEF AND DEVELOPMENT AGENCIES TOBUILD LOCAL CAPACITIES, MOBILIZE AND EMPOWER COMMUNITIES, AND ESTABLISHPARTNERSHIPS.

(Code:) (Expenses \$ 59,852,255 including grants of \$ 1,600,917) (Revenue \$ 0)
 SERVICE TO THE ARMED FORCES:THE ORGANIZATION PROVIDES MILITARY MEMBERS, VETERANS, AND THEIRFAMILIES WITH EMERGENCY COMMUNICATIONS SERVICES, PROGRAMS AND SERVICESFOR THE SICK, WOUNDED AND RECOVERING AT VETERANS AND MILITARY MEDICALFACILITIES, JOB TRAINING AND EDUCATION, AND OTHER VITAL SERVICES FORU.S. MILITARY FAMILIES AROUND THE WORLD.

(Code:) (Expenses \$ 20,180,679 including grants of \$ 2,988,236) (Revenue \$ 16,055,681)
 COMMUNITY SERVICES:IN FISCAL YEAR 2023, THE AMERICAN RED CROSS CONTINUED TO DELIVER ITS LIFESAVING MISSION WHILE SAFEGUARDING THE HEALTH AND SAFETY OF OUR EMPLOYEES, VOLUNTEERS, BLOOD DONORS AND RECIPIENTS, PARTNERS AND CLIENTS. THE RED CROSS REMAINS STEADFAST IN DELIVERING ITS LIFESAVING MISSION TO MAKE SURE THOSE IN NEED RECEIVE HELP AND HOPE.

4d Other program services (Describe in Schedule O.)
 (Expenses \$ 184,855,542 including grants of \$ 90,629,885) (Revenue \$ 16,055,681)

4e Total program service expenses ▶ 2,691,201,823

Part IV Checklist of Required Schedules

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

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Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and other IRS filings.

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 [checked]

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

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c	Yes	
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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	17,420		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b			No
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Yes	
b	If "Yes," enter the name of the foreign country: ►HA , VM , KE See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	6		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Yes	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No

b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		

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

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

Section A. Governing Body and Management

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

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

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

in joint venture arrangements under applicable Federal, state, and state steps to safeguard the organization's exempt status with respect to such arrangements?

16b

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
- 18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 - Own website
 - Another's website
 - Upon request
 - Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records:
 - JENNIFER HAWKINS 430 17TH STREET NW WASHINGTON, DC 20006 (202) 303-5028

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee			
(1) GAIL MCGOVERN PRESIDENT & CEO	60.00 0.00	X		X			859,260	0	13,951
(2) JENNIFER BAILEY BOARD MEMBER	4.00 0.00	X					0	0	0
(3) M BRETT BIGGS BOARD MEMBER	2.00 0.00	X					0	0	0
(4) DAVID A BRANDON BOARD MEMBER	4.00 0.00	X					0	0	0
(5) CAROLE L BROWN BOARD MEMBER	3.00 0.00	X					0	0	0
(6) HERMAN E BULLS BOARD MEMBER	2.00 0.00	X					0	0	0
(7) DAVID H CLARK BOARD MEMBER	3.00 0.00	X					0	0	0
(8) STEVEN H COLLIS BOARD MEMBER	3.00 0.00	X					0	0	0

(9) ENRIQUE A CONTERNO BOARD MEMBER	4.00 0.00	X							0	0	0
(10) LORENCE KIM BOARD MEMBER	4.00 0.00	X							0	0	0
(11) BONNIE MCELVEEN-HUNTER BOARD MEMBER	5.00 0.00	X							0	0	0
(12) KATHRYN MCLAY BOARD MEMBER	3.00 0.00	X							0	0	0
(13) ARADHANA SARIN BOARD MEMBER	2.00 0.00	X							0	0	0
(14) JOHNNY C TAYLOR JR BOARD MEMBER	3.00 0.00	X							0	0	0
(15) KIRT A WALKER BOARD MEMBER	4.00 0.00	X							0	0	0
(16) DENNIS M WOODSIDE BOARD MEMBER	3.00 0.00	X							0	0	0
(17) BRIAN RHOA CHIEF INVESTMENT OFFICER	60.00 0.00				X				610,239	0	27,950

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former			
(18) PHYLLIS HARRIS GENERAL COUNSEL	60.00 0.00			X				441,261	0	36,130
(19) CARMEL DARCY CHIEF FINANCIAL OFFICER	60.00 0.00			X				335,444	0	21,279
(20) JENNIFER HAWKINS CORPORATE SECRETARY & CHIEF OF STAFF	60.00 0.00			X				288,997	0	18,479
(21) CLIFFORD HOLTZ CHIEF OPERATING OFFICER	60.00 0.00				X			749,814	0	31,071
(22) CHRIS HROUDA PRESIDENT OF BIOMEDICAL SERVICES	60.00 0.00				X			696,337	0	32,163
(23) ANNE MCKEOUGH CHIEF DEVELOPMENT OFFICER	60.00 0.00				X			463,183	0	21,624
(24) MELISSA HURST CHIEF HUMAN RESOURCES OFFICER	60.00 0.00				X			445,167	0	35,493
(25) TREVOR RIGGEN PRESIDENT OF HUMANITARIAN SERVICES	60.00 0.00				X			358,893	0	31,846
(26) SHAUN GILMORE CHIEF TRANSFORMATION OFFICER	60.00 0.00					X		619,929	0	30,895
(27) PAUL SULLIVAN SVP, COLLECTIONS	60.00 0.00					X		469,309	0	26,226
(28) JACK MCMASTER	60.00									

(20) JACK MCMASTER	00.00				X		459,711	0	27,779
PRESIDENT OF TRAINING SERVICES	0.00								
(29) DOMINICK TOLLI	60.00				X		414,496	0	33,564
SVP, PRODUCT MGMT AND PLATFORM DEV	0.00								
(30) ROSEMARY MCGILLAN	60.00				X		402,890	0	27,166
CHIEF, MARKETING/COMMUNICATION OFFICER	0.00								

1b Sub-Total									
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)							7,614,930	0	415,616

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 2,171

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ONE & ALL 2 N LAKE AVE SUITE 600 PASADENA, CA 91101	PRINTING AND MAILING	25,620,362
GENERATOR MEDIA ANALYTICS INC 353 LEXINGTON AVE 11TH FL NY, NY 10016	MARKETING	10,828,075
DROPOFF INC 1601 S MOPAC EXPWY STE C-301 AUSTIN, TX 78746	COURIER SERVICE	9,731,497
MINDTREE LIMITED 25 INDEPENDENCE BLVD SUITE 401 WARREN, NJ 07059	CONSULTANT-IT	9,645,455
CAPITAL COURIER SERVICES LLC 2100 BARRETT PARK DR STE 505 KENNESAW, GA 30144	COURIER SERVICE	9,358,214

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 376

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Part VIII **Statement of Revenue**

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a Federated campaigns				
1b Contributions, Gifts, Grants, and Membership dues	486			
1c Other Amounts Similar Fundraising events	13,734,241			
1d Related organizations				
1e Government grants (contributions)	54,255,784			
1f All other contributions, gifts, grants, and similar amounts not included				

above 11

831,150,868

g Noncash contributions included in lines 1a - 1f: \$ **1g**

16,877,496

h Total. Add lines 1a-1f ▶ 919,126,379

		Business Code			
Program Service Revenue	2a BIOMEDICAL PRODUCTS/SR				
		541900	2,011,917,984	2,011,917,984	
	3 OTHER PRODUCTS/SRVCS	900099	156,006,888	156,006,888	
f All other program service revenue.					
9 Total. Add lines 2a-2f.			2,167,924,872		

3 Investment income (including dividends, interest, and other similar amounts)		76,827,242		-568,881	77,396,123
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					

		(i) Real	(ii) Personal		
6a Gross rents	6a	25,402,149			
	b Less: rental expenses		0		
	c Rental income or (loss)	25,402,149			
d Net rental income or (loss)				25,402,149	25,402,149

		(i) Securities	(ii) Other		
7a Gross amount from sales of assets other than inventory	7a	454,390,210	8,620,495		
	7b Less: cost or other basis and sales expenses	454,391,512	3,228,276		
	7c Gain or (loss)	-1,302	5,392,219		
d Net gain or (loss)				5,390,917	5,390,917

8a Gross income from fundraising events (not including \$ 13,734,241 of contributions reported on line 1c). See Part IV, line 18	8a	3,103,039			
	b Less: direct expenses		3,952,668		
	c Net income or (loss) from fundraising events			-849,629	-849,629

9a Gross income from gaming activities. See Part IV, line 19	9a				
b Less: direct expenses	9b				
c Net income or (loss) from gaming activities					

10a Gross sales of inventory, less returns and allowances	10a				
	b Less: cost of goods sold	10b			
c Net income or (loss) from sales of inventory					

		Business Code			
11a OTHER MISC. REVENUE		900099	23,255,681	16,055,681	7,200,000

d					
Other Revenue Misc Amt					
d All other revenue					
e Total. Add lines 11a-11d ▶		23,255,681			
12 Total revenue. See instructions ▶		3,217,077,611	2,183,980,553	6,631,119	107,339,560

