

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

Form 8879-TE

For calendar year 2022, or fiscal year beginning JUL 1, 2022, and ending JUN 30, 2023

2022

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT CHAPTERS AND BRANCHES
EIN or SSN 53-0196605
Name and title of officer or person subject to tax CARMEL DARCY CFO

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only.

Table with 10 rows (1a-10a) and 3 columns: Form type, Total revenue/tax/amount, and Amount. Includes entries for Form 990, Form 990-EZ, Form 1120-POL, Form 990-PF, Form 8868, Form 990-T, Form 4720, Form 5227, Form 5330, and Form 8038-CP.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) (EIN) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

I authorize KPMG LLP to enter my PIN 96605. ERO firm name. Enter five numbers, but do not enter all zeros.

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Carmel A. Darcy

Date 3/7/24

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

54028052684

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Shawn Hutchison

Date 03/05/24

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2022)

\*\*\* PUBLIC INSPECTION COPY \*\*\*

Product: **Exempt**  
 Name: **AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT CHAPTERS AND BRANCHES**  
 FEIN: **\*\*\*\*\*6605**  
 Bank Info:  
 Fiscal Year Begin Date: **7/1/2022**  
 IRS Message:

Category:  
 Plan Number:  
 Fiscal Year End Date: **6/30/2023**

IRS Center: **Ogden**  
 e-Postmark: **3/7/2024 1:14 PM**  
 Notification:  
 eSigned:

**Return Information**

| Date       | Return ID     | Type of Activity                                   | Submission ID        | Refund/(Due) | Updated By      | eSign Date |
|------------|---------------|--|----------------------|--------------|-----------------|------------|
| 03/07/2024 | 22X:06583L:V1 | Upload Started                                     |                      |              | Naselius,Karen  |            |
| 03/07/2024 | 22X:06583L:V1 | Ready to Release by Customer                       |                      |              |                 |            |
| 03/07/2024 | 22X:06583L:V1 | Released for Transmission - Validation in Progress |                      |              | Mercado, Robert |            |
| 03/07/2024 | 22X:06583L:V1 | Ready to transmit - Validation Complete            |                      |              |                 |            |
| 03/07/2024 | 22X:06583L:V1 | Transmitted to FD                                  | 54028020240670345e01 |              |                 |            |
| 03/07/2024 | 22X:06583L:V1 | Accepted by FD on 3/7/2024                         |                      |              |                 |            |

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| ID | Status Date | Status | State/Other | State Category | FBAR | FBAR BSA ID |
|----|-------------|--------|-------------|----------------|------|-------------|
|----|-------------|--------|-------------|----------------|------|-------------|

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2022**

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN 30, 2023

|  |  |   |   |
|--|--|---|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br>AMERICAN NATIONAL RED CROSS & ITS<br>CONSTITUENT CHAPTERS AND BRANCHES      |   | <b>D</b> Employer identification number<br>53-0196605   |
|  | Doing business as  |   | <b>E</b> Telephone number<br>(202) 303-4498   |
|  | Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br>431 18TH STREET, NW | <b>G</b> Gross receipts \$ 3,678,650,067. |   |
|  | City or town, state or province, country, and ZIP or foreign postal code<br>WASHINGTON, DC 20006-5009        |   | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. See instructions |
|  | <b>F</b> Name and address of principal officer: GAIL MCGOVERN<br>430 17TH ST, NW, WASHINGTON, DC 20006       |   | <b>H(c)</b> Group exemption number  |

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

**J** Website: WWW.REDCROSS.ORG

**K** Form of organization:  Corporation  Trust  Association  Other **L** Year of formation: 1900 **M** State of legal domicile: DC

| Part I Summary   |   | Prior Year                                  | Current Year                  |
|--|---|---|-------------------------------|
| Activities & Governance  | 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O  |   |                               |
|  | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. |   |                               |
|  | 3 Number of voting members of the governing body (Part VI, line 1a)   | 3   | 13                            |
|  | 4 Number of independent voting members of the governing body (Part VI, line 1b)   | 4   | 12                            |
|  | 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)  | 5   | 17420                         |
|  | 6 Total number of volunteers (estimate if necessary)  | 6   | 265000                        |
|  | 7 a Total unrelated business revenue from Part VIII, column (C), line 12  | 7a  | 6,631,119.                    |
| b Net unrelated business taxable income from Form 990-T, Part I, line 11     | 7b  | 0.  |                               |
| Revenue  | 8 Contributions and grants (Part VIII, line 1h)   | 1,060,031,161.                              | 919,126,379.                  |
|  | 9 Program service revenue (Part VIII, line 2g)  | 2,018,755,758.                              | 2,167,924,872.                |
|  | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  | 60,268,572.                                 | 82,218,159.                   |
|  | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | 43,173,847.                                 | 47,808,201.                   |
|  | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | 3,182,229,338.                              | 3,217,077,611.                |
| Expenses   | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)   | 224,669,443.                                | 264,552,438.                  |
|  | 14 Benefits paid to or for members (Part IX, column (A), line 4)  | 0.  | 0.                            |
|  | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  | 1,709,278,168.                              | 1,528,393,622.                |
|  | 16a Professional fundraising fees (Part IX, column (A), line 11e)   | 301,063.                                    | 452,216.                      |
|  | b Total fundraising expenses (Part IX, column (D), line 25)   | 179,837,467.                                |                               |
|  | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | 1,113,933,662.                              | 1,177,708,613.                |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 3,048,182,336.  | 2,971,106,889.                              |                               |
| 19 Revenue less expenses. Subtract line 18 from line 12                      | 134,047,002.  | 245,970,722.                                |                               |
| Net Assets or Fund Balances  | 20 Total assets (Part X, line 16)   | Beginning of Current Year<br>3,872,181,875. | End of Year<br>4,028,321,133. |
|  | 21 Total liabilities (Part X, line 26)  | 1,171,891,777.                              | 1,008,326,202.                |
|  | 22 Net assets or fund balances. Subtract line 21 from line 20   | 2,700,290,098.                              | 3,019,994,931.                |

**Part II Signature Block**

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

|  |   |                         |          |   |           |
|--|---|-------------------------|----------|---|-----------|
| Sign Here  | Signature of officer                        | Date                    |          |   |           |
|  | CARMEL DARCY, CFO<br><i>Carmel A. Darcy</i> | 3/7/24                  |          |   |           |
| Paid   | Print/Type preparer's name                  | Preparer's signature    | Date     | Check if self-employed <input type="checkbox"/> | PTIN      |
|  | SHAWN HITCHINSON                            | <i>Shawn Hitchinson</i> | 03/05/24 |   | P01048557 |
| Preparer Use Only                                | Firm's name                                 | Firm's EIN              |          |   |           |
|  | KPMG LLP                                    | 13-5565207              |          |   |           |
| Firm's address                                   |   | Phone no.               |          |   |           |
| 8350 BROAD STREET, SUITE 900<br>MCLEAN, VA 22102 |   | 703-286-8000            |          |   |           |

Form **8868**

**Application for Automatic Extension of Time To File an Exempt Organization Return**

(Rev. January 2022)

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

► **File a separate application for each return.**  
► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

|  |  |  |
|--|--|--|
| <b>Type or print</b><br><br>File by the due date for filing your return. See instructions. | Name of exempt organization or other filer, see instructions.<br><a href="#">American National Red Cross &amp; Its Constituent Chapters Branches</a> | Taxpayer identification number (TIN)<br>53-0196605 |
|  | Number, street, and room or suite no. If a P.O. box, see instructions.<br>431 18th Street, NW  |  |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br>Washington, DC 20006-5310                                |  |
|  |  |  |

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . 

|   |   |
|---|---|
| 0 | 1 |
|---|---|

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 1041-A                       | 08          |
| Form 4720 (individual)                   | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                              | 04          | Form 5227                         | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                         | 12          |
| Form 990-T (corporation)                 | 07          |                                   |             |

• The books are in the care of ► FINANCIAL MANAGEMENT

Telephone No. ► 202-303-5028 Fax No. ► \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box . . . . . ►

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box . . . . . ►  . If it is for part of the group, check this box . . . . . ►  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until MAY 15, 20 24, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ►  calendar year 20 \_\_\_\_ or  
 ►  tax year beginning JULY 1, 20 22, and ending JUNE 30, 20 23.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

|   |           |    |   |
|---|-----------|----|---|
| <b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.   | <b>3a</b> | \$ | 0 |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | 0 |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ | 0 |

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

**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

4d Other program services (Describe on 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**

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

**Part IV Checklist of Required Schedules** (continued)

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

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

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



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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 13; 1b Enter the number of voting members included on line 1a... 12; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 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... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body... X; b Each committee with authority to act on behalf of the governing body... X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates... X; 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... X; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13... X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done... X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 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? a The organization's CEO, Executive Director, or top management official... X; b Other officers or key employees of the organization... X; 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? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
JENNIFER HAWKINS - (202) 303-5028
430 17TH STREET, NW, WASHINGTON, DC 20006

