

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)

2024

Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

A For the **2024** calendar year, or tax year beginning 07/01, **2024**, and ending 06/30, **2025**

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

C Name of organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT CHAPTERS AND BRANCHES
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
431 18TH STREET, NW
 City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 20006-5009

D Employer identification number 53-0196605
E Telephone number (800) 733-2767
G Gross receipts \$ 4,608,946,426

F Name and address of principal officer: CLIFFORD HOLTZ
430 17TH ST, NW, WASHINGTON, DC 20006
H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions.
H(c) Group exemption number _____

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

J Website: WWW.REDCROSS.ORG

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

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>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.</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)	3	<u>12</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>10</u>
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	<u>17,907</u>
	6	Total number of volunteers (estimate if necessary)	6	<u>325,000</u>
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	<u>8,014,062</u>
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	<u>0</u>	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	<u>1,331,945,848</u>	<u>1,312,795,481</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>2,326,747,468</u>	<u>2,480,599,355</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>79,156,198</u>	<u>70,250,336</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>66,527,830</u>	<u>53,338,761</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>3,804,377,344</u>	<u>3,916,983,933</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u>658,681,205</u>	<u>263,481,215</u>
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>1,611,418,035</u>	<u>1,719,594,987</u>
	16b	Total fundraising expenses (Part IX, column (D), line 25) <u>195,050,607</u>	<u>644,002</u>	<u>846,919</u>
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>1,259,745,882</u>	<u>1,301,934,423</u>
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>3,530,489,124</u>	<u>3,285,857,544</u>
19	Revenue less expenses. Subtract line 18 from line 12	<u>273,888,220</u>	<u>631,126,389</u>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	<u>4,565,143,729</u>	<u>5,052,941,623</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>1,142,559,888</u>	<u>936,710,734</u>
			<u>3,422,583,841</u>	<u>4,116,230,889</u>

Part II Signature Block

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

Sign Here

Signature of officer: Carmel Darcy Date: 3/19/2026
 Type or print name and title: CARMEL DARCY, CFO

Paid Preparer Use Only

Print/Type preparer's name: AMANDA COON Preparer's signature: Amanda Coon Date: 3/18/26 Check if self-employed PTIN: P01754645
 Firm's name: KPMG LLP Firm's EIN: 13-5565207
 Firm's address: 8350 BROAD STREET, SUITE 900, MCLEAN, VA 22102 Phone no.: (703) 286-8000

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

Form **8868**

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

(Rev. January 2025)

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to 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.

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

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

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 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	Form 990-T (governmental entities)	15

• 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 **26**, 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 **24**, and ending **JUNE 30**, 20 **25**.

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

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0
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.	3b	\$	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

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 \$ 2,119,409,244 including grants of \$ 0) (Revenue \$ 2,305,214,618)

BIOMEDICAL SERVICES

THE ORGANIZATION COLLECTS, PROCESSES AND DISTRIBUTES APPROXIMATELY 40 PERCENT OF THE NATION'S BLOOD SUPPLY. IN FISCAL YEAR 2025, THE ORGANIZATION COLLECTED NEARLY 4.7 MILLION PRODUCTIVE UNITS OF BLOOD FROM MORE THAN 2.2 MILLION DONORS. IN ADDITION, THE AMERICAN RED CROSS DELIVERED MORE THAN 6.5 MILLION BLOOD PRODUCTS TO HELP PATIENTS AT ABOUT 2,500 HOSPITALS AND TRANSFUSION CENTERS ACROSS THE COUNTRY.

4b (Code:) (Expenses \$ 591,737,244 including grants of \$ 231,002,736) (Revenue \$ 0)

DOMESTIC DISASTER SERVICES:

THE AMERICAN RED CROSS RESPONDS TO ABOUT 60,000 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 FY25, MORE THAN 249,000 HOUSEHOLDS RECEIVED OVER 1,200,000 RELIEF ITEMS AND MORE THAN 274,000 OVERNIGHT SHELTER AND HOTEL STAYS WERE PROVIDED.

MAJOR DISASTER RESPONSES IN FY25 INCLUDE BUT ARE NOT LIMITED TO: HURRICANE BERYL, HURRICANE DEBBY, HURRICANE HELENE, HURRICANE MILTON, HURRICANE FRANCINE, LOS ANGELES WILDFIRES, 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.

4c (Code:) (Expenses \$ 143,102,303 including grants of \$ 1,063,370) (Revenue \$ 175,384,737)

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 FY25, NEARLY 6.3 MILLION PEOPLE RECEIVED RED CROSS TRAINING IN FIRST AID, WATER SAFETY AND OTHER SKILLS THAT HELP SAVE LIVES.

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

(Expenses \$ 130,860,507 including grants of \$ 31,415,109) (Revenue \$ 19,272,004)

4e Total program service expenses 2,985,109,298

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	3,263
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c ✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 17,907		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		<input checked="" type="checkbox"/>	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		<input checked="" type="checkbox"/>	
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>			<input checked="" type="checkbox"/>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<input checked="" type="checkbox"/>	
b	If "Yes," enter the name of the foreign country <u>KE, VM</u> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<input checked="" type="checkbox"/>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			<input checked="" type="checkbox"/>
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			<input checked="" type="checkbox"/>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		<input checked="" type="checkbox"/>	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		<input checked="" type="checkbox"/>	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<input checked="" type="checkbox"/>	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d 11		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			<input checked="" type="checkbox"/>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			<input checked="" type="checkbox"/>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		<input checked="" type="checkbox"/>	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		<input checked="" type="checkbox"/>	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c	Enter the amount of reserves on hand	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?			<input checked="" type="checkbox"/>
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.			<input checked="" type="checkbox"/>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.			<input checked="" type="checkbox"/>
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.			

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

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; 1b Enter the number of voting members included on line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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

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?; 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[] 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, 430 17TH STREET, NW, WASHINGTON, DC 20006, (202) 303-5028