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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				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	178,511,706	178,511,706		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	86,040,732	86,040,732		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,947,262	1,192,016	4,246,946	508,300
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	1,182,370,329	1,049,000,871	45,115,515	88,253,943
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	96,553,377	85,363,480	3,978,826	7,211,071
9 Other employee benefits	155,804,306	137,747,619	6,420,472	11,636,215
10 Payroll taxes	87,718,348	77,552,373	3,614,747	6,551,228
11 Fees for services (non-employees):				
a Management				
b Legal	6,205,564	1,192,244	4,852,204	161,116
c Accounting	2,301,036	1,604,219	606,776	90,041
d Lobbying	260,745	178,610	10,951	71,184
e Professional fundraising services. See Part IV, line 17	452,216			452,216
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	213,772,820	156,638,365	13,110,052	44,024,403
12 Advertising and promotion	18,497,293	16,845,886	531,188	1,120,219
13 Office expenses	100,868,356	98,444,503	1,210,290	1,213,563
14 Information technology	56,736,668	49,243,732	5,386,346	2,106,590
15 Royalties				
16 Occupancy	67,376,935	57,879,936	5,687,352	3,809,647
17 Travel	66,215,742	63,396,721	1,078,334	1,740,687
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,204,514	2,998,749	241,888	963,877
20 Interest	22,447,533	20,681,007	630,621	1,135,905
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	81,325,558	75,837,445	879,598	4,608,515
23 Insurance	42,764,602	38,735,791	1,440,322	2,588,489
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)				

expenses on Schedule O.)					
a	BIOMED SUP/BLOOD TESTS	455,695,632	455,695,632		
b	OTHER PROGRAM SUPPLIES	35,705,599	33,895,601	560,185	1,249,813
c	OTHER ASSISTANCE	3,330,016	2,524,585	464,986	340,445
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,971,106,889	2,691,201,823	100,067,599	179,837,467
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).				

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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	292,369,404	1	61,909,246
	2 Savings and temporary cash investments	470,945,631	2	764,277,980
	3 Pledges and grants receivable, net	55,660,462	3	52,502,795
	4 Accounts receivable, net	244,558,803	4	253,440,731
	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	59,996,101	8	61,511,308
	9 Prepaid expenses and deferred charges	381,371,970	9	423,289,360
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,719,777,177		
	b Less: accumulated depreciation	10b 992,418,289	728,098,719	10c 727,358,888
	11 Investments—publicly traded securities	869,392,157	11	989,702,660
	12 Investments—other securities. See Part IV, line 11	646,576,000	12	568,395,000
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	123,212,628	15	125,933,165
16 Total assets. Add lines 1 through 15 (must equal line 33)	3,872,181,875	16	4,028,321,133	
Liabilities	17 Accounts payable and accrued expenses	354,043,027	17	317,597,402
	18 Grants payable		18	
	19 Deferred revenue		19	
	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	334,041	23	
	24 Unsecured notes and loans payable to unrelated third parties	517,315,807	24	512,708,726
	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	300,198,902	25	178,020,074
	26 Total liabilities. Add lines 17 through 25	1,171,891,777	26	1,008,326,202
Net Assets	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	1,016,509,067	27	1,370,457,094
	28 Net assets with donor restrictions	1,683,781,031	28	1,649,537,837

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	2,700,290,098	32 3,019,994,931
33	Total liabilities and net assets/fund balances	3,872,181,875	33 4,028,321,133

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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	3,217,077,611
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,971,106,889
3	Revenue less expenses. Subtract line 2 from line 1	3	245,970,722
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,700,290,098
5	Net unrealized gains (losses) on investments	5	-22,629,095
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	96,363,206
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,019,994,931

Part XII Financial Statements and Reporting

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

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

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Additional Data

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efile Public Visual Render	ObjectID: 202420679349300232 - Submission: 2024-03-07	TIN:
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.	OME Of

Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT CHAPTERS AND BRANCHES	Employer identification 53-0196605
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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 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 **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or 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 other activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 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)** and instructions. Enter the name, city, and state of the supported 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. **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 management of the supporting organization vested in the same persons that control or manage the supported organization. **Complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, one or more 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) (see instructions). 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: _____

(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) Total
			Yes	No		
Total						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 11285F Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(v)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year: _____

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	817,365,759	887,785,755	962,942,913	1,060,031,161	919,126,378
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	817,365,759	887,785,755	962,942,913	1,060,031,161	919,126,378
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.					

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022
7 Amounts from line 4.	817,365,759	887,785,755	962,942,913	1,060,031,161	919,126,378
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	77,336,123	69,704,977	89,187,158	74,342,075	102,126,378
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.)	4,572,337	2,092,433	3,241,475	2,175,535	3,103,039
11 Total support. Add lines 7 through 10					
12 Gross receipts from related activities, etc. (see instructions)					12
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) organ this box and stop here					<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2021 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check box and stop here. The organization qualifies as a publicly supported organization		
17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10 and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the orga meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how t 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		

Schedule A (f

Schedule A (Form 990) 2022

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 und the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022
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					

4	not an unrelated trade or business under section 513				
5	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .				
6	The value of services or facilities furnished by a governmental unit to the organization without charge				
7a	Total. Add lines 1 through 5				
7b	Amounts included on lines 1, 2, and 3 received from disqualified persons				
7c	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.				
8	Public support. (Subtract line 7c from line 6.)				

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022
9	Amounts from line 6.				
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .				
10b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.				
10c	Add lines 10a and 10b.				
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.				
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				
13	Total support. (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) orga this box and stop here.				

Section C. Computation of Public Support Percentage

15	Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2021 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2022 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2021 Schedule A, Part III, line 17	18	

- 19a **33 1/3% support tests-2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 16 is more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b **33 1/3% support tests-2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% 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

Schedule A (f

Schedule A (Form 990) 2022

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

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
 - Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the

determination.

- c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.*
- 4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
 - b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
 - c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a** Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*
 - b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
 - c Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6** Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in **Part VI**.*
- 7** Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990) .*
- 8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- 9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in **Part VI**.*
 - b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI**.*
 - c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in **Part VI**.*
- 10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*
- b** Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*

Schedule A (f

Schedule A (Form 990) 2022

Part IV Supporting Organizations (continued)

- 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? *If "Yes" to 11a, 11b, or 11c, provide detail in **Part VI**.*

Section B. Type I Supporting Organizations

- 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? *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.*
- 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? *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.*

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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? *If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).*

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? *If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.*

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 instruction**

- a** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see in

2 Activities Test. **Answer lines 2a and 2b below.**

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*

b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

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

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

Schedule A (f

Schedule A (Form 990) 2022

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** instructions*). All other Type III non-functionally integrated supporting organizations must complete Sections A through

Section A - Adjusted Net Income		(A) Prior Year	(B)
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)
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 (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			C
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 (instructions)			

Schedule A (F

Schedule A (Form 990) 2022

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

Section D - Distributions			Cur
1 Amounts paid to supported organizations to accomplish exempt purposes	1		
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2		
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3		
4 Amounts paid to acquire exempt-use assets	4		
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5		
6 Other distributions (describe in Part VI). See instructions	6		
7 Total annual distributions. Add lines 1 through 6.	7		
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8		
9 Distributable amount for 2022 from Section C, line 6	9		
10 Line 8 amount divided by Line 9 amount	10		
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	Distri Amour
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022:			
a From 2017.			
b From 2018.			
c From 2019.			
d From 2020.			
e From 2021.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7:			

a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.		
7	Excess distributions carryover to 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018.		
b	Excess from 2019.		
c	Excess from 2020.		
d	Excess from 2021.		
e	Excess from 2022.		

