

Form **990**

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

**2023**

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the **2023** calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024**

<b>B</b> Check if applicable:  Address change Name change Initial return Final return/terminated Amended return Application pending	<b>C</b> Name of organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT CHAPTERS AND BRANCHES  Doing business as		<b>D</b> Employer identification number  53-0196605		
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 431 18TH STREET, NW		<b>E</b> Telephone number (202) 303-4498		
	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20006-5009		<b>G</b> Gross receipts \$ <span style="float:right">4,400,554,903.</span>		
	<b>F</b> Name and address of principal officer: GAIL MCGOVERN 430 17TH ST, NW, WASHINGTON, DC 20006		<b>H(a)</b> Is this a group return for subordinates? ..... Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? Yes No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number		
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3)    501(c)( ) (insert no.)    4947(a)(1) or    527					
<b>J</b> Website: WWW.REDCROSS.ORG					
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation    Trust    Association    Other				<b>L</b> Year of formation: 1900	<b>M</b> State of legal domicile: DC

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> 13
	4	Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> 12
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a) ..... <b>5</b> 17967
	6	Total number of volunteers (estimate if necessary) ..... <b>6</b> 300000
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> 6,973,320.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... <b>7b</b> 0.	
<b>Revenue</b>	<b>Prior Year</b> <b>Current Year</b>	
	8	Contributions and grants (Part VIII, line 1h) ..... 919,126,379.                      1,331,945,848.
	9	Program service revenue (Part VIII, line 2g) ..... 2,167,924,872.                      2,326,747,468.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... 82,218,159.                      79,156,198.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... 47,808,201.                      66,527,830.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... 3,217,077,611.                      3,804,377,344.
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... 264,552,438.                      658,681,205.
	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) ..... 1,528,393,622.                      1,611,418,035.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) ..... 452,216.                      644,002.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ..... 191,613,473.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... 1,177,708,613.                      1,259,745,882.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... 2,971,106,889.                      3,530,489,124.
19	Revenue less expenses. Subtract line 18 from line 12 ..... 245,970,722.                      273,888,220.	
<b>Net Assets or Fund Balances</b>	<b>Beginning of Current Year</b> <b>End of Year</b>	
	20	Total assets (Part X, line 16) ..... 4,028,321,133.                      4,565,143,729.
	21	Total liabilities (Part X, line 26) ..... 1,008,326,202.                      1,142,559,888.
22	Net assets or fund balances. Subtract line 21 from line 20 ..... 3,019,994,931.                      3,422,583,841.	

**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.

<b>Sign Here</b>	Signature of officer <i>Carmel A. Darcy</i>		Date <b>4/25/2025</b>		
	CARMEL DARCY, CFO Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature <i>Raymond Ly</i>	Date <b>4-10-25</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P01205643</b>
	Firm's name <b>KPMG LLP</b>	Firm's EIN <b>13-5565207</b>	Phone no. <b>703-286-8000</b>		
	Firm's address <b>8350 BROAD STREET, SUITE 900 MCLEAN, VA 22102</b>				

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

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

Product: **Exempt**  
 Name: **AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT CHAPTERS AND BRANCHES**  
 FEIN: **\*\*\*\*\*6605**  
 Bank Info:  
 Fiscal Year Begin Date: **7/1/2023**  
 IRS Message:

Category:  
 Plan Number:  
 Fiscal Year End Date: **6/30/2024**

IRS Center: **Ogden**  
 e-Postmark: **4/28/2025 2:55 PM**  
 Notification:  
 eSigned:

**Return Information**

Date	Return ID	Type of Activity	Submission ID	Refund/(Due)	Updated By	eSign Date
04/28/2025	23X:06583L:V1	Upload Started			Naselius,Karen	
04/28/2025	23X:06583L:V1	Ready to Release by Customer				
04/28/2025	23X:06583L:V1	Upload Started			Naselius,Karen	
04/28/2025	23X:06583L:V1	Ready to Release by Customer				
04/28/2025	23X:06583L:V1	Released for Transmission - Validation in Progress			Carey, Suzanne M	
04/28/2025	23X:06583L:V1	Ready to transmit - Validation Complete				
04/28/2025	23X:06583L:V1	Transmitted to FD	5402802025118035ae02			
04/28/2025	23X:06583L:V1	Accepted by FD on 4/28/2025				

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ID	Status Date	Status	State/Other	State Category	FBAR	FBAR BSA ID
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Form **8868**

**Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans**

(Rev. January 2024)

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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

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

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

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

**Part I — Identification**

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

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . **0 1**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
 Plan Number \_\_\_\_\_  
 Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II — Automatic Extension of Time To File for Exempt Organizations** (see instructions)

The books are in the care of **FINANCIAL MANAGEMENT**

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

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15**, 20 **25**, to file the **exempt organization return** for the organization named above. The extension is for the organization's return for:  
 calendar year 20 \_\_\_\_ or  
 tax year beginning **JULY 1**, 20 **23**, and ending **JUNE 30**, 20 **24** .

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

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

**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 \$ 1,998,821,152. including grants of \$ ) (Revenue \$ 2,158,875,658. )  
BIOMEDICAL SERVICES - SEE SCHEDULE O

4b (Code: ) (Expenses \$ 920,076,978. including grants of \$ 592,620,581. ) (Revenue \$ )  
DOMESTIC DISASTER SERVICES - SEE SCHEDULE O

4c (Code: ) (Expenses \$ 138,917,396. including grants of \$ 668,009. ) (Revenue \$ 167,871,810. )  
TRAINING SERVICES - SEE SCHEDULE O

4d Other program services (Describe on Schedule O.)  
(Expenses \$ 161,374,333. including grants of \$ 65,392,616. ) (Revenue \$ 33,357,257. )

4e Total program service expenses 3,219,189,859.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and business transactions.

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

X

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

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

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

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

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

Section A. Governing Body and Management

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? (X); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); 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? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? (X).

Section C. Disclosure

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



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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) GAIL MCGOVERN PRESIDENT & CEO	60.00 0.00	X		X				1,296,862.	0.	16,743.
(2) CLIFFORD HOLTZ CHIEF OPERATING OFFICER	60.00 0.00				X			855,665.	0.	31,863.
(3) CHRIS HROUDA PRESIDENT OF BIOMEDICAL SERVICES	60.00 0.00				X			801,049.	0.	33,066.
(4) BRIAN RHOA CHIEF INVESTMENT OFFICER	60.00 0.00				X			704,132.	0.	30,957.
(5) SHAUN GILMORE CHIEF TRANSFORMATION OFFICER	60.00 0.00					X		622,623.	0.	34,459.
(6) PAUL SULLIVAN SVP, DONOR SERVICES	60.00 0.00					X		530,146.	0.	27,568.
(7) ANNE MCKEOUGH CHIEF DEVELOPMENT OFFICER	60.00 0.00				X			501,606.	0.	23,267.
(8) JACK MCMASTER PRESIDENT OF TRAINING SERVICES	60.00 0.00					X		491,750.	0.	30,297.
(9) MELISSA HURST CHIEF HUMAN RESOURCES OFFICER	60.00 0.00				X			470,882.	0.	37,133.
(10) CARMEL DARCY CHIEF FINANCIAL OFFICER	60.00 0.00			X				466,320.	0.	24,440.
(11) ROSEMARY MCGILLAN CHIEF, MARKETING/COMM OFFICER	60.00 0.00					X		451,756.	0.	27,725.
(12) DOMINICK TOLLI SVP, PRODUCT MGMNT & PLATFORM DEV	60.00 0.00					X		432,184.	0.	35,201.
(13) TREVOR RIGGEN PRESIDENT OF HUMANITARIAN SERVICES	60.00 0.00				X			413,870.	0.	28,871.
(14) JENNIFER HAWKINS CORPORATE SECRETARY & CHIEF OF STAFF	60.00 0.00			X				341,058.	0.	21,096.
(15) DAWN CLARKE-DOCCUVI GENERAL COUNSEL	60.00 0.00			X				305,733.	0.	33,284.
(16) PHYLLIS HARRIS GENERAL COUNSEL	60.00 0.00			X				240,713.	0.	21,708.
(17) JENNIFER BAILEY BOARD MEMBER	4.00 0.00	X						0.	0.	0.

**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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARY G. BERNER BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(19) DAVID A. BRANDON BOARD MEMBER	4.00 0.00	X						0.	0.	0.
(20) CAROLE L. BROWN BOARD MEMBER	3.00 0.00	X						0.	0.	0.
(21) HERMAN E. BULLS BOARD MEMBER	2.00 0.00	X						0.	0.	0.
(22) CHRISTINA CHIU BOARD MEMBER	3.00 0.00	X						0.	0.	0.
(23) DAVID H. CLARK BOARD MEMBER	3.00 0.00	X						0.	0.	0.
(24) STEVEN H. COLLIS BOARD MEMBER	3.00 0.00	X						0.	0.	0.
(25) ENRIQUE A. CONTERNO BOARD MEMBER	4.00 0.00	X						0.	0.	0.
(26) GUNJAN KEDIA BOARD MEMBER	1.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								8,926,349.	0.	457,678.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								8,926,349.	0.	457,678.

**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 2,402

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
CAPITAL COURIER SERVICES LLC, 2100 BARRETT PARK DRIVE SUITE 505, KENNESAW, GA 30144	COURIER SERVICE	14,511,787.
GENERATOR MEDIA ANALYTICS INC. 353 LEXINGTON AVE, 11TH FL, NY, NY 10016	MARKETING	12,523,132.
MINDTREE LIMITED, 25 INDEPENDENCE BLVD, SUITE 401, WARREN, NJ 07059	CONSULTANT-IT	8,192,279.
ONE & ALL 2 N LAKE SUITE 600, PASADENA, CA 91101	PRINTER	7,716,325.
RUMSEY CONSTRUCTION LLC 4770 DUCKHORN DRIVE, SACRAMENTO, CA 95834	CONSTRUCTION	7,155,569.

**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 400

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>	15,441,313.				
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	13,665,774.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	539,610,554.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	763,228,207.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 14,060,237.				
	<b>h Total.</b> Add lines 1a-1f .....			1,331,945,848.			
<b>Program Service Revenue</b>	<b>2 a</b> BIOMEDICAL PRODUCTS/SR	<b>Business Code</b>					
		541900	2,158,875,658.	2,158,875,658.			
	<b>b</b> OTHER PRODUCTS/SRVCS	900099	167,871,810.	167,871,810.			
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....			2,326,747,468.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		71,872,112.		-853,680.	72,725,792.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
				25,783,421.			
	<b>b</b> Less: rental expenses ...	<b>6b</b>	0.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	25,783,421.				
	<b>d</b> Net rental income or (loss) .....			25,783,421.		25,783,421.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities				
			(ii) Other				
				584,665,991.	14,801,238.		
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	584,679,398.	7,503,745.			
	<b>c</b> Gain or (loss) .....	<b>7c</b>	-13,407.	7,297,493.			
<b>d</b> Net gain or (loss) .....			7,284,086.		7,284,086.		
<b>8 a</b> Gross income from fundraising events (not including \$ 13,665,774. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
			3,554,568.				
<b>b</b> Less: direct expenses .....	<b>8b</b>	3,994,416.					
<b>c</b> Net income or (loss) from fundraising events .....			-439,848.		-439,848.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> OTHER MISC. REVENUE	<b>Business Code</b>					
		900099	41,184,257.	33,357,257.	7,827,000.		
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			41,184,257.			
<b>12 Total revenue.</b> See instructions .....			3,804,377,344.	2,360,104,725.	6,973,320.	105,353,451.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	597,241,647.	597,241,647.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	61,439,558.	61,439,558.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	6,873,699.	1,364,645.	4,966,456.	542,598.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	1,258,437,042.	1,111,613,051.	53,757,339.	93,066,652.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	75,027,419.	66,027,510.	3,450,492.	5,549,417.
<b>9</b> Other employee benefits .....	177,484,769.	156,194,595.	8,162,480.	13,127,694.
<b>10</b> Payroll taxes .....	93,595,106.	82,367,912.	4,304,415.	6,922,779.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	7,687,353.	1,969,914.	5,488,668.	228,771.
<b>c</b> Accounting .....	2,376,686.	1,758,831.	520,546.	97,309.
<b>d</b> Lobbying .....	160,297.	108,543.	6,759.	44,995.
<b>e</b> Professional fundraising services. See Part IV, line 17	644,002.			644,002.
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	269,422,451.	201,798,654.	17,229,517.	50,394,280.
<b>12</b> Advertising and promotion .....	18,590,363.	17,689,502.	211,702.	689,159.
<b>13</b> Office expenses .....	114,023,064.	111,057,799.	1,779,608.	1,185,657.
<b>14</b> Information technology .....	55,398,220.	45,094,210.	8,007,577.	2,296,433.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	74,894,306.	65,034,640.	6,015,036.	3,844,630.
<b>17</b> Travel .....	69,014,412.	64,963,411.	1,472,326.	2,578,675.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	6,579,238.	5,178,550.	300,129.	1,100,559.
<b>20</b> Interest .....	20,167,935.	18,616,252.	558,028.	993,655.
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	69,522,100.	64,562,904.	806,966.	4,152,230.
<b>23</b> Insurance .....	43,785,320.	39,924,569.	1,484,350.	2,376,401.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> BIOMED SUP/BLOOD TESTS	478,420,042.	478,420,042.		
<b>b</b> OTHER PROGRAM SUPPLIES	26,083,874.	24,190,391.	584,534.	1,308,949.
<b>c</b> OTHER ASSISTANCE	3,620,221.	2,572,729.	578,864.	468,628.
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> Total functional expenses. Add lines 1 through 24e	3,530,489,124.	3,219,189,859.	119,685,792.	191,613,473.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	61,909,246.	<b>1</b>	174,015,916.	
	<b>2</b> Savings and temporary cash investments .....	764,277,980.	<b>2</b>	795,948,554.	
	<b>3</b> Pledges and grants receivable, net .....	52,502,795.	<b>3</b>	65,080,997.	
	<b>4</b> Accounts receivable, net .....	253,440,731.	<b>4</b>	388,066,116.	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....	61,511,308.	<b>8</b>	58,396,963.	
	<b>9</b> Prepaid expenses and deferred charges .....	423,289,360.	<b>9</b>	394,007,696.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,839,030,842.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,031,904,200.	727,358,888.	<b>10c</b>	807,126,642.
	<b>11</b> Investments - publicly traded securities .....	989,702,660.	<b>11</b>	1,149,522,540.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	568,395,000.	<b>12</b>	583,199,000.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	125,933,165.	<b>15</b>	149,779,305.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	4,028,321,133.	<b>16</b>	4,565,143,729.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	317,597,402.	<b>17</b>	438,159,876.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	512,708,726.	<b>24</b>	531,173,609.	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	178,020,074.	<b>25</b>	173,226,403.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,008,326,202.	<b>26</b>	1,142,559,888.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>				
	<b>27</b> Net assets without donor restrictions .....	1,370,457,094.	<b>27</b>	1,718,747,661.	
	<b>28</b> Net assets with donor restrictions .....	1,649,537,837.	<b>28</b>	1,703,836,180.	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>		
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>		
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>		
	<b>32</b> Total net assets or fund balances .....	3,019,994,931.	<b>32</b>	3,422,583,841.	
<b>33</b> Total liabilities and net assets/fund balances .....	4,028,321,133.	<b>33</b>	4,565,143,729.		

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	3,804,377,344.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	3,530,489,124.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	273,888,220.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	3,019,994,931.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	145,677,060.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-16,976,370.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	3,422,583,841.

**Part XII Financial Statements and Reporting**

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

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

Form **990** (2023)

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

2023

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).
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).
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).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X 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).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
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...
11 An organization organized and operated exclusively to test for public safety.
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).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.



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

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

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 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.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 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

Table with 3 columns: Line number, Description, and Percentage. Rows include: 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2022 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2023. 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 - 2022. 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 - 2023. 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 - 2022. 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

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2023. 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 - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls... b A family member... c A 35% controlled entity...

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity... Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s)...

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year... Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected... Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice...

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a The organization satisfied the Activities Test... b The organization is the parent of each of its supported organizations... c The organization supported a governmental entity... Row 2: Activities Test. Answer lines 2a and 2b below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes... b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement... Row 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... b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations?

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

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

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

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

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

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 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-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule A (Form 990) 2023

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

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

FUNDRAISING AND MISC.

2019 AMOUNT: \$ 2,092,433.

2020 AMOUNT: \$ 3,241,475.

2021 AMOUNT: \$ 2,175,535.

2022 AMOUNT: \$ 3,103,039.

2023 AMOUNT: \$ 3,554,568.

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

OMB No. 1545-0047

**2023**

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

Organization type (check one):

**Filers of:**

**Section:**

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

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

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

**General Rule**

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

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_

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

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

Schedule B (Form 990) (2023)



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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 38,805,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 25,203,502.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	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
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

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 info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

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

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

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

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

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

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments.

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

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

Schedule C (Form 990) 2023

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000,</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000,</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000,</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000,</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000,</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	not over \$500,000,	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000,	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
not over \$500,000,	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000,	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

Schedule C (Form 990) 2023

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....	X		35.
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		159,651.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....	X		610.
<b>j</b> Total. Add lines 1c through 1i .....			160,296.
<b>2a</b> Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

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

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

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

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

**Part IV Supplemental Information**

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

THE AMERICAN RED CROSS DOES NOT CONTRIBUTE TO OR PARTICIPATE IN

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

NOR DOES IT PUBLISH OR DISTRIBUTE INFORMATION THAT DIRECTLY OR

INDIRECTLY ENDORSES OR OPPOSES A CANDIDATE.

**Part IV** Supplemental Information (continued)

THE AMERICAN RED CROSS PARTICIPATES IN LOBBYING AND OTHER PUBLIC POLICY

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

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

ORGANIZATION'S MISSION INCLUDING: BIOMEDICAL SERVICES; HOMELAND

SECURITY, ALL HAZARDS PREPAREDNESS AND RESPONSE; PUBLIC HEALTH AND

SAFETY; EMERGENCY COMMUNICATION SERVICES TO THE ARMED FORCES;

INTERNATIONAL SERVICES; AND THE REGULATION OF NONPROFIT ORGANIZATIONS.

THESE ACTIVITIES INCLUDE PREPARING AND PRESENTING WRITTEN AND ORAL

TESTIMONY AT LEGISLATIVE HEARINGS AT THE FEDERAL AND STATE LEVEL;

COMMUNICATING WITH POLICYMAKERS AND THEIR STAFFS THROUGH MEETINGS AND

BRIEFINGS, AND ISSUING PUBLIC STATEMENTS RELATED TO PENDING LEGISLATION

AND REGULATION.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public Inspection

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, a table for lines 2a-2d (Total number, acreage, certified historic structure, and non-certified historic structure), and questions about monitoring, expenses, and reporting requirements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included in Form 990.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023



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

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

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

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

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	1,224,404,039.	1,236,904,039.	1,272,232,039.	1,034,439,039.	1,013,098,039.
b Contributions	16,181,000.	14,322,000.	12,561,000.	28,013,000.	24,587,000.
c Net investment earnings, gains, and losses	136,062,000.	20,319,000.	-863,000.	273,039,000.	34,653,000.
d Grants or scholarships					
e Other expenditures for facilities and programs	27,575,000.	47,151,000.	47,026,000.	63,259,000.	37,899,000.
f Administrative expenses					
g End of year balance	1,349,072,039.	1,224,404,039.	1,236,904,039.	1,272,232,039.	1,034,439,039.

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

- a Board designated or quasi-endowment \_\_\_\_\_%
- b Permanent endowment 100 \_\_\_\_\_%
- c Term endowment \_\_\_\_\_%

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

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

- (i) Unrelated organizations? \_\_\_\_\_
- (ii) Related organizations? \_\_\_\_\_

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		94,669,272.		94,669,272.
b Buildings		1,051,401,396.	565,177,260.	486,224,136.
c Leasehold improvements		107,072,947.	78,581,195.	28,491,752.
d Equipment		522,631,922.	388,145,745.	134,486,177.
e Other		63,255,305.		63,255,305.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				807,126,642.

**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 .....	43,431,000.	END-OF-YEAR MARKET VALUE
(2) Closely held equity interests .....		
(3) Other .....		
(A) ALTERNATIVE INVESTMENTS	445,164,000.	END-OF-YEAR MARKET VALUE
(B) EQUITY METHOD INVESTMENTS	94,604,000.	COST
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))	583,199,000.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets**

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

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

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) POST-RETIREMENT BENEFIT	35,567,092.
(3) INSURANCE (LOSS RESERVES & CLAIMS)	87,617,000.
(4) SPLIT INTEREST AGREEMENT LIABILITY	32,000,000.
(5) MISC LIABILITIES	18,042,311.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	173,226,403.

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

PART III, LINE 1A:

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

PART V, LINE 4:

ENDOWMENT FUNDS

IN ACCORDANCE WITH ITS CONGRESSIONAL CHARTER, THE AMERICAN RED

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

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

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

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

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

**Part XIII** Supplemental Information (continued)

CROSS MAKES DISTRIBUTIONS FROM INCOME EARNED ON THE ENDOWMENT

FUND FOR CURRENT OPERATIONS.

PART X, LINE 2:

OTHER LIABILITIES ASC 740 (FORMER FIN 48)

THE AMERICAN 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, 2024 AND 2023, THE

ORGANIZATION HAD DETERMINED THAT NO INCOME TAXES ARE DUE FOR SUCH

ACTIVITIES. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED

IN THE ACCOMPANYING FINANCIAL STATEMENTS. MANAGEMENT ANNUALLY REVIEWS ITS

TAX POSITIONS AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX

POSITIONS THAT REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL

STATEMENTS.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

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

**2023**

Attach to Form 990.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT CHAPTERS AND BRANCHES	Employer identification number 53-0196605
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**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	FINANCIAL ASSISTANCE	DISASTER PREPAREDNESS	1,340,659.
EAST ASIA AND THE PACIFIC	0	0	FINANCIAL ASSISTANCE	DISASTER RESPONSE, DISASTER PREPAREDNESS	3,021,004.
EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	FINANCIAL ASSISTANCE	DISASTER RESPONSE, DISASTER PREPAREDNESS	25,880,184.
MIDDLE EAST AND NORTH AFRICA	0	0	FINANCIAL ASSISTANCE	DISASTER RESPONSE	16,500,000.
NORTH AMERICA	0	0	FINANCIAL ASSISTANCE	DISASTER RESPONSE, DISASTER PREPAREDNESS	1,557,557.
RUSSIA AND NEIGHBORING STATES	0	0	FINANCIAL ASSISTANCE	DISASTER RESPONSE, DISASTER PREPAREDNESS	575,000.
SOUTH AMERICA	0	0	FINANCIAL ASSISTANCE	DISASTER RESPONSE, DISASTER PREPAREDNESS	356,086.
SOUTH ASIA	0	0	FINANCIAL ASSISTANCE	DISASTER RESPONSE, DISASTER PREPAREDNESS	2,313,168.
<b>3 a</b> Subtotal .....	0	0			51,543,658.
<b>b</b> Total from continuation sheets to Part I .....	101	57			41,593,824.
<b>c</b> <b>Totals</b> (add lines 3a and 3b) .....	101	57			93,137,482.

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

Schedule F (Form 990) 2023

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

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	0	FINANCIAL ASSISTANCE	DISASTER RESPONSE, DISASTER PREPAREDNESS, MEASLES	5,089,967.
CENTRAL AMERICA AND THE CARIBBEAN	1	1	PROGRAM SERVICES	DISASTER PREPAREDNESS	973,367.
EAST ASIA AND THE PACIFIC	36	19	PROGRAM SERVICES	DISASTER RESPONSE, DISASTER PREPAREDNESS	5,533,963.
EUROPE (INCLUDING ICELAND AND GREENLAND)	51	30	PROGRAM SERVICES	DISASTER RESPONSE, DISASTER PREPAREDNESS	6,374,695.
MIDDLE EAST AND NORTH AFRICA	10	5	PROGRAM SERVICES	DISASTER RESPONSE	1,041,274.
SOUTH AMERICA	0	0	PROGRAM SERVICES	DISASTER RESPONSE, DISASTER PREPAREDNESS	47,418.
SOUTH ASIA	1	1	PROGRAM SERVICES	DISASTER RESPONSE, DISASTER PREPAREDNESS	811,417.
SUB-SAHARAN AFRICA	2	1	PROGRAM SERVICES	DISASTER RESPONSE, DISASTER PREPAREDNESS, MEASLES	555,812.
EUROPE (INCLUDING ICELAND AND GREENLAND)			INVESTMENTS		21,165,911.
<b>Totals</b> .....	101	57			41,593,824.

**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)
		CENTRAL AMERICA AND THE CARIBBEAN	DISASTER PREPAREDNESS	629,548.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	DISASTER PREPAREDNESS	472,173.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	DISASTER PREPAREDNESS	238,938.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	DISASTER RESPONSE	1,000,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	DISASTER PREPAREDNESS	762,498.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	DISASTER PREPAREDNESS	667,144.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	DISASTER PREPAREDNESS	174,609.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	DISASTER PREPAREDNESS	83,965.	WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... 33

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

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	DISASTER PREPAREDNESS	74,503.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	DISASTER PREPAREDNESS	54,939.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	DISASTER PREPAREDNESS	52,865.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	DISASTER PREPAREDNESS	43,402.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	DISASTER PREPAREDNESS	35,917.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	DISASTER PREPAREDNESS	27,155.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	DISASTER PREPAREDNESS	22,608.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	DISASTER RESPONSE	19,716.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	DISASTER RESPONSE	13,897,539.	WIRE	0.		



Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND AND GREENLAND)	DISASTER RESPONSE	3,058,694.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	DISASTER RESPONSE	2,634,680.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	DISASTER RESPONSE	2,288,414.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	DISASTER RESPONSE	1,298,741.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	DISASTER PREPAREDNESS	1,086,806.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	DISASTER RESPONSE	640,140.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	DISASTER RESPONSE	458,958.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	DISASTER PREPAREDNESS	220,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	DISASTER PREPAREDNESS	134,913.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND AND GREENLAND)	DISASTER PREPAREDNESS	78,275.	WIRE	0.		
		EUROPE (INCLUDING ICELAND AND GREENLAND)	DISASTER RESPONSE	10,787.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	DISASTER RESPONSE	10,000,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	DISASTER RESPONSE	6,500,000.	WIRE	0.		
		NORTH AMERICA	MEASLES & RUBELLA	1,150,000.	WIRE	0.		
		NORTH AMERICA	DISASTER PREPAREDNESS	196,816.	WIRE	0.		
		NORTH AMERICA	DISASTER RESPONSE	129,000.	WIRE	0.		
		NORTH AMERICA	DISASTER PREPAREDNESS	50,000.	WIRE	0.		
		NORTH AMERICA	DISASTER RESPONSE	31,741.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		RUSSIA AND NEIGHBORING STATES	DISASTER RESPONSE	575,000.	WIRE	0.		
		SOUTH AMERICA	DISASTER RESPONSE	200,000.	WIRE	0.		
		SOUTH AMERICA	DISASTER PREPAREDNESS	107,383.	WIRE	0.		
		SOUTH AMERICA	DISASTER RESPONSE	48,703.	WIRE	0.		
		SOUTH ASIA	DISASTER RESPONSE	1,042,925.	WIRE	0.		
		SOUTH ASIA	DISASTER PREPAREDNESS	778,936.	WIRE	0.		
		SOUTH ASIA	DISASTER PREPAREDNESS	491,308.	WIRE	0.		
		SUB-SAHARAN AFRICA	DISASTER RESPONSE	4,200,000.	WIRE	0.		
		SUB-SAHARAN AFRICA	MEASLES & RUBELLA	525,311.	WIRE	0.		

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	MEASLESS & RUBELLA	274,867.	WIRE	0.		
		SUB-SAHARAN AFRICA	MEASLESS & RUBELLA	65,853.	WIRE	0.		
		SUB-SAHARAN AFRICA	MEASLESS & RUBELLA	23,936.	WIRE	0.		



**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the 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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

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

PART I, LINE 2:

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

INTERNATIONAL SERVICES DEPARTMENT OF THE AMERICAN RED CROSS HAS

ESTABLISHED STANDARD OPERATING PROCEDURES THAT INCLUDE DUE DILIGENCE

PRIOR TO AWARDING FUNDS TO A SUB-RECIPIENT. THIS DUE DILIGENCE INCLUDES 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 AMERICAN RED

CROSS ALWAYS RESERVES THE RIGHT TO PERFORM ADDITIONAL REVIEW AND AUDIT OF

ANY GRANT FUNDS.





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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		HEROES BREAKFAST (event type)	NY GALA (event type)	71 (total number)	
Revenue	1	1,744,193.	1,390,348.	14,085,801.	17,220,342.
	2	1,677,570.	1,302,328.	10,685,876.	13,665,774.
	3	66,623.	88,020.	3,399,925.	3,554,568.
Direct Expenses	4			2,463.	2,463.
	5	3,440.	1,063.	62,857.	67,360.
	6	1,350.	127,172.	1,046,504.	1,175,026.
	7	57,516.	105,605.	1,471,345.	1,634,466.
	8		8,000.	613,297.	621,297.
	9	1,024.	19,855.	472,925.	493,804.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-439,848.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1			
Direct Expenses	2				
	3				
	4				
	5				
	6	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

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

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

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_

16 Gaming manager information:

Name \_\_\_\_\_

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

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

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

PART I, LINE 3

THE AMERICAN RED CROSS WAS CHARTERED BY SPECIAL ACT OF CONGRESS ON

JANUARY 5, 1905, AND IS A FEDERAL INSTRUMENTALITY OF THE UNITED STATES.

SEE 36 U.S.C. SECTIONS 300101-300111. AS A FEDERAL INSTRUMENTALITY, IT

IS EXEMPT FROM STATE LAW CHARITABLE REGISTRATION AND LICENSING

REQUIREMENTS, SEE DEPARTMENT OF EMPLOYMENT V. UNITED STATES, 385 U.S.

355 (1966), AND IT THEREFORE IS REGISTERED OR EXEMPT FROM REGISTRATION

IN ALL STATES.

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

Multiple horizontal lines for supplemental information.

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

OMB No. 1545-0047

**2023**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance

- 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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
DISASTER RELIEF PAYMENTS AND EMERGENCIES	0	597,241,647.	0.		

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

SCHEDULE I, PART I, LINE 2:

THE AMERICAN RED CROSS RESPONDS TO ABOUT 65,000 DISASTERS EVERY YEAR.

DISASTER RESPONSE AT THE AMERICAN RED CROSS HAS ESTABLISHED PROCEDURES

FOR PROVIDING FINANCIAL AND MATERIAL ASSISTANCE TO CLIENTS. DURING THE

EMERGENCY PHASE, THE AMERICAN 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 AMERICAN RED CROSS PROVIDES INDIVIDUAL

ASSISTANCE BASED ON VERIFIED NEED AND IDENTIFICATION THROUGH CASE

MANAGEMENT. THE AMERICAN RED CROSS PLACES CONTROL PROCEDURES AROUND

**Part IV Supplemental Information**

MONITORING THE USE OF FINANCIAL ASSISTANCE IN THE UNITED STATES. DURING

THE RECOVERY PHASE, THE AMERICAN RED CROSS PARTNERS WITH OTHER

ORGANIZATIONS TO SUPPORT THE COMMUNITY. ADDITIONALLY, THE AMERICAN 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 PROVIDES FINANCIAL CONTRIBUTIONS TO OTHER

DOMESTIC ORGANIZATIONS IN ORDER TO LEVERAGE THE OTHER ORGANIZATIONS'

EXPERTISE OR ACCESS INDIVIDUALS/CLIENTS WHO NEED OUR ASSISTANCE, AND AT

TIMES, THESE PARTNERING ORGANIZATIONS ACT AS A VEHICLE TO PROVIDE

ASSISTANCE TO INDIVIDUALS AFFECTED BY 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 AMERICAN 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 AMERICAN 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

**Part IV Supplemental Information**

DISASTER-CAUSED NEEDS FOR THE AMERICAN RED CROSS AID ARE DETERMINED IN  
 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 AMERICAN 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 AMERICAN RED CROSS WORKS  
 CLOSELY WITH OTHER ORGANIZATIONS INCLUDING GOVERNMENT, NON-GOVERNMENT  
 NON-PROFIT ORGANIZATIONS, AND CORPORATIONS. THE AMERICAN 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 AMERICAN 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.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2023**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

Employer identification number  
**53-0196605**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2023



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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) GAIL MCGOVERN PRESIDENT & CEO	(i)	685,738.	600,000.	11,124.	14,850.	1,893.	1,313,605.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CLIFFORD HOLTZ CHIEF OPERATING OFFICER	(i)	637,017.	215,078.	3,570.	14,850.	17,013.	887,528.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CHRIS HROUDA PRESIDENT OF BIOMEDICAL SERVICES	(i)	619,980.	178,605.	2,464.	14,850.	18,216.	834,115.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) BRIAN RHOA CHIEF INVESTMENT OFFICER	(i)	532,078.	146,077.	25,977.	13,200.	17,757.	735,089.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SHAUN GILMORE CHIEF TRANSFORMATION OFFICER	(i)	470,883.	144,500.	7,240.	13,200.	21,259.	657,082.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) PAUL SULLIVAN SVP, DONOR SERVICES	(i)	386,750.	119,899.	23,497.	12,197.	15,371.	557,714.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ANNE MCKEOUGH CHIEF DEVELOPMENT OFFICER	(i)	377,868.	100,855.	22,883.	14,257.	9,010.	524,873.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JACK MCMASTER PRESIDENT OF TRAINING SERVICES	(i)	382,195.	104,018.	5,537.	10,866.	19,431.	522,047.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MELISSA HURST CHIEF HUMAN RESOURCES OFFICER	(i)	346,056.	101,450.	23,376.	14,850.	22,283.	508,015.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) CARMEL DARCY CHIEF FINANCIAL OFFICER	(i)	397,669.	67,151.	1,500.	14,850.	9,590.	490,760.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) ROSEMARY MCGILLAN CHIEF, MARKETING/COMM OFFICER	(i)	343,138.	98,021.	10,597.	9,458.	18,267.	479,481.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) DOMINICK TOLLI SVP, PRODUCT MGMNT & PLATFORM DEV	(i)	327,023.	100,306.	4,855.	14,850.	20,351.	467,385.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) TREVOR RIGGEN PRESIDENT OF HUMANITARIAN SERVICES	(i)	328,817.	84,162.	891.	13,200.	15,671.	442,741.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) JENNIFER HAWKINS CORPORATE SECRETARY & CHIEF OF STAFF	(i)	248,370.	71,396.	21,292.	11,849.	9,247.	362,154.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) DAWN CLARKE-DOCCUVI GENERAL COUNSEL	(i)	252,762.	50,000.	2,971.	10,228.	23,056.	339,017.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) PHYLLIS HARRIS GENERAL COUNSEL	(i)	220,523.	0.	20,190.	10,158.	11,550.	262,421.	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.

PART I, LINE 7:

THE AMOUNTS SHOWN IN PART II, COLUMN B (II) FOR THE PRESIDENT & CEO, WERE

PAID BASED ON A WRITTEN VARIABLE INCENTIVE PLAN, PRIOR FISCAL YEAR

PERFORMANCE AND INCLUDES A CAREER RECOGNITION AWARD 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 PRESIDENT BIOMEDICAL SERVICES, THE CHIEF INVESTMENT OFFICER,

THE CHIEF DEVELOPMENT OFFICER, THE CHIEF HUMAN RESOURCES OFFICER, THE CHIEF

FINANCIAL 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. 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/COMMUNICATIONS OFFICER, AND THE CORPORATE

**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.

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 DONOR SERVICES 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 AMOUNTS SHOWN IN PART II, COLUMN B (II) FOR THE GENERAL COUNSEL (DAWN

CLARKE-DOCCUVI) WHO SERVED AS THE INTERIM GENERAL COUNSEL FROM JULY 8, 2023

UNTIL HER APPOINTMENT AS GENERAL COUNSEL IN DECEMBER 2023 WERE AN INTERIM

BONUS APPROVED BY THE COMPENSATION COMMITTEE.

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

**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.

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.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2023**

Open to Public Inspection

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

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

Department of the Treasury  
Internal Revenue Service

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

**Part I Types of Property**

	(a) 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		2,362,607. FMV	
6 Cars and other vehicles	X		42,599. 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		4,986,339. FMV	
20 Drugs and medical supplies	X		1,335,772. FMV	
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( VARIOUS )	X	0	5,332,920. FMV	
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement ..... **29** 11

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....  
 b If "Yes," describe the arrangement in Part II.  
 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....  
 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....  
 b If "Yes," describe in Part II.  
 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2023

**Part II**

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

SCHEDULE M, LINE 32B:

THE AMERICAN RED CROSS ALSO USES THIRD-PARTY VENDORS FOR ITS VEHICLE,  
CLOTHING, AND HOUSEHOLD ITEM DONATION PROGRAMS. THE VENDORS SOLICIT,  
PROCESS, AND SELL THE DONATED GOODS.

**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 Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT CHAPTERS AND BRANCHES	Employer identification number 53-0196605
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

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

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

BIOMEDICAL SERVICES:

THE AMERICAN RED CROSS SUPPLIES ABOUT 40% OF THE NATION'S BLOOD SUPPLY,  
DEPENDING ON THE GENEROSITY OF DONORS TO HELP SAVE LIVES. IN FY24, MORE  
THAN 4.5 MILLION BLOOD DONATIONS AND 1.1 MILLION PLATELET DONATIONS  
WERE COLLECTED FROM MORE THAN 2.2 MILLION VOLUNTEER DONORS. IN  
ADDITION, THE AMERICAN RED CROSS DELIVERED MORE THAN 6.3 MILLION BLOOD  
PRODUCTS TO HELP PATIENTS AT ABOUT 2,500 HOSPITALS AND TRANSFUSION  
CENTERS ACROSS THE COUNTRY.

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

DOMESTIC DISASTER SERVICES:

THE AMERICAN RED CROSS RESPONDS TO ABOUT 65,000 DISASTERS EVERY YEAR.  
THE AMERICAN RED CROSS HELPS COMMUNITIES PREPARE FOR, RESPOND TO AND  
RECOVER FROM DISASTERS BY PROVIDING FOOD, SHELTER, RELIEF SUPPLIES,  
EMOTIONAL COMFORT, HEALTH SERVICES, FINANCIAL ASSISTANCE AND OTHER  
SUPPORT TO HELP PEOPLE IN THEIR TIME OF GREATEST NEED. IN FY24, MORE  
THAN 52,200 HOUSEHOLDS RECEIVED OVER 307,400 RELIEF ITEMS AND MORE THAN  
1.5 MILLION OVERNIGHT SHELTER AND HOTEL STAYS WERE PROVIDED.

Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT CHAPTERS AND BRANCHES	Employer identification number 53-0196605
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MAJOR DISASTER RESPONSES IN FY24 INCLUDE BUT ARE NOT LIMITED TO: HAWAII

WILDFIRES, HURRICANE IDALIA, NUMEROUS TORNADOES, STORMS AND FLOODS IN

THE MIDWEST AND THE SOUTH; AND WILDFIRES OUT WEST. THE AMERICAN RED

CROSS LONG TERM RECOVERY EFFORTS ARE ONGOING IN MANY OF THESE

DISASTER-IMPACTED COMMUNITIES.

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

TRAINING SERVICES:

THE AMERICAN RED CROSS HELPS PEOPLE PREPARE FOR AND RESPOND TO HEALTH

AND SAFETY EMERGENCIES THROUGH OUR LIFESAVING EDUCATION AND TRAINING

PROGRAMS. IN FY24, NEARLY 8.5 MILLION PEOPLE RECEIVED RED CROSS

TRAINING IN FIRST AID, WATER SAFETY AND OTHER SKILLS THAT HELP SAVE

LIVES.

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

INTERNATIONAL SERVICES:

THE AMERICAN RED CROSS RESPONDS TO INTERNATIONAL DISASTERS AND HELPS

COMMUNITIES PREPARE FOR EMERGENCIES AROUND THE WORLD. IN FY24, MORE

THAN 2 MILLION HOUSEHOLDS WERE VISITED THROUGH THE MEASLES & RUBELLA

PARTNERSHIP, MORE THAN 375 FAMILIES WERE RECONNECTED THROUGH THE

RESTORING FAMILY LINKS PROGRAM, AND MORE THAN 295,000 INDIVIDUALS WERE

REACHED THROUGH DISASTER PREPAREDNESS ACTIVITIES AROUND THE GLOBE.

EXPENSES \$ 82,216,396. INCLUDING GRANTS OF \$ 61,439,558. REVENUE \$ 0.

COMMUNITY SUPPORT:

THE AMERICAN RED CROSS SUPPORTS SEVERAL FOOD BANKS AND A WIC PROGRAM IN



Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT CHAPTERS AND BRANCHES	Employer identification number 53-0196605
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A SMALL NUMBER OF COMMUNITIES ACROSS THE COUNTRY, ENSURING INDIVIDUALS AND FAMILIES HAVE ACCESS TO NUTRITIOUS FOOD. WE ALSO HAVE VARIOUS FIRST AID STATION PROGRAMS, PROVIDING FIRST AID AT SPORTING EVENTS, CONCERTS, ETC. IN SOME COMMUNITIES.

EXPENSES \$ 14,584,717. INCLUDING GRANTS OF \$ 2,925,926. REVENUE \$ 0.

SERVICE TO THE ARMED FORCES:

THE AMERICAN RED CROSS SERVES THE MILITARY COMMUNITY FROM THE MOMENT A SERVICE MEMBER TAKES THEIR OATH TO THE TIME THEY'RE NAVIGATING LIFE AS A VETERAN. IN FY24, THE AMERICAN RED CROSS PROVIDED MORE THAN 460,000 SERVICES TO SERVICE MEMBERS, VETERANS AND THEIR FAMILIES AND BRIEFED MORE THAN 380,000 SERVICE MEMBERS AND THEIR FAMILIES THROUGH THE SERVICE TO THE ARMED FORCES OUTREACH PROGRAM.

EXPENSES \$ 64,573,220. INCLUDING GRANTS OF \$ 1,027,132. REVENUE \$ 0.

EQUITY INVESTMENTS AND OTHER REVENUE:

EXPENSES \$ 0. INCLUDING GRANTS OF \$ 0. REVENUE \$ 33,357,257.

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, 2025. PER THE FORM 990 INSTRUCTIONS FOR PART V, LINE 3B, THE AMERICAN 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 APRIL 28, 2025. THE AMERICAN RED CROSS IS ANNUALLY AND TIMELY COMPLIANT WITH ITS FORM 990-T REQUIREMENTS.

FORM 990, PART VI, SECTION A, LINE 2:

Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT CHAPTERS AND BRANCHES	Employer identification number 53-0196605
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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, PART VI, SECTION B, LINE 11B:

THE COMPENSATION AND MANAGEMENT DEVELOPMENT COMMITTEE REVIEWED THE

COMPENSATION PORTIONS OF THE IRS FORM 990 (PART VII AND SCHEDULE J) DURING

A MEETING HELD ON OCTOBER 23, 2024. A COPY OF THE FINAL FORM 990 WAS

SUBMITTED TO EACH MEMBER OF THE BOARD OF GOVERNORS BEFORE IT WAS FILED WITH

THE IRS.

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

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

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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 NET LOSS PER PROVISION OF ASC 715 (FORMER

FASB 87 AND 106) IN THE AMOUNT OF \$-16,976,370.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2023**

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

**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

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

Schedule R (Form 990) 2023

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

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

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

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

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

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

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

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

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

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