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

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

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

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

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

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|--|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |   | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (1) GAIL MCGOVERN<br>PRESIDENT & CEO                             | 60.00<br>0.00   | X  |                       | X       |              |                              |        | 859,260.  | 0.   | 13,951.   |
| (2) CLIFFORD HOLTZ<br>CHIEF OPERATING OFFICER                    | 60.00<br>0.00   |  |                       |         | X            |                              |        | 749,814.  | 0.   | 31,071.   |
| (3) CHRIS HROUDA<br>PRESIDENT OF BIOMEDICAL SERVICES             | 60.00<br>0.00   |  |                       |         | X            |                              |        | 696,337.  | 0.   | 32,163.   |
| (4) SHAUN GILMORE<br>CHIEF TRANSFORMATION OFFICER                | 60.00<br>0.00   |  |                       |         |              | X                            |        | 619,929.  | 0.   | 30,895.   |
| (5) BRIAN RHOA<br>CHIEF INVESTMENT OFFICER                       | 60.00<br>0.00   |  |                       | X       |              |                              |        | 610,239.  | 0.   | 27,950.   |
| (6) PAUL SULLIVAN<br>SVP, COLLECTIONS                            | 60.00<br>0.00   |  |                       |         | X            |                              |        | 469,309.  | 0.   | 26,226.   |
| (7) JACK MCMASTER<br>PRESIDENT OF TRAINING SERVICES              | 60.00<br>0.00   |  |                       |         | X            |                              |        | 459,711.  | 0.   | 27,779.   |
| (8) ANNE MCKEOUGH<br>CHIEF DEVELOPMENT OFFICER                   | 60.00<br>0.00   |  |                       |         | X            |                              |        | 463,183.  | 0.   | 21,624.   |
| (9) MELISSA HURST<br>CHIEF HUMAN RESOURCES OFFICER               | 60.00<br>0.00   |  |                       |         | X            |                              |        | 445,167.  | 0.   | 35,493.   |
| (10) PHYLLIS HARRIS<br>GENERAL COUNSEL                           | 60.00<br>0.00   |  |                       | X       |              |                              |        | 441,261.  | 0.   | 36,130.   |
| (11) DOMINICK TOLLI<br>SVP, PRODUCT MGMNT AND PLATFORM DEV       | 60.00<br>0.00   |  |                       |         | X            |                              |        | 414,496.  | 0.   | 33,564.   |
| (12) ROSEMARY MCGILLAN<br>CHIEF, MARKETING/COMMUNICATION OFFICER | 60.00<br>0.00   |  |                       |         | X            |                              |        | 402,890.  | 0.   | 27,166.   |
| (13) TREVOR RIGGEN<br>PRESIDENT OF HUMANITARIAN SERVICES         | 60.00<br>0.00   |  |                       |         | X            |                              |        | 358,893.  | 0.   | 31,846.   |
| (14) CARMEL DARCY<br>CHIEF FINANCIAL OFFICER                     | 60.00<br>0.00   |  |                       | X       |              |                              |        | 335,444.  | 0.   | 21,279.   |
| (15) JENNIFER HAWKINS<br>CORPORATE SECRETARY & CHIEF OF STAFF    | 60.00<br>0.00   |  |                       | X       |              |                              |        | 288,997.  | 0.   | 18,479.   |
| (16) JENNIFER BAILEY<br>BOARD MEMBER                             | 4.00<br>0.00  | X  |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (17) M. BRETT BIGGS<br>BOARD MEMBER                              | 2.00<br>0.00  | X  |                       |         |              |                              |        | 0.  | 0.   | 0.  |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>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) DAVID A. BRANDON<br>BOARD MEMBER                          | 4.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (19) CAROLE L. BROWN<br>BOARD MEMBER                           | 3.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (20) HERMAN E. BULLS<br>BOARD MEMBER                           | 2.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (21) DAVID H. CLARK<br>BOARD MEMBER                            | 3.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (22) STEVEN H. COLLIS<br>BOARD MEMBER                          | 3.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (23) ENRIQUE A. CONTERNO<br>BOARD MEMBER                       | 4.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (24) LORENCE KIM<br>BOARD MEMBER                               | 4.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (25) BONNIE MCELVEEN-HUNTER<br>BOARD MEMBER                    | 5.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (26) KATHRYN MCLAY<br>BOARD MEMBER                             | 3.00<br>0.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| <b>1b Subtotal</b>   |   |   |                       |         |              |                              |        | 7,614,930.  | 0.   | 415,616.  |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              |        | 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 |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>  |     | X  |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | X   |    |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>                       |     | X  |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address   | (B)<br>Description of services | (C)<br>Compensation |
|--|--------------------------------|---------------------|
| ONE & ALL<br>2 N LAKE AVE, SUITE 600, PASADENA, CA 91101                       | PRINTING AND MAILING           | 25,620,362.         |
| GENERATOR MEDIA ANALYTICS INC.<br>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

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

|   |   |                      | (A)            | (B)                                | (C)                        | (D)  |  |
|---|---|----------------------|----------------|------------------------------------|----------------------------|--|--|
|   |   |                      | Total revenue  | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |  |
| Contributions, Gifts, Grants and Other Similar Amounts  | <b>1 a</b> Federated campaigns .....  | <b>1a</b>            | 19,985,486.    |                                    |                            |  |  |
|   | <b>b</b> Membership dues .....  | <b>1b</b>            |                |                                    |                            |  |  |
|   | <b>c</b> Fundraising events .....   | <b>1c</b>            | 13,734,241.    |                                    |                            |  |  |
|   | <b>d</b> Related organizations .....  | <b>1d</b>            |                |                                    |                            |  |  |
|   | <b>e</b> Government grants (contributions) .....  | <b>1e</b>            | 54,255,784.    |                                    |                            |  |  |
|   | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above ... | <b>1f</b>            | 831,150,868.   |                                    |                            |  |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f                                      | <b>1g</b>            | \$ 16,877,496. |                                    |                            |  |  |
|   | <b>h Total.</b> Add lines 1a-1f .....   |                      |                | 919,126,379.                       |                            |  |  |
| Program Service Revenue   | <b>2 a</b> BIOMEDICAL PRODUCTS/SR   | <b>Business Code</b> |                |                                    |                            |  |  |
|   |   | 541900               | 2,011,917,984. | 2,011,917,984.                     |                            |  |  |
|   | <b>b</b> OTHER PRODUCTS/SRVCS   | 900099               | 156,006,888.   | 156,006,888.                       |                            |  |  |
|   | <b>c</b> .....  |                      |                |                                    |                            |  |  |
|   | <b>d</b> .....  |                      |                |                                    |                            |  |  |
|   | <b>e</b> .....  |                      |                |                                    |                            |  |  |
|   | <b>f</b> All other program service revenue .....  |                      |                |                                    |                            |  |  |
| <b>g Total.</b> Add lines 2a-2f .....   |   |                      | 2,167,924,872. |                                    |                            |  |  |
| Other Revenue   | <b>3</b> Investment income (including dividends, interest, and other similar amounts) ..... |                      | 76,827,242.    |                                    | -568,881.                  | 77,396,123.  |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds .....                           |                      |                |                                    |                            |  |  |
|   | <b>5</b> Royalties .....  |                      |                |                                    |                            |  |  |
|   | <b>6 a</b> Gross rents .....  | <b>6a</b>            | (i) Real       |                                    |                            |  |  |
|   |   |                      | (ii) Personal  |                                    |                            |  |  |
|   |   |                      |                | 25,402,149.                        |                            |  |  |
|   | <b>b</b> Less: rental expenses ...  | <b>6b</b>            | 0.             |                                    |                            |  |  |
|   | <b>c</b> Rental income or (loss)  | <b>6c</b>            | 25,402,149.    |                                    |                            |  |  |
|   | <b>d</b> Net rental income or (loss) .....  |                      |                | 25,402,149.                        |                            | 25,402,149.  |  |
|   | <b>7 a</b> Gross amount from sales of assets other than inventory                           | <b>7a</b>            | (i) Securities |                                    |                            |  |  |
|   |   |                      | (ii) Other     |                                    |                            |  |  |
|   |   |                      |                | 54,390,210.                        | 8,620,495.                 |  |  |
|   |   |                      |                | 54,391,512.                        | 3,228,276.                 |  |  |
|   | <b>b</b> Less: cost or other basis and sales expenses .....                                 | <b>7b</b>            |                |                                    |                            |  |  |
| <b>c</b> Gain or (loss) .....   | <b>7c</b>   | -1,302.              | 5,392,219.     |                                    |                            |  |  |
| <b>d</b> Net gain or (loss) .....   |   |                      | 5,390,917.     |                                    | 5,390,917.                 |  |  |
| <b>8 a</b> Gross income from fundraising events (not including \$ 13,734,241. of contributions reported on line 1c). See Part IV, line 18 ..... | <b>8a</b>   |                      | 3,103,039.     |                                    |                            |  |  |
|   |   |                      | 3,952,668.     |                                    |                            |  |  |
| <b>b</b> Less: direct expenses .....  | <b>8b</b>   |                      |                |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from fundraising events .....   |   |                      | -849,629.      |                                    | -849,629.                  |  |  |
| <b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....  | <b>9a</b>   |                      |                |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
| <b>b</b> Less: direct expenses .....  | <b>9b</b>   |                      |                |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from gaming activities .....  |   |                      |                |                                    |                            |  |  |
| <b>10 a</b> Gross sales of inventory, less returns and allowances .....   | <b>10a</b>  |                      |                |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
| <b>b</b> Less: cost of goods sold .....   | <b>10b</b>  |                      |                |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from sales of inventory .....   |   |                      |                |                                    |                            |  |  |
| Miscellaneous Revenue   | <b>11 a</b> OTHER MISC. REVENUE   | <b>Business Code</b> |                |                                    |                            |  |  |
|   |   | 900099               | 23,255,681.    | 16,055,681.                        | 7,200,000.                 |  |  |
|   | <b>b</b> .....  |                      |                |                                    |                            |  |  |
|   | <b>c</b> .....  |                      |                |                                    |                            |  |  |
|   | <b>d</b> All other revenue .....  |                      |                |                                    |                            |  |  |
| <b>e Total.</b> Add lines 11a-11d .....   |   |                      | 23,255,681.    |                                    |                            |  |  |
| <b>12 Total revenue.</b> See instructions .....   |   |                      | 3,217,077,611. | 2,183,980,553.                     | 6,631,119.                 | 107,339,560.                                       |  |

