Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

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

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
431 18TH STREET NW

City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 200065009

D Employer identification number
53-0196605

E Telephone number
(202) 303-4498

G Gross receipts $ 3,678,650,067

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

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

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.REDCROSS.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1900

M State of legal domicile: DC

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
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 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	**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**	17,420
6	Total number of volunteers (estimate if necessary)	**6**	265,000
7a	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

			Prior Year	Current Year
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

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20**	Total assets (Part X, line 16)	3,872,181,875	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 2024-03-07

▶ CARMEL DARCY CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2024-03-05		P01048557

Firm's name ▶ KPMG LLP — Firm's EIN ▶ 13-5565207

Firm's address ▶ 8350 BROAD STREET SUITE 900
MCLEAN, VA 22102 — Phone no. (703) 286-8000

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

THE AMERICAN RED CROSS PREVENTS AND ALLEVIATES HUMAN SUFFERING IN THE FACE OF EMERGENCIES BY MOBILIZING THE POWER OF VOLUNTEERS AND THE GENEROSITY OF DONORS.

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

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

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

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

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

4a (Code:) (Expenses $ 1,912,771,324 including grants of $ 0) (Revenue $ 2,011,917,984)

BIOMEDICAL SERVICES - SEE SCHEDULE O

4b (Code:) (Expenses $ 472,420,047 including grants of $ 172,888,260) (Revenue $ 0)

DOMESTIC DISASTER SERVICES - SEE SCHEDULE O

4c (Code:) (Expenses $ 121,154,910 including grants of $ 1,034,293) (Revenue $ 156,006,888)

TRAINING SERVICES - SEE SCHEDULE O

(Code:) (Expenses $ 104,822,608 including grants of $ 86,040,732) (Revenue $ 0)

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

(Code:) (Expenses $ 59,852,255 including grants of $ 1,600,917) (Revenue $ 0)

SERVICE TO THE ARMED FORCES:THE ORGANIZATION PROVIDES MILITARY MEMBERS, VETERANS, AND THEIRFAMILIES WITH EMERGENCY COMMUNICATIONS SERVICES, PROGRAMS AND SERVICESFOR THE SICK, WOUNDED AND RECOVERING AT VETERANS AND MILITARY MEDICALFACILITIES, JOB TRAINING AND EDUCATION, AND OTHER VITAL SERVICES FORU.S. MILITARY FAMILIES AROUND THE WORLD.

(Code:) (Expenses $ 20,180,679 including grants of $ 2,988,236) (Revenue $ 16,055,681)

COMMUNITY SERVICES:IN FISCAL YEAR 2023, THE AMERICAN RED CROSS CONTINUED TO DELIVER ITS LIFESAVING MISSION WHILE SAFEGUARDING THE HEALTH AND SAFETY OF OUR EMPLOYEES, VOLUNTEERS, BLOOD DONORS AND RECIPIENTS, PARTNERS AND CLIENTS. THE RED CROSS REMAINS STEADFAST IN DELIVERING ITS LIFESAVING MISSION TO MAKE SURE THOSE IN NEED RECEIVE HELP AND HOPE.

4d Other program services (Describe in Schedule O.)

(Expenses $ 184,855,542 including grants of $ 90,629,885) (Revenue $ 16,055,681)

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

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	2,660		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c Yes	

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

2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	**2a** 17,420			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*		**3b**		No
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		**4a**	Yes	
b	If "Yes," enter the name of the foreign country: ▶ H A , V M , K E See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**	Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d** 6			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**	Yes	
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		**8**		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		**9b**		
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.		**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		**14b**		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year?		**15**		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		**16**		No
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.		**17**		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	13		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	12		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			No
6	Did the organization have members or stockholders?	6		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			No

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ _____

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶JENNIFER HAWKINS 430 17TH STREET NW WASHINGTON,DC 20006 (202) 303-5028

