

Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2022
 Open to Public Inspection

A For the 2022 calendar year, or tax year beginning 01-01-2022, and ending 12-31-2022

B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Vitalant Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 9305 E VIA DE VENTURA City or town, state or province, country, and ZIP or foreign postal code SCOTTSDALE, AZ 85258	D Employer identification number 86-0098929 E Telephone number (480) 946-4201 G Gross receipts \$ 718,961,993
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	F Name and address of principal officer: DAVID GREEN 9305 E VIA DE VENTURA SCOTTSDALE, AZ 85258	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions. H(c) Group exemption number ▶ 6167
J Website: ▶ WWW.VITALANT.ORG	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	L Year of formation: 1943 M State of legal domicile: AZ

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: BLOOD BANKING AND RESEARCH. VITALANT EXISTS TO MAKE A DIFFERENCE IN PEOPLE'S LIVES BY BRINGING TOGETHER THE BEST PEOPLE, INSPIRING INDIVIDUALS TO DONATE BLOOD, PRODUCING A SAFE AND AMPLE BLOOD SUPPLY, ADVANCING CUTTING-EDGE RESEARCH AND EMBRACING CONTINUOUS QUALITY IMPROVEMENT. VITALANT, ONE OF THE NATION'S OLDEST AND LARGEST NONPROFIT COMMUNITY BLOOD SERVICE PROVIDERS, SUPPLIES COMPREHENSIVE TRANSFUSION MEDICINE SERVICES TO NEARLY 900 HOSPITALS AND HEALTH CARE PARTNERS FOR PATIENTS IN NEED ACROSS 40 STATES.		
	2 Check this box <input type="checkbox"/> 3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	5,462
	6 Total number of volunteers (estimate if necessary)	6	437
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	16,250,573	7,587,096
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	660,841,189	623,991,770
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	141,361,429	39,761,984
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,178,235	28,058,422
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	836,631,426	699,399,272
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	1,689,490	1,864,493
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	363,055,941	374,385,465
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	315,414,075	312,876,270
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	680,159,506	689,126,228
	19 Revenue less expenses. Subtract line 18 from line 12	156,471,920	10,273,044
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)	765,654,359	810,635,110
	22 Net assets or fund balances. Subtract line 21 from line 20	202,509,567	235,505,675
		563,144,792	575,129,435

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	2023-11-02 Date
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Maureen Musselman, FVP, CEO

Type or print name and title					
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01508556
	Firm's name ▶ ERNST & YOUNG US LLP			Firm's EIN ▶ 34-6565596	
	Firm's address ▶ 2323 VICTORY AVENUE DALLAS, TX 75219			Phone no. (214) 969-8000	

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

VITALANT EXISTS TO MAKE A DIFFERENCE IN PEOPLE'S LIVES BY BRINGING TOGETHER THE BEST PEOPLE, INSPIRING INDIVIDUALS TO DONATE BLOOD, PRODUCING A SAFE AND AMPLE BLOOD SUPPLY, ADVANCING CUTTING-EDGE RESEARCH AND EMBRACING CONTINUOUS QUALITY IMPROVEMENT. VITALANT, ONE OF THE NATION'S OLDEST AND LARGEST NONPROFIT COMMUNITY BLOOD SERVICE PROVIDERS, SUPPLIES COMPREHENSIVE TRANSFUSION MEDICINE SERVICES TO NEARLY 900 HOSPITALS AND HEALTH CARE PARTNERS FOR PATIENTS IN NEED ACROSS 40 STATES.

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 \$ 507,140,617 including grants of \$ 1,864,493) (Revenue \$ 562,850,053)
 BLOOD SERVICES DIVISION - BLOOD BANKING THE PRIMARY PURPOSE OF THE BLOOD SERVICES DIVISION (BSD) IS TO PROVIDE A SAFE AND STABLE SUPPLY OF BLOOD AND BLOOD COMPONENTS TO HOSPITALS AND MEDICAL FACILITIES. THE STRENGTH OF BSD IS THAT IT OPERATES AS LOCAL BLOOD CENTERS THAT ARE PART OF THE COMMUNITY AND YET HAS ACCESS TO A LARGE NETWORKED ORGANIZATION WITH ALL THE ADVANTAGES AND EFFICIENCIES THAT ARE REALIZED THROUGH STANDARDIZATION AND ECONOMIES OF SCALE. BSD COLLECTS BLOOD FROM VOLUNTEER DONORS, PERFORMS SCREENING AND TESTING ON THE DONATED BLOOD, AND PROCESSES THE WHOLE BLOOD INTO BLOOD COMPONENTS SUCH AS RED CELL PLATELETS AND PLASMA. BLOOD AND BLOOD COMPONENTS ARE THEN STORED AND DISTRIBUTED TO HOSPITALS AND OTHER HEALTH CARE PROVIDERS.