Schedule A (F

Schedule A (Form 990) 2022

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 17a or 17b; Part III, line 17c or 17d; Part III, line 17e or 17f; Part III, line 17g or 17h; Part III, line 17i or 17j; Part III, line 17k or 17l; Part III, line 17m or 17n; Part III, line 17o or 17p; Part III, line 17q or 17r; Part III, line 17s or 17t; Part III, line 17u or 17v; Part III, line 17w or 17x; Part III, line 17y or 17z; Part III, line 17aa or 17ab; Part III, line 17ac or 17ad; Part III, line 17ae or 17af; Part III, line 17ag or 17ah; Part III, line 17ai or 17aj; Part III, line 17ak or 17al; Part III, line 17am or 17an; Part III, line 17ao or 17ap; Part III, line 17aq or 17ar; Part III, line 17as or 17at; Part III, line 17au or 17av; Part III, line 17aw or 17ax; Part III, line 17ay or 17az; Part III, line 17ba or 17bb; Part III, line 17bc or 17bd; Part III, line 17be or 17bf; Part III, line 17bg or 17bh; Part III, line 17bi or 17bj; Part III, line 17bk or 17bl; Part III, line 17bm or 17bn; Part III, line 17bo or 17bp; Part III, line 17bq or 17br; Part III, line 17bs or 17bt; Part III, line 17bu or 17bv; Part III, line 17bw or 17bx; Part III, line 17by or 17bz; Part III, line 17ca or 17cb; Part III, line 17cc or 17cd; Part III, line 17ce or 17cf; Part III, line 17cg or 17ch; Part III, line 17ci or 17cj; Part III, line 17ck or 17cl; Part III, line 17cm or 17cn; Part III, line 17co or 17cp; Part III, line 17cq or 17cr; Part III, line 17cs or 17ct; Part III, line 17cu or 17cv; Part III, line 17cw or 17cx; Part III, line 17cy or 17cz; Part III, line 17da or 17db; Part III, line 17dc or 17dd; Part III, line 17de or 17df; Part III, line 17dg or 17dh; Part III, line 17di or 17dj; Part III, line 17dk or 17dl; Part III, line 17dm or 17dn; Part III, line 17do or 17dp; Part III, line 17dq or 17dr; Part III, line 17ds or 17dt; Part III, line 17du or 17dv; Part III, line 17dw or 17dx; Part III, line 17dy or 17dz; Part III, line 17ea or 17eb; Part III, line 17ec or 17ed; Part III, line 17ee or 17ef; Part III, line 17eg or 17eh; Part III, line 17ei or 17ej; Part III, line 17ek or 17el; Part III, line 17em or 17en; Part III, line 17eo or 17ep; Part III, line 17eq or 17er; Part III, line 17es or 17et; Part III, line 17eu or 17ev; Part III, line 17ew or 17ex; Part III, line 17ey or 17ez; Part III, line 17fa or 17fb; Part III, line 17fc or 17fd; Part III, line 17fe or 17ff; Part III, line 17fg or 17fh; Part III, line 17fi or 17fj; Part III, line 17fk or 17fl; Part III, line 17fm or 17fn; Part III, line 17fo or 17fp; Part III, line 17fq or 17fr; Part III, line 17fs or 17ft; Part III, line 17fu or 17fv; Part III, line 17fw or 17fx; Part III, line 17fy or 17fz; Part III, line 17ga or 17gb; Part III, line 17gc or 17gd; Part III, line 17ge or 17gf; Part III, line 17gg or 17gh; Part III, line 17gi or 17gj; Part III, line 17gk or 17gl; Part III, line 17gm or 17gn; Part III, line 17go or 17gp; Part III, line 17gq or 17gr; Part III, line 17gs or 17gt; Part III, line 17gu or 17gv; Part III, line 17gw or 17gx; Part III, line 17gy or 17gz; Part III, line 17ha or 17hb; Part III, line 17hc or 17hd; Part III, line 17he or 17hf; Part III, line 17hg or 17hh; Part III, line 17hi or 17hj; Part III, line 17hk or 17hl; Part III, line 17hm or 17hn; Part III, line 17ho or 17hp; Part III, line 17hq or 17hr; Part III, line 17hs or 17ht; Part III, line 17hu or 17hv; Part III, line 17hw or 17hx; Part III, line 17hy or 17hz; Part III, line 17ia or 17ib; Part III, line 17ic or 17id; Part III, line 17ie or 17if; Part III, line 17ig or 17ih; Part III, line 17ii or 17ij; Part III, line 17ik or 17il; Part III, line 17im or 17in; Part III, line 17io or 17ip; Part III, line 17iq or 17ir; Part III, line 17is or 17it; Part III, line 17iu or 17iv; Part III, line 17iw or 17ix; Part III, line 17iy or 17iz; Part III, line 17ja or 17jb; Part III, line 17jc or 17jd; Part III, line 17je or 17jf; Part III, line 17jg or 17jh; Part III, line 17ji or 17jj; Part III, line 17jk or 17jl; Part III, line 17jm or 17jn; Part III, line 17jo or 17jp; Part III, line 17jq or 17jr; Part III, line 17js or 17jt; Part III, line 17ju or 17jv; Part III, line 17jw or 17jx; Part III, line 17jy or 17jz; Part III, line 17ka or 17kb; Part III, line 17kc or 17kd; Part III, line 17ke or 17kf; Part III, line 17kg or 17kh; Part III, line 17ki or 17kj; Part III, line 17kk or 17kl; Part III, line 17km or 17kn; Part III, line 17ko or 17kp; Part III, line 17kq or 17kr; Part III, line 17ks or 17kt; Part III, line 17ku or 17kv; Part III, line 17kw or 17kx; Part III, line 17ky or 17kz; Part III, line 17la or 17lb; Part III, line 17lc or 17ld; Part III, line 17le or 17lf; Part III, line 17lg or 17lh; Part III, line 17li or 17lj; Part III, line 17lk or 17ll; Part III, line 17lm or 17ln; Part III, line 17lo or 17lp; Part III, line 17lq or 17lr; Part III, line 17ls or 17lt; Part III, line 17lu or 17lv; Part III, line 17lw or 17lx; Part III, line 17ly or 17lz; Part III, line 17ma or 17mb; Part III, line 17mc or 17md; Part III, line 17me or 17mf; Part III, line 17mg or 17mh; Part III, line 17mi or 17mj; Part III, line 17mk or 17ml; Part III, line 17mm or 17mn; Part III, line 17mo or 17mp; Part III, line 17mq or 17mr; Part III, line 17ms or 17mt; Part III, line 17mu or 17mv; Part III, line 17mw or 17wx; Part III, line 17my or 17mz; Part III, line 17na or 17nb; Part III, line 17nc or 17nd; Part III, line 17ne or 17nf; Part III, line 17ng or 17nh; Part III, line 17ni or 17nj; Part III, line 17nk or 17nl; Part III, line 17nm or 17nn; Part III, line 17no or 17np; Part III, line 17nq or 17nr; Part III, line 17ns or 17nt; Part III, line 17nu or 17nv; Part III, line 17nw or 17nx; Part III, line 17ny or 17nz; Part III, line 17oa or 17ob; Part III, line 17oc or 17od; Part III, line 17oe or 17of; Part III, line 17og or 17oh; Part III, line 17oi or 17oj; Part III, line 17ok or 17ol; Part III, line 17om or 17on; Part III, line 17oo or 17op; Part III, line 17oq or 17or; Part III, line 17os or 17ot; Part III, line 17ou or 17ov; Part III, line 17ow or 17ox; Part III, line 17oy or 17oz; Part III, line 17pa or 17pb; Part III, line 17pc or 17pd; Part III, line 17pe or 17pf; Part III, line 17pg or 17ph; Part III, line 17pi or 17pj; Part III, line 17pk or 17pl; Part III, line 17pm or 17pn; Part III, line 17po or 17pp; Part III, line 17pq or 17pr; Part III, line 17ps or 17pt; Part III, line 17pu or 17pv; Part III, line 17pw or 17px; Part III, line 17py or 17pz; Part III, line 17qa or 17qb; Part III, line 17qc or 17qd; Part III, line 17qe or 17qf; Part III, line 17qg or 17qh; Part III, line 17qi or 17qj; Part III, line 17qk or 17ql; Part III, line 17qm or 17qn; Part III, line 17qo or 17qp; Part III, line 17qq or 17qr; Part III, line 17qs or 17qt; Part III, line 17qu or 17qv; Part III, line 17qw or 17qx; Part III, line 17qy or 17qz; Part III, line 17ra or 17rb; Part III, line 17rc or 17rd; Part III, line 17re or 17rf; Part III, line 17rg or 17rh; Part III, line 17ri or 17rj; Part III, line 17rk or 17rl; Part III, line 17rm or 17rn; Part III, line 17ro or 17rp; Part III, line 17rq or 17rr; Part III, line 17rs or 17rt; Part III, line 17ru or 17rv; Part III, line 17rw or 17rx; Part III, line 17ry or 17rz; Part III, line 17sa or 17sb; Part III, line 17sc or 17sd; Part III, line 17se or 17sf; Part III, line 17sg or 17sh; Part III, line 17si or 17sj; Part III, line 17sk or 17sl; Part III, line 17sm or 17sn; Part III, line 17so or 17sp; Part III, line 17sq or 17sr; Part III, line 17ss or 17st; Part III, line 17su or 17sv; Part III, line 17sw or 17sx; Part III, line 17sy or 17sz; Part III, line 17ta or 17tb; Part III, line 17tc or 17td; Part III, line 17te or 17tf; Part III, line 17tg or 17th; Part III, line 17ti or 17tj; Part III, line 17tk or 17tl; Part III, line 17tm or 17tn; Part III, line 17to or 17tp; Part III, line 17tq or 17tr; Part III, line 17ts or 17tt; Part III, line 17tu or 17tv; Part III, line 17tw or 17tx; Part III, line 17ty or 17tz; Part III, line 17ua or 17ub; Part III, line 17uc or 17ud; Part III, line 17ue or 17uf; Part III, line 17ug or 17uh; Part III, line 17ui or 17uj; Part III, line 17uk or 17ul; Part III, line 17um or 17un; Part III, line 17uo or 17up; Part III, line 17uq or 17ur; Part III, line 17us or 17ut; Part III, line 17uu or 17uv; Part III, line 17uw or 17ux; Part III, line 17uy or 17uz; Part III, line 17va or 17vb; Part III, line 17vc or 17vd; Part III, line 17ve or 17vf; Part III, line 17vg or 17vh; Part III, line 17vi or 17vj; Part III, line 17vk or 17vl; Part III, line 17vm or 17vn; Part III, line 17vo or 17vp; Part III, line 17vq or 17vr; Part III, line 17vs or 17vt; Part III, line 17vu or 17vv; Part III, line 17vw or 17vx; Part III, line 17vy or 17vz; Part III, line 17wa or 17wb; Part III, line 17wc or 17wd; Part III, line 17we or 17wf; Part III, line 17wg or 17wh; Part III, line 17wi or 17wj; Part III, line 17wk or 17wl; Part III, line 17wm or 17wn; Part III, line 17wo or 17wp; Part III, line 17wq or 17wr; Part III, line 17ws or 17wt; Part III, line 17wu or 17wv; Part III, line 17ww or 17wx; Part III, line 17wy or 17wz; Part III, line 17xa or 17xb; Part III, line 17xc or 17xd; Part III, line 17xe or 17xf; Part III, line 17xg or 17xh; Part III, line 17xi or 17xj; Part III, line 17xk or 17xl; Part III, line 17xm or 17xn; Part III, line 17xo or 17xp; Part III, line 17xq or 17xr; Part III, line 17xs or 17xt; Part III, line 17xu or 17xv; Part III, line 17xw or 17xx; Part III, line 17xy or 17xz; Part III, line 17ya or 17yb; Part III, line 17yc or 17yd; Part III, line 17ye or 17yf; Part III, line 17yg or 17yh; Part III, line 17yi or 17yj; Part III, line 17yk or 17yl; Part III, line 17ym or 17yn; Part III, line 17yo or 17yp; Part III, line 17yq or 17yr; Part III, line 17ys or 17yt; Part III, line 17yu or 17yv; Part III, line 17yw or 17yx; Part III, line 17yy or 17yz; Part III, line 17za or 17zb; Part III, line 17zc or 17zd; Part III, line 17ze or 17zf; Part III, line 17zg or 17zh; Part III, line 17zi or 17zj; Part III, line 17zk or 17zl; Part III, line 17zm or 17zn; Part III, line 17zo or 17zp; Part III, line 17zq or 17zr; Part III, line 17zs or 17zt; Part III, line 17zu or 17zv; Part III, line 17zw or 17zx; Part III, line 17zy or 17yz.