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) GAIL MCGOVERN PRESIDENT & CEO	60.00 0.00	X		X				859,260	0	13,951
(2) JENNIFER BAILEY BOARD MEMBER	4.00 0.00	X						0	0	0
(3) M BRETT BIGGS BOARD MEMBER	2.00 0.00	X						0	0	0
(4) DAVID A BRANDON BOARD MEMBER	4.00 0.00	X						0	0	0
(5) CAROLE L BROWN BOARD MEMBER	3.00 0.00	X						0	0	0
(6) HERMAN E BULLS BOARD MEMBER	2.00 0.00	X						0	0	0
(7) DAVID H CLARK BOARD MEMBER	3.00 0.00	X						0	0	0
(8) STEVEN H COLLIS BOARD MEMBER	3.00 0.00	X						0	0	0
(9) ENRIQUE A CONTERNO BOARD MEMBER	4.00 0.00	X						0	0	0
(10) LORENCE KIM BOARD MEMBER	4.00 0.00	X						0	0	0
(11) BONNIE MCELVEEN-HUNTER BOARD MEMBER	5.00 0.00	X						0	0	0
(12) KATHRYN MCLAY BOARD MEMBER	3.00 0.00	X						0	0	0
(13) ARADHANA SARIN BOARD MEMBER	2.00 0.00	X						0	0	0
(14) JOHNNY C TAYLOR JR BOARD MEMBER	3.00 0.00	X						0	0	0
(15) KIRT A WALKER BOARD MEMBER	4.00 0.00	X						0	0	0
(16) DENNIS M WOODSIDE BOARD MEMBER	3.00 0.00	X						0	0	0
(17) BRIAN RHOA CHIEF INVESTMENT OFFICER	60.00 0.00			X				610,239	0	27,950

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(18) PHYLLIS HARRIS GENERAL COUNSEL	60.00 0.00			X				441,261	0	36,130
(19) CARMEL DARCY CHIEF FINANCIAL OFFICER	60.00 0.00			X				335,444	0	21,279
(20) JENNIFER HAWKINS CORPORATE SECRETARY & CHIEF OF STAFF	60.00 0.00			X				288,997	0	18,479
(21) CLIFFORD HOLTZ CHIEF OPERATING OFFICER	60.00 0.00				X			749,814	0	31,071
(22) CHRIS HROUDA PRESIDENT OF BIOMEDICAL SERVICES	60.00 0.00				X			696,337	0	32,163
(23) ANNE MCKEOUGH CHIEF DEVELOPMENT OFFICER	60.00 0.00				X			463,183	0	21,624
(24) MELISSA HURST CHIEF HUMAN RESOURCES OFFICER	60.00 0.00				X			445,167	0	35,493
(25) TREVOR RIGGEN PRESIDENT OF HUMANITARIAN SERVICES	60.00 0.00				X			358,893	0	31,846
(26) SHAUN GILMORE CHIEF TRANSFORMATION OFFICER	60.00 0.00					X		619,929	0	30,895
(27) PAUL SULLIVAN SVP, COLLECTIONS	60.00 0.00					X		469,309	0	26,226
(28) JACK MCMASTER PRESIDENT OF TRAINING SERVICES	60.00 0.00					X		459,711	0	27,779
(29) DOMINICK TOLLI SVP, PRODUCT MGMNT AND PLATFORM DEV	60.00 0.00					X		414,496	0	33,564
(30) ROSEMARY MCGILLAN CHIEF, MARKETING/COMMUNICATION OFFICER	60.00 0.00					X		402,890	0	27,166
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								7,614,930	0	415,616

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and OtherAmt Similar Amounts	1a Federated campaigns . .	1a	19,985,486			
	b Membership dues . .	1b				
	c Fundraising events . .	1c	13,734,241			
	d Related organizations	1d				
	e Government grants (contributions)	1e	54,255,784			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	831,150,868			
	g Noncash contributions included in lines 1a - 1f:$	1g	16,877,496			
	h **Total.** Add lines 1a-1f . . . . . ▶		919,126,379			

Program Service Revenue

	Business Code	(A)	(B)	(C)	(D)
2a BIOMEDICAL PRODUCTS/SR	541900	2,011,917,984	2,011,917,984		
b OTHER PRODUCTS/SRVCS	900099	156,006,888	156,006,888		
c					
d					
e					
f All other program service revenue.					
g **Total.** Add lines 2a–2f. . . . . ▶	2,167,924,872				