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CLIFFORD HOLTZ PRESIDENT & CEO AS OF 7/1/2024	60.0 0.0	✓		✓				950,468	0	38,607
(2) CHRIS HROUDA PRESIDENT, BIOMEDICAL SERVICES	60.0 0.0				✓			887,069	0	41,904
(3) BRIAN RHOA CHIEF INVESTMENT OFFICER	60.0 0.0				✓			731,205	0	39,690
(4) GAIL MCGOVERN PRES/CEO THRU 6/30/24/BOARD CHAIR 7/1/24-6/30/25	60.0 0.0	✓		✓				717,416	0	18,197
(5) CARMEL DARCY CHIEF FINANCIAL OFFICER	60.0 0.0			✓				541,325	0	28,889
(6) PAUL SULLIVAN SVP, DONOR SERVICES	60.0 0.0					✓		531,581	0	36,255
(7) ANNE MCKEOUGH CHIEF DEVELOPMENT OFFICER	60.0 0.0				✓			533,405	0	27,661
(8) MELISSA HURST CHIEF HUMAN RESOURCES OFFICER	60.0 0.0				✓			504,538	0	48,756
(9) TREVOR RIGGEN PRESIDENT, HUMANITARIAN SERVICES	60.0 0.0				✓			483,968	0	45,995
(10) JACK MCMASTER PRESIDENT, TRAINING SERVICES	60.0 0.0					✓		492,802	0	34,923
(11) RONNIE STRICKLAND CHIEF INFORMATION OFFICER	60.0 0.0					✓		457,613	0	42,185
(12) ROSEMARY MCGILLAN CHIEF MARKETING & COMMUNICATIONS OFFICE	60.0 0.0					✓		455,767	0	35,678
(13) DAWN CLARKE-DOCCUVI GENERAL COUNSEL	60.0 0.0			✓				430,559	0	47,419
(14) JENNIFER DO TECHNOLOGIST III, IRL	60.0 0.0					✓		439,315	0	23,741

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) JENNIFER HAWKINS CORP SEC & CHIEF OF STAFF – THRU AUG 2024	60.0 0.0			✓				418,620	0	20,824
(16) LAUREN SULLIVAN CORPORATE SECRETARY & CHIEF OF STAFF	60.0 0.0			✓				199,148	0	40,552
(17) ROBERT G. BEARDEN BOARD MEMBER	3.0 0.0	✓						0	0	0
(18) MARY G. BERNER BOARD MEMBER	3.0 0.0	✓						0	0	0
(19) HERMAN E. BULLS BOARD MEMBER	2.0 0.0	✓						0	0	0
(20) CHRISTINA CHIU BOARD MEMBER	3.0 0.0	✓						0	0	0
(21) JESSICA TROCCHI GRAZIANO BOARD MEMBER	4.0 0.0	✓						0	0	0
(22) ROHIT KAPOOR BOARD MEMBER	3.0 0.0	✓						0	0	0
(23) GUNJAN KEDIA BOARD MEMBER	3.0 0.0	✓						0	0	0
(24) LORENCE KIM BOARD MEMBER	4.0 0.0	✓						0	0	0
(25) (SEE PART VII CONTINUATION SHEET)										
1b Subtotal								8,774,799	0	571,276
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								8,774,799	0	571,276

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 2,918

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

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
MOORE CDR, 4200 PARLIAMENT PLACE SUITE 300, LANHAM, MD 20706	DIRECT MAIL	22,251,399
CAPITAL COURIER SERVICES LLC, 2100 BARRETT PARK DRIVE SUITE 505, KENNESAW, GA 30144	COURIER SERVICE	18,066,367
GENERATOR MEDIA ANALYTICS INCORPORATED, 353 LEXINGTON AVENUE 11TH FLOOR, NEW YORK, NY 10016	MARKETING	14,742,919
SCHAEFER GENERAL CONTRACTORS, 4716 PINWOOD ROAD, LOUISVILLE, KY 40218	BUILDING SERVICES	11,181,995
CBRE MANAGED SERVICES, 2100 MCKINNEY AVENUE SUITE 900, DALLAS, TX 75201	FACILITIES MGMT	8,106,617
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	480	

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a 13,975,689							
	b	Membership dues	1b 0							
	c	Fundraising events	1c 14,976,455							
	d	Related organizations	1d 0							
	e	Government grants (contributions)	1e 61,231,977							
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 1,222,611,360							
	g	Noncash contributions included in lines 1a-1f	1g \$ 16,028,062							
	h	Total. Add lines 1a-1f						1,312,795,481		
	Program Service Revenue	2a	BIOMEDICAL PRODUCTS/SR ----- Business Code 541900					2,305,214,618	2,305,214,618	0
b		OTHER PRODUCTS/SRVCS ----- Business Code 900099	175,384,737	175,384,737	0	0				
c		----- Business Code	0	0	0	0				
d		----- Business Code	0	0	0	0				
e		----- Business Code	0	0	0	0				
f		All other program service revenue		0	0	0				
g		Total. Add lines 2a-2f		2,480,599,355						
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)		57,479,800	0	(889,938)	58,369,738		
	4	Income from investment of tax-exempt bond proceeds		1	1	0	0			
	5	Royalties		0	0	0	0			
	6a	Gross rents	(i) Real	25,399,484						
			(ii) Personal	0						
			6b	Less: rental expenses					0	0
			6c	Rental income or (loss)					25,399,484	0
	d	Net rental income or (loss)		25,399,484	0	0	25,399,484			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	681,625,874						
			(ii) Other	18,959,799						
			7b	Less: cost or other basis and sales expenses					681,583,731	6,231,407
			7c	Gain or (loss)					42,143	12,728,392
	d	Net gain or (loss)		12,770,535	0	0	12,770,535			
	8a	Gross income from fundraising events (not including \$ 14,976,455 of contributions reported on line 1c). See Part IV, line 18	8a 3,910,628							
	b	Less: direct expenses	8b 4,147,355							
c	Net income or (loss) from fundraising events		(236,727)					0	(236,727)	
9a	Gross income from gaming activities. See Part IV, line 19	9a	0							
		b	Less: direct expenses					9b	0	
		c	Net income or (loss) from gaming activities						0	0
10a	Gross sales of inventory, less returns and allowances	10a	0							
		b	Less: cost of goods sold					10b	0	
		c	Net income or (loss) from sales of inventory						0	0
Miscellaneous Revenue	11a	OTHER MISC. REVENUE ----- Business Code 900099	28,176,004	19,272,004	8,904,000					
	b	----- Business Code								
	c	----- Business Code								
	d	All other revenue		0	0	0				
	e	Total. Add lines 11a-11d		28,176,004						
12	Total revenue. See instructions		3,916,983,933	2,499,871,360	8,014,062	96,303,030				

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.

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Salaries, Pension, Advertising, and Total functional expenses.