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	FUNDRAISING AND MISC - 2018 AMOUNT: \$ 4,572,337. 2019 AMOUNT: \$ 2,092,433. 2020 AMOUNT: \$ 3,241,475. 2021 AMOUNT: \$ 2,175,535. 2022 AMOUNT: \$ 3,103,039.

Schedule A (f

Additional Data

Retur

Software ID:
Software Version:

efile Public Visual Render		ObjectID: 202420679349300232 - Submission: 2024-03-07	
Schedule B		Schedule of Contributors	
(Form 990) Department of the Treasury Internal Revenue Service		<p>▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information.</p>	

Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT CHAPTERS AND BRANCHES	Employer identi 53-0196605
--	--------------------------------------

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the a 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any on during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or edi purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any on during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled r If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religio purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Part I

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	Type
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> I
			<input type="checkbox"/> I
			<input type="checkbox"/> I
(Complete if contribution)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	Type
-		\$	<input type="checkbox"/> I
			<input type="checkbox"/> I
			<input type="checkbox"/> I
(Complete if contribution)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	Type
-		\$	<input type="checkbox"/> I
			<input type="checkbox"/> I
			<input type="checkbox"/> I
(Complete if contribution)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	Type
-		\$	<input type="checkbox"/> I
			<input type="checkbox"/> I
			<input type="checkbox"/> I
(Complete if contribution)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	Type
-		\$	<input type="checkbox"/> I
			<input type="checkbox"/> I
			<input type="checkbox"/> I
(Complete if contribution)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	Type
-		\$	<input type="checkbox"/> I
			<input type="checkbox"/> I
			<input type="checkbox"/> I
(Complete if contribution)			

Schedule

Schedule B (Form 990) (2022)

Name of organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT CHAPTERS AND BRANCHES	Employer identification number 53-0196605
--	--

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

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

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

Schedule

Schedule B (Form 990) (2022)

Name of organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT CHAPTERS AND BRANCHES	Employer identification 53-0196605
--	---------------------------------------

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line end organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 year. (Enter this information once. See instructions.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

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

No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of I
-	<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transfer	
<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>		<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of I
-	<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transfer	
<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>		<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>	

Schedule B

Additional Data

Ret

Software ID:
Software Version:

efile Public Visual Render	ObjectID: 202420679349300232 - Submission: 2024-03-07	TIN:
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.	OME Op 1

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

- 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 (Proxy Tax) (see separate instructions), then

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

Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT CHAPTERS AND BRANCHES	Employer identification number 53-0196605
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition "political campaign activities."
- Political campaign activity expenditures. See instructions ▶ \$ _____
- Volunteer hours for political campaign activities. See instructions _____

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

- Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
- 4a Was a correction made?
 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).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____
- Did the filing organization file **Form 1120-POL** for this year?
- 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 political 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 directly delivered to a separate political organization.
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)).

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, an 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)												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/>												

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 fi columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022
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				

Schedule C (F

Schedule C (Form 990) 2022

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)	
	Yes	No
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?		No
d Mailings to members, legislators, or the public?		No
e Publications, or published or broadcast statements?		No

f	Grants to other organizations for lobbying purposes?		No
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No
i	Other activities?		No
j	Total. Add lines 1c through 1i		
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).

1	Were substantially all (90% or more) dues received nondeductible by members?	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	

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

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

Return Reference	Explanation
PART II-B, LINE 1:	THE AMERICAN RED CROSS DOES NOT CONTRIBUTE TO OR PARTICIPATE IN ELECTION CAMPAIGN INFORMATION THAT DIRECTLY OR INDIRECTLY ENDORSES OR OPPOSES A CANDIDATE. THE CROSS PARTICIPATES IN LOBBYING AND OTHER PUBLIC POLICY ADVOCACY ACTIVITIES AT FEDERAL AND STATE LEVELS (WITHIN THE LIMITS SET BY IRS REGULATIONS) ON ISSUES THAT ARE CONSISTENT WITH THE ORGANIZATION'S MISSION INCLUDING: BIOMEDICAL SERVICES; HOMELAND SECURITY, ANTI-TERRORISM, PREPAREDNESS AND RESPONSE; PUBLIC HEALTH AND SAFETY; EMERGENCY COMMUNICATIONS; SUPPORT TO THE ARMED FORCES; INTERNATIONAL SERVICES; AND THE REGULATION OF NONPROFIT ORGANIZATIONS. THESE ACTIVITIES INCLUDE PREPARING AND PRESENTING WRITTEN AND VERBAL TESTIMONY AT LEGISLATIVE HEARINGS AT THE FEDERAL AND STATE LEVEL; COMMUNICATING WITH POLICYMAKERS AND THEIR STAFFS THROUGH MEETINGS AND BRIEFINGS, AND ISSUING PRESS STATEMENTS RELATED TO PENDING LEGISLATION AND REGULATION.

Schedule C (f)

Additional Data

Return

Software ID:
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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 20 Open t Insp

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.

Department of the Treasury Internal Revenue Service

Name of the organization: AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT CHAPTERS AND BRANCHES Employer identification number: 53-0196605

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: Description, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor advisement and grant fund usage.

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

Form section for conservation easements with multiple questions (1-9) and a table for 'Held at the End of' with sub-rows 2a, 2b, 2c, 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 section for art and historical treasures with questions 1a, 1b, 2, and 2a, 2b regarding reporting requirements.

Schedule D (Form 990) 2022

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collect 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

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, 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
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Description, Amount
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes
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.

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasi-endowment
b Permanent endowment 100.000 %
c Term endowment
The percentages on lines 2a, 2b, and 2c should equal 100%.
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) Unrelated organizations
(ii) Related organizations
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
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.

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

Schedule D (Form 990) 2022

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 valu
(1) Financial derivatives	28,075,000	F
(2) Closely-held equity interests		
(3) Other _____		
(A) ALTERNATIVE INVESTMENTS	464,584,000	F
(B) EQUITY METHOD INVESTMENTS	75,736,000	C
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	568,395,000	

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 valua Cost or end-of-year mar
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Bo
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

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

1. (a) Description of liability	(b) Book
(1) Federal income taxes	
POST-RETIREMENT BENEFIT	

POST-RETIREMENT BENEFIT	
INSURANCE (LOSS RESERVES & CLAIMS)	
SPLIT INTEREST AGREEMENT LIABILITY	
MISC LIABILITIES	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	

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

Schedule D (Form 990) 2022

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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

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	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

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 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
PART III, LINE 1A:	THE AMERICAN RED CROSS ELECTED NOT TO INCLUDE THE VALUE OF THE AF SHEET UNDER FASB 116.
PART V, LINE 4:	ENDOWMENT FUNDS IN ACCORDANCE WITH ITS CONGRESSIONAL CHARTER, CROSS HAS MAINTAINED AN ENDOWMENT FUND SINCE 1905 WHICH IS KEPT UNDER THE MANAGEMENT AND CONTROL OF A BOARD OF TRUSTEES ELECTED GOVERNORS. THE BYLAWS OF THE ORGANIZATION STATE THAT WHENEVER A DESIGNATED BY THE DONOR TO BE PERMANENTLY RETAINED, THE GIFT SHALL BE HELD IN THE ENDOWMENT FUND. THE AMERICAN RED CROSS MAKES DISTRI BUTION OF THE INCOME EARNED ON THE ENDOWMENT FUND FOR CURRENT OPERATIONS.
PART X, LINE 2:	OTHER LIABILITIES ASC 740 (FORMER FIN 48) THE AMERICAN NATIONAL RED CROSS ORGANIZATION INCORPORATED BY THE U.S. CONGRESS THROUGH A FEDERAL CHARTER. THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX.