Other Revenue

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

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

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

8a Gross income from fundraising events (not including $ 13,734,241 of contributions reported on line 1c). See Part IV, line 18	8a	3,103,039				
b Less: direct expenses	8b	3,952,668				
c Net income or (loss) from fundraising events . . ▶			-849,629			-849,629
9a Gross income from gaming activities. See Part IV, line 19 . . .	9a					
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities . . ▶						
10a Gross sales of inventory, less returns and allowances . .	10a					
b Less: cost of goods sold . .	10b					
c Net income or (loss) from sales of inventory . . ▶						

	Business Code	(A)	(B)	(C)	(D)
11a OTHER MISC. REVENUE	900099	23,255,681	16,055,681	7,200,000	
b					
c					
d All other revenue					
e **Total.** Add lines 11a–11d . . . . . ▶		23,255,681			
12 **Total revenue.** See instructions . . . . ▶		3,217,077,611	2,183,980,553	6,631,119	107,339,560

OtherRevenueMiscAmt

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	178,511,706	178,511,706		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	86,040,732	86,040,732		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,947,262	1,192,016	4,246,946	508,300
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,182,370,329	1,049,000,871	45,115,515	88,253,943
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	96,553,377	85,363,480	3,978,826	7,211,071
9 Other employee benefits	155,804,306	137,747,619	6,420,472	11,636,215
10 Payroll taxes	87,718,348	77,552,373	3,614,747	6,551,228
11 Fees for services (non-employees):				
a Management				
b Legal	6,205,564	1,192,244	4,852,204	161,116
c Accounting	2,301,036	1,604,219	606,776	90,041
d Lobbying	260,745	178,610	10,951	71,184
e Professional fundraising services. See Part IV, line 17	452,216			452,216
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	213,772,820	156,638,365	13,110,052	44,024,403
12 Advertising and promotion	18,497,293	16,845,886	531,188	1,120,219
13 Office expenses	100,868,356	98,444,503	1,210,290	1,213,563
14 Information technology	56,736,668	49,243,732	5,386,346	2,106,590
15 Royalties				
16 Occupancy	67,376,935	57,879,936	5,687,352	3,809,647
17 Travel	66,215,742	63,396,721	1,078,334	1,740,687
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,204,514	2,998,749	241,888	963,877
20 Interest	22,447,533	20,681,007	630,621	1,135,905
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	81,325,558	75,837,445	879,598	4,608,515
23 Insurance	42,764,602	38,735,791	1,440,322	2,588,489
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a BIOMED SUP/BLOOD TESTS	455,695,632	455,695,632		
b OTHER PROGRAM SUPPLIES	35,705,599	33,895,601	560,185	1,249,813
c OTHER ASSISTANCE	3,330,016	2,524,585	464,986	340,445
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	2,971,106,889	2,691,201,823	100,067,599	179,837,467
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ 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 IX . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		292,369,404	1	61,909,246
	2	Savings and temporary cash investments		470,945,631	2	764,277,980
	3	Pledges and grants receivable, net		55,660,462	3	52,502,795
	4	Accounts receivable, net		244,558,803	4	253,440,731
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		59,996,101	8	61,511,308
	9	Prepaid expenses and deferred charges		381,371,970	9	423,289,360
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,719,777,177			
	b	Less: accumulated depreciation	10b 992,418,289	728,098,719	10c	727,358,888
	11	Investments—publicly traded securities		869,392,157	11	989,702,660
	12	Investments—other securities. See Part IV, line 11		646,576,000	12	568,395,000
	13	Investments—program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		123,212,628	15	125,933,165
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		3,872,181,875	16	4,028,321,133
Liabilities	17	Accounts payable and accrued expenses		354,043,027	17	317,597,402
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties		334,041	23	
	24	Unsecured notes and loans payable to unrelated third parties		517,315,807	24	512,708,726
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		300,198,902	25	178,020,074
	26	**Total liabilities.** Add lines 17 through 25		1,171,891,777	26	1,008,326,202
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		1,016,509,067	27	1,370,457,094
	28	Net assets with donor restrictions		1,683,781,031	28	1,649,537,837
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		2,700,290,098	32	3,019,994,931
	33	Total liabilities and net assets/fund balances		3,872,181,875	33	4,028,321,133

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,217,077,611
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,971,106,889
3	Revenue less expenses. Subtract line 2 from line 1	3	245,970,722
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,700,290,098
5	Net unrealized gains (losses) on investments	5	-22,629,095
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	96,363,206
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column	10	3,019,994,931

Part XII Financial Statements and Reporting

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

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

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

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 Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:

10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . .

g Provide the following information about the supported organization(s).