4b (Code:) (Expenses \$ 40,783,083 including grants of \$) (Revenue \$ 54,313,868)
 VITALANT LABORATORIES (VL) VITALANT LABORATORIES' STAFF OF HIGHLY TRAINED AND EXPERIENCED PERSONNEL PROVIDE SUPPORT AND EXPERTISE TO HOSPITALS, TRANSFUSION AND TRANSPLANT CENTERS AND OTHER HEALTHCARE FACILITIES FOR THEIR TRANSFUSION MEDICINE NEEDS. VL OPERATES THREE LABORATORIES FOR (IRL) IMMUNOHEMATOLOGY REFERENCE LAB, (HLA) HISTOCOMPATIBILITY LABORATORY AND (CTL) CELLULAR THERAPY LABORATORY IN PHOENIX, WITH ADDITIONAL IRL'S IN SAN FRANCISCO, DENVER, CHICAGO AND PITTSBURGH. TOGETHER THEY SOLVE SOME OF THE MOST COMPLEX IMMUNOHEMATOLOGIC COMPATIBILITY CASES AND ENSURE LIFE-SAVING BLOOD AND CELLULAR THERAPY SERVICES TO HOSPITALS ALL ACROSS THE UNITED STATES. FOR HEALTHCARE FACILITIES IN CENTRAL ARIZONA, VL ALSO SERVES AS A BLOOD BANK, PROVIDING COMPLETE TRANSFUSION SERVICES INCLUDING PATIENT COMPATIBILITY TESTING AND DELIVERY.

4c (Code:) (Expenses \$ 35,932,065 including grants of \$) (Revenue \$ 32,926,243)
 VITALANT RESEARCH INSTITUTE (VRI) THE VITALANT RESEARCH INSTITUTE CARRIES OUT STUDIES FUNDED BY EXTRAMURAL GRANTS (NIH AND OTHER AGENCIES) AND RECEIVES INTRAMURAL FUNDING FROM VITALANT BETWEEN \$5.0M AND \$6.0M EACH YEAR. VRI HAS HISTORICALLY BEEN NOTED FOR CONTRIBUTIONS TO INFECTIOUS DISEASE TESTING / MONITORING, EPIDEMIOLOGY / PUBLIC POLICY, AND SELECTED NON-INFECTIOUS RISKS OF TRANSFUSION. RECENT RESEARCH EFFORTS INCLUDE CHARACTERIZATION OF METABOLIC AND GENETIC FACTORS THAT INFLUENCE RED BLOOD CELL STABILITY, AND SINCE THE PANDEMIC, A HOST OF CRITICALLY IMPORTANT STUDIES TO UNDERSTAND SARS-COV-2 EPIDEMIOLOGY, THE SAFETY OF THE BLOOD SUPPLY, THE TIME COURSE OF ITS ANTIBODY RESPONSE/IMMUNITY AND THE EFFICACY OF COVID CONVALESCENT PLASMA. A PUBLIC SERVICE, VRI'S RESEARCH EXTENDS FAR BEYOND ORGANIZATIONAL DEVELOPMENT EFFORTS, BENEFITING PATIENTS ALL OVER THE US (AND THE WORLD) AS WELL AS COMPETING US BLOOD CENTERS, IMPROVING BLOOD PRODUCT QUALITY, RECIPIENT SAFETY, AND THE DONOR EXPERIENCE. VRI SUPPORTS TRAINING PROGRAMS FOR SPECIALISTS IN TRANSFUSION MEDICINE AND THE DEVELOPMENT OF RESEARCH SCIENTISTS IN A HOST OF TRANSFUSION MEDICINE SUBSPECIALTIES. VRI INVESTIGATORS PUBLISHED MORE THAN 100 PEER-REVIEWED ORIGINAL RESEARCH PAPERS IN 2022 ALONG WITH MANY MORE REVIEWS, EDITORIALS, BOOK CHAPTERS AND SCIENTIFIC MEETING ABSTRACTS. TOGETHER, VRI'S 12 INVESTIGATORS, 2 CLINICAL INVESTIGATORS, 16 AFFILIATED INVESTIGATORS, 7 CORE LEADERS, 10 ADMINISTRATIVE STAFF AND ~70 SCIENTISTS, TECHNOLOGISTS AND POST-DOCS HAVE CONTRIBUTED TO MAJOR DISCOVERIES IN TRANSFUSION SAFETY AND EFFICACY.

4d Other program services (Describe in Schedule O.)
 (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 583,855,765

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	Yes	

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>	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	No
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>	5	
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>	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	No
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>	8	No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	No
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>	11c	Yes
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>	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Yes
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>	12a	No
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>	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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>	14b	Yes
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	No
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>	16	No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> . See instructions.	17	No
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>	18	No
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>	19	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes

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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	No
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	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	

c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		No
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>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
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>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
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>		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	Yes	
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>	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
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>	Yes	
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>		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance			
Check if Schedule O contains a response or note to any line in this Part V			<input checked="" type="checkbox"/>
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	594	
1b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	5,462	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>		
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)?	Yes	
b	If "Yes," enter the name of the foreign country: <u> CJ </u>		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	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		No

solicit any contributions that were not tax deductible as charitable contributions?

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

6b		
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7 Organizations that may receive deductible contributions under section 170(c).

a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?

7a	Yes	
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b If "Yes," did the organization notify the donor of the value of the goods or services provided?

7b	Yes	
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c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

7c		No
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d If "Yes," indicate the number of Forms 8282 filed during the year 7d

e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

7e		No
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

7f		No
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g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?

7g		
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h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?

7h		
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8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?

8		
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9 Sponsoring organizations maintaining donor advised funds.

a Did the sponsoring organization make any taxable distributions under section 4966?

9a		
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b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?

9b		
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10 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on Part VIII, line 12

10a	
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

10b	
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11 Section 501(c)(12) organizations. Enter:

a Gross income from members or shareholders

11a	
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b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)

11b	
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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

12a		
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.

12b	
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13 Section 501(c)(29) qualified nonprofit health insurance issuers.

a Is the organization licensed to issue qualified health plans in more than one state?
Note. See the instructions for additional information the organization must report on Schedule O.

13a		
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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	
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c Enter the amount of reserves on hand

13c	
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14a Did the organization receive any payments for indoor tanning services during the tax year?

14a		No
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14b		
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15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.

15	Yes	
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.

16		No
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17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.

17		
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Part VI **Governance, Management, and Disclosure.** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.

1a	15
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b Enter the number of voting members included in line 1a, above, who are independent

1b	15
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2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?

2		No
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3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?

3		No
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4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

4		No
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5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
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?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed: CA, FL, GA, IL, KS, MI, MS, NJ, NM, PA, RI, SC, TN, WV
- 18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records:
 MAUREEN MUSSELMAN 9305 E VIA DE VENTURA SCOTTSDALE, AZ 85258 (480) 675-5506

Form 990 (2022)

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list	(C) Position (do not check more than one box, unless person is both an officer	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
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	any hours for related organizations below dotted line)	and a director/trustee)						organization (W-2/1099-MISC/1099-NEC)	organizations (W-2/1099-MISC/1099-NEC)	from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BILL GATES TRUSTEE/VICE CHAIR	3.0 0.0	X		X				41,000	0	0
(2) JAMES T SCHRAITH TRUSTEE/CHAIR	4.0 1.0	X		X				84,516	0	0
(3) PAUL E STANDER MD TRUSTEE/SECRETARY/TREASURER	3.0 0.0	X		X				37,375	0	0
(4) CINDY ELKINS TRUSTEE (EFF 11/22)	2.0 0.0	X						0	0	0
(5) CLIFFORD LOWELL MD PHD TRUSTEE	2.0 0.0	X						31,500	0	0
(6) HEATHER J ALLEN MD TRUSTEE	2.0 1.0	X						42,000	0	0
(7) JEFFREY SHUMWAY TRUSTEE (EFF 11/22)	2.0 0.0	X						0	0	0
(8) JOHN S LEWIS TRUSTEE	2.0 2.0	X						48,875	0	0
(9) JONATHAN WATERS MD TRUSTEE	2.0 0.0	X						28,750	0	0
(10) KATHLEEN S PUSHOR TRUSTEE	2.0 0.0	X						41,750	0	0
(11) LINDA J BLESSING PHD TRUSTEE (THRU 04/22)	2.0 0.0	X						3,500	0	0
(12) PATRICIA ABREGO-SANTUCCI TRUSTEE	2.0 0.0	X						41,375	0	0
(13) ROBERT S COLE TRUSTEE	4.0 0.0	X						61,625	0	0
(14) RON W WAECKERLIN MD TRUSTEE	2.0 0.0	X						42,750	0	0
(15) SUNNY P CHICO TRUSTEE	2.0 1.0	X						44,125	0	0
(16) WILLIAM A DITTMAN MD TRUSTEE	2.0 0.0	X						42,750	0	0
(17) BHAVI SHAH EVP/CLO, GENERAL COUNSEL	40.0 15.0			X				662,580	0	69,673

Form 990 (2022)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			

(18) DAVID GREEN	55.0								
PRESIDENT/CEO	1.0			X				1,427,666	0
(19) MAUREEN MUSSELMAN	40.0								
EVP/CFO	15.0			X				598,658	0
(20) ROBERT VAN TUYLE	55.0								
EVP, CHIEF OPERATIONS OFFICER	0.0			X				771,733	0
(21) ANTHONY BOBOS	55.0								
EVP/CHIEF INFORMATION OFFICER	0.0			X				623,655	0
(22) DIRK JOHNSON	55.0								
EVP/BLOOD OPERATIONS & CHIEF OF STAFF	0.0			X				514,862	0
(23) MARY BETH BASSETT	55.0								
EVP/CHIEF QUALITY OFFICER	0.0			X				616,925	0
(24) PETER MICHAELSON	55.0								
EVP/CHIEF PEOPLE OFFICER	0.0			X				532,894	0
(25) RALPH VASSALLO	55.0								
EVP/CHIEF MEDICAL & SCIENTIFIC OFFICER	0.0			X				701,821	0
(26) BRIAN CUSTER	45.0								
SVP, RESEARCH & SCIENTIFIC PROGRAMS	0.0					X		487,221	0
(27) CHARLES WILCOX III	45.0								
DIVISION VP, BLOOD SERVICES	0.0					X		503,003	0
(28) CLIFFORD NUMARK	45.0								
SVP, CHIEF STRAT MKT DONOR SVC	0.0					X		527,311	0
(29) KEVIN LAND	45.0								
VP, CLINICAL SERVICES	0.0					X		527,752	0
(30) MICHAEL BUSCH MD	45.0								
SVP/RESEARCH & SCIENTIFIC PROG	0.0					X		627,573	0
1b Sub-Total									
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)								9,715,545	0

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 ▶ 495

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
CREATIVE TESTING SOLUTIONS 2424 W ERIE DRIVE TEMPE, AZ 85282	LABORATORY TESTING	44,099,836
JONES LANG LASALLE AMERICAS INC 200 E RANDOLPH ST STE 430 CHICAGO, IL 60601	FACILITIES MGMT SVCS	13,695,913
DOMES CONSTRUCTION CORPORATION 393 EAST GRAND AVEMIE SOUTH SAN FRANCISCO, CA 94080	CONSTRUCTION SVCS	7,537,211
UPS PO BOX 8948 LOS ANGELES, CA 90189	DELIVERY SERVICES	5,075,763
TURNER CONSTRUCTION COMPANY 1401 ZUNI ST SUITE 301 DENVER, CO 80204	CONSTRUCTION SVCS	4,001,058

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 ▶ 180

Part VIII **Statement of Revenue**

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1a Federated campaigns				
1b Membership dues				
1c Fundraising events				
1d Related organizations 3,634,976				
1e Government grants (contributions)				
1f All other contributions, gifts, grants, and similar amounts not included above 3,952,120				
1g Noncash contributions included in lines 1a - 1f:\$ 744,500				
h Total. Add lines 1a-1f	7,587,096			

Program Service Revenue		Business Code				
2a BLOOD & COMPONENT SRV FEE		541900	490,751,693	490,751,693	0	0
2b LABORATORY SERVICES		621500	74,319,034	74,319,034	0	0
2c PLASMA FOR FRACTIONATION		541900	34,890,983	34,890,983	0	0
2d RESEARCH CONTRACTS		541700	23,605,572	23,605,572	0	0
2e PHARMACEUTICAL PRODUCTS		446110	424,488	424,488	0	0
2f All other program service revenue.			0	0	0	0
9 Total. Add lines 2a-2f.			623,991,770			

3 Investment income (including dividends, interest, and other similar amounts)			6,753,708	0	0	6,753,708
4 Income from investment of tax-exempt bond proceeds						
5 Royalties			27,642	0	0	27,642
6a Gross rents	(i) Real	(ii) Personal				
	6a		1,932,386			
	6b Less: rental expenses		0			
	6c Rental income or (loss)		1,932,386	0		
d Net rental income or (loss)			1,932,386	0	0	1,932,386
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	7a		23,156,697	29,414,300		
	7b Less: cost or other basis and sales expenses		15,469,131	4,093,590		
	7c Gain or (loss)		7,687,566	25,320,710		
d Net gain or (loss)			33,008,276	0	0	33,008,276
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
	8a					
	8b Less: direct expenses					
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19						

b Less: direct expenses	9b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	10a				
b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory					
11a MISCELLANEOUS INCOME	Business Code				
	900099	25,726,995	25,726,995	0	0
b NON-OPERATING MISC INCOME	900099	371,399	371,399	0	0
d All other revenue		0	0	0	0
e Total. Add lines 11a–11d		26,098,394			
12 Total revenue. See instructions		699,399,272	650,090,164	0	41,722,012

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Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).				
Check if Schedule O contains a response or note to any line in this Part IX <input type="checkbox"/>				
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,864,493	1,864,493		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	7,586,679	0	7,586,679	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	293,105,486	253,079,686	40,025,800	0
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	13,681,665	10,856,723	2,824,942	0
9 Other employee benefits	38,529,634	34,288,103	4,241,531	0
10 Payroll taxes	21,482,001	18,505,741	2,976,260	0
11 Fees for services (non-employees):				
a Management				
b Legal	888,099	0	888,099	0
c Accounting	401,386	0	401,386	0
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	321,401	0	321,401	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	10,324,043	5,188,035	5,136,008	0
12 Advertising and promotion	6,612,135	1,133,151	5,478,984	0
13 Office expenses	46,643,774	37,487,549	9,156,225	0
14 Information technology	19,075,295	9,534,065	9,541,230	0
15 Royalties				
16 Occupancy	44,115,193	38,441,292	5,673,901	0
17 Travel	14,164,052	13,377,974	786,078	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	479,864	0	479,864	0
21 Payments to affiliates				

22 Depreciation, depletion, and amortization	16,214,908	11,194,183	5,020,725	0
23 Insurance	5,884,923	5,341,578	543,345	0
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OPERATING & TESTING SUPPLIES	132,080,862	130,488,382	1,592,480	0
b PHARM/BLOOD PROD PURCHASE	5,504,981	5,504,981	0	0
c RESEARCH COSTS	4,754,823	4,754,823	0	0
d DONOR RECOGNITION & PROMO	2,419,452	1,977,539	441,913	0
e All other expenses	2,991,079	837,467	2,153,612	0
25 Total functional expenses. Add lines 1 through 24e	689,126,228	583,855,765	105,270,463	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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Part X **Balance Sheet**

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	84,392,677	1	71,724,969
	2 Savings and temporary cash investments	291,827	2	110,576
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	129,136,767	4	105,395,447
	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	416,537	7	225,251
	8 Inventories for sale or use	18,162,854	8	19,324,190
	9 Prepaid expenses and deferred charges	9,896,251	9	10,550,791
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 424,494,991		
	b Less: accumulated depreciation	10b 233,222,613	165,655,323	10c 191,272,378
	11 Investments—publicly traded securities	324,132,166	11	281,792,701
	12 Investments—other securities. See Part IV, line 11	500,000	12	2,808,716
	13 Investments—program-related. See Part IV, line 11	31,770,164	13	46,104,561
	14 Intangible assets		14	76,164,325
	15 Other assets. See Part IV, line 11	1,299,793	15	5,161,205
16 Total assets. Add lines 1 through 15 (must equal line 33)	765,654,359	16	810,635,110	
Liabilities	17 Accounts payable and accrued expenses	91,164,788	17	81,171,924
	18 Grants payable	20,715,747	18	1,026,072
	19 Deferred revenue	4,051,697	19	2,758,473
	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	17,246,998	23	22,579,858
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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	69,330,337	25	127,969,348
	26 Total liabilities. Add lines 17 through 25	202,509,567	26	235,505,675
Net 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	562,870,158	27	574,975,087
28 Net assets with donor restrictions	274,634	28	154,348	

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	563,144,792	32 575,129,435
33	Total liabilities and net assets/fund balances	765,654,359	33 810,635,110

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	699,399,272
2	Total expenses (must equal Part IX, column (A), line 25)	2	689,126,228
3	Revenue less expenses. Subtract line 2 from line 1	3	10,273,044
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	563,144,792
5	Net unrealized gains (losses) on investments	5	-40,555,460
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	42,267,059
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	575,129,435

Part XII Financial Statements and Reporting

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

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

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Additional Data

[Return to Form](#)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization Vitalant	Employer identification number 86-0098929
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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 **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities provided by the organization without charge, at a reduced rate, or for a nominal charge. . . .						

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

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
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)				12	
13	First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here					<input type="checkbox"/>

Section C. Computation of Public Support Percentage

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

Schedule A (Form 990) 2022

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4,934,147	4,705,344	5,980,178	16,250,573	7,587,096	39,457,338
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	511,696,316	488,055,066	622,696,937	677,106,593	650,090,164	2,949,645,076
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0
6	Total. Add lines 1 through 5	516,630,463	492,760,410	628,677,115	693,357,166	657,677,260	2,989,102,414
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.	0	0	0	0	0	0
c	Add lines 7a and 7b.	0	0	0	0	0	0
8	Public support. (Subtract line 7c from line 6.)						2,989,102,414

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6.	516,630,463	492,760,410	628,677,115	693,357,166	657,677,260	2,989,102,414
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,707,735	21,158,309	18,228,814	5,721,323	8,713,736	58,529,917
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0
c Add lines 10a and 10b.	4,707,735	21,158,309	18,228,814	5,721,323	8,713,736	58,529,917
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	0	0	0	0
13 Total support. (Add lines 9, 10c, 11, and 12.)	521,338,198	513,918,719	646,905,929	699,078,489	666,390,996	3,047,632,331
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. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f))	15	98.08 %
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	98.15 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f) divided by line 13, column (f))	17	2 %
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	2 %

- 19a 33 1/3% support tests-2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- b 33 1/3% support tests-2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Schedule A (Form 990) 2022

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filer's supported organizations?		

supported organizations, or any other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.

- 6** [] [] []
- 7** Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete *Part I of Schedule L (Form 990)*.
- 8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete *Part I of Schedule L (Form 990)*.
- 9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b** Did the organization have any excess business holdings in the tax year? (Use *Schedule C, Form 4720*, to determine whether the organization had excess business holdings).

6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Schedule A (Form 990) 2022

Part IV Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
 - a** A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
 - b** A family member of a person described on line 11a above?
 - c** A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in **Part VI**.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

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

	Yes	No
1		

Section D. All Type III Supporting Organizations

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

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**):
 - a** The organization satisfied the Activities Test. Complete **line 2** below.
 - b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
 - c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

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

- 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

	Yes	No

responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

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

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

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

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

2a		
2b		
3a		
3b		

Schedule A (Form 990) 2022

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount		Current Year	
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <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)			

Schedule A (Form 990) 2022

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activities that directly further exempt purposes of supported organizations in		

2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8	
9	Distributable amount for 2022 from Section C, line 6	9	
10	Line 8 amount divided by Line 9 amount	10	

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

Schedule A (Form 990) (2022)

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

Facts And Circumstances Test

Return Reference	Explanation
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Schedule A (Form 990) 2022

Software ID: 22016089
Software Version: 2022v5.0

Schedule B

(Form 990)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization Vitalant	Employer identification number 86-0098929
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Organization type (check one):

Filers of:

Section:

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

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

General Rule

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

Special Rules

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

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

Schedule B (Form 990) (2022)	Page 2
Name of organization Vitalant	Employer identification number 86-0098929

Part I

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			<input type="checkbox"/> Person

RESTRICTED

		\$ RESTRICTED	<input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <small>(Complete Part II for noncash contributions.)</small>

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Page 3

Name of organization Vitalant	Employer identification number 86-0098929
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

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

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization Vitalant	Employer identification number 86-0098929
----------------------------------	--

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

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

Additional Data

[Return to Form](#)

Software ID: 22016089
Software Version: 2022v5.0

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2022

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

Table with 2 columns: Name of the organization (Vitalant) and Employer identification number (86-0098929)

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

Table with 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

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

Table with 3 columns: Question number, Description, and Yes/No checkboxes. Includes questions 1-9 regarding conservation easements.

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

Table with 3 columns: Question number, Description, and Yes/No checkboxes. Includes questions 1a-2b regarding collections of art and historical treasures.

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

Table with 3 columns: Question number, Description, and Yes/No checkboxes. Includes question 3 regarding collection items.

- Public exhibition
- Loan or exchange programs
- b** Scholarly research
- e** Other
- c** Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . Yes No

Part IV Escrow and Custodial Arrangements.

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

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

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

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

- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	101,634	101,351	101,365	28,252,227	29,958,599
b Contributions					101,426
c Net investment earnings, gains, and losses	15	283	-14	5,158,659	-1,807,798
d Grants or scholarships					
e Other expenditures for facilities and programs				33,309,521	
f Administrative expenses					
g End of year balance	101,649	101,634	101,351	101,365	28,252,227

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

- a** Board designated or quasi-endowment ▶
- b** Permanent endowment ▶ 100 %
- c** Term endowment ▶

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

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

- (i)** Unrelated organizations
- (ii)** Related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		20,468,032		20,468,032
b Buildings		139,814,215	73,718,168	66,096,047
c Leasehold improvements		55,571,804	20,388,940	35,182,864
d Equipment		151,583,579	86,199,212	65,384,367
e Other		57,057,361	52,916,293	4,141,068
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				191,272,378

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		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		

(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

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) INVESTMENT IN CREATIVE TESTING	45,930,970	
(2) INVESTMENT IN HEMEXCEL	100,000	
(3) INVESTMENT IN IT SYNERGISTICS	73,591	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	46,104,561	

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
OPERATING LEASE LIABILITIES	85,184,786
PENSION EXPENSE - NOT FUNDED	32,349,621
DEFERRED PENSION - TEAMSTERS	5,080,907
LT TENANT IMPROVEMENT ALLOWANCE	4,324,883
CURRENT TENANT IMPROVEMENT ALLOW	692,933
OTHER	336,218
LONG TERM RENT STEP UP	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	127,969,348

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

Schedule D (Form 990) 2022

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

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

1. Total revenue, gains, and other support per audited financial statements	1
---	---

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	IRWIN MEMORIAL BLOOD CENTER, WHICH WAS MERGED INTO VITALANT, RECEIVED AN ENDOWMENT TO PROVIDE INFORMATION TO BLOOD-TRANSFUSED PATIENTS AND THEIR FAMILIES ON THE MEANS BY WHICH BLOOD UNITS ARE OBTAINED AND THE ESSENTIAL ROLE AND SACRIFICES OF BLOOD DONORS AND TO DEMONSTRATE APPRECIATION OF THE SACRIFICES OF BLOOD DONORS.
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	AT DECEMBER 31, 2022, THE COMPANY EVALUATED WHETHER IT HAD UNCERTAIN TAX POSITIONS THAT SHOULD BE RECOGNIZED OR DERECOGNIZED BASED ON A "MORE-LIKELY-THAN-NOT" THRESHOLD FOR TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN, INCLUDING THOSE TAX POSITIONS THAT WOULD NOT BE SUSTAINED UPON EXAMINATION IN ACCORDANCE WITH GUIDANCE RELATED TO ASC 740, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. THE TAX YEARS FOR THE COMPANY THAT ARE SUBJECT TO AUDIT BY THE IRS AND STATE DEPARTMENTS OF REVENUE ARE GENERALLY THE TAX YEARS ENDED DECEMBER 31, 2019, THROUGH THE CURRENT TAX YEAR, EXCEPT IN CERTAIN STATES WHERE THE OPEN TAX YEARS GENERALLY BEGIN WITH THE TAX YEAR ENDED DECEMBER 31, 2018. AS OF DECEMBER 31, 2022, THE COMPANY HAS NOT IDENTIFIED ANY SIGNIFICANT UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE THE RECORDING OF A TAX LIABILITY. THE COMPANY DOES NOT ANTICIPATE A CHANGE IN UNCERTAIN TAX POSITIONS FOR THE 12 MONTHS FOLLOWING THE YEAR ENDED DECEMBER 31, 2022. AS OF DECEMBER 31, 2022, THE COMPANY HAD NO INTEREST OR PENALTIES WHICH QUALIFIED FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

Schedule D (Form 990) 2022

Additional Data

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Software Version: 2022v5.0

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

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

Attach to Form 990.

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

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Vitalant

Employer identification number

86-0098929

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.)

Table with 6 columns: (a) Region, (b) Number of offices in the region, (c) Number of employees, agents, and independent contractors in the region, (d) Activities conducted in region (by type), (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region, (f) Total expenditures for and investments in the region. Includes sub-totals and totals for 2022.

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

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.

Table with 9 columns: (a) Name of organization, (b) IRS code section and EIN (if applicable), (c) Region, (d) Purpose of grant, (e) Amount of cash grant, (f) Manner of cash disbursement, (g) Amount of noncash assistance, (h) Description of noncash assistance, (i) Method of valuation (book, FMV, appraisal, other).

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

3 Enter total number of other organizations or entities

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.

Additional Data

Software ID: 22016089
Software Version: 2022v5.0

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

Schedule I (Form 990)

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

OMB No. 1545-0047 2022 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Vitalant

Employer identification number 86-0098929

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Includes rows for UNIV OF PITTSBURGH-DEPT OF MEDICINE, BLOOD CENTER FDN OF THE INLAND NW, etc.

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 9
3 Enter total number of other organizations listed in the line 1 table. 0

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50055P Schedule I (Form 990) 2022

Schedule I (Form 990) 2022

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

Table with 6 columns: (a) Type of grant or assistance, (b) Number of recipients, (c) Amount of cash grant, (d) Amount of noncash assistance, (e) Method of valuation (book, FMV, appraisal, other), (f) Description of noncash assistance. Includes rows (1) through (7).

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

Table with 2 columns: Return Reference, Explanation. Includes entry: Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds. SPONSORSHIP AND DONATIONS TO OTHER TAX-EXEMPT ENTITIES ARE MADE IN SUPPORT OF THEIR MISSIONS AND ARE MONITORED VIA THE GOVERNANCE PRACTICES OF THOSE ENTITIES.

Schedule I (Form 990) 2022

Additional Data

Return to Form

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

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

2022
Open to Public Inspection

Name of the organization Vitalant	Employer identification number 86-0098929
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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"/> Housing allowance or residence for personal use	
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)	
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee	
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	No
b Any related organization?	5b	No
If "Yes," on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	No
b Any related organization?	6b	No
If "Yes," on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Yes
8 Were any amounts reported on Form 990, Part VII, paid or 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	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ROBERT VAN TUYLE EVP, CHIEF OPERATIONS OFFICER	(i)	502,220	256,603	12,910	27,000	45,059	843,792	0
	(ii)	0	0	0	0	0	0	0
2 DAVID GREEN PRESIDENT/CEO	(i)	820,930	591,365	15,371	27,000	44,665	1,499,331	0
	(ii)	0	0	0	0	0	0	0
3 BHAVI SHAH EVP/CLO, GENERAL COUNSEL	(i)	424,738	226,465	11,377	20,500	49,173	732,253	0
	(ii)	0	0	0	0	0	0	0
4 MAUREEN MUSSELMAN EVP/CFO	(i)	389,732	196,524	12,402	27,000	21,376	647,034	0
	(ii)	0	0	0	0	0	0	0
5 ANTHONY BOBOS EVP/CHIEF INFORMATION OFFICER	(i)	384,216	204,018	35,421	27,000	44,526	695,181	23,004
	(ii)	0	0	0	0	0	0	0
6 RALPH VASSALLO EVP/CHIEF MEDICAL & SCIENTIFIC OFFICER	(i)	454,462	234,644	12,715	27,000	17,959	746,780	0
	(ii)	0	0	0	0	0	0	0
7 MARY BETH BASSETT EVP/CHIEF QUALITY OFFICER	(i)	396,679	201,480	18,766	27,000	19,695	663,620	0
	(ii)	0	0	0	0	0	0	0
8 PETER MICHAELSON EVP/CHIEF PEOPLE OFFICER	(i)	337,995	180,326	14,573	26,936	39,483	599,313	2,668
	(ii)	0	0	0	0	0	0	0

	(i)	(ii)	(iii)	(iv)	(v)	(vi)	(vii)	(viii)
9 DIRK JOHNSON EVP/BLOOD OPERATIONS & CHIEF OF STAFF	319,896	173,411	21,555	25,924	35,464	576,250	7,270	0
	0	0	0	0	0	0	0	0
10 KEVIN LAND VP, CLINICAL SERVICES	370,554	156,318	880	26,833	40,016	594,601	0	0
	0	0	0	0	0	0	0	0
11 CHARLES WILCOX III DIVISION VP, BLOOD SERVICES	348,983	132,202	21,818	24,739	19,818	547,560	7,769	0
	0	0	0	0	0	0	0	0
12 CLIFFORD NUMARK SVP, CHIEF STRAT MKT DONOR SVC	372,472	154,655	184	15,250	13,063	555,624	0	0
	0	0	0	0	0	0	0	0
13 BRIAN CUSTER SVP, RESEARCH & SCIENTIFIC PROGRAMS	354,552	132,669	0	15,250	27,691	530,162	0	0
	0	0	0	0	0	0	0	0
14 MICHAEL BUSCH MD SVP/RESEARCH & SCIENTIFIC PROG	414,596	187,037	25,940	27,000	33,890	688,463	10,829	0
	0	0	0	0	0	0	0	0

Schedule J (Form 990) 2022

Part III Supplemental Information

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

Return Reference	Explanation
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	CERTAIN EMPLOYEES PARTICIPATE IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN. THE FOLLOWING INDIVIDUALS EXPERIENCED A TAXABLE VESTING EVENT DURING THE YEAR AS FOLLOWS. THESE AMOUNTS WERE INCLUDED IN COLUMN (B)(III) AS TAXABLE WAGES. ANY PORTION OF THE DISTRIBUTION THAT WAS PREVIOUSLY REPORTED ON A PRIOR 990 AS DEFERRED HAS BEEN REPORTED IN COLUMN (F). ANTHONY BOBOS - \$23,004 MICHAEL BUSCH, MD - \$10,829 PETER MICHAELSON - \$2,668 DIRK JOHNSON - \$7,270 CHARLES WILCOX III - \$7,769
Schedule J, Part I, Line 7 Non-fixed payments	VITALANT HAS AN INCENTIVE PLAN FOR MANAGEMENT AND EXECUTIVES. AWARDS UNDER THE PROGRAM ARE AT THE DISCRETION OF THE BOARD OF TRUSTEES. THE PLAN MEASURES PERFORMANCE AGAINST MULTIPLE METRICS WHICH CARRY VARIOUS WEIGHTINGS, THE MOST HEAVILY WEIGHTED BEING QUALITY, SAFETY AND CUSTOMER SERVICE. TO ASSURE FINANCIAL STABILITY OF THE COMPANY, ONE OF THE METRICS IS ALSO A MEASUREMENT OF NET MARGIN, FINANCIAL PERFORMANCE AS A PERCENT OF REVENUES.

Schedule J (Form 990) 2022

Additional Data

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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization Vitalant	Employer identification number 86-0098929
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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				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (BLOOD DONOR ITEMS)	X	48	744,500	Market value
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29
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	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
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.		

Schedule M (Form 990) (2022) Page 2

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

Return Reference	Explanation
Schedule M, Part I Explanations of reporting method for number of contributions	Other - BLOOD DONOR ITEMS THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS IN COLUMN (B).

Additional Data

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Software Version: 2022v5.0

SCHEDULE O
(Form 990)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
Vitalant

Employer identification number
86-0098929

Return Reference	Explanation
Form 990, Part VI, Line 1a Delegate broad authority to a committee	The Executive Committee has the powers of the Board of Trustees between Board meetings, unless prohibited by law, the Articles of Incorporation, the Amended and Restated Bylaws or the Board's policy. The Executive Committee is composed of the Chair, the Vice Chair, the immediate Past Chair (if re-elected and qualified), the Chairs of each regular committee, and any additional Trustees at-large selected by the Board of Trustees.
Form 990, Part VI, Line 11b Review of form 990 by governing body	THE FORM 990 IS REVIEWED BY MANAGEMENT, INCLUDING CONFIRMATION OF COMPENSATION DISCLOSURES AGAINST W-2 AND 1099 REPORTING. A COPY OF THE DRAFT FORM 990 AND ALL SCHEDULES IS SUPPLIED TO ALL BOARD MEMBERS PRIOR TO THE MEETING HELD TO APPROVE THE FILING OF THE TAX RETURNS. THE W-2S AND 1099S ARE AVAILABLE FOR BOARD REVIEW UPON REQUEST. THE PAID PREPARER, ERNST & YOUNG, AND MEMBERS OF MANAGEMENT REVIEW THE FORM 990 WITH THE BOARD'S Audit, Quality, Compliance, & Risk Committee AND ARE AVAILABLE FOR ANSWERING QUESTIONS. ANY COMMENTS FROM THE BOARD ARE CONSIDERED PRIOR TO FILING WITH THE IRS.
Form 990, Part VI, Line 12c Conflict of interest policy	EACH YEAR, THE BOARD OF TRUSTEES, OFFICERS AND KEY EMPLOYEES ARE REQUIRED TO SIGN AND RETURN A CONFLICT OF INTEREST FORM TO COMPANY COUNSEL. ANY CONFLICTS DISCLOSED ARE DISCUSSED IN EXECUTIVE SESSION WITH THE BOARD'S AUDIT COMMITTEE AND RESOLVED. IN ADDITION, IN PREPARATION FOR THE FORM 990 FILING, ALL INDIVIDUALS CONSIDERED TO BE 'DISQUALIFIED PERSONS' ARE REQUIRED TO RESPOND TO A COMPREHENSIVE CONFLICT OF INTEREST AND FAMILY RELATIONSHIP QUESTIONNAIRE. ANY CONFLICTS DISCLOSED ARE DISCUSSED WITH THE BOARD'S AUDIT COMMITTEE AND DISCLOSED APPROPRIATELY ON THE FORM 990.
Form 990, Part VI, Line 15a Process to establish compensation of top management official	THE BOARD OF TRUSTEES HAS A Compensation and Management Development Committee WHOSE PURPOSE, AMONG OTHER THINGS, IS TO HIRE AN INDEPENDENT CONSULTING FIRM ONCE EVERY 2-3 YEARS TO PROVIDE DATA ON COMPETITIVENESS OF SALARIES AND BENEFITS FOR THE CEO, OFFICERS AND OTHER KEY EMPLOYEES OF THE CORPORATION. THIS PROCESS WAS COMPLETED IN 2020. THE MEMBERS OF THE Compensation and Management Development Committee OF THE BOARD ARE ALL INDEPENDENT TRUSTEES AND INCLUDE NO MEMBERS OF MANAGEMENT. THE RECOMMENDATIONS OF THE COMMITTEE ARE REVIEWED BY THE ENTIRE BOARD PRIOR TO APPROVAL. COMPENSATION FOR THESE INDIVIDUALS IS SET AND APPROVED BY THE BOARD EACH YEAR. THE RESULTS OF THESE DISCUSSIONS, REVIEWS AND APPROVALS ARE DOCUMENTED IN THE EXECUTIVE SESSION MINUTES OF THE BOARD MEETINGS.
Form 990, Part VI, Line 19 Required documents available to the public	UPON WRITTEN REQUEST TO THE CHIEF FINANCIAL OFFICER, A COPY OF THE FORM 990 WILL BE MAILED TO THE REQUESTER. THE FORM 990 FOR CURRENT AND PAST YEARS IS ALSO POSTED ON GUIDESTAR FOR ORGANIZATIONS TO ACCESS. THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT MADE AVAILABLE TO THE PUBLIC. THE ORGANIZATION'S COMBINED FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST.
Form 990, Part VII, Section A, Line 1a, Column (D) Trustee Compensation	Variability in Trustee compensation is attributed to hours spent on task forces, committees and service on affiliate Boards.
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	PENSION GAIN - 21227953; GAIN ON DECONSOLIDATION OF LIFESTREAM - 1486777; Gain on acquisition of Foundation - 19552329;

Additional Data

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Part VII Supplemental Information

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

Return Reference	Explanation
Schedule R, Part II	THERE ARE VARIOUS RELATED TAX-EXEMPT BLOOD BANKING ORGANIZATIONS THAT ARE INCLUDED IN A GROUP EXEMPTION, AND THEREFORE, IN ACCORDANCE WITH THE FORM 990 INSTRUCTIONS ARE NOT REPORTED ON SCHEDULE R, PART II.

Additional Data

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