AS A FEDERAL CHARTER, THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT ON NET INCOME FROM UNRELATED BUSINESS ACTIVITIES. AT JUNE 30, 2023 AND 2022, THE ORGANIZATION HAS DETERMINED THAT NO INCOME TAXES ARE DUE FOR SUCH ACTIVITIES. AN ACCRUAL PROVISION FOR INCOME TAXES HAS BEEN RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS. MANAGEMENT ANNUALLY REVIEWS ITS TAX POSITIONS AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS.

Schedule D (Form 990)

Additional Data

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Software ID:
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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

2022

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT CHAPTERS AND BRANCHES

Employer identification number 53-0196605

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

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance...
2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

Table with 6 columns: (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), (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.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50082W Schedule F (Form 990) 2022

Schedule F (Form 990) 2022

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

Table with 8 columns: (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) Descriptive of noncash assistance.

	EAST ASIA AND THE PACIFIC	DISASTER PREPAREDNESS	315,752	WIRE	0
	EAST ASIA AND THE PACIFIC	DISASTER PREPAREDNESS	296,382	WIRE	0
	EAST ASIA AND THE PACIFIC	DISASTER PREPAREDNESS	38,810	WIRE	0
	EUROPE (INCLUDING ICELAND AND GREENLAND)	DISASTER RESPONSE	3,000,000	WIRE	0
	MIDDLE EAST AND NORTH AMERICA	DISASTER RESPONSE	2,000,000	WIRE	0
	NORTH AMERICA	DISASTER PREPAREDNESS	138,060	WIRE	0
	NORTH AMERICA	DISASTER PREPAREDNESS	355,000	WIRE	0
	NORTH AMERICA	DISASTER PREPAREDNESS	965,388	WIRE	0
	NORTH AMERICA	DISASTER RESPONSE	30,055	WIRE	0
	NORTH AMERICA	MEASLES	1,200,000	WIRE	0
	NORTH AMERICA	DISASTER PREPAREDNESS	5,037	WIRE	0
	NORTH AMERICA	DISASTER RESPONSE	20,000	WIRE	0
	NORTH AMERICA	DISASTER PREPAREDNESS	5,500	WIRE	0
	RUSSIA AND NEIGHBORING	DISASTER RESPONSE	247,500	WIRE	0
	SOUTH AMERICA	DISASTER PREPAREDNESS	48,771	WIRE	0
	SOUTH ASIA	DISASTER PREPAREDNESS	712,657	WIRE	0
	SOUTH ASIA	DISASTER RESPONSE	331,020	WIRE	0
	SOUTH ASIA	DISASTER PREPAREDNESS AND RESPONSE	114,689	WIRE	0
	SOUTH ASIA	DISASTER PREPAREDNESS	414,421	WIRE	0
	SOUTH ASIA	DISASTER RESPONSE	590,000	WIRE	0
	SOUTH ASIA	DISASTER RESPONSE	53,549	WIRE	0
	SUB-SAHARAN AFRICA	DISASTER RESPONSE	250,000	WIRE	0
	SUB-SAHARAN AFRICA	MEASLES	178,523	WIRE	0
	SUB-SAHARAN AFRICA	DISASTER RESPONSE	225,000	WIRE	0
	SUB-SAHARAN AFRICA	DISASTER RESPONSE	360,000	WIRE	0
	SUB-SAHARAN AFRICA	MEASLES	212,658	WIRE	0
	SUB-SAHARAN AFRICA	DISASTER RESPONSE	3,798,601	WIRE	0
	SUB-SAHARAN AFRICA	MEASLES	175,001	WIRE	0
	EAST ASIA AND THE PACIFIC	DISASTER PREPAREDNESS	778,355	WIRE	0
	EAST ASIA AND THE PACIFIC	DISASTER RESPONSE	49,865	WIRE	0
	EAST ASIA AND THE PACIFIC	DISASTER PREPAREDNESS	24,435	WIRE	0
	EAST ASIA AND THE PACIFIC	DISASTER RESPONSE	155,000	WIRE	0
	EUROPE (INCLUDING ICELAND AND GREENLAND)	DISASTER PREPAREDNESS	145,105	WIRE	0
	EUROPE (INCLUDING ICELAND AND GREENLAND)	DISASTER RESPONSE	2,779,151	WIRE	0
	EUROPE (INCLUDING ICELAND AND GREENLAND)	DISASTER RESPONSE	1,930,722	WIRE	0
	EUROPE (INCLUDING ICELAND AND GREENLAND)	DISASTER PREPAREDNESS	860,947	WIRE	0
	EUROPE (INCLUDING ICELAND AND GREENLAND)	DISASTER RESPONSE	33,433,427	WIRE	0
	EUROPE (INCLUDING ICELAND AND GREENLAND)	DISASTER PREPAREDNESS	33,287	WIRE	0
	EUROPE (INCLUDING ICELAND AND GREENLAND)	DISASTER RESPONSE	6,767,824	WIRE	0
	EUROPE (INCLUDING ICELAND AND GREENLAND)	DISASTER RESPONSE	5,355,809	WIRE	0
	EUROPE (INCLUDING ICELAND AND GREENLAND)	DISASTER RESPONSE	3,456,104	WIRE	0
	EUROPE (INCLUDING ICELAND AND GREENLAND)	DISASTER RESPONSE	3,930,018	WIRE	0
	EUROPE (INCLUDING ICELAND AND GREENLAND)	DISASTER PREPAREDNESS	100,000	WIRE	0
	EUROPE (INCLUDING ICELAND AND GREENLAND)	DISASTER RESPONSE	52,132	WIRE	0

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SCHEDULE G (Form 990)

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.

Department of the Treasury Internal Revenue Service

Of In

Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT CHAPTERS AND BRANCHES

Employer identific 53-0196605

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

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.

Table with 6 columns: (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) (blank). Rows include TELEFUND INC, MDS COMMUNICATION COPORATION, and ACTIVATE HQ INC AN ALLTRUI COMPANY.

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

Schedule G (Form 990) 2022

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total (ad)
		HEROES BREAKFAST (event type)	INT'L RED CROSS BALL (event type)	73 (total number)	
Revenue	1 Gross receipts	1,621,664	1,394,600	13,821,016	
	2 Less: Contributions	1,574,420	1,045,174	11,114,647	
	3 Gross income (line 1 minus line 2)	47,244	349,426	2,706,369	
Direct Expenses	4 Cash prizes			275	
	5 Noncash prizes	2,414	3,769	100,459	
	6 Rent/facility costs	1,700	137,828	1,203,293	
	7 Food and beverages	48,974	50,000	1,305,048	
	8 Entertainment		80,640	553,465	
	9 Other direct expenses		77,190	387,613	
	10 Direct expense summary. Add lines 4 through 9 in column (d)				▶
11 Net income summary. Subtract line 10 from line 3, column (d)				▶	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$5,000 of gaming revenue on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total (a)
Revenue	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?

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain: _____

Schedule

Schedule G (Form 990) 2022

11 Does the organization conduct gaming activities with nonmembers?

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?

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?

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?

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 (III), lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See

Return Reference	Explanation
PART I, LINE 3	THE AMERICAN RED CROSS WAS CHARTED BY SPECIAL ACT OF CONGRESS ON JAN IS A FEDERAL INSTRUMENTALITY OF THE UNITED STATES. SEE 36 U.S.C. SECTION: AS A FEDERAL INSTRUMENTALITY, IT IS EXEMPT FROM STATE LAW CHARITABLE RE LICENSING REQUIREMENTS, SEE DEPARTMENT OF EMPLOYMENT V. UNITED STATES (1966), AND IT THEREFORE IS REGISTERED OR EXEMPT FROM REGISTRATION IN A

Schedule G (Form 990) 2022

Additional Data

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Software ID:

Software Version:

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

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.

Department of the Treasury Internal Revenue Service

Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT CHAPTERS AND BRANCHES

Employer identification number 53-0196605

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, that received more than \$5,000. Part II can be duplicated if additional space is needed.

Table with 7 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. Rows 1-12.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50055P Schedu

Schedule I (Form 990) 2022

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.

Table with 6 columns: (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 r. Row 1: (1) DISASTER RELIEF PAYMENTS AND EMERGENCIES, 178,511,706.

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

Table with 2 columns: Return Reference, Explanation. Rows include SCHEDULE I, PART I, LINE 2; SCHEDULE I, PART II: GRANTS AND ASSISTANCE TO OTHER DOMESTIC ORGANIZATIONS; SCHEDULE I, PART IV: DISBURSEMENT IN FURTHERANCE OF CHARITABLE PROGRAMS AND GRANTS PURSUANT TO THE CONGRESSIONAL CHARTER OF THE AMERICAN FIFTH).