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	817,365,759	887,785,755	962,942,913	1,060,031,161	919,126,378	4,647,251,966
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						
4 **Total.** Add lines 1 through 3	817,365,759	887,785,755	962,942,913	1,060,031,161	919,126,378	4,647,251,966
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						31,039,059
6 **Public support.** Subtract line 5 from line 4.						4,616,212,907

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4.	817,365,759	887,785,755	962,942,913	1,060,031,161	919,126,378	4,647,251,966
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	77,336,123	69,704,977	89,187,158	74,342,075	102,126,378	412,696,711
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	4,572,337	2,092,433	3,241,475	2,175,535	3,103,039	15,184,819
11 **Total support.** Add lines 7 through 10						5,075,133,496

12 Gross receipts from related activities, etc. (see instructions) **12** 9,996,765,269

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) . . . . . **14** 90.960 %

15 Public support percentage for 2020 Schedule A, Part II, line 14 . . . . . **15** 91.300 %

16a **33 1/3% support test—2022.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☑

b **33 1/3% support test—2021.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶☐

17a **10%-facts-and-circumstances test—2022.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶☐

b **10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests-2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 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, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV **Supporting Organizations** (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

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

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

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		

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

a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No", provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

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

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

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

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

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ 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 **Total annual distributions.** Add lines 1 through 6.	**7**	
8 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* ***Part VI***). See instructions	**8**	
9 Distributable amount for 2022 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2022**	**(iii) Distributable Amount for 2022**
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2022:			
a From 2017.			
b From 2018.			
c From 2019.			
d From 2020.			
e From 2021.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
7 **Excess distributions carryover to 2023.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018.			
b Excess from 2019.			
c Excess from 2020.			
d Excess from 2021.			
e Excess from 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).

Facts And Circumstances Test

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

Additional Data

Return to Form

Software ID:

Software Version:

Schedule B

(Form 990)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

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

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See 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 other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year . . . . . ▶ $ _____

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

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

Employer identification number
53-0196605

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

Contributors

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED	,	$ RESTRICTED	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

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

Employer identification number
53-0196605

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

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

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

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

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

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

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

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

Employer identification number
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 information once. See instructions.) ▶ $ _____**

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of 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

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶**Complete if the organization is described below.** ▶**Attach to Form 990 or Form 990-EZ.**
▶**Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2022

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization	Employer identification number
AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT CHAPTERS AND BRANCHES	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. See instructions for definition of "political campaign activities."

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

3 Volunteer hours for political campaign activities. See instructions .....

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... $

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

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

4a Was a correction made? ..... ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

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

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

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

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

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

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

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-.		
i Subtract line 1f from line 1c. If zero or less, enter -0-.		

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.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

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

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

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		260,745
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total. Add lines 1c through 1i			260,745
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV **Supplemental Information**

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

Return Reference	Explanation
PART II-B, LINE 1:	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. 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.

Additional Data

Return to Form

Software ID:

Software Version:

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.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (e.g., recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other .....

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

		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 in Part XIII . . . . ☐

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,236,904,039	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 ▶ 100.000 %

c Term endowment ▶ .....

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
(i) Unrelated organizations . . . . . **3a(i)**		No
(ii) Related organizations . . . . . **3a(ii)**		No
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? **3b**		

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		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
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				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	F
(2) Closely-held equity interests		
(3) Other		
(A) ALTERNATIVE INVESTMENTS	464,584,000	F
(B) EQUITY METHOD INVESTMENTS	75,736,000	C
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶	568,395,000	

Part VIII **Investments - Program Related.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

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

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

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☑

Part XI **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XII **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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