Part X Balance Sheet

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

		(A)		(B)		
		Beginning of year		End of year		
Assets	1	Cash—non-interest-bearing	174,015,916	1	208,719,976	
	2	Savings and temporary cash investments	795,948,554	2	1,225,293,091	
	3	Pledges and grants receivable, net	65,080,997	3	54,128,971	
	4	Accounts receivable, net	388,066,116	4	297,091,029	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0	
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use	58,396,963	8	60,189,568	
	9	Prepaid expenses and deferred charges	394,007,696	9	351,039,690	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,911,651,640		
	b	Less: accumulated depreciation	10b	1,057,406,867	10c	854,244,773
	11	Investments—publicly traded securities	1,149,522,540	11	1,363,528,887	
	12	Investments—other securities. See Part IV, line 11	583,199,000	12	494,561,000	
	13	Investments—program-related. See Part IV, line 11	0	13	0	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	149,779,305	15	144,144,638	
16	Total assets. Add lines 1 through 15 (must equal line 33)	4,565,143,729	16	5,052,941,623		
Liabilities	17	Accounts payable and accrued expenses	438,159,876	17	319,702,557	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0	
	23	Secured mortgages and notes payable to unrelated third parties		23		
	24	Unsecured notes and loans payable to unrelated third parties	531,173,609	24	458,520,781	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	173,226,403	25	158,487,396	
	26	Total liabilities. Add lines 17 through 25	1,142,559,888	26	936,710,734	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions	1,718,747,661	27	2,056,177,871	
	28	Net assets with donor restrictions	1,703,836,180	28	2,060,053,018	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds		29		
	30	Paid-in or capital surplus, or land, building, or equipment fund		30		
	31	Retained earnings, endowment, accumulated income, or other funds		31		
32	Total net assets or fund balances	3,422,583,841	32	4,116,230,889		
33	Total liabilities and net assets/fund balances	4,565,143,729	33	5,052,941,623		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,916,983,933
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,285,857,544
3	Revenue less expenses. Subtract line 2 from line 1	3	631,126,389
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,422,583,841
5	Net unrealized gains (losses) on investments	5	117,276,973
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	(54,756,314)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	4,116,230,889

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
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	✓	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	✓	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	✓	
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.	✓	

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) MICHAEL MIEBACH ----- BOARD MEMBER	3.0 ----- 0.0	✓						0	0	0
(26) ARADHANA SARIN ----- BOARD MEMBER	3.0 ----- 0.0	✓						0	0	0

**SCHEDULE A
(Form 990)**

Public Charity Status and Public Support

OMB No. 1545-0047

2024

Department of the Treasury
Internal Revenue Service

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.

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total					0	0

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) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (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) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (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 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)); 15 Public support percentage from 2023 Schedule A, Part II, line 14; 16a 33 1/3% support test—2024. 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—2023. 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—2024. 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—2023. 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) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (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) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (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; 12 Other income. Do not include gain or loss from the sale of capital assets; 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 3 columns: Line number, Description, and Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)). Row 16: Public support percentage from 2023 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Line number, Description, and Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)). Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17. Row 19a: 33 1/3% support tests—2024. Row 19b: 33 1/3% support tests—2023. Row 20: Private foundation.

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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
3b	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>		
3c	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>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4b	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>		
4c	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>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	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>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9b	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>		
9c	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>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10b	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)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

Section C—Distributable Amount		(A) Prior Year	(B) Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)		Current Year
2	Enter 0.85 of line 1.		
3	Minimum asset amount for prior year (from Section B, line 8, column A)		
4	Enter greater of line 2 or line 3.		
5	Income tax imposed in prior year		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).		
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 VI

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.)

Return Reference - Identifier	Explanation						
	Description	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	(1) FUNDRAISING AND MISC.	3,241,475	2,175,535	3,103,039	3,554,568	3,910,628	15,985,245
	Total	3,241,475	2,175,535	3,103,039	3,554,568	3,910,628	15,985,245

**SCHEDULE C
(Form 990)**

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

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.

**Open to Public
Inspection**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	✓		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	✓		
c Media advertisements?		✓	
d Mailings to members, legislators, or the public?		✓	
e Publications, or published or broadcast statements?		✓	
f Grants to other organizations for lobbying purposes?		✓	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	✓		283,560
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	✓		27,650
i Other activities?		✓	
j Total. Add lines 1c through 1i			311,210
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		✓	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

Part IV Supplemental Information

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

[SEE NEXT PAGE](#)

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE C, PART II-B, LINE 1 - DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	THE AMERICAN RED CROSS DOES NOT CONTRIBUTE TO OR PARTICIPATE IN ELECTION CAMPAIGNS. IT DOES NOT ENDORSE CANDIDATES FOR ELECTIVE OFFICE, NOR DOES IT PUBLISH OR DISTRIBUTE INFORMATION THAT DIRECTLY OR INDIRECTLY ENDORSES OR OPPOSES A CANDIDATE. THE AMERICAN RED CROSS PARTICIPATES IN LOBBYING AND OTHER PUBLIC POLICY ADVOCACY ACTIVITIES AT THE FEDERAL AND STATE LEVELS (WITHIN THE LIMITS SET BY IRS REGULATIONS) ON ISSUES THAT ARE RELATED TO THE ORGANIZATION'S MISSION INCLUDING: BIOMEDICAL SERVICES; AND ALL HAZARDS PREPAREDNESS AND RESPONSE; PUBLIC HEALTH AND SAFETY; EMERGENCY COMMUNICATION SERVICES TO THE ARMED FORCES; INTERNATIONAL SERVICES; AND THE REGULATION OF NONPROFIT ORGANIZATIONS. THESE ACTIVITIES INCLUDE PREPARING AND PRESENTING WRITTEN AND ORAL TESTIMONY AT LEGISLATIVE HEARINGS AT THE FEDERAL AND STATE LEVEL; COMMUNICATING WITH POLICYMAKERS AND THEIR STAFFS THROUGH MEETINGS AND BRIEFINGS, AND ISSUING PUBLIC STATEMENTS RELATED TO PENDING LEGISLATION AND REGULATION.

SCHEDULE D (Form 990)

(Rev. January 2025)

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for values, 5-6 for Yes/No questions.

Part II Conservation Easements

Table with 2 columns: Description, Held at the End of the Tax Year. Rows 1-9 for various questions and values.

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

Table with 2 columns: Description, Amount. Rows 1a-2 for art and historical treasures.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that 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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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	1,349,072,039	1,224,404,039	1,236,904,039	1,272,232,039	1,034,439,039
b Contributions	5,776,000	16,181,000	14,332,000	12,561,000	28,013,000
c Net investment earnings, gains, and losses	107,455,000	136,062,000	20,319,000	(863,000)	273,039,000
d Grants or scholarships					
e Other expenditures for facilities and programs	380,000	27,575,000	47,151,000	47,026,000	63,259,000
f Administrative expenses					
g End of year balance	1,461,923,039	1,349,072,039	1,224,404,039	1,236,904,039	1,272,232,039

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 100.00 %
- c** Term endowment _____%

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

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

	Yes	No
(i) Unrelated organizations?		✓
(ii) Related organizations?		✓
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		92,406,896		92,406,896
b Buildings		1,091,267,206	586,114,023	505,153,183
c Leasehold improvements		128,504,728	84,957,796	43,546,932
d Equipment		537,025,319	386,335,048	150,690,271
e Other		62,447,491		62,447,491
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				854,244,773

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	(15,042,000)	END OF YEAR MARKET VALUE
(2) Closely held equity interests		
(3) Other		
(A) ALTERNATIVE INVESTMENTS	415,951,000	END OF YEAR MARKET VALUE
(B) EQUITY METHOD INVESTMENTS	93,652,000	COST
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, line 12, col. (B))	494,561,000	

Part VIII Investments—Program Related

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, 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)	
Total. (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	34,834,172
(3) INSURANCE (LOSS RESERVES & CLAIMS)	78,387,001
(4) SPLIT INTEREST AGREEMENT LIABILITY	35,000,000
(5) MISC LIABILITIES	10,266,223
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	158,487,396

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 XIII

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART III, LINE 1A	THE AMERICAN RED CROSS ELECTED NOT TO INCLUDE THE VALUE OF THE ART ON THE BALANCE SHEET UNDER FASB 116.
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	ENDOWMENT FUNDS IN ACCORDANCE WITH ITS CONGRESSIONAL CHARTER, THE AMERICAN RED CROSS HAS MAINTAINED AN ENDOWMENT FUND SINCE 1905 WHICH IS KEPT AND INVESTED UNDER THE MANAGEMENT AND CONTROL OF A BOARD OF TRUSTEES ELECTED BY THE BOARD OF GOVERNORS. THE BYLAWS OF THE ORGANIZATION STATE THAT WHENEVER A GIFT IS DESIGNATED BY THE DONOR TO BE PERMANENTLY RETAINED, THE GIFT SHALL BE RECEIVED AND HELD IN THE ENDOWMENT FUND. THE AMERICAN RED CROSS MAKES DISTRIBUTIONS FROM INCOME EARNED ON THE ENDOWMENT FUND FOR CURRENT OPERATIONS.
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	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, 2025 AND 2024, 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)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT CHAPTERS AND BRANCHES

Employer identification number

53-0196605

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

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

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

3 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
(1) CENTRAL AMERICA AND THE CARIBBEAN	0	0	FINANCIAL ASSISTANCE	DISASTER PREPAREDNESS	1,772,298
(2) EAST ASIA AND THE PACIFIC	0	0	FINANCIAL ASSISTANCE	DISASTER RESPONSE, DISASTER PREPAREDNESS	2,925,974
(3) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	FINANCIAL ASSISTANCE	DISASTER RESPONSE, DISASTER PREPAREDNESS	5,557,015
(4) MIDDLE EAST AND NORTH AFRICA	0	0	FINANCIAL ASSISTANCE	DISASTER RESPONSE	5,710,376
(5) RUSSIA AND NEIGHBORING STATES	0	0	FINANCIAL ASSISTANCE	DISASTER RESPONSE, DISASTER PREPAREDNESS	100,000
(6) SOUTH AMERICA	0	0	FINANCIAL ASSISTANCE	DISASTER RESPONSE, DISASTER PREPAREDNESS	764,951
(7) SOUTH ASIA	0	0	FINANCIAL ASSISTANCE	DISASTER RESPONSE, DISASTER PREPAREDNESS	1,986,524
(8) SUB-SAHARAN AFRICA	0	0	FINANCIAL ASSISTANCE	DISASTER RESPONSE, DISASTER PREPAREDNESS, MEASLES	3,010,057
(9) CENTRAL AMERICA AND THE CARIBBEAN	4	10	PROGRAM SERVICES	DISASTER PREPAREDNESS	1,144,768
(10) EAST ASIA AND THE PACIFIC	19	57	PROGRAM SERVICES	DISASTER RESPONSE, DISASTER PREPAREDNESS	6,131,953
(11) EUROPE (INCLUDING ICELAND AND GREENLAND)	26	46	PROGRAM SERVICES	DISASTER RESPONSE, DISASTER PREPAREDNESS	6,807,158
(12) MIDDLE EAST AND NORTH AFRICA	6	14	PROGRAM SERVICES	DISASTER RESPONSE	1,326,580
(13) SOUTH AMERICA	1	3	PROGRAM SERVICES	DISASTER RESPONSE, DISASTER PREPAREDNESS	109,015
(14) SOUTH ASIA	3	18	PROGRAM SERVICES	DISASTER RESPONSE, DISASTER PREPAREDNESS	770,950
(15) SUB-SAHARAN AFRICA	1	6	PROGRAM SERVICES	DISASTER RESPONSE, DISASTER PREPAREDNESS, MEASLES	679,544
(16) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	INVESTMENTS		16,515,537
(17)					
3a Subtotal	60	154			55,312,700
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	60	154			55,312,700

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA	DISASTER PREPAREDNESS	617,249	WIRE			
(2)			EAST ASIA AND THE PACIFIC	DISASTER PREPAREDNESS	106,047	WIRE			
(3)			SOUTH AMERICA	DISASTER PREPAREDNESS	565,773	WIRE			
(4)			SOUTH AMERICA	DISASTER RESPONSE	49,178	WIRE			
(5)			EUROPE (INCLUDING ICELAND AND GREENLAND)	DISASTER RESPONSE	515,321	WIRE			
(6)			EAST ASIA AND THE PACIFIC	DISASTER PREPAREDNESS	338,112	WIRE			
(7)			EUROPE (INCLUDING ICELAND AND GREENLAND)	DISASTER RESPONSE	1,200,000	WIRE			
(8)			CENTRAL AMERICA AND THE CARIBBEAN	DISASTER PREPAREDNESS	638,192	WIRE			
(9)			SUB-SAHARAN AFRICA	MEASLES AND RUBELLA	227,118	WIRE			
(10)			EUROPE (INCLUDING ICELAND AND GREENLAND)	DISASTER PREPAREDNESS	121,725	WIRE			
(11)			EUROPE (INCLUDING ICELAND AND GREENLAND)	DISASTER RESPONSE	22,500	WIRE			
(12)			CENTRAL AMERICA AND THE CARIBBEAN	DISASTER PREPAREDNESS	618,726	WIRE			
(13)			CENTRAL AMERICA AND THE CARIBBEAN	DISASTER PREPAREDNESS	7,500	WIRE			
(14)			CENTRAL AMERICA AND THE CARIBBEAN	DISASTER PREPAREDNESS	258,881	WIRE			
(15)			CENTRAL AMERICA AND THE CARIBBEAN	DISASTER RESPONSE	49,998	WIRE			
(16)			(SEE STATEMENT)						

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

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

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

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* **Yes** **No**

- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* **Yes** **No**

- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* **Yes** **No**

- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* **Yes** **No**

- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* **Yes** **No**

- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* **Yes** **No**

Part V Supplemental Information

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

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	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 AWARDED 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 AWARDED 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

Grants and Other Assistance to Organizations or Entities Outside the United States (continued)

(a) Name of Organization	(b) IRS code section and EIN	(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)
(16)		CENTRAL AMERICA AND THE CARIBBEAN	DISASTER RESPONSE	199,000	WIRE			
(17)		EAST ASIA AND THE PACIFIC	DISASTER RESPONSE	612,500	WIRE			
(18)		EUROPE (INCLUDING ICELAND AND GREENLAND)	DISASTER PREPAREDNESS	654,000	WIRE			
(19)		EUROPE (INCLUDING ICELAND AND GREENLAND)	DISASTER RESPONSE	804,853	WIRE			
(20)		EUROPE (INCLUDING ICELAND AND GREENLAND)	MEASLESS AND RUBELLA	550,000	WIRE			
(21)		MIDDLE EAST AND NORTH AFRICA	DISASTER RESPONSE	1,836,000	WIRE			
(22)		RUSSIA AND NEIGHBORING STATES	DISASTER RESPONSE	100,000	WIRE			
(23)		SOUTH AMERICA	DISASTER RESPONSE	150,000	WIRE			
(24)		SOUTH ASIA	DISASTER PREPAREDNESS	10,433	WIRE			
(25)		SOUTH ASIA	DISASTER RESPONSE	800,000	WIRE			
(26)		SUB-SAHARAN AFRICA	DISASTER RESPONSE	1,905,000	WIRE			
(27)		SUB-SAHARAN AFRICA	MEASLESS AND RUBELLA	488,303	WIRE			
(28)		EAST ASIA AND THE PACIFIC	DISASTER PREPAREDNESS	840,817	WIRE			
(29)		EAST ASIA AND THE PACIFIC	DISASTER RESPONSE	8,754	WIRE			
(30)		SUB-SAHARAN AFRICA	MEASLESS AND RUBELLA	87,601	WIRE			
(31)		SUB-SAHARAN AFRICA	MEASLESS AND RUBELLA	88,201	WIRE			
(32)		MIDDLE EAST AND NORTH AFRICA	DISASTER RESPONSE	1,750,000	WIRE			
(33)		EAST ASIA AND THE PACIFIC	DISASTER PREPAREDNESS	101,188	WIRE			
(34)		EUROPE (INCLUDING ICELAND AND GREENLAND)	DISASTER RESPONSE	149,479	WIRE			
(35)		EAST ASIA AND THE PACIFIC	DISASTER PREPAREDNESS	133,774	WIRE			
(36)		SOUTH ASIA	DISASTER PREPAREDNESS	519,276	WIRE			
(37)		SOUTH ASIA	DISASTER RESPONSE	39,566	WIRE			
(38)		EAST ASIA AND THE PACIFIC	DISASTER PREPAREDNESS	211,834	WIRE			
(39)		MIDDLE EAST AND NORTH AFRICA	DISASTER RESPONSE	1,549,727	WIRE			
(40)		EAST ASIA AND THE PACIFIC	DISASTER PREPAREDNESS	407,711	WIRE			
(41)		EAST ASIA AND THE PACIFIC	DISASTER RESPONSE	16,826	WIRE			
(42)		EUROPE (INCLUDING ICELAND AND GREENLAND)	DISASTER RESPONSE	7,510	WIRE			
(43)		EUROPE (INCLUDING ICELAND AND GREENLAND)	DISASTER PREPAREDNESS	944,270	WIRE			
(44)		EUROPE (INCLUDING ICELAND AND GREENLAND)	DISASTER RESPONSE	10,416	WIRE			

**** Public Inspection Copy ****

(a) Name of Organization	(b) IRS code section and EIN	(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)
(45)		EUROPE (INCLUDING ICELAND AND GREENLAND)	DISASTER RESPONSE	421,125	WIRE			
(46)		MIDDLE EAST AND NORTH AFRICA	DISASTER RESPONSE	561,428	WIRE			
(47)		EAST ASIA AND THE PACIFIC	DISASTER PREPAREDNESS	79,079	WIRE			
(48)		EAST ASIA AND THE PACIFIC	DISASTER PREPAREDNESS	45,923	WIRE			
(49)		SUB-SAHARAN AFRICA	MEASLESS AND RUBELLA	213,834	WIRE			

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
		INT'L RED CROSS BALL (event type)	HEROES BREAKFAST (event type)	74 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	2,558,929	1,592,726	14,735,428	18,887,083
	2 Less: Contributions	2,019,331	1,524,498	11,432,626	14,976,455
	3 Gross income (line 1 minus line 2)	539,598	68,228	3,302,802	3,910,628
Direct Expenses	4 Cash prizes			400	400
	5 Noncash prizes	8,627	2,612	62,886	74,125
	6 Rent/facility costs	78,148	2,420	1,055,714	1,136,282
	7 Food and beverages	281,406	57,770	1,535,598	1,874,774
	8 Entertainment	67,965		554,099	622,064
	9 Other direct expenses	103,451		336,259	439,710
	10 Direct expense summary. Add lines 4 through 9 in column (d)				4,147,355
11 Net income summary. Subtract line 10 from line 3, column (d)				(236,727)	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE G, PART I, LINE 3 - STATE REGISTRATIONS	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.

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.

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

OMB No. 1545-0047

**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.

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

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

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	THE AMERICAN RED CROSS RESPONDS TO ABOUT 60,000 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 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 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 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. THESE DOMESTIC ORGANIZATIONS EXTEND THE AMERICAN RED CROSS' REACH INTO LOCAL COMMUNITIES, BROADENING ITS ABILITY TO PREPARE FOR AND RESPOND EFFECTIVELY TO DISASTERS AND EMERGENCIES.
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. 300101 ET SEQ.) 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 NEEDS IDENTIFIED THROUGH A CASEWORK PROCESS. 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. 300101 ET SEQ.), 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)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Compensation Information

**For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees**

**Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.**

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT CHAPTERS AND BRANCHES

Employer identification number

53-0196605

Part I Questions Regarding Compensation

	Yes	No
1a Check the 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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <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	1b	
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?	2	
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"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <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?	4a	✓
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	✓
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.	4c	✓
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?	5a	✓
b Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5b	✓
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	✓
b Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	6b	✓
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	7	✓
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	8	✓
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	✓

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 CLIFFORD HOLTZ PRESIDENT & CEO AS OF 7/1/2024	(i)	768,033	175,577	6,858	17,250	21,357	989,075	0
	(ii)	0	0	0	0	0	0	0
2 CHRIS HROUDA PRESIDENT, BIOMEDICAL SERVICES	(i)	684,313	200,353	2,403	17,250	24,654	928,973	0
	(ii)	0	0	0	0	0	0	0
3 BRIAN RHOA CHIEF INVESTMENT OFFICER	(i)	553,745	150,896	26,564	17,250	22,440	770,895	0
	(ii)	0	0	0	0	0	0	0
4 GAIL MCGOVERN PRES/CEO THRU 6/30/24/BOARD CHAIR 7/1/24-6/30/25	(i)	375,891	260,211	81,314	17,250	947	735,613	0
	(ii)	0	0	0	0	0	0	0
5 CARMEL DARCY CHIEF FINANCIAL OFFICER	(i)	430,017	109,460	1,848	17,250	11,639	570,214	0
	(ii)	0	0	0	0	0	0	0
6 PAUL SULLIVAN SVP, DONOR SERVICES	(i)	404,374	103,188	24,019	14,482	21,773	567,836	0
	(ii)	0	0	0	0	0	0	0
7 ANNE MCKEOUGH CHIEF DEVELOPMENT OFFICER	(i)	395,297	111,507	26,601	16,554	11,107	561,066	0
	(ii)	0	0	0	0	0	0	0
8 MELISSA HURST CHIEF HUMAN RESOURCES OFFICER	(i)	376,801	103,826	23,911	17,250	31,506	553,294	0
	(ii)	0	0	0	0	0	0	0
9 TREVOR RIGGEN PRESIDENT, HUMANITARIAN SERVICES	(i)	384,636	98,744	588	17,250	28,745	529,963	0
	(ii)	0	0	0	0	0	0	0
10 JACK MCMASTER PRESIDENT, TRAINING SERVICES	(i)	394,108	93,235	5,459	13,051	21,872	527,725	0
	(ii)	0	0	0	0	0	0	0
11 RONNIE STRICKLAND CHIEF INFORMATION OFFICER	(i)	388,031	66,794	2,788	16,826	25,359	499,798	0
	(ii)	0	0	0	0	0	0	0
12 ROSEMARY MCGILLAN CHIEF MARKETING & COMMUNICATIONS OFFICE	(i)	342,572	97,381	15,814	11,556	24,122	491,445	0
	(ii)	0	0	0	0	0	0	0
13 DAWN CLARKE-DOCCUVI GENERAL COUNSEL	(i)	346,712	82,684	1,163	16,215	31,204	477,978	0
	(ii)	0	0	0	0	0	0	0
14 JENNIFER DO TECHNOLOGIST III, IRL	(i)	437,215	2,100	0	13,800	9,941	463,056	0
	(ii)	0	0	0	0	0	0	0
15 JENNIFER HAWKINS CORP SEC & CHIEF OF STAFF – THRU AUG 2024	(i)	172,406	205,766	40,448	13,307	7,517	439,444	0
	(ii)	0	0	0	0	0	0	0
16 LAUREN SULLIVAN CORPORATE SECRETARY & CHIEF OF STAFF	(i)	187,973	11,000	175	9,677	30,875	239,700	0
	(ii)	0	0	0	0	0	0	0

Part III

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

Return Reference - Identifier	Explanation
<p>SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS</p>	<p>THE AMOUNTS SHOWN IN PART II, COLUMN B (II) FOR THE PRESIDENT & CEO (GAIL MCGOVERN), WERE PAID BASED ON A WRITTEN VARIABLE INCENTIVE PLAN, PRIOR FISCAL YEAR PERFORMANCE AND WAS APPROVED BY THE BOARD OF GOVERNORS FOLLOWING A REVIEW BY THE COMPENSATION COMMITTEE OF THE BOARD.</p> <p>THE AMOUNTS SHOWN IN PART II, COLUMN B (II) FOR THE PRESIDENT & CEO (CLIFFORD HOLTZ), WERE PAID BASED ON A WRITTEN VARIABLE INCENTIVE PLAN FOR HIS FORMER POSITION AS CHIEF OPERATING OFFICER, PRIOR FISCAL YEAR PERFORMANCE AND WAS APPROVED BY THE BOARD OF GOVERNORS FOLLOWING A REVIEW BY THE COMPENSATION COMMITTEE OF THE BOARD.</p> <p>THE AMOUNTS SHOWN IN PART II, COLUMN B (II) FOR THE PRESIDENT BIOMEDICAL SERVICES, THE CHIEF INVESTMENT OFFICER, THE CHIEF DEVELOPMENT OFFICER, THE CHIEF HUMAN RESOURCES OFFICER, THE CHIEF FINANCIAL OFFICER, THE PRESIDENT HUMANITARIAN SERVICES AND THE GENERAL COUNSEL 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 FOR ALL OF THE OFFICERS AND KEY EMPLOYEES REPORTED IN SCHEDULE J WHO ARE CONSIDERED "DISQUALIFIED PERSONS" PURSUANT TO IRC SECTION 4958, WERE REVIEWED BY AN OUTSIDE INDEPENDENT COMPENSATION CONSULTANT AND WERE DOCUMENTED IN THE MINUTES OF THE COMMITTEE OR THE BOARD, AS APPROPRIATE, ALL IN ACCORDANCE WITH THE REQUIREMENTS FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER IRC SECTION 4958.</p> <p>THE AMOUNT SHOWN IN PART II, COLUMN B(II) FOR THE CHIEF MARKETING & COMMUNICATIONS OFFICER AND WAS PAID BASED ON A WRITTEN VARIABLE INCENTIVE PLAN, PRIOR FISCAL YEAR PERFORMANCE AND WAS APPROVED BY THE PRESIDENT & CEO (CLIFFORD HOLTZ).</p> <p>THE AMOUNT SHOWN IN PART II, COLUMN B(II) FOR THE CHIEF INFORMATION OFFICER WAS PAID 1) BASED ON A WRITTEN VARIABLE INCENTIVE PLAN, PRIOR FISCAL YEAR PERFORMANCE AND 2) INCLUDES A \$25,000 SPOT BONUS AND WAS APPROVED BY THE PRESIDENT & CEO (CLIFFORD HOLTZ). THE AMOUNT SHOWN IN PART II, COLUMN B(II) FOR THE CORPORATE SECRETARY & CHIEF OF STAFF (JENNIFER HAWKINS) WAS 1) A \$132,000 RETENTION BONUS PAYMENT APPROVED BY THE PRESIDENT & CEO (GAIL MCGOVERN) AND 2) BASED ON A WRITTEN VARIABLE INCENTIVE PLAN, PRIOR FISCAL YEAR PERFORMANCE, AND APPROVED BY THE PRESIDENT & CEO (CLIFF HOLTZ).</p> <p>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.</p> <p>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 PRESIDENT & CEO (CLIFFORD HOLTZ).</p> <p>THE AMOUNT SHOWN IN PART II, COLUMN B(II) FOR THE CORPORATE SECRETARY & CHIEF OF STAFF (LAUREN SULLIVAN) WAS A SPOT BONUS PAYMENT AND APPROVED BY THE PRESIDENT & CEO (CLIFFORD HOLTZ).</p>
<p>SCHEDULE J, PART I, LINE 8 - PAYMENTS ON CONTRACT THAT IS SUBJECT TO THE INITIAL CONTRACT EXCEPTION</p>	<p>THE RED CROSS HAS ONE (1) OFFICER LISTED ON PART VII WHO IS COVERED BY REG. SECTION 53.4958-4 (A)(3), THE ROLE OF THE PRESIDENT & CEO. THE ORIGINAL BASE SALARY AMOUNT PAID TO THE PRESIDENT & CEO (GAIL MCGOVERN) 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 AND THE BOARD, ALL IN ACCORDANCE WITH THE REQUIREMENTS FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER IRC SECTION 4958.</p>

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

**Open to Public
Inspection**

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT CHAPTERS AND BRANCHES

Employer identification number

53-0196605

Part I 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	✓		4,355,728	FMV
6 Cars and other vehicles	✓		358,300	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	✓		1,500,000	FMV
17 Real estate—Other				
18 Collectibles				
19 Food inventory	✓		6,050,129	FMV
20 Drugs and medical supplies	✓		58,023	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (<u>VARIOUS</u>)	✓		3,705,882	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

	Yes	No
30a During the year, did the organization receive by contribution any property reported on 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.		

Part II

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

Return Reference - Identifier	Explanation
SCHEDULE M, PART I, LINE 32B - THIRD PARTIES USED TO SOLICIT, PROCESS, OR SELL NONCASH CONTRIBUTIONS	THE AMERICAN RED CROSS 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)**

(Rev. January 2025)

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 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

American National Red Cross & Its Constituent Chapters and Branches

Employer identification number

53-0196605

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4A-4C - DESCRIPTION OF PROGRAM SERVICES	(EXPENSES \$67,044,796 INCLUDING GRANTS OF \$1,053,529)(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 FY25, THE AMERICAN RED CROSS PROVIDED MORE THAN 295,000 SERVICES TO SERVICE MEMBERS, VETERANS AND THEIR FAMILIES AND BRIEFED MORE THAN 410,000 SERVICE MEMBERS AND THEIR FAMILIES THROUGH THE SERVICE TO THE ARMED FORCES OUTREACH PROGRAM.
FORM 990, PART III, LINE 4A-4C - DESCRIPTION OF PROGRAM SERVICES	(EXPENSES \$48,838,521 INCLUDING GRANTS OF \$27,456,568)(REVENUE \$0) INTERNATIONAL SERVICES: THE AMERICAN RED CROSS RESPONDS TO INTERNATIONAL DISASTERS AND HELPS COMMUNITIES PREPARE FOR EMERGENCIES AROUND THE WORLD. IN FY25, MORE THAN 3 MILLION HOUSEHOLDS WERE VISITED THROUGH THE MEASLES & RUBELLA PARTNERSHIP, MORE THAN 225 FAMILIES WERE RECONNECTED THROUGH THE RESTORING FAMILY LINKS PROGRAM, AND MORE THAN 300,000 INDIVIDUALS WERE REACHED THROUGH DISASTER PREPAREDNESS ACTIVITIES AROUND THE GLOBE.
FORM 990, PART III, LINE 4A-4C - DESCRIPTION OF PROGRAM SERVICES	(EXPENSES \$14,977,190 INCLUDING GRANTS OF \$2,905,012)(REVENUE \$0) COMMUNITY SUPPORT: THE AMERICAN RED CROSS SUPPORTS SEVERAL FOOD BANKS AND A WIC PROGRAM IN 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.
FORM 990, PART III, LINE 4A-4C - DESCRIPTION OF PROGRAM SERVICES	(EXPENSES \$0 INCLUDING GRANTS OF \$0)(REVENUE \$19,272,004) EQUITY INVESTMENTS AND OTHER REVENUE:
FORM 990, PART V, LINE 3B - REASON FOR NOT FILING FORM 990-T	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, 2026. 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 MARCH 23, 2026. THE AMERICAN RED CROSS IS ANNUALLY AND TIMELY COMPLIANT WITH ITS FORM 990-T REQUIREMENTS.
FORM 990, PART VI, LINE 2 - FAMILY/BUSINESS RELATIONSHIPS AMONGST INTERESTED PERSONS	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 STEVE COLLIS SERVED AS CHAIRMAN, PRESIDENT & CHIEF EXECUTIVE OFFICER UNTIL OCTOBER 1, 2024, AT WHICH TIME MR. COLLIS BECAME EXECUTIVE CHAIR OF THE COMPANY BOARD.
FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS	PURSUANT TO A PERIODIC REVIEW OF THE AMENDED AND RESTATED BYLAWS, THE RED CROSS BOARD OF GOVERNORS APPROVED REVISIONS TO THE BYLAWS IN ORDER TO CLARIFY REIMBURSABLE TRAVEL EXPENSES RELATED TO BOARD SERVICE, UPDATE NOTICE OF MEETING REQUIREMENTS TO REFLECT CURRENT PRACTICE, REFLECT THE LONGSTANDING PROCESS FOR RENEWING TERMS FOR INCUMBENT CHAIRMEN, CLARIFY THE ROLE OF THE MOST SENIOR VICE CHAIRMAN, AND MAKE OTHER CHANGES FOR CLARITY AND CONSISTENCY.
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	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." SECTION 7 OF THE AMENDED AND RESTATED BYLAWS OF THE AMERICAN NATIONAL RED CROSS DESCRIBES MEMBERSHIP IN THE CORPORATION AND DEFINES MEMBERSHIP AND THE TERMINATION OF MEMBERSHIP.
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	DELEGATES OF THE CHAPTERS ELECT ALL MEMBERS OF THE GOVERNING BODY EXCEPT THE CHAIRMAN OF THE BOARD OF GOVERNORS, WHO IS APPROVED AND APPOINTED BY THE PRESIDENT OF THE UNITED STATES AS PROVIDED IN THE AMENDED AND RESTATED BYLAWS OF THE AMERICAN RED CROSS. 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."

**SCHEDULE O
(Form 990)**

(Rev. January 2025)

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 for instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

American National Red Cross & Its Constituent Chapters and Branches

Employer identification number

53-0196605

Return Reference - Identifier	Explanation						
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	<p>THE COMPENSATION COMMITTEE REVIEWED THE COMPENSATION PORTIONS OF THE IRS FORM 990 (PART VII AND SCHEDULE J) DURING A MEETING HELD ON OCTOBER 22, 2025. A COPY OF THE FINAL FORM 990 WAS SUBMITTED TO EACH MEMBER OF THE BOARD OF GOVERNORS BEFORE IT WAS FILED WITH THE IRS.</p> <p>THE MANAGEMENT REVIEW PROCESS ENTAILS THE CHIEF FINANCIAL OFFICER COORDINATING COMPLETION OF THE IRS FORM 990 WITH THE GENERAL COUNSEL AND THE CHIEF HUMAN RESOURCES OFFICER FOR FINAL REVIEW BY THE PRESIDENT AND CEO.</p>						
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	<p>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 COMPLIANCE WITH THE CODE OF BUSINESS ETHICS AND CONDUCT (THE "CODE"). ADDITIONALLY, ALL MEMBERS OF THE BOARD OF GOVERNORS MUST ANNUALLY, COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE (THE "QUESTIONNAIRE") TO DISCLOSE AND REMEDY ACTUAL OR PERCEIVED BUSINESS, FINANCIAL OR PERSONAL CONFLICTS OF INTEREST. OTHER OFFICERS AND KEY EMPLOYEES ARE ALSO REQUIRED TO CERTIFY COMPLIANCE WITH THE CODE AND COMPLETE THE QUESTIONNAIRE ON AN ANNUAL BASIS.</p> <p>UNDER THE DIRECTION OF THE GENERAL COUNSEL, OFFICE OF ETHICS & COMPLIANCE DEPARTMENT STAFF RECEIVE EXECUTED QUESTIONNAIRES SUBMITTED BY BOARD OF GOVERNORS MEMBERS AND 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 OFFICE OF ETHICS & COMPLIANCE DISCUSSES THE CONFLICT AND REMEDIATION WITH THE BOARD MEMBER, OFFICER OR KEY EMPLOYEE, AND IF NECESSARY, THE PRESIDENT AND CEO OR CHAIRMAN OF THE BOARD. WHERE APPROPRIATE, THE CONFLICT OF INTEREST AND REMEDIATION REGARDING A MEMBER OF THE BOARD ARE INCLUDED IN THE MINUTES OF THE RELEVANT BOARD COMMITTEE OR FULL BOARD MEETING. MEMBERS OF THE BOARD, OFFICERS AND KEY EMPLOYEES ARE ALSO INSTRUCTED THAT THEY HAVE A CONTINUING DUTY TO UPDATE THE QUESTIONNAIRE DURING THE COURSE OF THE YEAR IN ORDER TO REFLECT CHANGES IN 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, OFFICER OR KEY EMPLOYEE OCCURS WITH INTERIM DISCLOSURES.</p>						
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	<p>THE BOARD OF GOVERNORS OF THE AMERICAN RED CROSS HAS DELEGATED AUTHORITY TO THE COMPENSATION 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 THOSE EXECUTIVES WHO ARE "DISQUALIFIED PERSONS" PURSUANT TO INTERNAL REVENUE CODE ("IRC") SECTION 4958.</p> <p>WITH RESPECT TO THOSE DISQUALIFIED PERSONS, INCLUDING THE CEO, 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 DISQUALIFIED PERSONS. THE COMMITTEE ALSO THEN DOCUMENTS ITS DECISIONS AS TO ANY CHANGES TO BE IMPLEMENTED IN COMPENSATION OR BENEFITS FOR THE DISQUALIFIED PERSONS. THE COMMITTEE UNDERTOOK THIS PROCESS FOR TAX YEAR 2025 FOR ALL OF THE OFFICERS AND KEY EMPLOYEES REPORTED IN SCHEDULE J WHO ARE CONSIDERED DISQUALIFIED PERSONS PURSUANT TO IRC SECTION 4958.</p>						
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	<p>THE AMERICAN RED CROSS MAKES ITS GOVERNING DOCUMENTS, INCLUDING THE CODE OF BUSINESS ETHICS AND CONDUCT, CONFLICT OF INTEREST POLICY, AND CONSOLIDATED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON THE GOVERNANCE PAGE OF ITS WEBSITE, WWW.REDCROSS.ORG</p>						
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1"> <thead> <tr> <th data-bbox="446 1648 1299 1690">(a) Description</th> <th data-bbox="1299 1648 1529 1690">(b) Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="446 1690 1299 1743">EMPLOYEE RETIREMENT PENSION AND POST-RETIREMENT BENEFIT PLAN NET LOSS PER PROVISION OF ASC 715 (FORMER FASB 87 AND 106)</td> <td data-bbox="1299 1690 1529 1743">- 54,756,314</td> </tr> <tr> <td data-bbox="446 1743 1299 1787">TOTAL</td> <td data-bbox="1299 1743 1529 1787">- 54,756,314</td> </tr> </tbody> </table>	(a) Description	(b) Amount	EMPLOYEE RETIREMENT PENSION AND POST-RETIREMENT BENEFIT PLAN NET LOSS PER PROVISION OF ASC 715 (FORMER FASB 87 AND 106)	- 54,756,314	TOTAL	- 54,756,314
(a) Description	(b) Amount						
EMPLOYEE RETIREMENT PENSION AND POST-RETIREMENT BENEFIT PLAN NET LOSS PER PROVISION OF ASC 715 (FORMER FASB 87 AND 106)	- 54,756,314						
TOTAL	- 54,756,314						

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT CHAPTERS AND BRANCHES

Employer identification number

53-0196605

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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	
(1)-----												
(2)-----												
(3)-----												
(4)-----												
(5)-----												
(6)-----												
(7)-----												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)(SEE STATEMENT)-----									
(2)-----									
(3)-----									
(4)-----									
(5)-----									
(6)-----									
(7)-----									

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

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

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

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity **1a** **Yes** **No**
- b** Gift, grant, or capital contribution to related organization(s) **1b** **Yes** **No**
- c** Gift, grant, or capital contribution from related organization(s) **1c** **Yes** **No**
- d** Loans or loan guarantees to or for related organization(s) **1d** **Yes** **No**
- e** Loans or loan guarantees by related organization(s) **1e** **Yes** **No**

- f** Dividends from related organization(s) **1f** **Yes** **No**
- g** Sale of assets to related organization(s) **1g** **Yes** **No**
- h** Purchase of assets from related organization(s) **1h** **Yes** **No**
- i** Exchange of assets with related organization(s) **1i** **Yes** **No**
- j** Lease of facilities, equipment, or other assets to related organization(s) **1j** **Yes** **No**

- k** Lease of facilities, equipment, or other assets from related organization(s) **1k** **Yes** **No**
- l** Performance of services or membership or fundraising solicitations for related organization(s) **1l** **Yes** **No**
- m** Performance of services or membership or fundraising solicitations by related organization(s) **1m** **Yes** **No**
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) **1n** **Yes** **No**
- o** Sharing of paid employees with related organization(s) **1o** **Yes** **No**

- p** Reimbursement paid to related organization(s) for expenses **1p** **Yes** **No**
- q** Reimbursement paid by related organization(s) for expenses **1q** **Yes** **No**

- r** Other transfer of cash or property to related organization(s) **1r** **Yes** **No**
- s** Other transfer of cash or property from related organization(s) **1s** **Yes** **No**

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (continued)

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