THE RED CROSS WORKS COOPERATIVELY WITH OTHER ORGANIZATIONS THROUGHOUT THE COUNTRY TO PROVIDE VOLUNTARY RELIEF AND WELFARE ASSISTANCE TO MEMBERS OF THE ARMED FORCES OF THE UNITED STATES, THEIR FAMILIES AND VETERANS. THE RED CROSS MAY WRITE GRANTS TO NON-PROFIT ORGANIZATIONS DURING LARGE DISASTERS THROUGH A SYSTEMATIC PROCESS. PURSUANT TO THE RED CROSS CHARTER (36 U.S.C. 3 FOURTH), THE RED CROSS ALSO ACTS IN MATTERS OF VOLUNTARY RELIEF AND IN ACCORD WITH THE MILITARY AUTHORITY COMMUNICATIONS AND WELFARE ASSISTANCE TO MEMBERS OF THE ARMED FORCES OF THE UNITED STATES, THEIR FAMILIES AND VETERANS. THE GROUP IS DETERMINED GENERALLY ON THE BASIS OF THEIR MILITARY, VETERAN OR DEPENDENT STATUS AND THE PARTICULAR NEEDS RELATING THROUGH CASEWORK AND SIMILAR MEANS.

Schedule 1

Additional Data

Software ID:
Software Version:

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.

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Table with 2 columns: Name of the organization (AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT CHAPTERS AND BRANCHES) and Employer identification number (53-0196605)

Part I Questions Regarding Compensation

Form with multiple sections (1a-9) regarding compensation questions, including checkboxes for various benefits and methods of compensation.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) 2022

Schedule J (Form 990) 2022

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for

Table with 6 columns: (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) cc (B). Rows include GAIL MCGOVERN, CLIFFORD HOLTZ, CHRIS HROUDA, and SHAUN GILMORE.

5 BRIAN RHOA CHIEF INVESTMENT OFFICER	(i)	466,809	120,788	22,642	12,200	15,750	6:
	(ii)	0	0	0	0	0	---
6 PAUL SULLIVAN SVP, COLLECTIONS	(i)	395,915	72,344	1,050	10,448	15,778	4:
	(ii)	0	0	0	0	0	---
7 JACK MCMASTER PRESIDENT OF TRAINING SERVICES	(i)	371,886	84,871	2,954	9,378	18,401	4:
	(ii)	0	0	0	0	0	---
8 ANNE MCKEOUGH CHIEF DEVELOPMENT OFFICER	(i)	370,528	69,423	23,232	11,840	9,784	4:
	(ii)	0	0	0	0	0	---
9 MELISSA HURST CHIEF HUMAN RESOURCES OFFICER	(i)	334,116	89,671	21,380	12,200	23,293	4:
	(ii)	0	0	0	0	0	---
10 PHYLLIS HARRIS GENERAL COUNSEL	(i)	371,429	67,177	2,655	12,200	23,930	4:
	(ii)	0	0	0	0	0	---
11 DOMINICK TOLLI SVP, PRODUCT MGMT AND PLATFORM DEV	(i)	316,916	95,387	2,193	12,200	21,364	4:
	(ii)	0	0	0	0	0	---
12 ROSEMARY MCGILLAN CHIEF, MARKETING/COMMUNICATION OFFIC	(i)	334,917	62,910	5,063	8,246	18,920	4:
	(ii)	0	0	0	0	0	---
13 TREVOR RIGGEN PRESIDENT OF HUMANITARIAN SERVICES	(i)	319,350	39,032	511	10,912	20,934	3:
	(ii)	0	0	0	0	0	---
14 CARMEL DARCY CHIEF FINANCIAL OFFICER	(i)	334,127	0	1,317	11,631	9,648	3:
	(ii)	0	0	0	0	0	---
15 JENNIFER HAWKINS CORPORATE SECRETARY & CHIEF OF STAFF	(i)	227,223	43,646	18,128	10,050	8,429	3:
	(ii)	0	0	0	0	0	---

Sched

Schedule J (Form 990) 2022

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 additi

Return Reference	Explanation
PART I, LINE 7	THE AMOUNTS SHOWN IN PART II, COLUMN B (II) FOR THE PRESIDENT & CEO, THE PRESIDENT BIOMEDICAL SERVICES, GENERAL COU DEVELOPMENT OFFICER, AND THE PRESIDENT HUMANITARIAN SERVICES WERE PAID BASED ON WRITTEN VARIABLE INCENTIVE PLANS PERFORMANCE AND WERE APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD. THE AMOUNTS SHOWN IN PART II, COLUMA OPERATING OFFICER, THE CHIEF INVESTMENT OFFICER (BRIAN RHOA, FORMER CHIEF FINANCIAL OFFICER), AND THE CHIEF HUMAN R PAID BASED ON WRITTEN VARIABLE INCENTIVE PLANS, PRIOR FISCAL YEAR PERFORMANCE AND INCLUDE DISCRETIONARY SPOT BOI APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD. ALL VARIABLE INCENTIVE PLAN PAYOUTS WERE REVIEWED BY AN OUT COMPENSATION CONSULTANT AND WERE DOCUMENTED IN THE MINUTES OF THE COMMITTEE, ALL IN ACCORDANCE WITH THE REQUIR REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER IRC SECTION 4958. THE AMOUNT SHOWN IN PART II, COLUMN B(II) FOR TH OFFICER, THE CHIEF MARKETING OFFICER, AND THE CORPORATE SECRETARY & CHIEF OF STAFF WERE PAID BASED ON A WRITTEN VAI PRIOR FISCAL YEAR PERFORMANCE AND WERE APPROVED BY THE PRESIDENT & CEO. THE AMOUNT SHOWN IN PART II, COLUMN B(II) COLLECTIONS WAS BASED ON A WRITTEN INCENTIVE PLAN, PRIOR FISCAL YEAR PERFORMANCE AND WAS APPROVED BY THE PRESIDE THE AMOUNT SHOWN IN PART II, COLUMN B (II) FOR THE PRESIDENT, TRAINING SERVICES WAS PAID BASED ON A WRITTEN INCENTIV YEAR PERFORMANCE AND WAS APPROVED BY THE CHIEF OPERATING OFFICER. THE AMOUNT SHOWN IN PART II, COLUMN B(II) FOR TP MANAGEMENT & PLATFORM DEVELOPMENT WAS BASED ON A WRITTEN INCENTIVE PLAN, PRIOR FISCAL YEAR PERFORMANCE AND WAS PRESIDENT TRAINING SERVICES.
PART I, LINE 8	THE AMERICAN RED CROSS HAS ONE (1) EMPLOYEE LISTED ON PART VII WHO IS COVERED BY REG. SECTION 53.4958-4 (A)(3). THE P ORIGINAL BASE SALARY AMOUNT PAID TO THE PRESIDENT & CEO IS COVERED BY THIS PROVISION AND ANY SUBSEQUENT ANNUAL IN SALARY PAYMENTS ARE DETERMINED BY THE BOARD OF GOVERNORS FOLLOWING A REVIEW BY THE COMPENSATION COMMITTEE OF T BASED ON COMPARABLE MARKET DATA AND SUPPORTED BY THE OPINION OF AN OUTSIDE INDEPENDENT COMPENSATION CONSULTAN IN THE MINUTES OF THE COMMITTEE, ALL IN ACCORDANCE WITH THE REQUIREMENTS FOR THE REBUTTABLE PRESUMPTION OF REASO SECTION 4958.

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Additional Data

Software ID:
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SCHEDULE M (Form 990)

Noncash Contributions

OMB I 2 Open It

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.

Department of the Treasury Internal Revenue Service

Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT CHAPTERS AND BRANCHES

Employer identificatio 53-0196605

Part I Types of Property

Table with 4 columns: (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 det noncash contrib. Rows include Art, Books, Clothing, Cars, Boats, Intellectual property, Securities, Real estate, Collectibles, Food, Drugs, Taxidermy, Historical artifacts, Scientific specimens, Archeological artifacts, and Other (VARIOUS).

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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 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.

is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 32B:	THE AMERICAN RED CROSS USES THIRD-PARTY VENDORS FOR ITS VEHICLE DONATION, CLOTHING DONATION, AND HOUSEHOLD ITEM DONATION PROGRAMS. THE VENDORS SOLICIT, PROCESS AND DELIVER THE DONATED GOODS.