Part XIII

Supplemental Information

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

Return Reference	Explanation
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 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.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA AND THE CARIBBEAN	1	1	PROGRAM SERVICES	RESPONSE & PREPAREDNESS	2,354,035
(2) EAST ASIA AND THE PACIFIC	19	37	PROGRAM SERVICES	RESPONSE, PREPAREDNESS & MEASLES	5,960,705
(3) EUROPE (INCLUDING ICELAND AND GREENLAND)	30	60	PROGRAM SERVICES	RESPONSE & PREPAREDNESS	66,982,257
(4) MIDDLE EAST AND NORTH AFRICA	5	9	PROGRAM SERVICES	RESPONSE & PREPAREDNESS	2,796,669
(5) NORTH AMERICA			PROGRAM SERVICES	RESPONSE, PREPAREDNESS & MEASLES	2,719,040
(6) RUSSIA AND NEIGHBORING STATES			PROGRAM SERVICES	RESPONSE & PREPAREDNESS	247,500
(7) SOUTH AMERICA			PROGRAM SERVICES	RESPONSE & PREPAREDNESS	48,771
(8) SOUTH ASIA	1	1	PROGRAM SERVICES	RESPONSE & PREPAREDNESS	2,216,246
(9) SUB-SAHARAN AFRICA	1	1	PROGRAM SERVICES	MEASLES & RESPONSE	5,199,784
(10) EUROPE (INCLUDING ICELAND AND GREENLAND)			INVESTMENTS		20,937,838
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	56	108			83,325,223
b Total from continuation sheets to Part I . . .	1	1			26,137,622
c **Totals** (add lines 3a and 3b)	57	109			109,462,845