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...  |                       |                                 |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....   | 178,511,706.          | 178,511,706.                    |  |                             |
| <b>3</b> 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.                     |  |                             |
| <b>4</b> Benefits paid to or for members .....   |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees .....  | 5,947,262.            | 1,192,016.                      | 4,246,946.                             | 508,300.                    |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....  |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages .....  | 1,182,370,329.        | 1,049,000,871.                  | 45,115,515.                            | 88,253,943.                 |
| <b>8</b> 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.                  |
| <b>9</b> Other employee benefits .....   | 155,804,306.          | 137,747,619.                    | 6,420,472.                             | 11,636,215.                 |
| <b>10</b> Payroll taxes .....  | 87,718,348.           | 77,552,373.                     | 3,614,747.                             | 6,551,228.                  |
| <b>11</b> Fees for services (nonemployees):  |                       |                                 |  |                             |
| <b>a</b> Management .....  |                       |                                 |  |                             |
| <b>b</b> Legal .....   | 6,205,564.            | 1,192,244.                      | 4,852,204.                             | 161,116.                    |
| <b>c</b> Accounting .....  | 2,301,036.            | 1,604,219.                      | 606,776.                               | 90,041.                     |
| <b>d</b> Lobbying .....  | 260,745.              | 178,610.                        | 10,951.                                | 71,184.                     |
| <b>e</b> Professional fundraising services. See Part IV, line 17   | 452,216.              |                                 |  | 452,216.                    |
| <b>f</b> Investment management fees .....  |                       |                                 |  |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)  | 213,772,820.          | 156,638,365.                    | 13,110,052.                            | 44,024,403.                 |
| <b>12</b> Advertising and promotion .....  | 18,497,293.           | 16,845,886.                     | 531,188.                               | 1,120,219.                  |
| <b>13</b> Office expenses .....  | 100,868,356.          | 98,444,503.                     | 1,210,290.                             | 1,213,563.                  |
| <b>14</b> Information technology .....   | 56,736,668.           | 49,243,732.                     | 5,386,346.                             | 2,106,590.                  |
| <b>15</b> Royalties .....  |                       |                                 |  |                             |
| <b>16</b> Occupancy .....  | 67,376,935.           | 57,879,936.                     | 5,687,352.                             | 3,809,647.                  |
| <b>17</b> Travel .....   | 66,215,742.           | 63,396,721.                     | 1,078,334.                             | 1,740,687.                  |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...   |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings .....   | 4,204,514.            | 2,998,749.                      | 241,888.                               | 963,877.                    |
| <b>20</b> Interest .....   | 22,447,533.           | 20,681,007.                     | 630,621.                               | 1,135,905.                  |
| <b>21</b> Payments to affiliates .....   |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization .....  | 81,325,558.           | 75,837,445.                     | 879,598.                               | 4,608,515.                  |
| <b>23</b> Insurance .....  | 42,764,602.           | 38,735,791.                     | 1,440,322.                             | 2,588,489.                  |
| <b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)                                    |                       |                                 |  |                             |
| <b>a</b> BIOMED SUP/BLOOD TESTS  | 455,695,632.          | 455,695,632.                    |  |                             |
| <b>b</b> OTHER PROGRAM SUPPLIES  | 35,705,599.           | 33,895,601.                     | 560,185.                               | 1,249,813.                  |
| <b>c</b> OTHER ASSISTANCE  | 3,330,016.            | 2,524,585.                      | 464,986.                               | 340,445.                    |
| <b>d</b> _____   |                       |                                 |  |                             |
| <b>e</b> All other expenses _____  |                       |                                 |  |                             |
| <b>25</b> Total functional expenses. Add lines 1 through 24e   | 2,971,106,889.        | 2,691,201,823.                  | 100,067,599.                           | 179,837,467.                |
| <b>26</b> 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) |                       |                                 |  |                             |

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year  |                | (B)<br>End of year |              |
|---|--|---------------------------|----------------|--------------------|--------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 292,369,404.              | <b>1</b>       | 61,909,246.        |              |
|   | <b>2</b> Savings and temporary cash investments .....  | 470,945,631.              | <b>2</b>       | 764,277,980.       |              |
|   | <b>3</b> Pledges and grants receivable, net .....  | 55,660,462.               | <b>3</b>       | 52,502,795.        |              |
|   | <b>4</b> Accounts receivable, net .....  | 244,558,803.              | <b>4</b>       | 253,440,731.       |              |
|   | <b>5</b> 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 ..... |                           | <b>5</b>       |                    |              |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |                           | <b>6</b>       |                    |              |
|   | <b>7</b> Notes and loans receivable, net .....   |                           | <b>7</b>       |                    |              |
|   | <b>8</b> Inventories for sale or use .....   | 59,996,101.               | <b>8</b>       | 61,511,308.        |              |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 381,371,970.              | <b>9</b>       | 423,289,360.       |              |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 1,719,777,177. |                |                    |              |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 992,418,289.   | 728,098,719.   | <b>10c</b>         | 727,358,888. |
|   | <b>11</b> Investments - publicly traded securities .....   | 869,392,157.              | <b>11</b>      | 989,702,660.       |              |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   | 646,576,000.              | <b>12</b>      | 568,395,000.       |              |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                           | <b>13</b>      |                    |              |
|   | <b>14</b> Intangible assets .....  |                           | <b>14</b>      |                    |              |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   | 123,212,628.              | <b>15</b>      | 125,933,165.       |              |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 3,872,181,875.   | <b>16</b>                 | 4,028,321,133. |                    |              |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 354,043,027.              | <b>17</b>      | 317,597,402.       |              |
|   | <b>18</b> Grants payable .....   |                           | <b>18</b>      |                    |              |
|   | <b>19</b> Deferred revenue .....   |                           | <b>19</b>      |                    |              |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                           | <b>20</b>      |                    |              |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                           | <b>21</b>      |                    |              |
|   | <b>22</b> 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 .....     |                           | <b>22</b>      |                    |              |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   | 334,041.                  | <b>23</b>      |                    |              |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   | 517,315,807.              | <b>24</b>      | 512,708,726.       |              |
|   | <b>25</b> 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.              | <b>25</b>      | 178,020,074.       |              |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 1,171,891,777.            | <b>26</b>      | 1,008,326,202.     |              |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                           |                |                    |              |
|   | <b>27</b> Net assets without donor restrictions .....  | 1,016,509,067.            | <b>27</b>      | 1,370,457,094.     |              |
|   | <b>28</b> Net assets with donor restrictions .....   | 1,683,781,031.            | <b>28</b>      | 1,649,537,837.     |              |
|   | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                           |                |                    |              |
|   | <b>29</b> Capital stock or trust principal, or current funds .....   |                           | <b>29</b>      |                    |              |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                           | <b>30</b>      |                    |              |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   |                           | <b>31</b>      |                    |              |
|   | <b>32</b> Total net assets or fund balances .....  | 2,700,290,098.            | <b>32</b>      | 3,019,994,931.     |              |
| <b>33</b> Total liabilities and net assets/fund balances .....            | 3,872,181,875.   | <b>33</b>                 | 4,028,321,133. |                    |              |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |                |
|-----------|--|-----------|----------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 3,217,077,611. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 2,971,106,889. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 245,970,722.   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 2,700,290,098. |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | -22,629,095.   |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |                |
| <b>7</b>  | Investment expenses  | <b>7</b>  |                |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |                |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)   | <b>9</b>  | 96,363,206.    |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 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 |
|---|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.  |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| <b>b</b> Were the organization's financial statements audited by an independent accountant? _____<br>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:<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 | X   |    |
| <b>c</b> 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? _____<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  | X   |    |
| <b>3a</b> 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? _____   | X   |    |
| <b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____   | X   |    |

Form **990** (2022)





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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)  | (a) 2018     | (b) 2019     | (c) 2020     | (d) 2021    | (e) 2022     | (f) Total   |
|--|--------------|--------------|--------------|-------------|--------------|-------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 817,365,759. | 887,785,755. | 962,942,913. | 1060031161. | 919,126,378. | 4647251966. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |              |              |              |             |              |             |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |              |              |              |             |              |             |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 817,365,759. | 887,785,755. | 962,942,913. | 1060031161. | 919,126,378. | 4647251966. |
| <b>5</b> 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) ..... |              |              |              |             |              | 31,039,059. |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |              |              |              |             |              | 4616212907. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)   | (a) 2018     | (b) 2019     | (c) 2020     | (d) 2021    | (e) 2022                 | (f) Total                |
|---|--------------|--------------|--------------|-------------|--------------------------|--------------------------|
| <b>7</b> Amounts from line 4 .....  | 817,365,759. | 887,785,755. | 962,942,913. | 1060031161. | 919,126,378.             | 4647251966.              |
| <b>8</b> 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.             | 412,696,711.             |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....   |              |              |              |             |                          |                          |
| <b>10</b> 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.               | 15,184,819.              |
| <b>11 Total support.</b> Add lines 7 through 10   |              |              |              |             |                          | 5075133496.              |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....   |              |              |              |             | <b>12</b> 9,996,765,269. |                          |
| <b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |              |              |              |             |                          | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |           |                                     |
|---|-----------|-------------------------------------|
| <b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....   | <b>14</b> | 90.96 %                             |
| <b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....  | <b>15</b> | 91.30 %                             |
| <b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |           | <input checked="" type="checkbox"/> |
| <b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |           | <input type="checkbox"/>            |
| <b>17a 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....    |           | <input type="checkbox"/>            |
| <b>b 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... |           | <input type="checkbox"/>            |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |           | <input type="checkbox"/>            |

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

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

Section A. Public Support

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

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

| Section C - Distributable Amount |   |   | Current Year |
|----------------------------------|---|---|--------------|
| 1                                | Adjusted net income for prior year (from Section A, line 8, column A)   | 1 |              |
| 2                                | Enter 0.85 of line 1.   | 2 |              |
| 3                                | Minimum asset amount for prior year (from Section B, line 8, column A)  | 3 |              |
| 4                                | Enter greater of line 2 or line 3.  | 4 |              |
| 5                                | Income tax imposed in prior year  | 5 |              |
| 6                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | 6 |              |
| 7                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

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

| Section D - Distributions |  | Current Year |
|---------------------------|--|--------------|
| 1                         | Amounts paid to supported organizations to accomplish exempt purposes  | 1            |
| 2                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity      | 2            |
| 3                         | Administrative expenses paid to accomplish exempt purposes of supported organizations  | 3            |
| 4                         | Amounts paid to acquire exempt-use assets  | 4            |
| 5                         | Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)   | 5            |
| 6                         | Other distributions (describe in Part VI). See instructions.   | 6            |
| 7                         | <b>Total annual distributions.</b> 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)<br>Excess Distributions   | (ii)<br>Underdistributions<br>Pre-2022 | (iii)<br>Distributable<br>Amount for 2022 |
|---|---|--|---|
| 1   | Distributable amount for 2022 from Section C, line 6  |  |   |
| 2   | Underdistributions, if any, for years prior to 2022 (reasonable cause required - 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   | <b>Total</b> of lines 3a through 3e   |  |   |
| g   | Applied to underdistributions of prior years  |  |   |
| h   | Applied to 2022 distributable amount  |  |   |
| i   | Carryover from 2017 not applied (see instructions)  |  |   |
| j   | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |  |   |
| 4   | Distributions for 2022 from Section D, line 7: \$   |  |   |
| a   | Applied to underdistributions of prior years  |  |   |
| b   | Applied to 2022 distributable amount  |  |   |
| c   | Remainder. Subtract lines 4a and 4b from line 4.  |  |   |
| 5   | Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. |  |   |
| 6   | Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |  |   |
| 7   | <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.   |  |   |
| 8   | Breakdown of line 7:  |  |   |
| a   | Excess from 2018  |  |   |
| b   | Excess from 2019  |  |   |
| c   | Excess from 2020  |  |   |
| d   | Excess from 2021  |  |   |
| e   | Excess from 2022  |  |   |