Schedule M (Form 990)

Additional Data

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Software ID:
Software Version:

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

Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT CHAPTERS AND BRANCHES	Employer identifica 53-0196605
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Return Reference	Explanation
FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:	BIOMEDICAL SERVICES: THE ORGANIZATION COLLECTS, PROCESSES AND DISTRIBUTES APPROXIMATELY 10 PERCENT OF THE NATION'S BLOOD SUPPLY. IN FISCAL YEAR 2023, THE ORGANIZATION COLLECTED AND PROCESSED APPROXIMATELY 1.5 MILLION PRODUCTIVE UNITS OF BLOOD FROM MORE THAN 2.4 MILLION DONORS AND SUPPLIED APPROXIMATELY 1.5 MILLION UNITS OF BLOOD TO HOSPITALS AND OTHER FACILITIES WITH BLOOD AND BLOOD PRODUCTS FOR TRANSFUSION.
FORM 990, PART III, LINE 4B, DESCRIPTION OF PROGRAM SERVICE:	DOMESTIC DISASTER SERVICES: THE ORGANIZATION RESPONDED TO MULTIPLE LARGE-SCALE DISASTERS IN 2023. IN SEPTEMBER 2022 THE AMERICAN RED CROSS RESPONDED TO HURRICANE IAN, WHICH AFFECTED COMMUNITIES IN FLORIDA. IN ADDITION, THE RED CROSS RESPONDED TO FLOODING IN MISSOURI AND ILLINOIS (JULY), TYPHOON MERBOK IN ALASKA AND HURRICANE FIONA THAT DRENCHED PUERTO RICO (SEPT/OCTOBER). IN 2023, THE RED CROSS RESPONDED TO TORNADOES AFFECTING THE SOUTH AND MIDWEST (MARCH), CATASTROPHIC FLOODING AND TORNADOES IN THE MIDWEST, NORTHEAST AND MID-ATLANTIC REGION (MAY), TYPHOON MAWAR IN GUAM (MAY). ADDITIONALLY, THE RED CROSS HAS ONGOING RECOVERY OPERATIONS IN STATES, INCLUDING STATES IMPACTED BY FLOODING, HURRICANES, AND WILDFIRES. THROUGH ITS VOLUNTEERS AND EMPLOYEES IN ALL 50 STATES, THE RED CROSS RESPONDS TO MORE THAN 60,000 HOME FIRES AND SMALL PER YEAR, MOST OF WHICH ARE SINGLE AND MULTI-FAMILY HOME FIRES. THE ORGANIZATION PROVIDES FOOD, SHELTER, EMERGENCY RELIEF ITEMS, EMERGENCY ASSISTANCE, DISASTER HEALTH SERVICES, MENTAL HEALTH INTERVENTIONS AND COMMUNITY MENTAL-HEALTH DEBRIEFINGS AND/OR OTHER RELATED SERVICES TO PERSONS IN NEED. FOR INDIVIDUALS AND COMMUNITIES AFFECTED BY DISASTERS, THE SERVICES OF THE RED CROSS BEGIN WITH SAFE SHELTER AND CONTINUE WITH SUPPORT FOR INDIVIDUALS AND FAMILIES AFFECTED BY DISASTERS. AS PART OF A NATIONAL HOME FIRE CAMPAIGN, THE RED CROSS INSTALLED MORE THAN 222,000 SMOKE ALARMS AND TAUGHT MORE THAN 222,000 YOUTH ABOUT PREPAREDNESS IN FY23. THE OVERALL GOAL OF THE CAMPAIGN IS TO REDUCE THE LOSS OF LIFE DUE TO HOME FIRES. AS OF JUNE 30, 2023, THE RED CROSS CONFIRMS AT LEAST 1,893 LIVES HAVE BEEN SAVED AS THE RESULT OF THE HOME FIRE CAMPAIGN. IN ADDITION, THE RED CROSS SUPPORTS PUBLIC PREPAREDNESS THROUGH A COMBINATION OF NEW TECHNOLOGIES AND AWARENESS CAMPAIGNS, AND DIRECT ACTION: * OUR HOME FIRE CAMPAIGN INCLUDES A COMBINATION OF VOLUNTEERS AND PARTNER ORGANIZATIONS GO DOOR-TO-DOOR TO INSTALL SMOKE ALARMS AND PROVIDE SAFETY EDUCATION IN AT-RISK HOMES NATIONWIDE. * OUR MESSAGING AND EDUCATIONAL CAMPAIGN PROVIDES PUBLIC TIPS ON STAYING SAFE, PRESENTATIONS TO COMMUNITY GROUPS, AND EDUCATION OF YOUTH AND AFTER SCHOOL AROUND HOW THEY CAN BE SAFE. * OUR EMERGENCY! APP PROVIDES STATE-OF-THE-ART INFORMATION ON WHAT TO DO TO KEEP YOURSELF AND YOUR FAMILY SAFE FROM COMMON HAZARDOUS MATERIALS. * OUR WEBSITE PROVIDES SMALL AND MIDSIZED BUSINESSES WITH AN AUTOMATED, CUSTOMIZED CHECKLIST OF THEIR DISASTER READINESS AND RECOMMENDATIONS FOR IMPROVEMENT.
FORM 990, PART III, LINE 4C, DESCRIPTION OF PROGRAM SERVICE:	TRAINING SERVICES: THE AMERICAN RED CROSS TRAINING SERVICES PROVIDES TRAINING PROGRAMS TO SAVE LIVES AND STRENGTHEN COMMUNITIES--IMPARTING HOPE AND CONFIDENCE ALONG WITH PREPAREDNESS. IT IS THE PREMIER PROVIDER OF EDUCATION, TRAINING, AND PRODUCTS THAT ENABLE PEOPLE TO PREPARE FOR AND RESPOND TO DISASTERS AND OTHER LIFE-THREATENING EMERGENCIES. THE RED CROSS PROVIDES TRAINING TO EMPLOYEES, VOLUNTEERS AND TRAINING PROVIDERS HELP SUSTAIN AND DELIVER HEALTH AND SAFETY SERVICES INCLUDING: FIRST AID/CPR/AED INFORMATION AND SKILLS BOTH FOR THE LICENSED AND THE LAY RESPONDER; HEALTHCARE PROVIDER (BASIC LIFE SUPPORT (BLS), ADVANCED LIFE SUPPORT (ALS) AND PEDIATRIC ADVANCED LIFE SUPPORT (PALS)); AQUATICS (LEARN-TO-SWIM, WATER SAFETY, LIFEGUARD MANAGEMENT, AND AQUATIC EXAMINER FACILITY SERVICES); AND CAREGIVING (BABYSITTING AND NURSE ASSISTANT TRAINING).
FORM 990, PART V, LINE 3B	THE AMERICAN RED CROSS COMPLIES WITH ITS UNRELATED BUSINESS INCOME FORM 990-T RETURN REQUIREMENTS. PER THE FORM 990 IN FISCAL YEAR 2023, THE RED CROSS IS REQUIRED TO ANSWER 'NO' TO FILING A FORM 990-T BECAUSE IT FILED ITS FORM 990-T BY THE TIME IT FILES ITS FORM 990 ON MARCH 7, 2024. THE RED CROSS IS ANNUALLY TIMELY COMPLIANT WITH ITS FORM 990-T REQUIREMENTS.
FORM 990, PART VI, SECTION A, LINE 2	THE FOLLOWING BOARD MEMBERS HAVE BUSINESS RELATIONSHIPS AS DESCRIBED HEREIN: (1) DAVID L. MCGOVERN AND GAIL MCGOVERN BOTH SERVE AS BOARD DIRECTORS AT THE SAME PUBLIC COMPANY, AND (2) LINDA MCGOVERN IS A BOARD MEMBER OF A PUBLIC COMPANY FOR WHICH STEVEN COLLIS IS THE CHAIRMAN, PRESIDENT AND EXECUTIVE OFFICER.
FORM 990, PART VI, SECTION A, LINE 6	AS DEFINED IN THE CONGRESSIONAL CHARTER: "MEMBERSHIP IN THE CORPORATION IS OPEN TO ALL CITIZENS OF THE UNITED STATES AND ITS TERRITORIES AND POSSESSIONS, ON PAYMENT OF AN AMOUNT SPECIFIED IN THE BYLAWS."
FORM 990,	DELEGATES OF THE CHAPTERS ELECT ALL MEMBERS OF THE GOVERNING BODY EXCEPT THE CHAIRMAN.

PART VI, SECTION A, LINE 7A	BOARD OF GOVERNORS WHO IS APPOINTED BY THE PRESIDENT OF THE UNITED STATES. AS MANDATED BY CONGRESSIONAL CHARTER, SECTION 4(A)(3)(B)(I): "MEMBERS OF THE BOARD OF GOVERNORS OF THE CORPORATION SHALL BE ELECTED AT THE ANNUAL MEETING OF THE CORPORATION IN ACCORDANCE WITH PROCEDURES AS MAY BE PROVIDED IN THE BYLAWS."
FORM 990, PART VI, SECTION B, LINE 11B	THE COMPENSATION AND MANAGEMENT DEVELOPMENT COMMITTEE REVIEWED THE COMPENSATION AND BENEFITS INFORMATION FOR THE CEO AND SENIOR OFFICERS AND KEY EMPLOYEES ON THE IRS FORM 990 (PART VII AND SCHEDULE J) DURING A MEETING HELD ON OCTOBER 25, 2023. A COPY OF THE FORM 990 WAS SUBMITTED TO EACH MEMBER OF THE BOARD OF GOVERNORS BEFORE IT WAS FILED. THE MANAGEMENT REVIEW PROCESS ENTAILS THE CHIEF FINANCIAL OFFICER COORDINATING THE REVIEW OF THE IRS FORM 990 WITH THE GENERAL COUNSEL AND THE CHIEF HUMAN RESOURCES OFFICER FOR THE BOARD OF GOVERNORS.
FORM 990, PART VI, SECTION B, LINE 12C	AS REQUIRED BY SECTION 2.3(A) OF THE AMENDED AND RESTATED BYLAWS OF THE AMERICAN RED CROSS, MEMBERS OF THE BOARD OF GOVERNORS MUST ANNUALLY REVIEW AND CERTIFY THE CODE OF BUSINESS CONDUCT ("THE CODE"). ADDITIONALLY, TO DISCLOSE AND REMEDY ACTUAL OR PERCEIVED BUSINESS, FINANCIAL OR PERSONAL CONFLICTS OF INTEREST, EVERY MEMBER OF THE BOARD OF GOVERNORS MUST COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE (THE "QUESTIONNAIRE") ANNUALLY. OTHER SENIOR OFFICERS AND KEY EMPLOYEES ARE ALSO REQUIRED TO ACKNOWLEDGE RECEIPT OF THE CODE AND COMPLETE THE QUESTIONNAIRE ANNUALLY. UNDER THE DIRECTION OF THE GENERAL COUNSEL, COMPLIANCE AND ETHICS DEPARTMENT STAFF COLLECT THE EXECUTED QUESTIONNAIRE FORMS FROM THE MEMBERS OF THE BOARD OF GOVERNORS AND OTHER OFFICERS AND KEY EMPLOYEES. THE INFORMATION DISCLOSED IN THE QUESTIONNAIRES, ACTUAL OR PERCEIVED CONFLICTS OF INTEREST ARE IDENTIFIED, AND ANY NECESSARY REMEDIATION OPTIONS ARE DEVELOPED. DEPENDING ON THE MATTER, THE GENERAL COUNSEL OR A STAFF MEMBER FROM THE COMPLIANCE AND ETHICS DEPARTMENT DISCUSSES THE CONFLICT AND REMEDIATION WITH THE MEMBER OF THE BOARD OR THE OTHER OFFICER OR KEY EMPLOYEE, AND IF NECESSARY THE PRESIDENT AND CEO OF THE BOARD. WHERE APPROPRIATE, THE CONFLICT OF INTEREST AND REMEDIATION REGARDING A MEMBER OF THE BOARD ARE INCLUDED IN THE MINUTES OF THE RELEVANT BOARD COMMITTEE OR FULL BOARD MEETING. THE QUESTIONNAIRE IS ALSO INTENDED TO MONITOR CONFLICTS OF INTEREST ON AN ONGOING BASIS. THE BOARD AND OTHER OFFICERS AND KEY EMPLOYEES ARE EXPLICITLY INSTRUCTED THAT THEY HAVE A CONTINUING DUTY TO UPDATE THE QUESTIONNAIRE DURING THE COURSE OF THE YEAR TO REFLECT ANY BUSINESS, FINANCIAL OR PERSONAL CONFLICTS OF INTEREST. THE SAME PROCESS OF REVIEW AND FOLLOW-UP ON CONFLICTS OF INTEREST AND REMEDIATION WITH THE BOARD MEMBER OR OTHER SENIOR OFFICER OR KEY EMPLOYEE WOULD OCCUR WITH INTERIM DISCLOSURES.
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF GOVERNORS OF THE AMERICAN RED CROSS HAS DELEGATED AUTHORITY TO THE COMPENSATION AND MANAGEMENT DEVELOPMENT COMMITTEE (THE "COMMITTEE") OF THE BOARD TO (1) REVIEW THE COMPENSATION, BENEFITS, AND INCENTIVE PROGRAM FOR THE CEO; (2) MAKE RECOMMENDATIONS FOR THE CEO'S ANNUAL SALARY, BENEFITS AND INCENTIVE PROGRAM; AND, (3) REVIEW AND MAKE RECOMMENDATIONS REGARDING THE COMPENSATION, BENEFITS, AND INCENTIVE PROGRAMS FOR OTHER SENIOR OFFICERS AND KEY EMPLOYEES OF THE RED CROSS. THE COMMITTEE IS COMPOSED ENTIRELY OF BOARD MEMBERS WHO DO NOT HAVE ANY CONFLICTS OF INTEREST. ANNUALLY, THE COMMITTEE REVIEWS AND APPROVES A LIST OF SENIOR OFFICERS AND KEY EMPLOYEES WHO ARE OR MIGHT BE CONSIDERED "DISQUALIFIED PERSONS" PURSUANT TO INTERNAL REVENUE CODE SECTION 4958. WITH RESPECT TO THOSE PERSONS, THE COMMITTEE CONDUCTS ITS ANNUAL REVIEW OF TOTAL COMPENSATION AND BENEFITS BASED ON COMPARABLE MARKET DATA. THE COMMITTEE RETAINS AN OUTSIDE, INDEPENDENT COMPENSATION CONSULTANT TO PROVIDE MARKET DATA AND REASONABLE MARKET DATA FOR THE DESIGNATED EXECUTIVES AND IT RELIES ON SUCH MARKET DATA AND REASONABLENESS IN APPROVING NEW SALARIES, BENEFITS AND PAYMENT OF BONUSES OR INCENTIVES FOR THE DESIGNATED EXECUTIVES. THE COMMITTEE ALSO THEN DOCUMENTS ITS DECISIONS AS TO ANY CHANGES TO BE IMPLEMENTED TO THE COMPENSATION OR BENEFITS FOR THE DESIGNATED PERSONS. THE COMMITTEE UNDERTOOK THIS REVIEW OF ALL OF THE OFFICERS AND KEY EMPLOYEES REPORTED IN SCHEDULE J WHO ARE CONSIDERED "DISQUALIFIED PERSONS" PURSUANT TO IRC SECTION 4958.
FORM 990, PART VI, SECTION C, LINE 19	THE AMERICAN RED CROSS MAKES ITS GOVERNING DOCUMENTS, INCLUDING THE CODE OF BUSINESS CONDUCT, CONFLICT OF INTEREST QUESTIONNAIRE, AND THE CONSOLIDATED FINANCIAL STATEMENTS, AVAILABLE TO THE PUBLIC ON THE GOVERNANCE PAGE OF ITS WEBSITE, WWW.REDCROSS.ORG.
FORM 990, PART XI, LINE 9:	PRIMARILY, THIS AMOUNT REPRESENTS EMPLOYEE RETIREMENT PENSION AND POST-RETIREMENT BENEFITS GAIN PER PROVISION OF ASC 715 (FORMER FASB 87 AND 106) IN THE AMOUNT OF \$96,363,206.

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

Cat. No. 51056K

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Additional Data**Ret****Software ID:****Software Version:**

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Department of the Treasury Internal Revenue Service

Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT CHAPTERS AND BRANCHES

Employer identification number 53-0196605

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

Table with 6 columns: (a) Name, address, and EIN of disregarded entity; (b) Primary activity; (c) Legal domicile; (d) Total income; (e) End-of-year assets; (f) Direct. Row 1: (1) ARC RECEIVABLES COMPANY LLC, 1730 E STREET NW SUITE 330 WASHINGTON, DC 20006 14-1934462; SECURITIZE AR; DE; 0; 0; N/A.

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

Table with 6 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Exempt Code section; (e) Public charity status; (f) Direct. All rows are empty.

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

Table with 9 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Predominant income; (f) Share of total income; (g) Share of end-of-year assets; (h) Disproportionate allocations (Yes/No); (i) Code V-UBI amount. All rows are empty.

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

Table with 7 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Direct controlling entity; (e) Type of entity; (f) Share of total income; (g) Share of end-of-year assets. Row 1: (1) POOLED INCOME FUND (2); SPLIT INTR AG; DC; N/A; T.

431 18TH STREET NW
WASHINGTON, DC 20006

(2) CHARITABLE REMAINDER TRUST (17) 431 18TH STREET NW WASHINGTON, DC 20006	SPLIT INTR AG	DC	N/A	T			
(3) PERPETUAL TRUST (52) 431 18TH STREET NW WASHINGTON, DC 20006	SPLIT INTR AG	DC	N/A	T			

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Schedule R (Form 990) 2022

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

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

- 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
 - a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
 - b Gift, grant, or capital contribution to related organization(s)
 - c Gift, grant, or capital contribution from related organization(s)
 - d Loans or loan guarantees to or for related organization(s)
 - e Loans or loan guarantees by related organization(s)
 - f Dividends from related organization(s)
 - g Sale of assets to related organization(s)
 - h Purchase of assets from related organization(s)
 - i Exchange of assets with related organization(s)
 - j Lease of facilities, equipment, or other assets to related organization(s)
 - k Lease of facilities, equipment, or other assets from related organization(s)
 - l Performance of services or membership or fundraising solicitations for related organization(s)
 - m Performance of services or membership or fundraising solicitations by related organization(s)
 - n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
 - o Sharing of paid employees with related organization(s)
 - p Reimbursement paid to related organization(s) for expenses
 - q Reimbursement paid by related organization(s) for expenses
 - r Other transfer of cash or property to related organization(s)
 - s Other transfer of cash or property from related organization(s)

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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)
				Yes	No			Yes	No	