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)		CENTRAL AMERICA AND THE CARIBBEAN	DISASTER PREPAREDNESS	760,012	WIRE	0		
(2)		CENTRAL AMERICA AND THE CARIBBEAN	DISASTER RESPONSE	50,000	WIRE	0		
(3)		CENTRAL AMERICA AND THE CARIBBEAN	DISASTER PREPAREDNESS	326,207	WIRE	0		
(4)		CENTRAL AMERICA AND THE CARIBBEAN	DISASTER RESPONSE	429,127	WIRE	0		
(5)		CENTRAL AMERICA AND THE CARIBBEAN	DISASTER PREPAREDNESS	162,046	WIRE	0		
(6)		CENTRAL AMERICA AND THE CARIBBEAN	DISASTER RESPONSE	626,643	WIRE	0		
(7)		EAST ASIA AND THE PACIFIC	DISASTER PREPAREDNESS	264,612	WIRE	0		
(8)		EAST ASIA AND THE PACIFIC	DISASTER PREPAREDNESS	97,529	WIRE	0		
(9)		EAST ASIA AND THE PACIFIC	DISASTER PREPAREDNESS	665,225	WIRE	0		
(10)		EAST ASIA AND THE PACIFIC	DISASTER RESPONSE	55,259	WIRE	0		
(11)		EAST ASIA AND THE PACIFIC	MEASLES	153,036	WIRE	0		
(12)		EAST ASIA AND THE PACIFIC	DISASTER PREPAREDNESS	83,711	WIRE	0		
(13)		EAST ASIA AND THE PACIFIC	DISASTER PREPAREDNESS	364,731	WIRE	0		
(14)		EAST ASIA AND THE PACIFIC	DISASTER PREPAREDNESS	315,752	WIRE	0		
(15)		EAST ASIA AND THE PACIFIC	DISASTER PREPAREDNESS	296,382	WIRE	0		
(16)		EAST ASIA AND THE PACIFIC	DISASTER PREPAREDNESS	38,810	WIRE	0		
(17)		EUROPE (INCLUDING ICELAND AND GREENLAND)	DISASTER RESPONSE	3,000,000	WIRE	0		
(18)		MIDDLE EAST AND NORTH AMERICA	DISASTER RESPONSE	2,000,000	WIRE	0		
(19)		NORTH AMERICA	DISASTER PREPAREDNESS	138,060	WIRE	0		
(20)		NORTH AMERICA	DISASTER PREPAREDNESS	355,000	WIRE	0		
(21)		NORTH AMERICA	DISASTER PREPAREDNESS	965,388	WIRE	0		
(22)		NORTH AMERICA	DISASTER RESPONSE	30,055	WIRE	0		
(23)		NORTH AMERICA	MEASLES	1,200,000	WIRE	0		
(24)		NORTH AMERICA	DISASTER PREPAREDNESS	5,037	WIRE	0		
(25)		NORTH AMERICA	DISASTER RESPONSE	20,000	WIRE	0		
(26)		NORTH AMERICA	DISASTER PREPAREDNESS	5,500	WIRE	0		
(27)		RUSSIA AND NEIGHBORING	DISASTER RESPONSE	247,500	WIRE	0		
(28)		SOUTH AMERICA	DISASTER PREPAREDNESS	48,771	WIRE	0		
(29)		SOUTH ASIA	DISASTER PREPAREDNESS	712,657	WIRE	0		
(30)		SOUTH ASIA	DISASTER RESPONSE	331,020	WIRE	0		
(31)		SOUTH ASIA	DISASTER PREPAREDNESS AND RESPONSE	114,689	WIRE	0		
(32)		SOUTH ASIA	DISASTER PREPAREDNESS	414,421	WIRE	0		
(33)		SOUTH ASIA	DISASTER RESPONSE	590,000	WIRE	0		
(34)		SOUTH ASIA	DISASTER RESPONSE	53,549	WIRE	0		
(35)		SUB-SAHARAN AFRICA	DISASTER RESPONSE	250,000	WIRE	0		
(36)		SUB-SAHARAN AFRICA	MEASLES	178,523	WIRE	0		
(37)		SUB-SAHARAN AFRICA	DISASTER RESPONSE	225,000	WIRE	0		
(38)		SUB-SAHARAN AFRICA	DISASTER RESPONSE	360,000	WIRE	0		
(39)		SUB-SAHARAN AFRICA	MEASLES	212,658	WIRE	0		
(40)		SUB-SAHARAN AFRICA	DISASTER RESPONSE	3,798,601	WIRE	0		
(41)		SUB-SAHARAN AFRICA	MEASLES	175,001	WIRE	0		
(42)		EAST ASIA AND THE PACIFIC	DISASTER PREPAREDNESS	778,355	WIRE	0		
(43)		EAST ASIA AND THE PACIFIC	DISASTER RESPONSE	49,865	WIRE	0		
(44)		EAST ASIA AND THE PACIFIC	DISASTER PREPAREDNESS	24,435	WIRE	0		
(45)		EAST ASIA AND THE PACIFIC	DISASTER RESPONSE	155,000	WIRE	0		
(46)		EUROPE (INCLUDING ICELAND AND GREENLAND)	DISASTER PREPAREDNESS	145,105	WIRE	0		
(47)		EUROPE (INCLUDING ICELAND AND GREENLAND)	DISASTER RESPONSE	2,779,151	WIRE	0		
(48)		EUROPE (INCLUDING ICELAND AND GREENLAND)	DISASTER RESPONSE	1,930,722	WIRE	0		
(49)		EUROPE (INCLUDING ICELAND AND GREENLAND)	DISASTER PREPAREDNESS	860,947	WIRE	0		
(50)		EUROPE (INCLUDING ICELAND AND GREENLAND)	DISASTER RESPONSE	33,433,427	WIRE	0		
(51)		EUROPE (INCLUDING ICELAND AND GREENLAND)	DISASTER PREPAREDNESS	33,287	WIRE	0		
(52)		EUROPE (INCLUDING ICELAND AND GREENLAND)	DISASTER RESPONSE	6,767,824	WIRE	0		
(53)		EUROPE (INCLUDING ICELAND AND GREENLAND)	DISASTER RESPONSE	5,355,809	WIRE	0		
(54)		EUROPE (INCLUDING ICELAND AND GREENLAND)	DISASTER RESPONSE	3,456,104	WIRE	0		
(55)		EUROPE (INCLUDING ICELAND AND GREENLAND)	DISASTER RESPONSE	3,930,018	WIRE	0		
(56)		EUROPE (INCLUDING ICELAND AND GREENLAND)	DISASTER PREPAREDNESS	100,000	WIRE	0		
(57)		EUROPE (INCLUDING ICELAND AND GREENLAND)	DISASTER RESPONSE	52,132	WIRE	0		

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

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

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

(a) Type of grant or assistance	**(b)** Region	**(c)** Number of recipients	**(d)** Amount of cash grant	**(e)** Manner of cash disbursement	**(f)** Amount of noncash assistance	**(g)** Description of noncash assistance	**(h)** Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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.