Schedule A (Form 990) 2022

**Part VI**

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

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

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 B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

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

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ: [X] 501(c)(3) (enter number) organization, [ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation, [ ] 527 political organization
Form 990-PF: [ ] 501(c)(3) exempt private foundation, [ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation, [ ] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test...
[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...
[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

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

|  |   |
|--|---|
| Name of organization<br>AMERICAN NATIONAL RED CROSS & ITS<br>CONSTITUENT CHAPTERS AND BRANCHES | <b>Employer identification number</b><br>53-0196605 |
|--|---|

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

| (a)<br>No.        | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|-------------------|-----------------------------------|----------------------------|---|
| 1                 | <hr/> <hr/> <hr/>                 | \$ 45,000,000.             | Person <input checked="" type="checkbox"/><br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.) |
| 2                 | <hr/> <hr/> <hr/>                 | \$ 23,958,203.             | Person <input checked="" type="checkbox"/><br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.) |
| 3                 | <hr/> <hr/> <hr/>                 | \$ 19,000,419.             | Person <input checked="" type="checkbox"/><br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.) |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/>                 | \$ _____                   | Person<br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.)                                     |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/>                 | \$ _____                   | Person<br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.)                                     |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/>                 | \$ _____                   | Person<br>Payroll<br>Noncash<br>(Complete Part II for noncash contributions.)                                     |

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

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

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

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

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

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
|                     |                     |                 |                                     |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|   |  |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
|                     |                     |                 |                                     |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|   |  |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
|                     |                     |                 |                                     |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|   |  |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-----------------|-------------------------------------|
|                     |                     |                 |                                     |

| (e) Transfer of gift                    |  |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
|   |  |

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

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

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

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political campaign activity expenditures \$
3 Volunteer hours for political campaign activities

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

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

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

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

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

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

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

| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.)  | <b>(a) Filing organization's totals</b>                  | <b>(b) Affiliated group totals</b> |                    |                               |   |  |   |  |  |   |                   |              |  |  |
|--|--|------------------------------------|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....  |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>d</b> Other exempt purpose expenditures .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>f</b> 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:35%; text-align:left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%; 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.   |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |

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

| <b>Lobbying Expenditures During 4-Year Averaging Period</b>         |          |          |          |          |           |
|---|----------|----------|----------|----------|-----------|
| Calendar year<br>(or fiscal year beginning in)                      | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) Total |
| <b>2a</b> Lobbying nontaxable amount                                |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                                |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                               |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                           |          |          |          |          |           |

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

|   | (a) |    | (b)      |
|---|-----|----|----------|
|   | Yes | No | Amount   |
| For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.   |     |    |          |
| <b>1</b> 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: |     |    |          |
| <b>a</b> Volunteers? .....  | X   |    |          |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..  | X   |    |          |
| <b>c</b> Media advertisements? .....  |     | X  |          |
| <b>d</b> Mailings to members, legislators, or the public? .....   |     | X  |          |
| <b>e</b> Publications, or published or broadcast statements? .....  |     | X  |          |
| <b>f</b> Grants to other organizations for lobbying purposes? .....   |     | X  |          |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....  | X   |    | 260,745. |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....  |     | X  |          |
| <b>i</b> Other activities? .....  |     | X  |          |
| <b>j</b> Total. Add lines 1c through 1i .....   |     |    | 260,745. |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....   |     | X  |          |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....  |     |    |          |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....   |     |    |          |
| <b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....   |     |    |          |

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

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

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

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

**Part IV Supplemental Information**

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

THE AMERICAN RED CROSS DOES NOT CONTRIBUTE TO OR PARTICIPATE IN

ELECTION CAMPAIGNS. IT DOES NOT ENDORSE CANDIDATES FOR ELECTIVE OFFICE,

NOR DOES IT PUBLISH OR DISTRIBUTE INFORMATION THAT DIRECTLY OR

INDIRECTLY ENDORSES OR OPPOSES A CANDIDATE.

**Part IV** Supplemental Information (continued)

THE AMERICAN RED CROSS PARTICIPATES IN LOBBYING AND OTHER PUBLIC POLICY

ADVOCACY ACTIVITIES AT THE FEDERAL AND STATE LEVELS (WITHIN THE LIMITS

SET BY IRS REGULATIONS) ON ISSUES THAT ARE RELATED TO THE

ORGANIZATION'S MISSION INCLUDING: BIOMEDICAL SERVICES; HOMELAND

SECURITY, AND ALL HAZARDS PREPAREDNESS AND RESPONSE; PUBLIC HEALTH AND

SAFETY; EMERGENCY COMMUNICATION SERVICES TO THE ARMED FORCES;

INTERNATIONAL SERVICES; AND THE REGULATION OF NONPROFIT ORGANIZATIONS.

THESE ACTIVITIES INCLUDE PREPARING AND PRESENTING WRITTEN AND ORAL

TESTIMONY AT LEGISLATIVE HEARINGS AT THE FEDERAL AND STATE LEVEL;

COMMUNICATING WITH POLICYMAKERS AND THEIR STAFFS THROUGH MEETINGS AND

BRIEFINGS, AND ISSUING PUBLIC STATEMENTS RELATED TO PENDING LEGISLATION

AND REGULATION.



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, lines 2a-2d, number of easements modified, number of states, monitoring policy, staff hours, expenses, and requirements of section 170(h)(4)(B)(i).

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include 1a, 1b, 2, a, b regarding art and historical treasures reporting requirements.

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

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

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange program
- e  Other \_\_\_\_\_

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

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

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

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

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

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

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

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

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

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 1,236,904,039.   | 1,272,232,039. | 1,034,439,039.     | 1,013,098,039.       | 968,352,039.        |
| b Contributions                                  | 14,322,000.      | 12,561,000.    | 28,013,000.        | 24,587,000.          | 19,975,000.         |
| c Net investment earnings, gains, and losses     | 20,319,000.      | -863,000.      | 273,039,000.       | 34,653,000.          | 61,818,000.         |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs | 47,151,000.      | 47,026,000.    | 63,259,000.        | 37,899,000.          | 37,047,000.         |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 1,224,404,039.   | 1,236,904,039. | 1,272,232,039.     | 1,034,439,039.       | 1,013,098,039.      |

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 \_\_\_\_\_%
- 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

|        | Yes | No |
|--------|-----|----|
| 3a(i)  |     | X  |
| 3a(ii) |     | X  |
| 3b     |     |    |

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

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

**Part VI Land, Buildings, and Equipment.**

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      | 94,208,110.                     |                              | 94,208,110.    |
| b Buildings  |                                      | 988,779,673.                    | 548,606,181.                 | 440,173,492.   |
| c Leasehold improvements   |                                      | 95,360,846.                     | 71,895,816.                  | 23,465,030.    |
| d Equipment  |                                      | 470,011,851.                    | 371,916,292.                 | 98,095,559.    |
| e Other  |                                      | 71,416,697.                     |                              | 71,416,697.    |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 727,358,888.   |

**Part VII Investments - Other Securities.**

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

| (a) Description of security or category (including name of security)    | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives .....   | 28,075,000.    | END-OF-YEAR MARKET VALUE                                  |
| (2) Closely held equity interests .....                                 |                |   |
| (3) Other .....   |                |   |
| (A) ALTERNATIVE INVESTMENTS   | 464,584,000.   | END-OF-YEAR MARKET VALUE                                  |
| (B) EQUITY METHOD INVESTMENTS   | 75,736,000.    | COST  |
| (C)   |                |   |
| (D)   |                |   |
| (E)   |                |   |
| (F)   |                |   |
| (G)   |                |   |
| (H)   |                |   |
| <b>Total.</b> (Col. (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 valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1)   |                |   |
| (2)   |                |   |
| (3)   |                |   |
| (4)   |                |   |
| (5)   |                |   |
| (6)   |                |   |
| (7)   |                |   |
| (8)   |                |   |
| (9)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) |                |   |

**Part IX Other Assets.**

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

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (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 25.

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) POST-RETIREMENT BENEFIT   | 38,932,133.    |
| (3) INSURANCE (LOSS RESERVES & CLAIMS)                                    | 85,450,999.    |
| (4) SPLIT INTEREST AGREEMENT LIABILITY                                    | 34,000,000.    |
| (5) MISC LIABILITIES  | 19,636,942.    |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 178,020,074.   |

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and descriptions.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include line numbers and descriptions.

Part XIII Supplemental Information.

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

PART III, LINE 1A:

THE AMERICAN RED CROSS ELECTED NOT TO INCLUDE THE VALUE OF THE ART ON THE BALANCE SHEET UNDER FASB 116.

PART V, LINE 4:

ENDOWMENT FUNDS

IN ACCORDANCE WITH ITS CONGRESSIONAL CHARTER, THE AMERICAN RED

CROSS HAS MAINTAINED AN ENDOWMENT FUND SINCE 1905 WHICH IS KEPT AND

INVESTED UNDER THE MANAGEMENT AND CONTROL OF A BOARD OF TRUSTEES ELECTED

BY THE BOARD OF GOVERNORS. THE BYLAWS OF THE ORGANIZATION STATE THAT

WHENEVER A GIFT IS DESIGNATED BY THE DONOR TO BE PERMANENTLY RETAINED, THE

GIFT SHALL BE RECEIVED AND HELD IN THE ENDOWMENT FUND. THE AMERICAN RED

**Part XIII** Supplemental Information (continued)

CROSS MAKES DISTRIBUTIONS FROM 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 IS A NOT-FOR-PROFIT ORGANIZATION

INCORPORATED BY THE U.S. CONGRESS THROUGH THE ISSUANCE OF 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

DERIVED FROM UNRELATED BUSINESS ACTIVITIES. AT JUNE 30, 2023 AND 2022, THE

ORGANIZATION HAD DETERMINED THAT NO INCOME TAXES ARE DUE FOR SUCH

ACTIVITIES. ACCORDINGLY, NO 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 F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

**2022**

Attach to Form 990.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

|  |  |
|--|--|
| Name of the organization<br>AMERICAN NATIONAL RED CROSS & ITS<br>CONSTITUENT CHAPTERS AND BRANCHES | Employer identification number<br>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, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region  | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| CENTRAL AMERICA AND THE CARIBBEAN                       | 1                                   | 1  | PROGRAM SERVICES   | RESPONSE & PREPAREDNESS  | 2,354,035.   |
| EAST ASIA AND THE PACIFIC                               | 19                                  | 37   | PROGRAM SERVICES   | RESPONSE, PREPAREDNESS & MEASLES   | 5,960,705.   |
| EUROPE (INCLUDING ICELAND AND GREENLAND)                | 30                                  | 60   | PROGRAM SERVICES   | RESPONSE & PREPAREDNESS  | 66,982,257.  |
| MIDDLE EAST AND NORTH AFRICA                            | 5                                   | 9  | PROGRAM SERVICES   | RESPONSE & PREPAREDNESS  | 2,796,669.   |
| NORTH AMERICA   |                                     |  | PROGRAM SERVICES   | RESPONSE, PREPAREDNESS & MEASLES   | 2,719,040.   |
| RUSSIA AND NEIGHBORING STATES                           |                                     |  | PROGRAM SERVICES   | RESPONSE & PREPAREDNESS  | 247,500.   |
| SOUTH AMERICA   |                                     |  | PROGRAM SERVICES   | RESPONSE & PREPAREDNESS  | 48,771.  |
| SOUTH ASIA  | 1                                   | 1  | PROGRAM SERVICES   | RESPONSE & PREPAREDNESS  | 2,216,246.   |
| <b>3 a</b> Subtotal .....                               | 56                                  | 108  |  |  | 83,325,223.  |
| <b>b</b> Total from continuation sheets to Part I ..... | 1                                   | 1  |  |  | 26,137,622.  |
| <b>c Totals</b> (add lines 3a and 3b) .....             | 57                                  | 109  |  |  | 109,462,845.   |

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Schedule F (Form 990) 2022

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AMERICAN NATIONAL RED CROSS & ITS

Schedule F (Form 990)

CONSTITUENT CHAPTERS AND BRANCHES

53-0196605

Page 1

**Part I** Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

| (a) Region                               | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in region | (f) Total expenditures for region |
|--|-------------------------------------|---|--|--|-----------------------------------|
| SUB-SAHARAN AFRICA                       | 1                                   | 1   | PROGRAM SERVICES   | MEASLES & RESPONSE   | 5,199,784.                        |
| EUROPE (INCLUDING ICELAND AND GREENLAND) |                                     |   | INVESTMENTS  |  | 20,937,838.                       |
|  |                                     |   |  |  |                                   |
|  |                                     |   |  |  |                                   |
|  |                                     |   |  |  |                                   |
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|  |                                     |   |  |  |                                   |
|  |                                     |   |  |  |                                   |
|  |                                     |   |  |  |                                   |
| <b>Totals</b> .....                      | 1                                   | 1   |  |  | 26,137,622.                       |

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

| 1<br>(a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region                        | (d) Purpose of grant  | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|--|-----------------------------------|-----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
|                               |  | CENTRAL AMERICA AND THE CARIBBEAN | DISASTER PREPAREDNESS | 760,012.                 | WIRE                            | 0.                               |                                       |   |
|                               |  | CENTRAL AMERICA AND THE CARIBBEAN | DISASTER RESPONSE     | 50,000.                  | WIRE                            | 0.                               |                                       |   |
|                               |  | CENTRAL AMERICA AND THE CARIBBEAN | DISASTER PREPAREDNESS | 326,207.                 | WIRE                            | 0.                               |                                       |   |
|                               |  | CENTRAL AMERICA AND THE CARIBBEAN | DISASTER RESPONSE     | 429,127.                 | WIRE                            | 0.                               |                                       |   |
|                               |  | CENTRAL AMERICA AND THE CARIBBEAN | DISASTER PREPAREDNESS | 162,046.                 | WIRE                            | 0.                               |                                       |   |
|                               |  | CENTRAL AMERICA AND THE CARIBBEAN | DISASTER RESPONSE     | 626,643.                 | WIRE                            | 0.                               |                                       |   |
|                               |  | EAST ASIA AND THE PACIFIC         | DISASTER PREPAREDNESS | 264,612.                 | WIRE                            | 0.                               |                                       |   |
|                               |  | EAST ASIA AND THE PACIFIC         | DISASTER PREPAREDNESS | 97,529.                  | WIRE                            | 0.                               |                                       |   |

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **41**

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



| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) |  |  |                       |                          |                                 |                                   |  |   |
|--|--|--|-----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| 1<br>(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 non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|  |  | EAST ASIA AND THE PACIFIC                | DISASTER PREPAREDNESS | 665,225.                 | WIRE                            | 0.                                |  |   |
|  |  | EAST ASIA AND THE PACIFIC                | DISASTER RESPONSE     | 55,259.                  | WIRE                            | 0.                                |  |   |
|  |  | EAST ASIA AND THE PACIFIC                | MEASLES               | 153,036.                 | WIRE                            | 0.                                |  |   |
|  |  | EAST ASIA AND THE PACIFIC                | DISASTER PREPAREDNESS | 83,711.                  | WIRE                            | 0.                                |  |   |
|  |  | EAST ASIA AND THE PACIFIC                | DISASTER PREPAREDNESS | 364,731.                 | WIRE                            | 0.                                |  |   |
|  |  | 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.                                |  |   |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) |  |                               |                       |                          |                                 |                                   |  |   |
|--|--|-------------------------------|-----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| 1<br>(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 non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|  |  | 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.                                |  |   |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) |  |                        |                                    |                          |                                 |                                   |  |   |
|--|--|------------------------|------------------------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| 1<br>(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 non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|  |  | 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.                                |  |   |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) |  |                           |                       |                          |                                 |                                   |  |   |
|--|--|---------------------------|-----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| 1<br>(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 non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|  |  | 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.                                |  |   |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) |  |  |                       |                          |                                 |                                   |  |   |
|--|--|--|-----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| 1<br>(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 non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|  |  | 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.                                |  |   |

| Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1) |  |  |                       |                          |                                 |                                   |  |   |
|--|--|--|-----------------------|--------------------------|---------------------------------|-----------------------------------|--|---|
| 1<br>(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 non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|  |  | 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.                                |  |   |
|  |  |  |                       |                          |                                 |                                   |  |   |
|  |  |  |                       |                          |                                 |                                   |  |   |
|  |  |  |                       |                          |                                 |                                   |  |   |
|  |  |  |                       |                          |                                 |                                   |  |   |
|  |  |  |                       |                          |                                 |                                   |  |   |
|  |  |  |                       |                          |                                 |                                   |  |   |
|  |  |  |                       |                          |                                 |                                   |  |   |
|  |  |  |                       |                          |                                 |                                   |  |   |



**Part IV Foreign Forms**

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



**Part V Supplemental Information**

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

PART I, LINE 2:

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS OUTSIDE THE U.S.: THE

INTERNATIONAL SERVICES DEPARTMENT OF THE AMERICAN RED CROSS HAS

ESTABLISHED STANDARD OPERATING PROCEDURES THAT INCLUDE DUE DILIGENCE

PRIOR TO AWARDING FUNDS TO A SUB-RECIPIENT. THIS DUE DILIGENCE IS A

REVIEW OF THE PROGRAMMATIC, STRUCTURAL, AND FINANCIAL HEALTH OF THE

ORGANIZATION AND AN ANALYSIS OF THE RISK LEVEL OF AWARDING FUNDS. THIS

RISK LEVEL DICTATES PROCEDURES TO MITIGATE THOSE RISKS, INCLUDING THE

LEVEL OF DETAIL AND TIMING OF FINANCIAL AND NARRATIVE REPORTS, DURING THE

TERM OF THE AWARD. THESE FINANCIAL AND NARRATIVE REPORTS ARE REVIEWED

AND, IN CONJUNCTION WITH ANY OTHER IDENTIFIED MITIGATING ACTIVITIES, A

DECISION IS MADE TO "ACCEPT" THE REPORTS AND WHETHER TO CONTINUE

PROVIDING FUNDS FOR THE AWARD. AT THE END OF THE AWARD TERM, A FINAL

REVIEW OF PROGRAMMATIC AND FINANCIAL REQUIREMENTS IS PERFORMED TO ENSURE

THE SUB-RECIPIENT MET ITS OBLIGATIONS UNDER THE AWARD. THIS REVIEW FEEDS

INTO FUTURE AWARD DECISIONS WITH THE SUB-RECIPIENT. THE RED CROSS ALWAYS

RESERVES THE RIGHT TO PERFORM ADDITIONAL REVIEW AND AUDIT OF ANY GRANT

FUNDS.

**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**2022**

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

|  |  |
|--|--|
| Name of the organization<br>AMERICAN NATIONAL RED CROSS & ITS<br>CONSTITUENT CHAPTERS AND BRANCHES | Employer identification number<br>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
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name and address of individual or entity (fundraiser)  | (ii) Activity   | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|--|-----------------|--|----|-----------------------------------|---|---|
|  |                 | Yes  | No |                                   |   |   |
| TELEFUND, INC. - 186 LINCOLN STREET, BOSTON, MA 02111      | PHONE/EMAIL     |  | X  | 13,505,292.                       | 92,216.   | 13,413,076.                                       |
| MDS COMMUNICATION COPORATION - 545 W JUANITA AVE, MESA, AZ | PHONE           |  | X  | 4,585,093.                        | 310,000.  | 4,275,093.  |
| ACTIVATE HQ, INC AN ALLTRUI COMPANY - PO BOX 328,          | CONSLTS/ADVISOR |  | X  | 0.                                | 50,000.   | 0.  |
|  |                 |  |    |                                   |   |   |
|  |                 |  |    |                                   |   |   |
|  |                 |  |    |                                   |   |   |
|  |                 |  |    |                                   |   |   |
|  |                 |  |    |                                   |   |   |
|  |                 |  |    |                                   |   |   |
|  |                 |  |    |                                   |   |   |
|  |                 |  |    |                                   |   |   |
| <b>Total</b>   |                 |  |    | 18,090,385.                       | 452,216.  | 17,688,169.                                       |

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

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

|  |   | (a) Event #1                     | (b) Event #2                            | (c) Other events     | (d) Total events<br>(add col. (a) through<br>col. (c)) |
|--|---|----------------------------------|---|----------------------|--|
|  |   | HEROES BREAKFAST<br>(event type) | INT'L RED CROSS<br>BALL<br>(event type) | 73<br>(total number) |  |
| Revenue  | <b>1</b> Gross receipts .....   | 1,621,664.                       | 1,394,600.                              | 13,821,016.          | 16,837,280.  |
|  | <b>2</b> Less: Contributions .....  | 1,574,420.                       | 1,045,174.                              | 11,114,647.          | 13,734,241.  |
|  | <b>3</b> Gross income (line 1 minus line 2) .....                           | 47,244.                          | 349,426.                                | 2,706,369.           | 3,103,039.   |
| Direct Expenses  | <b>4</b> Cash prizes .....  |                                  |   | 275.                 | 275.   |
|  | <b>5</b> Noncash prizes .....   | 2,414.                           | 3,769.                                  | 100,459.             | 106,642.   |
|  | <b>6</b> Rent/facility costs .....  | 1,700.                           | 137,828.                                | 1,203,293.           | 1,342,821.   |
|  | <b>7</b> Food and beverages .....   | 48,974.                          | 50,000.                                 | 1,305,048.           | 1,404,022.   |
|  | <b>8</b> Entertainment .....  |                                  | 80,640.                                 | 553,465.             | 634,105.   |
|  | <b>9</b> Other direct expenses .....  |                                  | 77,190.                                 | 387,613.             | 464,803.   |
|  | <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) ..... |                                  |   |                      | 3,952,668.   |
| <b>11</b> Net income summary. Subtract line 10 from line 3, column (d) ..... |   |                                  |   | -849,629.            |  |

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

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

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

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

**b** If "No," explain: \_\_\_\_\_

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

**b** If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

|                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

b If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_

c If "Yes," enter name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 16 Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

- Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \_\_\_\_\_

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

PART I, LINE 3

THE AMERICAN RED CROSS WAS CHARTED BY SPECIAL ACT OF CONGRESS ON  
 JANUARY 5, 1905, AND IS A FEDERAL INSTRUMENTALITY OF THE UNITED STATES.  
 SEE 36 U.S.C. SECTIONS 300101-300111. AS A FEDERAL INSTRUMENTALITY, IT  
 IS EXEMPT FROM STATE LAW CHARITABLE REGISTRATION AND LICENSING  
 REQUIREMENTS, SEE DEPARTMENT OF EMPLOYMENT V. UNITED STATES, 385 U.S.  
 355 (1966), AND IT THEREFORE IS REGISTERED OR EXEMPT FROM REGISTRATION  
 IN ALL STATES.

**Part IV** Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.



AMERICAN NATIONAL RED CROSS & ITS  
 CONSTITUENT CHAPTERS AND BRANCHES

Schedule I (Form 990) 2022

53-0196605

Page 2

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
 Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance          | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|--|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| DISASTER RELIEF PAYMENTS AND EMERGENCIES | 0                        | 178,511,706.             | 0.                                |   |                                       |
|  |                          |                          |                                   |   |                                       |
|  |                          |                          |                                   |   |                                       |
|  |                          |                          |                                   |   |                                       |
|  |                          |                          |                                   |   |                                       |

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

SCHEDULE I, PART I, LINE 2:

THE AMERICAN RED CROSS RESPONDS TO MORE THAN 60,000 DISASTERS LARGE AND

SMALL PER YEAR. DISASTER RESPONSE AT THE RED CROSS HAS ESTABLISHED

PROCEDURES FOR PROVIDING FINANCIAL AND MATERIAL ASSISTANCE TO CLIENTS.

DURING THE EMERGENCY PHASE, THE RED CROSS PROVIDES ASSISTANCE IN THE

FORM OF MASS CARE (E.G., FEEDING AND SHELTERING) BASED ON NEEDS. AS WE

MOVE TOWARDS THE RECOVERY PHASE, THE RED CROSS PROVIDES INDIVIDUAL

ASSISTANCE BASED ON VERIFIED NEED AND IDENTIFICATION THROUGH CASE

MANAGEMENT. THE RED CROSS PLACES CONTROL PROCEDURES AROUND MONITORING

**Part IV Supplemental Information**

THE USE OF FINANCIAL ASSISTANCE IN THE UNITED STATES. DURING THE  
RECOVERY PHASE, THE RED CROSS PARTNERS WITH OTHER ORGANIZATIONS TO  
SUPPORT THE COMMUNITY. ADDITIONALLY, THE RED CROSS CONDUCTS DISASTER  
PREPAREDNESS PROGRAMS INCLUDING THE INSTALLATION OF SMOKE ALARMS AND  
YOUTH PREPAREDNESS EDUCATION.

SCHEDULE I, PART II: GRANTS AND ASSISTANCE TO OTHER DOMESTIC ORGANIZATIONS  
THE AMERICAN RED CROSS DOES GIVE MONEY TO OTHER DOMESTIC ORGANIZATIONS  
IN ORDER TO LEVERAGE OTHER ORGANIZATIONS' EXPERTISE OR ACCESS  
INDIVIDUALS/CLIENTS WHO NEED OUR ASSISTANCE, AND AT TIMES, AS A VEHICLE  
TO PROVIDE ASSISTANCE TO INDIVIDUAL VICTIMS OF DOMESTIC  
DISASTERS/EMERGENCIES. THE AMOUNTS GIVEN TO OTHER ORGANIZATIONS ARE  
INCLUDED AND DISCLOSED WITHIN THE GRANTS OR OTHER ASSISTANCE TO OR FOR  
DOMESTIC INDIVIDUALS IN SCHEDULE I, PART III. THE RED CROSS GRANTS AND  
OTHER ASSISTANCE FOR THE VICTIMS OF DOMESTIC DISASTERS AND EMERGENCIES  
ARE PREDOMINANTLY GIVEN IN THE FORM OF DIRECT ASSISTANCE TO INDIVIDUALS  
BY THE RED CROSS VIA ITS OWN ESTABLISHED DISTRIBUTION CHANNELS.

SCHEDULE I, PART IV:  
DISBURSEMENT IN FURTHERANCE OF CHARITABLE PROGRAMS AND GRANTS PURSUANT  
TO THE CONGRESSIONAL CHARTER OF THE AMERICAN RED CROSS (36 U.S.C. 3  
FIFTH), THE ORGANIZATION CARRIES OUT A SYSTEM OF NATIONAL AND  
INTERNATIONAL RELIEF TO MITIGATE OR PREVENT SUFFERING CAUSED BY  
DISASTERS. DISASTER VICTIMS QUALIFY TO RECEIVE SUCH ASSISTANCE BASED ON  
EITHER OBVIOUS CIRCUMSTANCES, SUCH AS APPARENT NEED FOR FOOD, CLOTHING  
OR SHELTER, OR A CASEWORK PROCESS IN WHICH THE NATURE AND EXTENT OF THE  
DISASTER-CAUSED NEEDS FOR THE RED CROSS AID ARE DETERMINED IN THE LIGHT  
OF OTHER AVAILABLE RESOURCES. CONTRIBUTIONS TO OTHER ORGANIZATIONS





**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2022**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for instructions and the latest information.

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

Employer identification number  
**53-0196605**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

|           | Yes | No |
|-----------|-----|----|
| <b>1b</b> |     |    |
| <b>2</b>  |     |    |
| <b>4a</b> |     | X  |
| <b>4b</b> |     | X  |
| <b>4c</b> |     | X  |
| <b>5a</b> |     | X  |
| <b>5b</b> |     | X  |
| <b>6a</b> |     | X  |
| <b>6b</b> |     | X  |
| <b>7</b>  | X   |    |
| <b>8</b>  | X   |    |
| <b>9</b>  | X   |    |

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

Schedule J (Form 990) 2022

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

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

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

| (A) Name and Title   |      | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|  |      | (i) Base compensation  | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| (1) GAIL MCGOVERN<br>PRESIDENT & CEO                             | (i)  | 653,192.   | 197,663.                            | 8,405.                              | 12,200.  | 1,751.                  | 873,211.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (2) CLIFFORD HOLTZ<br>CHIEF OPERATING OFFICER                    | (i)  | 599,583.   | 146,626.                            | 3,605.                              | 12,200.  | 18,871.                 | 780,885.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (3) CHRIS HROUDA<br>PRESIDENT OF BIOMEDICAL SERVICES             | (i)  | 590,408.   | 103,486.                            | 2,443.                              | 12,200.  | 19,963.                 | 728,500.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (4) SHAUN GILMORE<br>CHIEF TRANSFORMATION OFFICER                | (i)  | 519,380.   | 95,344.                             | 5,205.                              | 12,200.  | 18,695.                 | 650,824.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (5) BRIAN RHOA<br>CHIEF INVESTMENT OFFICER                       | (i)  | 466,809.   | 120,788.                            | 22,642.                             | 12,200.  | 15,750.                 | 638,189.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (6) PAUL SULLIVAN<br>SVP, COLLECTIONS                            | (i)  | 395,915.   | 72,344.                             | 1,050.                              | 10,448.  | 15,778.                 | 495,535.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (7) JACK MCMASTER<br>PRESIDENT OF TRAINING SERVICES              | (i)  | 371,886.   | 84,871.                             | 2,954.                              | 9,378.   | 18,401.                 | 487,490.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (8) ANNE MCKEOUGH<br>CHIEF DEVELOPMENT OFFICER                   | (i)  | 370,528.   | 69,423.                             | 23,232.                             | 11,840.  | 9,784.                  | 484,807.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (9) MELISSA HURST<br>CHIEF HUMAN RESOURCES OFFICER               | (i)  | 334,116.   | 89,671.                             | 21,380.                             | 12,200.  | 23,293.                 | 480,660.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (10) PHYLLIS HARRIS<br>GENERAL COUNSEL                           | (i)  | 371,429.   | 67,177.                             | 2,655.                              | 12,200.  | 23,930.                 | 477,391.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (11) DOMINICK TOLLI<br>SVP, PRODUCT MGMT AND PLATFORM DEV        | (i)  | 316,916.   | 95,387.                             | 2,193.                              | 12,200.  | 21,364.                 | 448,060.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (12) ROSEMARY MCGILLAN<br>CHIEF, MARKETING/COMMUNICATION OFFICER | (i)  | 334,917.   | 62,910.                             | 5,063.                              | 8,246.   | 18,920.                 | 430,056.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (13) TREVOR RIGGEN<br>PRESIDENT OF HUMANITARIAN SERVICES         | (i)  | 319,350.   | 39,032.                             | 511.                                | 10,912.  | 20,934.                 | 390,739.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (14) CARMEL DARCY<br>CHIEF FINANCIAL OFFICER                     | (i)  | 334,127.   | 0.                                  | 1,317.                              | 11,631.  | 9,648.                  | 356,723.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (15) JENNIFER HAWKINS<br>CORPORATE SECRETARY & CHIEF OF STAFF    | (i)  | 227,223.   | 43,646.                             | 18,128.                             | 10,050.  | 8,429.                  | 307,476.                        | 0.  |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
|  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |

**Part III Supplemental Information**

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

PART I, LINE 7:

THE AMOUNTS SHOWN IN PART II, COLUMN B (II) FOR THE PRESIDENT & CEO, THE  
PRESIDENT BIOMEDICAL SERVICES, GENERAL COUNSEL, THE CHIEF DEVELOPMENT  
OFFICER, AND THE PRESIDENT HUMANITARIAN SERVICES WERE PAID BASED ON WRITTEN  
VARIABLE INCENTIVE PLANS, PRIOR FISCAL YEAR PERFORMANCE AND WERE APPROVED  
BY THE COMPENSATION COMMITTEE OF THE BOARD.

THE AMOUNTS SHOWN IN PART II, COLUMN B (II) FOR THE CHIEF OPERATING  
OFFICER, THE CHIEF INVESTMENT OFFICER (BRIAN RHOA, FORMER CHIEF FINANCIAL  
OFFICER), AND THE CHIEF HUMAN RESOURCES OFFICER, WERE PAID BASED ON WRITTEN  
VARIABLE INCENTIVE PLANS, PRIOR FISCAL YEAR PERFORMANCE AND INCLUDE  
DISCRETIONARY SPOT BONUSES AND WERE APPROVED BY THE COMPENSATION COMMITTEE  
OF THE BOARD.

ALL VARIABLE INCENTIVE PLAN PAYOUTS WERE REVIEWED BY AN OUTSIDE INDEPENDENT  
COMPENSATION CONSULTANT AND WERE DOCUMENTED IN THE MINUTES OF THE  
COMMITTEE, ALL IN ACCORDANCE WITH THE REQUIREMENTS FOR THE REBUTTABLE  
PRESUMPTION OF REASONABLENESS UNDER IRC SECTION 4958.

**Part III Supplemental Information**

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

THE AMOUNT SHOWN IN PART II, COLUMN B(II) FOR THE CHIEF TRANSFORMATION  
OFFICER, THE CHIEF MARKETING OFFICER, AND THE CORPORATE SECRETARY & CHIEF  
OF STAFF WERE PAID BASED ON A WRITTEN VARIABLE INCENTIVE PLAN, PRIOR FISCAL  
YEAR PERFORMANCE AND WERE APPROVED BY THE PRESIDENT & CEO.

THE AMOUNT SHOWN IN PART II, COLUMN B(II) FOR THE SVP COLLECTIONS WAS BASED  
ON A WRITTEN INCENTIVE PLAN, PRIOR FISCAL YEAR PERFORMANCE AND WAS APPROVED  
BY THE PRESIDENT BIOMEDICAL SERVICES.

THE AMOUNT SHOWN IN PART II, COLUMN B (II) FOR THE PRESIDENT, TRAINING  
SERVICES WAS PAID BASED ON A WRITTEN INCENTIVE PLAN, PRIOR FISCAL YEAR  
PERFORMANCE AND WAS APPROVED BY THE CHIEF OPERATING OFFICER.

THE AMOUNT SHOWN IN PART II, COLUMN B(II) FOR THE SVP PRODUCT MANAGEMENT &  
PLATFORM DEVELOPMENT WAS BASED ON A WRITTEN INCENTIVE PLAN, PRIOR FISCAL  
YEAR PERFORMANCE AND WAS APPROVED BY THE PRESIDENT TRAINING SERVICES.

PART I, LINE 8:

THE AMERICAN RED CROSS HAS ONE (1) EMPLOYEE LISTED ON PART VII WHO IS

**Part III** Supplemental Information

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

COVERED BY REG. SECTION 53.4958-4 (A)(3), THE PRESIDENT & CEO. THE ORIGINAL

BASE SALARY AMOUNT PAID TO THE PRESIDENT & CEO IS COVERED BY THIS PROVISION

AND ANY SUBSEQUENT ANNUAL INCREASES OR OTHER SALARY PAYMENTS ARE DETERMINED

BY THE BOARD OF GOVERNORS FOLLOWING A REVIEW BY THE COMPENSATION COMMITTEE

OF THE BOARD, AND WERE BASED ON COMPARABLE MARKET DATA AND SUPPORTED BY THE

OPINION OF AN OUTSIDE INDEPENDENT COMPENSATION CONSULTANT AND WERE

DOCUMENTED IN THE MINUTES OF THE COMMITTEE, ALL IN ACCORDANCE WITH THE

REQUIREMENTS FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER IRC

SECTION 4958.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

Open to Public Inspection

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

Go to [www.irs.gov/Form990](http://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 Types of Property**

|  | (a)<br>Check if applicable | (b)<br>Number of contributions or items contributed | (c)<br>Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d)<br>Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art   |                            |   |  |   |
| 2 Art - Historical treasures                                 |                            |   |  |   |
| 3 Art - Fractional interests                                 |                            |   |  |   |
| 4 Books and publications                                     |                            |   |  |   |
| 5 Clothing and household goods                               | X                          |   | 2,900,202. FMV   |   |
| 6 Cars and other vehicles                                    | X                          |   | 240,000. FMV   |   |
| 7 Boats and planes   |                            |   |  |   |
| 8 Intellectual property                                      |                            |   |  |   |
| 9 Securities - Publicly traded                               |                            |   |  |   |
| 10 Securities - Closely held stock                           |                            |   |  |   |
| 11 Securities - Partnership, LLC, or trust interests         |                            |   |  |   |
| 12 Securities - Miscellaneous                                |                            |   |  |   |
| 13 Qualified conservation contribution - Historic structures |                            |   |  |   |
| 14 Qualified conservation contribution - Other               |                            |   |  |   |
| 15 Real estate - Residential                                 |                            |   |  |   |
| 16 Real estate - Commercial                                  |                            |   |  |   |
| 17 Real estate - Other                                       |                            |   |  |   |
| 18 Collectibles  |                            |   |  |   |
| 19 Food inventory  | X                          |   | 6,012,881. FMV   |   |
| 20 Drugs and medical supplies                                | X                          |   | 1,131,887. FMV   |   |
| 21 Taxidermy   |                            |   |  |   |
| 22 Historical artifacts                                      |                            |   |  |   |
| 23 Scientific specimens                                      |                            |   |  |   |
| 24 Archeological artifacts                                   |                            |   |  |   |
| 25 Other ( VARIOUS )   | X                          | 0   | 6,592,526. FMV   |   |
| 26 Other ( )   |                            |   |  |   |
| 27 Other ( )   |                            |   |  |   |
| 28 Other ( )   |                            |   |  |   |

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... **29** **6**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....  
 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.

|     | Yes | No |
|-----|-----|----|
| 30a |     | X  |
| 31  | X   |    |
| 32a | X   |    |

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

Schedule M (Form 990) 2022

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

SCHEDULE M, 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 SELL THE DONATED GOODS.



SCHEDULE O  
(Form 990)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

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

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION 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.

FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:

BIOMEDICAL SERVICES:  
THE ORGANIZATION COLLECTS, PROCESSES AND DISTRIBUTES APPROXIMATELY 40  
PERCENT OF THE NATION'S BLOOD SUPPLY. IN FISCAL YEAR 2023, THE  
ORGANIZATION COLLECTED OVER 4.4 MILLION PRODUCTIVE UNITS OF BLOOD FROM  
MORE THAN 2.4 MILLION DONORS AND SUPPLIED APPROXIMATELY 2,500 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 FISCAL  
YEAR 2023. IN SEPTEMBER 2022 THE AMERICAN RED CROSS RESPONDED TO  
HURRICANE IAN, WHICH DEVASTATED COMMUNITIES IN FLORIDA. IN ADDITION,  
THE RED CROSS RESPONDED TO FLOODING IN MISSOURI AND KENTUCKY (JULY),  
TYPHOON MERBOK IN ALASKA AND HURRICANE FIONA THAT DRENCHED PUERTO RICO  
(SEPTEMBER), A SERIES OF THIRTEEN BACK-TO-BACK ATMOSPHERIC RIVERS  
FLOODING CALIFORNIA (DECEMBER 2022 MARCH 2023). 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 REGIONS (APRIL) AND TYPHOON MAWAR IN GUAM (MAY).

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

Schedule O (Form 990) 2022

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

ADDITIONALLY, THE RED CROSS HAS ONGOING RECOVERY OPERATIONS IN MANY STATES, INCLUDING STATES IMPACTED BY FLOODING, HURRICANES, AND WILDFIRES.

THROUGH ITS NETWORK OF VOLUNTEERS AND EMPLOYEES IN ALL 50 STATES, THE RED CROSS RESPONDS TO MORE THAN 60,000 DISASTERS BIG 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 SERVICE, CRISIS INTERVENTIONS AND COMMUNITY MENTAL-HEALTH DEBRIEFINGS AND/OR OTHER RELATED EMERGENCY CARE 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 RECOVERING FROM DISASTERS.

AS PART OF A NATIONAL HOME FIRE CAMPAIGN, THE RED CROSS INSTALLED MORE THAN 230,000 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 CAN CONFIRM AT LEAST 1,893 LIVES HAVE BEEN SAVED AS THE RESULT OF THE HOME FIRE CAMPAIGN.

PREPAREDNESS:  
THE RED CROSS SUPPORTS PUBLIC PREPAREDNESS THROUGH A COMBINATION OF NEW TECHNOLOGY, EDUCATION AND AWARENESS CAMPAIGNS, AND DIRECT ACTION:

\* OUR HOME FIRE CAMPAIGN INCLUDES A COMPONENT IN WHICH VOLUNTEERS AND PARTNER ORGANIZATIONS GO DOOR-TO-DOOR TO INSTALL SMOKE ALARMS AND PROVIDE FIRE-SAFETY EDUCATION IN AT-RISK HOMES NATIONWIDE.

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

\* OUR MESSAGING AND EDUCATIONAL CAMPAIGNS INCLUDE PUBLIC TIPS ON

STAYING SAFE, PRESENTATIONS TO COMMUNITY GROUPS, AND EDUCATION OF YOUTH

IN SCHOOL 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 HAZARDS. OUR READY

RATING WEBSITE PROVIDES SMALL AND MIDSIZED BUSINESSES WITH AN

AUTOMATED, CUSTOMIZED ASSESSMENT 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

THAT HELP SAVE LIVES AND STRENGTHEN COMMUNITIES--IMPARTING HOPE AND

CONFIDENCE ALONG WITH PRACTICAL SKILLS. IT IS THE PREMIER PROVIDER OF

EDUCATION, TRAINING, AND PRODUCTS THAT ENABLE PEOPLE TO PREVENT,

PREPARE FOR AND RESPOND TO DISASTERS AND OTHER LIFE-THREATENING

EMERGENCIES.

THE RED CROSS EMPLOYEES, VOLUNTEERS AND TRAINING PROVIDERS HELP SUSTAIN

AND DELIVER HEALTH AND SAFETY PROGRAMS AND SERVICES INCLUDING: FIRST

AID/CPR/AED INFORMATION AND SKILLS BOTH FOR THE LICENSED PROFESSIONAL

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, LIFEGUARDING, LIFEGUARD

MANAGEMENT, AND AQUATIC EXAMINER FACILITY SERVICES); AND CAREGIVING

(BABYSITTER'S TRAINING AND NURSE ASSISTANT TRAINING).

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

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

INTERNATIONAL RELIEF AND DEVELOPMENT SERVICES:

THE ORGANIZATION HELPS VULNERABLE PEOPLE AROUND THE WORLD PREVENT,  
 PREPARE FOR, RESPOND TO AND RECOVER FROM DISASTERS, COMPLEX  
 HUMANITARIAN EMERGENCIES, AND LIFE-THREATENING HEALTH CONDITIONS  
 THROUGH GLOBAL INITIATIVES AND COMMUNITY-BASED PROGRAMS. WITH A FOCUS  
 ON MASS SCALE DISEASE PREVENTION, DISASTER MANAGEMENT, RESTORING FAMILY  
 LINKS, AND THE DISSEMINATION OF INTERNATIONAL HUMANITARIAN LAW, THE  
 ORGANIZATION PROVIDES RAPID, EFFECTIVE, AND LARGE-SCALE HUMANITARIAN  
 ASSISTANCE TO THOSE IN NEED. TO ACHIEVE OUR GOALS, THE ORGANIZATION  
 WORKS WITH OUR PARTNERS IN THE INTERNATIONAL RED CROSS AND RED CRESCENT  
 MOVEMENT AND OTHER INTERNATIONAL RELIEF AND DEVELOPMENT AGENCIES TO  
 BUILD LOCAL CAPACITIES, MOBILIZE AND EMPOWER COMMUNITIES, AND ESTABLISH  
 PARTNERSHIPS.

EXPENSES \$ 104,822,608. INCLUDING GRANTS OF \$ 86,040,732. REVENUE \$ 0.

SERVICE TO THE ARMED FORCES:

THE ORGANIZATION PROVIDES MILITARY MEMBERS, VETERANS, AND THEIR  
 FAMILIES WITH EMERGENCY COMMUNICATIONS SERVICES, PROGRAMS AND SERVICES  
 FOR THE SICK, WOUNDED AND RECOVERING AT VETERANS AND MILITARY MEDICAL  
 FACILITIES, JOB TRAINING AND EDUCATION, AND OTHER VITAL SERVICES FOR  
 U.S. MILITARY FAMILIES AROUND THE WORLD.

EXPENSES \$ 59,852,255. INCLUDING GRANTS OF \$ 1,600,917. REVENUE \$ 0.

COMMUNITY SERVICES:

IN FISCAL YEAR 2023, THE AMERICAN RED CROSS CONTINUED TO DELIVER ITS  
 LIFESAVING MISSION WHILE SAFEGUARDING THE HEALTH AND SAFETY OF OUR

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

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.

EXPENSES \$ 20,180,679. INCL GRANTS OF \$ 2,988,236. REVENUE \$ 16,055,681.

FORM 990, PART V, LINE 3B:

THE AMERICAN RED CROSS COMPLIES WITH ITS UNRELATED BUSINESS INCOME

FORM 990-T RETURN FILING BY THE INTERNAL REVENUE CODE PERMITTED EXTENDED

DUE DATE OF MAY 15, 2024. PER THE FORM 990 INSTRUCTIONS FOR PART V, LINE

3B, THE RED CROSS IS REQUIRED TO ANSWER 'NO' TO FILING A

FORM 990-T BECAUSE IT WILL NOT FILE ITS FORM 990-T BY THE TIME IT FILES ITS

FORM 990 ON MARCH 7, 2024. THE RED CROSS IS ANNUALLY

AND 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 BRANDON AND GAIL MCGOVERN BOTH SERVE AS BOARD DIRECTORS

AT THE SAME PUBLIC COMPANY, AND (2) LORENCE KIM IS A BOARD MEMBER OF A

PUBLIC COMPANY FOR WHICH STEVEN COLLIS IS THE CHAIRMAN, PRESIDENT & CHIEF

EXECUTIVE OFFICER.

FORM 990, PART VI, SECTION A, LINE 6:

AS DEFINED IN THE CONGRESSIONAL CHARTER: "MEMBERSHIP IN THE CORPORATION IS

OPEN TO ALL THE PEOPLE OF THE UNITED STATES AND ITS TERRITORIES AND

POSSESSIONS, ON PAYMENT OF AN AMOUNT SPECIFIED, OR AS OTHERWISE PROVIDED IN

THE BYLAWS."

FORM 990, PART VI, SECTION A, LINE 7A:

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

DELEGATES OF THE CHAPTERS ELECT ALL MEMBERS OF THE GOVERNING BODY EXCEPT  
 THE CHAIRMAN OF THE BOARD OF GOVERNORS WHO IS APPOINTED BY THE PRESIDENT OF  
 THE UNITED STATES.

AS MANDATED IN THE CONGRESSIONAL CHARTER, SECTION 4(A)(3)(B)(I): "MEMBERS  
 OF THE BOARD OF GOVERNORS OTHER THAN THE CHAIRMAN SHALL BE ELECTED AT THE  
 ANNUAL MEETING OF THE CORPORATION IN ACCORDANCE WITH SUCH 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 PORTIONS OF THE IRS FORM 990 (PART VII AND SCHEDULE J) DURING  
 A MEETING HELD ON OCTOBER 25, 2023. A COPY OF THE FINAL FORM 990 WAS  
 SUBMITTED TO EACH MEMBER OF THE BOARD OF GOVERNORS BEFORE IT WAS FILED WITH  
 THE IRS.

THE MANAGEMENT REVIEW PROCESS ENTAILS THE CHIEF FINANCIAL OFFICER  
 COORDINATING THE COMPLETION OF THE IRS FORM 990 WITH THE GENERAL COUNSEL  
 AND THE CHIEF HUMAN RESOURCES OFFICER FOR FINAL REVIEW BY THE PRESIDENT AND  
 CEO.

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, ALL MEMBERS OF THE BOARD OF GOVERNORS MUST ANNUALLY  
 REVIEW AND CERTIFY THE CODE OF BUSINESS ETHICS AND 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 ALSO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE (THE

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

"QUESTIONNAIRE") ANNUALLY. OTHER 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 QUESTIONNAIRE IS REVIEWED, 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 OR CHAIRMAN 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. MEMBERS OF 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 CHANGES IN ANY BUSINESS, FINANCIAL OR PERSONAL CONFLICTS OF  
 INTEREST. THE SAME PROCESS OF REVIEW, DISCUSSION AND FOLLOW-UP ON CONFLICTS  
 OF INTEREST AND REMEDIATION WITH THE BOARD MEMBER OR OTHER 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

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

FOR THE CEO; (2) MAKE RECOMMENDATIONS TO THE BOARD FOR THE CEO'S ANNUAL SALARY, BENEFITS AND INCENTIVE PROGRAM; AND, (3) REVIEW AND MAKE DETERMINATIONS REGARDING THE COMPENSATION, BENEFITS, AND INCENTIVE PROGRAMS FOR OTHER SENIOR OFFICERS AND EXECUTIVES 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 EXECUTIVES WHO ARE OR MIGHT BE CONSIDERED "DISQUALIFIED PERSONS" PURSUANT TO INTERNAL REVENUE CODE ("IRC") SECTION 4958. WITH RESPECT TO THOSE PERSONS, THE COMMITTEE CONDUCTS ITS ANNUAL REVIEW OF THEIR TOTAL COMPENSATION AND BENEFITS BASED ON COMPARABLE MARKET DATA. THE COMMITTEE RETAINS AN OUTSIDE, INDEPENDENT COMPENSATION CONSULTANT TO PROVIDE MARKET DATA AND REASONABLENESS OPINIONS FOR THE DESIGNATED EXECUTIVES AND IT RELIES ON SUCH MARKET DATA AND REASONABLENESS OPINIONS IN APPROVING NEW SALARIES, BENEFITS AND PAYMENT OF BONUSES OR INCENTIVES FOR THE DESIGNATED PERSONS. THE COMMITTEE ALSO THEN DOCUMENTS ITS DECISIONS AS TO ANY CHANGES TO BE IMPLEMENTED IN COMPENSATION OR BENEFITS FOR THE DESIGNATED PERSONS. THE COMMITTEE UNDERTOOK THIS PROCESS FOR 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 ETHICS AND 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





**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

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.

| (a)<br>Name, address, and EIN (if applicable)<br>of disregarded entity                          | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling<br>entity |
|---|-------------------------|---|---------------------|---------------------------|-------------------------------------|
| ARC RECEIVABLES COMPANY LLC - 14-1934462<br>1730 E STREET NW, SUITE 330<br>WASHINGTON, DC 20006 | SECURITIZE AR           | DELAWARE  | 0.                  | 0.                        | N/A                                 |
|   |                         |   |                     |                           |                                     |
|   |                         |   |                     |                           |                                     |
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|   |                         |   |                     |                           |                                     |
|   |                         |   |                     |                           |                                     |
|   |                         |   |                     |                           |                                     |

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

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

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

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?

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

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

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



**Part VII Supplemental Information**

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

SCHEDULE R, PART I, LINE 1

ARC RECEIVABLE LLC.

IN DECEMBER 2022, THE ORGANIZATION PAID OFF THE FULL AMOUNT OF

OUTSTANDING BORROWINGS UNDER THE SECURITIZATION PROGRAM, \$125 MILLION,

TERMINATING THE PROGRAM.