ReturnReference	Explanation
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.
PART III ACCOUNTING METHOD:	

Additional Data

Software ID:

Software Version:

SCHEDULE G (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

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

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** ☑ Mail solicitations
- **b** ☑ Internet and email solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☑ Solicitation of government grants
- **g** ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☑ **Yes** ☐ **No**

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? **Yes**	**No**	**(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
1 TELEFUND INC 186 LINCOLN STREET BOSTON, MA 02111	PHONE/EMAIL		No	13,505,292	92,216	13,413,076
2 MDS COMMUNICATION COPORATION 545 W JUANITA AVE MESA, AZ 85210	PHONE		No	4,585,093	310,000	4,275,093
3 ACTIVATE HQ INC AN ALLTRUI COMPANY PO BOX 328 PECONIC, NY 11958	CONSLTS/ADVISOR		No	0	50,000	0
4						
5						
6						
7						
8						
9						
10						
Total . . . . . ▶				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 HEROES BREAKFAST (event type)	(b) Event #2 INT'L RED CROSS BALL (event type)	(c) Other events 73 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	1,621,664	1,394,600	13,821,016	16,837,280
	2 Less: Contributions	1,574,420	1,045,174	11,114,647	13,734,241
	3 Gross income (line 1 minus line 2)	47,244	349,426	2,706,369	3,103,039
Direct Expenses	4 Cash prizes			275	275
	5 Noncash prizes	2,414	3,769	100,459	106,642
	6 Rent/facility costs	1,700	137,828	1,203,293	1,342,821
	7 Food and beverages	48,974	50,000	1,305,048	1,404,022
	8 Entertainment		80,640	553,465	634,105
	9 Other direct expenses		77,190	387,613	464,803
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				3,952,668
	11 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 bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

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

Name ▶

Address ▶

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

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____.

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

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

Return Reference	Explanation
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.

Additional Data

Return to Form

Software ID:

Software Version:

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

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

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

Employer identification number
53-0196605

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section (if applicable)	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of noncash assistance	**(h)** Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) DISASTER RELIEF PAYMENTS AND EMERGENCIES		178,511,706			
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
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 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 CONSIST PRIMARILY OF THOSE MADE TO THE INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES AND NATIONAL RED CROSS SOCIETIES OF OTHER COUNTRIES. CONTRIBUTIONS MAY BE MADE FOR A VARIETY OF PURPOSES, INCLUDING REGULAR FINANCIAL SUPPORT AND DISASTER RELIEF ASSISTANCE. THE RED CROSS HAS ONGOING RELATIONSHIPS WITH ALL SUCH RED CROSS ORGANIZATIONS WHICH ARE GOVERNED BY HUMANITARIAN PRINCIPLES AND QUALIFY FOR SUCH ASSISTANCE. DURING DOMESTIC AND INTERNATIONAL DISASTERS, THE RED CROSS WORKS CLOSELY WITH OTHER ORGANIZATIONS INCLUDING GOVERNMENT, NON-GOVERNMENT NON-PROFIT ORGANIZATIONS, AND CORPORATIONS. THE RED CROSS MAY WRITE GRANTS TO NON-PROFIT ORGANIZATIONS DURING LARGE DISASTERS THROUGH A SYSTEMATIC PROCESS. PURSUANT TO ITS CONGRESSIONAL CHARTER (36 U.S.C. 3 FOURTH), THE RED CROSS ALSO ACTS IN MATTERS OF VOLUNTARY RELIEF AND IN ACCORD WITH THE MILITARY AUTHORITIES TO PROVIDE COMMUNICATIONS AND WELFARE ASSISTANCE TO MEMBERS OF THE ARMED FORCES OF THE UNITED STATES, THEIR FAMILIES AND VETERANS. ASSISTANCE TO THIS GROUP IS DETERMINED GENERALLY ON THE BASIS OF THEIR MILITARY, VETERAN OR DEPENDENT STATUS AND THE PARTICULAR NEEDS RELATED THERETO AS REVEALED THROUGH CASEWORK AND SIMILAR MEANS.

Additional Data

Return to Form

Software ID:

Software Version:

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2022

Open to Public Inspection

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

Employer identification number
53-0196605

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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.			
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use			
	☐ Travel for companions ☐ Payments for business use of personal residence			
	☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (e.g., 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	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	☑ Compensation committee ☑ Written employment contract			
	☑ Independent compensation consultant ☑ Compensation survey or study			
	☑ Form 990 of other organizations ☑ 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?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 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?	**5a**		No
b	Any related organization?	**5b**		No
	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?	**6a**		No
b	Any related organization?	**6b**		No
	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 in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured 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	**8**	Yes	
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**9**	Yes	

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

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

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

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 GAIL MCGOVERN 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 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 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 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 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 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 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 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 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 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 SVP, PRODUCT MGMNT 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 CHIEF, MARKETING/COMMUNICATION OFFIC	(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 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 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 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

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 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 DISCRECTIONARY 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. 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 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.

Additional Data

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Software ID:

Software Version:

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Go to *www.irs.gov/Form990* for the latest information.**

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 Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		2,900,202	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 IV, Donee Acknowledgement — **29** 6

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

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

Return Reference	Explanation
PART I, 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.

Additional Data

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Software ID:

Software Version:

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

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

Employer identification number
53-0196605

Return Reference	Explanation
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). 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. * 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).
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	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,	THE COMPENSATION AND MANAGEMENT DEVELOPMENT COMMITTEE REVIEWED THE COMPENSATION PORTIONS OF THE IRS

Return Reference	Explanation
PART VI, SECTION B, LINE 11B	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 "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 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 POST-RETIREMENT BENEFIT PLAN GAIN PER PROVISION OF ASC 715 (FORMER FASB 87 AND 106) IN THE AMOUNT OF $96,363,206.

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)POOLED INCOME FUND (2) 431 18TH STREET NW WASHINGTON, DC 20006	SPLIT INTR AG	DC	N/A	T					No
(2)CHARITABLE REMAINDER TRUST (17) 431 18TH STREET NW WASHINGTON, DC 20006	SPLIT INTR AG	DC	N/A	T					No
(3)PERPETUAL TRUST (52) 431 18TH STREET NW WASHINGTON, DC 20006	SPLIT INTR AG	DC	N/A	T					No

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

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	**1a**		No
b Gift, grant, or capital contribution to related organization(s)	**1b**		No
c Gift, grant, or capital contribution from related organization(s)	**1c**		No
d Loans or loan guarantees to or for related organization(s)	**1d**		No
e Loans or loan guarantees by related organization(s)	**1e**		No
f Dividends from related organization(s)	**1f**		No
g Sale of assets to related organization(s)	**1g**		No
h Purchase of assets from related organization(s)	**1h**		No
i Exchange of assets with related organization(s)	**1i**		No
j Lease of facilities, equipment, or other assets to related organization(s)	**1j**		No
k Lease of facilities, equipment, or other assets from related organization(s)	**1k**		No
l Performance of services or membership or fundraising solicitations for related organization(s)	**1l**		No
m Performance of services or membership or fundraising solicitations by related organization(s)	**1m**		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	**1n**		No
o Sharing of paid employees with related organization(s)	**1o**		No
p Reimbursement paid to related organization(s) for expenses	**1p**		No
q Reimbursement paid by related organization(s) for expenses	**1q**		No
r Other transfer of cash or property to related organization(s)	**1r**		No
s Other transfer of cash or property from related organization(s)	**1s**		No

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

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

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

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

(a) Name, address, and EIN of entity	**(b)** Primary activity	**(c)** Legal domicile (state or foreign country)	**(d)** Predominant income (related, unrelated, excluded from tax under sections 512-514)	**(e)** Are all partners section 501(c)(3) organizations?		**(f)** Share of total income	**(g)** Share of end-of-year assets	**(h)** Disproportionate allocations?		**(i)** Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	**(j)** General or managing partner?		**(k)** Percentage ownership
				Yes	**No**			**Yes**	**No**		**Yes**	**No**	

Part VII Supplemental Information

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

Return Reference	Explanation
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.

Additional Data

Return to Form

Software ID:

Software Version: