### Form 8453-EO

### **Exempt Organization Declaration and Signature for Electronic Filing**

53-0196605

For calendar year 2012, or tax year beginning -07/01, 2012, and ending -06/30, 20 13

OMB No. 1545-1879

Department of the Treasury Internal Revenue Service Name of exempt organization

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868 Employer identification number

### Type of Return and Return Information (Whole Dollars Only)

AMERICAN NATIONAL RED CROSS & ITS CONSTI

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here   X b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	3412238741
2a	Form 990-EZ check here  b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here   Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

#### Part II **Declaration of Officer**

	Lauthoring the U.C. Treesing and the declarated Financial Aport to inflicts an Automated Classics House (ACH) electronic fundo
	I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds
	withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the
	organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment,
	I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement)
	date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential
	information necessary to answer inquiries and resolve issues related to the payment.
1	

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here Signature of officer

Check if

I Check if

#### Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions) Part III

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

Date

ERO's	ERO's signature	IMAN	2/12/14	also paid preparer X	self- employed	P00	451522
Use	Firm's name (or	KPMG LLP				EIN 13-	5565207
Only	yours if self-employed),	1676 INTERNATION	NAL DRIVE				
	address, and ZIP code	MCLEAN		VA 22	102	Phone no.	703-286-8000
		that I have examined the ab plete. Declaration of preparer is t					he best of my knowledg
Paid	Print/Type preparer's	name	Preparer's signature	Date		Check self-employ	if PTIN
Prepare	Firm's name					Firm's EIN	<b>&gt;</b>

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Firm's address

Form 8453-EO (2012)

| ERO's SSN or PTIN

Use Only

Phone no.

Form **990** 

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

		ende service The organization may have to use a copy of this return					specif			
A F	or th	he 2012 calendar year, or tax year beginning 07/01, 2012,	and endir		4 - 1	6/30, 20				
Во	heck if a	C Name of organization american national Red CROSS & its Constituent CHAPTERS AND BRANCHES		<b>D</b> Employer 53-01			ber			
	Addr									
	Nam	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone	numb	er				
	Initia	al return 2025 E STREET NW		(202) 3	03-	4498		111		
	Term	City, town or post office, state, and ZIP code		and the first seek						
	Ame	WASHINGTON, DC 20006-5009		G Gross rece	ipts \$	3,735,	618,	822.		
	Appl	F Name and address of principal officer: GAIL MCGOVERN		H(a) Is this a g affiliates?	oup re	turn for	Yes	X No		
		430 17TH ST. NW WASHINGTON, DC 20006		H(b) Are all aff	liates ir	ncluded?	Yes	No.		
1	Tax-ex	xempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) o	or 52	7 If "No," at	ach a l	ist. (see instruc	tions)			
J	Webs	site: > WWW.REDCROSS.ORG		H(c) Group exe	mption	number 🕨				
K	Form	of organization: X Corporation Trust Association Other	L Year o	f formation: 1900 N	Stat	e of legal do	micile:	DC		
Pa	rt I	Summary					1111	410		
	- 1	Briefly describe the organization's mission or most significant activities:		Territory in	11	11111	1 11	111		
ø		THE AMERICAN NATIONAL RED CROSS PREVENTS AND ALLE	VIATES 1	HUMAN*			111			
anc		SUFFERING IN THE FACE OF EMERGENCIES BY MOBILIZIN	G THE P	OWER OF	100	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
ern		VOLUNTEERS AND THE GENEROSITY OF DONORS.								
& Governance	2	Check this box  if the organization discontinued its operations or disposed	d of more tha	an 25% of its net asse	ets.					
త	3	Number of voting members of the governing body (Part VI, line 1a)			. 3			19.		
ties	4	Number of independent voting members of the governing body (Part VI, line 1b)				1011	1	18.		
Activities	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		i cati i cati	. 5		28,	,973.		
Ac	6	Total number of volunteers (estimate if necessary)					400,	,000.		
	7a	Total unrelated business revenue from Part VIII, column (C), line 12			. 7a		984,	,755.		
1.5	b	Net unrelated business taxable income from Form 990-T, line 34	resistiv		. 7b	-1,	296,	059.		
				Prior Year			ent Ye			
je je	8	Contributions and grants (Part VIII, line 1h)		741,190,7	37.	1,133,	413,	010.		
ent	9	Program service revenue (Part VIII, line 2g)		2,290,746,4			884,	552.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		59,037,3	56.			218.		
a.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		63,563,4				961.		
14.	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).	odini.	3,154,538,0			238,	741.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		212,460,3	08.	223,	710,	637.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		i na tatili sa hat	<u> </u>			(		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).		1,723,401,1	33.	1,772,	593,	711.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		1	0				44.75	(
Σxp		Total fundraising expenses (Part IX, column (D), line 25) ▶189,430,809			alkin!					
ä		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,393,292,2						
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,329,153,7						
. (0	19	Revenue less expenses. Subtract line 18 from line 12	<u> Chair</u>	-174,615,6	64.	55,	358,	261.		
S OI				Beginning of Current			of Year			
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		3,777,960,0						
nd E	21	Total liabilities (Part X, line 26)		2,182,737,6						
	22	Net assets or fund balances. Subtract line 21 from line 20.		1,595,222,4	50.	1,990,	057,	252.		
	rt II	Signature Block				10.00				
true	er pei	nalties of perjury, I declare that I have examined this return, including accompanying schedulect, and complete. Declaration of preparen (other than officer) is based on all information of which	es and statem h preparer has	nents, and to the best of any knowledge.	of my	knowledge	and bel	ief, it is		
	1,45			The billing	1	111	5 .	111		
Sig	n	Signature of officer	0	Date	-/	19/	00	14		
Her		Rose Will To Khen	Chy	Date	111					
		Type or print name and title	40				1 1 1 1			
-		Print/Type preparer's name Preparer's signature	Date			DTIN				
aid		CCOTTE M. CHEDMAN	7	Check	'''	PTIN	F1 F1			
rep	arer	ROPU III IN V	2/12/			P004		.2		
Jse	Only	Firm's name KPMG LLP	00	Firm's EIN		-556520				
Mary	the II	Firm's address ► 1676 INTERNATIONAL DRIVE MCLEAN, VA 221 RS discuss this return with the preparer shown above? (see instructions)	.02	Phone no.	703	3-286-8				
viay	tile II	ouscuss this return with the preparer snown above? (see instructions)		<u>٠, ٢٠٢٠ كې د ١٠٠٠ كې</u>		. X Ye	S	No		

JSA 2E1010 1.000 06583L 2502

Form 990 (2012)

# Form **8868**

(Rev. January 2013)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service ► File a separate

OMB No. 1545-1709

File a separate application for each return.

internal nevenu									
<ul> <li>If you are</li> </ul>	filing for an Automatic 3-Month Extension, of filing for an Additional (Not Automatic) 3-Month Extension, of filing for an Additional (Not Automatic) 3-Month Extension, of filing for an Additional (Not Automatic) 3-Month Extension, of filing for an Automatic 3-Month Extension, of filing for an Additional (Not Automatic 3-Month Extension).	onth Exter	nsion, complete onl	y Part II (on page 2 o	f this	form).		<b>▶</b> ✓	
Oo not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.									
a corporation 8868 to rec Return for	filing (e-file). You can electronically file Form on required to file Form 990-T), or an addition quest an extension of time to file any of the tangent Transfers Associated With Certain Persona s). For more details on the electronic filing of the	al (not auto forms lister l Benefit (	omatic) 3-month exte d in Part I or Part II Contracts, which me	ension of time. You o with the exception o ust be sent to the I	an el of For RS in	ectron m 887 n pape	ically file '0, Inforn er format	Form nation t (see	
Part I	<b>Automatic 3-Month Extension of Time</b>	Only sul	omit original (no co	opies needed).					
A corporat Part I only	ion required to file Form 990-T and reque	sting an a	utomatic 6-month	extension—check th			-	te 🗆	
	prporations (including 1120-C filers), partnersh	ips, REMIC	Cs, and trusts must u	use Form 7004 to req	juest	an ext	ension o	f time	
to file incon	ne tax returns.			•					
				Enter filer's identifyin	•			ctions	
Type or	Name of exempt organization or other filer, see in			Employer identification	ı numi	oer (EIN	1) or		
print	American National Red Cross & Its Constituent	t Chapters a	and Branches		01966				
File by the	Number, street, and room or suite no. If a P.O. bo	ox, see instru	uctions.	Social security number	r (SSN	1)			
due date for filing your	City, town or post office, state, and ZIP code. For	o fornian o	delugas and instrumenting						
eturn. See nstructions.		a loreign ad	daress, see instruction	S. <sub>.</sub>					
nstructions.	WASHINGTON, DC 20006-5009								
Enter the Re	eturn code for the return that this application is	s for (file a	separate application	for each return) .			. [	0 1	
Applicatio	on	Return	Application				Ret	urn	
Is For		Code	ls For				Co	de	
Form 990 c	or Form 990-EZ	01	Form 990-T (corpo		O	7			
Form 990-		02	Form 1041-A	Form 1041-A			08		
Form 4720	) (individual)	03	Form 4720				09		
Form 990-		04	Form 5227				10		
	T (sec. 401(a) or 408(a) trust)	05	Form 6069				11		
Form 990~	T (trust other than above)	06	Form 8870				1;	2	
	s are in the care of FINANCIAL MANAGEME			·	र राग पण क्षेत्र क्या का का				
Telephone			AX No. ▶			_			
If this is fo	anization does not have an office or place of bu or a Group Return, enter the organization's fou	isiness in t r digit Grou	he United States, ch	eck this box			▶ this is	►U	
	le group, check this box				<u> </u>				
	ne names and EINs of all members the extension		or the group, check	THIS DOX		_ anu	allacii		
	uest an automatic 3-month (6 months for a co		equired to file Form	990-T) extension of ti	me.				
until						Thee	xtension	ie	
	ne organization's return for:	ipi organiz	anon rotal in for the c	rganization namod di	DOVC.	THE	XICH3IO(I	10	
	calendar year 20 or								
	• —								
▶ 🗹	tax year beginningJULY 1	, 20	12 , and ending	JUNE 30		. 2	20 13	_	
	e tax year entered in line 1 is for less than 12 m								
	hange in accounting period								
	s application is for Form 990-BL, 990-PF, 990	-T, 4720, c	or 6069, enter the ter	ntative tax, less any					
nonre	efundable credits. See instructions.				За	\$		0	
	is application is for Form 990-PF, 990-T, 4								
	nated tax payments made. Include any prior ye				3b	\$		0	
c Bala	nce due. Subtract line 3b from line 3a. Include	your payr	nent with this form, i	f required, by using					
	PS (Electronic Federal Tax Payment System). S				3с			0	
<b>Caution.</b> If yo	ou are going to make an electronic fund withdrawal v	vith this For	m 8868, see Form 8453	3-EO and Form 8879-E0	o for p	aymen	t instruction	ons.	

E 0000	(Day 4 0040)				Bogo 9		
	(Rev. 1-2013) re filing for an <b>Additional (Not Automatic)</b> 3	Month Exter	acion complete e	anly Part II and check this hov	Page 2		
-	nly complete Part II if you have already been						
	re filing for an Automatic 3-Month Extension						
Part II	Additional (Not Automatic) 3-Mont	h Extension	of Time. Only fil				
			<u> </u>	Enter filer's identifying number, se			
Type or print							
File by the due date fo	Number, street, and room or suite no. If a P.0	O. box, see instr	ructions.	Social security number (SSN)			
filing your return. See instructions		. For a foreign a	iddress, see instructi	ions.			
Enter the	Return code for the return that this applicati	ion is for (file a	separate applicat	ion for each return)			
Applica Is For	tion	Return Code	Application Is For		Return Code		
Form 99	00 or Form 990-EZ	. 01					
Form 99	00-BL	02	Form 1041-A		80		
<del></del>	'20 (individual)	03	Form 4720		09		
Form 99		04	Form 5227		10		
	00-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11		
Form 99	00-T (trust other than above)	06	Form 8870 .		12		
Telepho If the or If this is for the w	oks are in the care of ▶ one No. ▶ rganization does not have an office or place s for a Group Return, enter the organization's hole group, check this box . ▶ ☐ he names and EINs of all members the exter	FAX of business in four digit Gro . If it is for par	No. ► the United States, up Exemption Nur	, check this box	his is		
	request an additional 3-month extension of ti or calendar year, or other tax year beg the tax year entered in line 5 is for less than Change in accounting period tate in detail why you need the extension			, 20, and ending Initial return ☐ Final return	20		
	this application is for Form 990-BL, 990-PF,	990-T 4720	or 6069, enter the	tentative tax less any			
Q⊃ !+	onrefundable credits. See instructions.			8a \$			
ng	b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any						
b If es ar		prior year ove	erpayment allowed	d as a credit and any 8b \$			

Under penalties of perjury, I	declare that I have	examined this form, ir	cluding accompanying	schedules and	statements, ar	nd to the best of my	
knowledge and bellef, it is true	, correct, and comple	ete, and that I am autho	rized to prepare this for	m.			

Title ➤ CFO

Date ► /0 - 2.4 - 13
Form **8868** (Rev. 1-2013)

Form 990 (2012)

Forr	n 990 (2012) Page <b>2</b>
Pa	Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission:
	THE AMERICAN RED CROSS PREVENTS AND ALLEVIATES HUMAN SUFFERING IN THE FACE OF EMERGENCIES BY MOBILIZING THE POWER OF VOLUNTEERS AND THE
	GENEROSITY OF DONORS.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes   No  If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
4	If "Yes," describe these changes on Schedule O.  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.
	(Code:) (Expenses \$2,164,814,832. including grants of \$) (Revenue \$2,037,731,645) BIOMEDICAL SERVICES - SEE SCHEDULE O
4b	(Code:) (Expenses \$449,832,533 including grants of \$170,344,637 ) (Revenue \$)  DOMESTIC DISASTER SERVICES - SEE SCHEDULE O
4c	(Code:) (Expenses \$
	INTERNATIONAL RELIEF AND DEVELOPMENT SERVICES - SEE SCHEDULE O
	Other program services (Describe in Schedule O.) ATTACHMENT 1 SEE SCHEDULE O (Expenses \$ 330,067,698. including grants of \$ ) (Revenue \$ 125,152,907. )  Total program service expenses \$ 3,037,456,680

Form **990** (2012) V 12-7.12 426054 PAGE 3 Form 990 (2012) Page 3

Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
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 Revenue Procedure 98-19? If "Yes," complete Schedule C,	١_		3.7
_	Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If	6		Х
7	"Yes," complete Schedule D, Part I	-		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	<b>_</b>		- 2 2
3	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			•
-	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	l		3.7
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f	X	
12.	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes,"		21	
1 Z a	complete Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	124		
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	4-		37
40	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	10	Х	
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	^	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19	X	
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	21	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2012) Page 4

Part	Checklist of Required Schedules (continued)			
	·		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
_	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
_	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? <b>Note</b> . All Form 990 filers are required to complete Schedule O	38	X	1

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Statements Regarding Other IRS Filings and Tax Compliance

Par				
	Check if Schedule O contains a response to any question in this Part V			. X
	5		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3,168  Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 6			
	Enter the number of Forme W 20 moladed in the 1d. Enter of in het applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1.0	Х	
2-	reportable gaming (gambling) winnings to prize winners?	1c	Λ	
Za	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  28,973			
h	Statements, filed for the calendar year ending with or within the year covered by this return . 28, 973 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
D	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20	21	
3 2	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	Χ	
b	If "Yes," enter the name of the foreign country: ▶ SEE SCHEDULE O			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Χ
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	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	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.		v
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7e		Х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		- 11
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
Ū	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
a	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			
_	Enter the amount of reserves on hand 13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Vos " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14a		

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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 line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. etion in this Part \/I

	Check if Schedule O contains a response to any question in this Part VI		• •	X
Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent <u>1b</u> 18			
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			3.7
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	37	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X	
6	Did the organization have members or stockholders?	6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		Χ	
	one or more members of the governing body?	7a	Λ	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	76		X
_	stockholders, or persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	0.0	Χ	
a	The governing body?	8a 8b	X	
b	Each committee with authority to act on behalf of the governing body?	OD		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Χ
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	_	)	
	on bit online (The cooler Broquette mornialer about penales net required by the mornial nevertal		Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	Χ	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	···		
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Χ	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Χ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Χ	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Χ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Χ	
13	Did the organization have a written whistleblower policy?	13	Χ	
14	Did the organization have a written document retention and destruction policy?	14	Χ	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Χ	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
<u>C1</u>	organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5	01(c)(	3)s o	nly)
	available for public inspection. Indicate how you made these available. Check all that apply.  X Own website			
40		<b>.</b> :		_ P -
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict o	ī inter	est p	olicy,
20	and financial statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization:   Jennifer Hawkins 430 17th Street NW WASHINGTON, DC 20006 202-303-5028	Ю		
	<u> </u>			

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

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

- 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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- · List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unle	Pos heck ss pe	rson	e than or trust Highest compensated employee	an	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) CESAR A. ARISTEIGUIETA	4.00									
BOARD MEMBER	3.00	X						C	0	0
(2) AFSANEH BESCHLOSS BOARD MEMBER		Х							0	0
(3) PAULA E. BOGGS	4.00	Λ							0	
BOARD MEMBER		Х							0	0
(4) RICHARD K. DAVIS	4.00									
BOARD MEMBER		Х						C	0	0
(5) ALLAN I. GOLDBERG	6.00									
BOARD MEMBER		Х						C	0	0
(6) JON HUNTSMAN	4.00									
BOARD MEMBER		Х						C	0	0
(7) JAMES W. KEYES	6.00									
BOARD MEMBER		Х						С	0	0
(8) JOE MADISON	3.00							_		_
BOARD MEMBER	15.00	X						C	0	0
(9) BONNIE MCELVEEN-HUNTER	15.00	37						C	0	0
BOARD MEMBER (10) JUDITH MCGRATH	4.00	X						C	0	
BOARD MEMBER		Х							0	0
(11) SUZANNE NORA JOHNSON	5.00									
BOARD MEMBER		Х						C	0	0
(12) RICHARD C. PATTON	5.00									
BOARD MEMBER		Х		L				C	0	0
(13) LAURENCE E. PAUL	5.00									
BOARD MEMBER		X						C	0	0
(14) JOSEPH B. PERELES	6.00									
BOARD MEMBER		X						C	0	0

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P	art VII Section A. Officers, Directors, Tru	ustees, Ke	y Em	plc	ye	es,	and F	ligl	hest Compensat	ed Employees (d	ontinued)
	(A) Name and title	(B) Average hours per week (list any hours for related	Position (do not check more than one box, unless person is both an officer and a director/trustee)  Reportable compensation compensation from relate organizate		(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the					
		organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1033-WIGG)	organization and related organizations
15	) JOSUE ROBLES, JR.	4.00									
_	BOARD MEMBER		X						0	0	0
16	) MELANIE R. SABELHAUS	7.00									
_	BOARD MEMBER		X						0	0	0
17	) TINA SCHIEL	4.00									
_	BOARD MEMBER		X						0	0	0
18	) H. MARSHALL SCHWARZ	4.00									0
	BOARD MEMBER	F 00	X						U	U	0
T 5	) WILLIAM S. SIMON	5.00									0
	BOARD MEMBER	6.00	X						0	U	0
	) STEVEN H. WUNNING	6.00	37								0
21	BOARD MEMBER ) GAIL MCGOVERN	60 00	X						U	U	0
	·	60.00	,		Х				E 6 4 0 6 4		E7 407
22	PRESIDENT AND CEO ) BRIAN RHOA	60.00	X		Λ				564,864.	0	57,497.
. 22	CHIEF FINANCIAL OFFICER				Х				377,846.		39,920.
23	) DALE BATEMAN	60.00			/\				377,040.	0	33,320.
	SVP, CHIEF AUDIT EXECUTIVE				Х				254,783.	0	38,018.
24	) DAVID MELTZER	60.00			- /\				234,703.		30,010.
	GEN COUNSEL & CHIEF INT'L OFF.				Х				264,325.	0	49,624.
25	) JENNIFER HAWKINS	60.00			21				204,323.		40,024.
	CORPORATE SECRETARY				Х				177,525.		16,549.
_	b Sub-total			l	1 2 2				0	0	0
	c Total from continuation sheets to Part VII, S	ection A							6,350,473.	0	713,200.
	d Total (add lines 1b and 1c)	-							6,350,473.	0	713,200.
	Total number of individuals (including but not				d al	bove	e) who	o re		\$100.000 of	-, -, -, -, -, -, -, -, -, -, -, -, -, -
	reportable compensation from the organization		1010				,			,,	
_	- · · · · · · · · · · · · · · · · · · ·										Yes No
3	Did the organization list any former office employee on line 1a? If "Yes," complete Sched.										3 X
4	For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	0,0	00?	' If	"Yes	5,"	complete Schedu	le J for such	4 X
5											
_	for services rendered to the organization? If "Ye										5 X
-	ection 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	
ATTACHMENT 2	SEE SCHEDULE O			

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 307

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Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plo			and H	ligl		ed Employees (d	continued)
(A) Name and title	(B) Average hours per week (list any hours for related	box,	unles er and	Pos heck ss pe d a d	rson	e than or is both a or/truste	an ee)	(D)  Reportable compensation from the	Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	ey employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
26) MELISSA HURST	60.00				.,			214 600		21 200
CHIEF HUMAN RESOURCES OFFICER	60 00				Х			314,689.	U	31,398
27) GERALD DEFRANCISCO	60.00				.,,			404 650		21 070
PRESIDENT, HUMAN SER	60.00				Х			424,658.	0	31,879
28) SHAUN GILMORE	60.00									
PRESIDENT, BIOMEDICAL SERVICES					Х			490,550.	0	54,931
29) J. CHRIS HROUDA	60.00									0.6.04.
EXEC VP, BIOMED SERVICES					Х			478,218.	0	26,317
30) NEAL LITVACK	60.00									
CHIEF DEVELOPMENT OFFICER					Х			312,624.	0	54,203
31) CHRISTINA SAMSON	60.00									
CHIEF INVESTMENT OFFICER					Х			307,138.	0	61,283
32) GREG BALLISH	60.00									
SVP, BIOMEDICAL SERVICES						Х		355,586.	0	47,460
33) WILLIAM MOORE	60.00									
SVP, BIOMEDICAL SERVICES						Х		357 <b>,</b> 809.	0	43,811
34) KATHRYN WALDMAN	60.00									
SVP, QUALITY AND REG AFFAIRS						X		345,385.	0	41,415
35) JOHN CRARY  CHIEF INFORMATION OFFICER	60.00	-				Х		354,351.	0	30 <b>,</b> 678
36) STEVEN WAGNER	60.00									
VP, DEVELOPMENT OPERATIONS						X		586,630.	0	33 <b>,</b> 276
to Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)  Total number of individuals (including but not	ection A limited to t						re	ceived more than	\$100,000 of	
reportable compensation from the organization	n <b>▶</b>	1010	)							V N
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										Yes No
<b>4</b> For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	0,0	00?	. If	"Yes,	,"	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yo	accrue co	mpen	satio	on f	fron	any	un	related organization	on or individual	5 X

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

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

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Part VII Section A. Officers, Directors, T	riistees Ka	v Fn	nnlo	.Ve		and F	lial	hest Compensat	ed Emplo	VAAS (C	ontinue		age <b>8</b>
(A) Name and title	(B) Average hours per week (list any hours for	(do i box,	not cl unles	Pos heck ss pe	c) sition more	e than o	ne an	(D)  Reportable compensation from the	(E) Reporta compensati relate organiza	able ion from	Es am	(F) timated nount of other pensatio	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099		fro orga and	om the anizatior d related anization	n I
37) MARY ELCANO FORMER GNRL CNSEL & CORP SECR	60.00						Х	383,492.		0		54 <b>,</b> 9	41.
1b Sub-total c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)	Section A						<b>&gt; &gt; &gt;</b>						
Total number of individuals (including but no reportable compensation from the organization)	t limited to t		liste				o re	eceived more than	\$100,000	of			
3 Did the organization list any former of													No
<ul> <li>employee on line 1a? If "Yes," complete Sche</li> <li>For any individual listed on line 1a, is the organization and related organizations organizations.</li> </ul>	sum of rep greater than	portab	ole o	com 00?	pen	satior <i>"Ye</i> s	n ai	nd other compens	sation from	the	3	X	
<ul> <li>individual</li></ul>	or accrue co	mpen	sati	on f	fron	n any					5	X	Х
Complete this table for your five highest co- compensation from the organization. Report year.													
(A) Name and business a	ddress							(B) Description of se	ervices	С	(C) ompens	sation	
							+						

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

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Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII (B) (C) (D) Related or Unrelated Revenue Total revenue business excluded from tax exempt revenue function under sections 512, 513, or 514 revenue Contributions, Gifts, Grants and Other Similar Amounts 95,529,494. Federated campaigns 1b Membership dues С Fundraising events 24,033,718 1d 1e 53,733,489 Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above . 1f 960,116,309. Noncash contributions included in lines 1a-1f: \$ \_ 37,090,628 Total. Add lines 1a-1f 1,133,413,010 Program Service Revenue **Business Code** 541900 2,037,731,645 BIOMEDICAL PRODUCTS & SERVICES 2,037,731,645 OTHER PRODUCTS & SERVICES 900099 125,152,907 125,152,907 h С f All other program service revenue 2,162,884,552 Investment income (including dividends, interest, and 44,935,982. Income from investment of tax-exempt bond proceeds . . . > 4 5 (i) Real (ii) Personal 16,745,624. 6a Gross rents **b** Less: rental expenses 6,290,621. 10,455,003. Rental income or (loss) . . 2,888,759. Net rental income or (loss) . . 10,455,003 7,566,244. (i) Securities (ii) Other Gross amount from sales of 302,296,016. 13,133,120. assets other than inventory **b** Less: cost or other basis and sales expenses . . . 298,535,556. 8,168,344. 3,760,460. 4,964,776 c Gain or (loss) d Net gain or (loss) 8,725,236. 8,725,236 Other Revenue Gross income from fundraising events (not including \$ \_\_24,033,718. of contributions reported on line 1c). 9,287,437 See Part IV, line 18 . . . . . . . . . . . a Less: direct expenses c Net income or (loss) from fundraising events . . . . . . . -438,855 -438,855. 9a Gross income from gaming activities. See Part IV, line 19 820,246 660,389. **b** Less: direct expenses c Net income or (loss) from gaming activities 159,857 159,858. Gross sales of inventory, 10a returns and allowances **b** Less: cost of goods sold Net income or (loss) from sales of inventory. Miscellaneous Revenue **Business Code** PENSION PLAN DEF REV & OTHER 900099 54,649,332 54,007,960 641,372 11a PARTNERSHIP & S-CORP LOSS 900099 -2,545,376 -2,545,376. b С **d** All other revenue 52,103,956 e Total. Add lines 11a-11d Total revenue. See instructions 984,755 60,948,465.

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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 resp				
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	170,344,637.	170,344,637.		
3	Grants and other assistance to governments, organizations, and individuals outside the	53,366,000.	53,366,000.		
	United States. See Part IV, lines 15 and 16 Benefits paid to or for members	33,300,000.	33,300,000.		
4 5	Compensation of current officers, directors, trustees, and key employees	4,602,313.		4,227,110.	375,203
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and	1,002,010.		1,22,,120	0.0,200
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	1,324,855,754.	1,180,118,711.	65,007,941.	79,729,102
8	Pension plan accruals and contributions (include section				
	401(k) and 403(b) employer contributions)	230,869,256.		2,831,895.	4,388,045
9	Other employee benefits	136,466,292.		7,399,013.	19,568,750
0	Payroll taxes	75,800,096.	59,303,698.	13,859,220.	2,637,178
11	Fees for services (non-employees):			.=	=4 000
	Management	1,188,101.		47,524.	71,286
b	Legal	5,418,672.	5,418,672.	00.604	100 051
	Accounting	2,315,848.	2,084,263.	92,634.	138,951
	Lobbying	258,763.	244,760.	4,951.	9,052
	Professional fundraising services. See Part IV, line 17	11 002		11 000	
	Investment management fees	11,923.		11,923.	
g	Other. (If line 11g amount exceeds 10% of line 25, column	220 026 120	172 122 006	7 175 014	EO 620 120
_	(A) amount, list line 11g expenses on Schedule O.)	230,926,139. 19,744,475.	173,122,096. 18,582,008.	7,175,914.	50,628,129 1,160,872
2	Advertising and promotion	133,589,542.	130,326,020.	115,366.	3,148,156
3 4	Office expenses	29,050,149.	28,956,007.	106.	94,036
5	Information technology	23,030,113.	20/330/007.	100.	J 1 7 0 3 0
6	Royalties	88,939,582.	69,638,158.	19,301,424.	
7	Occupancy	113,353,962.	105,399,509.	2,767,630.	5,186,823
8	Payments of travel or entertainment expenses	110,000,001	100/000/0001	2,707,000	0,100,020
	for any federal, state, or local public officials	0			
9	Conferences, conventions, and meetings	4,192,991.	3,763,750.	160,587.	268,654
20	Interest	38,361,141.	34,641,670.	570,108.	3,149,363
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	63,204,807.	58,211,730.	2,046,190.	2,946,887
23	Insurance	59,484,341.	57,053,145.	657,211.	1,773,985
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.)				
	BIOMEDICAL PROGRAM SUPPLIES	448,912,146.	447,381,490.	33,178.	1,497,478
	MINOR EQUIPMENT PURCHASES	51,104,597.	47,774,584.	2,974,049.	355,964
	OTHER PROGRAM SUPPLIES AND M	46,288,795.	45,512,277.	252 656	776,518
	AUTO RENTAL & MAINTENANCE	9,285,704.	8,407,579.	373,670.	504,455
	All other expenses	14,944,454.	3,588,780.	333,752.	11,021,922
2 <u>5</u> 26	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and the control of t	3,356,880,480.	3,037,456,680.	129,992,991.	189,430,809.
JSA	fundraising solicitation. Check here following SOP 98-2 (ASC 958-720) fig.	0			Form <b>990</b> (2012

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Form **990** (2012)

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## Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X  (A) Beginning of year  1 Cash - non-interest-bearing 52,904,504. 1	(B) End of year
Beginning of year	End of year
1 Cash - non-interest-bearing 52,904,504. 1	
	82,721,425.
2 Savings and temporary cash investments 626,871,262. 2	618,138,669.
3 Pledges and grants receivable, net 86,040,808. 3	92,508,565.
4 Accounts receivable, net 216, 517, 153. 4	233,088,323.
5 Loans and other receivables from current and former officers, directors,	
trustees, key employees, and highest compensated employees.	
Complete Part II of Schedule L 0 5	0
6 Loans and other receivables from other disqualified persons (as defined under section	
4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	
organizations (see instructions). Complete Part II of Schedule I	0
7 Notes and loans receivable, net 0 7 8 Inventories for sale or use 113,876,295. 8	0
	112,950,068.
9 Prepaid expenses and deferred charges 274,106,981. 9	274,211,712.
10 a Land, buildings, and equipment: cost or	
other basis. Complete Part VI of Schedule D  10a 2003737999.	
<b>b</b> Less: accumulated depreciation	
11 Investments - publicly traded securities 793, 697, 549. 11	<del></del>
12 Investments - other securities. See Part IV, line 11 563, 153, 000. 12	-
13 Investments - program-related. See Part IV, line 11 0 13	
14 Intangible assets 0 14	
15       Other assets. See Part IV, line 11       0       15         16       Total assets. Add lines 1 through 15 (must equal line 34)       3,777,960,071.       16	
· · · · · · · · · · · · · · · · · · ·	
' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	
21 Escrow or custodial account liability. Complete Part IV of Schedule D  22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified payables. Complete Part II of Schedule I.	
trustees, key employees, highest compensated employees, and	
disqualified persons. Complete Part II of Schedule L 0 22	0
23 Secured mortgages and notes payable to unrelated third parties 274,501. 23	
24 Unsecured notes and loans payable to unrelated third parties 324,347,384. 24	493,202,240.
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	
<b>26</b> Total liabilities. Add lines 17 through 25	1,908,777,901.
Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.	
27 Unrestricted net assets 133,686,494. 27	398,444,223.
28 Temporarily restricted net assets 757,513,071. 28	
29 Permanently restricted net assets	730,008,101.
complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.  30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances  133,686,494. 27 757,513,071. 28 704,022,885. 29 30 31 32 33 34 35 36 37 37 38 38 39 30 30 31 32 31 32 33 31 32 33 33 34 34 35 36 37 37 38 38 38 39 39 30 30 31 31 32 32 33 31 32 33 33 34 34 35 36 37 37 38 38 38 38 38 38 38 38 38 38 38 38 38	
30 Capital stock or trust principal, or current funds	
31 Paid-in or capital surplus, or land, building, or equipment fund	
32 Retained earnings, endowment, accumulated income, or other funds	
33 Total net assets or fund balances 1,595,222,450. 33	
34 Total liabilities and net assets/fund balances 3,777,960,071. 34	3,898,835,153.

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Part	XI Reconciliation of Net Assets								
	Check if Schedule O contains a response to any question in this Part XI				X				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,4	12,2	38,7	741.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,3	56 <b>,</b> 8	80,4	180.			
3	Revenue less expenses. Subtract line 2 from line 1	3		55 <b>,</b> 3	58,2	261.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,5	95 <b>,</b> 2	22,4	150.			
5	Net unrealized gains (losses) on investments								
6	Donated services and use of facilities	6				0			
7	Investment expenses	7				0			
8	Prior period adjustments	8				0			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2	47,2	94,8	393.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line								
	33, column (B))	10	1,9	90,0	57 <b>,</b> 2	252.			
Part									
	Check if Schedule O contains a response to any question in this Part XII								
					Yes	No			
1	Accounting method used to prepare the Form 990: CashX Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain in								
	Schedule O.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	lor						
	reviewed on a separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?			2b	Χ				
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ed o	n a						
	separate basis, consolidated basis, or both:								
	Separate basis X Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	ight							
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant?	)	2c	X				
	If the organization changed either its oversight process or selection process during the tax year, e	xplair	n in						
	Schedule O.								
3a	As a result of a federal award, was the organization required to undergo an audit or audits as see	forth	n in						
	the Single Audit Act and OMB Circular A-133?			3a	X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the		3.7				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits		3b	Χ				

Form **990** (2012)

### SCHEDULE A (Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

OMB No. 1545-0047
2012

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT

Open to Public Inspection

Employer identification number

CHA	APTE:	RS AND BRANCH	ES							53-	-0196605
Pa	rt I	Reason for Pub	lic Charity Status	<b>s</b> (All organizations mu	st con	nplete	this pa	art.) Se	e instru	uctions	).
The	orga	nization is not a pri	vate foundation bed	cause it is: (For lines 1 th	rough	11, che	ck only	one bo	x.)		
1		A church, convent	ion of churches, or	association of churches	describ	ed in <b>s</b>	ection	170(b)(	1)(A)(i)		
2		A school describe	d in <b>section 170(b)</b>	(1)(A)(ii). (Attach Schedul	e E.)						
3		A hospital or a coo	perative hospital s	service organization descri	bed in	sectio	n 170(b	)(1)(A)	(iii).		
4		A medical research	ch organization op	erated in conjunction wi	th a h	ospita	I descr	ibed in	section	n 170(k	o)(1)(A)(iii). Enter the
		hospital's name, ci	ty, and state:								
5		An organization o	perated for the be	nefit of a college or univer	ersity	owned	l or ope	erated b	y a go	vernme	ental unit described in
		section 170(b)(1)(	A)(iv). (Complete F	Part II.)							
6		A federal, state, o	r local government	or governmental unit des	cribed	in <b>sect</b>	ion 170	(b)(1)(	۹)(v).		
7	Χ	An organization th	at normally receive	es a substantial part of it	s supp	ort fro	m a go	vernme	ental un	it or fro	om the general public
		described in section	on 170(b)(1)(A)(vi).	. (Complete Part II.)							
8		A community trust	described in section	on 170(b)(1)(A)(vi). (Com	plete F	Part II.)					
9		An organization th	at normally receive	es: (1) more than 331/3%	of its	suppo	rt from	contrib	utions,	membe	ership fees, and gross
		receipts from acti	vities related to its	exempt functions - subj	ect to	certai	n excep	otions,	and (2)	no mo	ore than 331/3% of its
		support from gros	ss investment inco	ome and unrelated busin	ness ta	axable	incom	e (less	section	n 511	tax) from businesses
		acquired by the or	ganization after Jur	ne 30, 1975. See <b>section</b>	509(a)	)(2). (C	Complet	e Part I	II.)		
10		An organization or	ganized and opera	ted exclusively to test for	public :	safety.	See se	ction 5	09(a)(4	).	
11		An organization of	organized and ope	rated exclusively for the	benet	fit of,	to perf	orm the	e funct	ions of	, or to carry out the
		purposes of one of	or more publicly su	apported organizations de	escribe	d in s	ection 5	509(a)( <sup>2</sup>	1) or se	ection 5	09(a)(2). See <b>section</b>
		509(a)(3). Check t	he box that describ	es the type of supporting	organ	ization	and co	mplete	lines 11	1e throu	ugh 11h.
		a Type I	<b>b</b> Type II	c Type III-Function	nally in	tegrate	ed	d	Type III	I-Non-fι	unctionally integrated
е		By checking this	box, I certify that	the organization is not	contro	olled o	directly	or ind	irectly I	by one	or more disqualified
		persons other than	n foundation mana	gers and other than one	or mo	re pub	licly su	pported	dorgani	izations	described in section
		509(a)(1) or section	on 509(a)(2).								
f		If the organization	n received a writte	n determination from the	e IRS	that it	is a Ty	ype I, T	ype II,	or Type	e III supporting
		organization, chec									
g	l	Since August 17, 2	2006, has the orga	nization accepted any gift	or cor	ntributi	on from	any of	the		
		following persons?									
			-	ectly controls, either alor		-	er with	person	s desci	ribed in	
				dy of the supported organ	ization	?					11g(i)
				scribed in (i) above?							11g(ii)
				son described in (i) or (ii) a							11g(iii)
h			T	out the supported organiza	ation(s)		1				
		ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv)	ls the zation in	(v) Did y the orga	ou notify		s the zation in	(vii) Amount of monetary
		organization		above or IRC section	col. (i)	listed in overning		. <b>(i)</b> of		rganized	support
				(see instructions))	docui	ment?	your su			Ū.S.?	
					Yes	No	Yes	No	Yes	No	
(A)											
(B)											
(C)											
(D)											
(E)											
Tota	al										

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

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 Page 2

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	715,911,223.	1,138,134,583.	1,013,873,120.	741,190,737.	1,133,413,010.	4,742,522,673.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	715,911,223.	1,138,134,583.	1,013,873,120.	741,190,737.	1,133,413,010.	4,742,522,673.
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)						0
6	Public support. Subtract line 5 from line 4.						4,742,522,673.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
7	Amounts from line 4	715,911,223.	1,138,134,583.	1,013,873,120.	741,190,737.	1,133,413,010.	4,742,522,673.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	64,088,523.	66,294,890.	49,645,488.	46,546,564.	44,935,982.	271,511,447.
9	Net income from unrelated business activities, whether or not the business is regularly carried on			2,613,020.	2,378,528.	984,755.	5,976,303.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) ATCH 1	7,554,402.	18,712,251.	15,603,329.	12,064,041.	10,107,683.	64,041,706.
11	Total support. Add lines 7 through 10						5,084,052,129.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	11,747,515,934.
13	<b>First five years.</b> If the Form 990 is forganization, check this box and <b>stop here</b>	or the organizat	tion's first, secor	nd, third, fourth,	or fifth tax ye	ar as a section	
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2012 (li	ne 6, column (f	) divided by line	11, column (f))		14	93.28%
15	Public support percentage from 2011					15	91.97%
16a	331/3% support test - 2012. If the o	rganization did	not check the	box on line 13,	, and line 14 is	331/3 % or mo	
	this box and <b>stop here.</b> The organization						
b	331/3% support test - 2011. If the o						
	check this box and stop here. The orga	•					
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					-	•
	Part IV how the organization meets t			•	•		supported
	organization						▶ □
b	10%-facts-and-circumstances test - 2	•	•		•		
	15 is 10% or more, and if the orga						•
	Explain in Part IV how the organization				_	•	
	supported organization						
18	Private foundation. If the organization						
	instructions						

Schedule A (Form 990 or 990-EZ) 2012

JSA 2E1220 1.000 Schedule A (Form 990 or 990-EZ) 2012 Page 3

### Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 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.)

Sec	tion A. Public Support				<u>'</u>	,	
Cale	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
•	unrelated trade or business under section 513						
4	Tax revenues levied for the						
•	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to the						
c	organization without charge						
6	Total. Add lines 1 through 5						
ı a	Amounts included on lines 1, 2, and 3						
b	received from disqualified persons   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						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
<del></del>	line 6.)						
	tion B. Total Support	(-) 2000	(h) 2000	(=) 2010	(4) 2044	(5) 2012	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6.  Gross income from interest, dividends,						
ıva	payments received on securities loans,						
	rents, royalties and income from similar						
_	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	the organization	n's first, second.	third, fourth, or	fifth tax year a	as a section 501	c)(3)
	organization, check this box and stop here.	ŭ			•	· ·	` ` `
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2012 (line 8,			mn (f))		15	%
16	Public support percentage from 2011 Sche					16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2012 (lin			13, column (f))		17	%
18	Investment income percentage from 2011					18	%
	331/3% support tests - 2012. If the org						
	17 is not more than 331/3%, check thi						
b	331/3% support tests - 2011. If the orga	-	-	•			
	line 18 is not more than 331/3%, check				·		. —
20	Private foundation. If the organization of		-	•			

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Schedule A (Form 990 or 990-EZ) 2012

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II -	OTHER INCOM	ИE			ATTACHMENT 1	
DESCRIPTION	2008	2009	2010	2011	2012	TOTAL
MISCELLANEOUS	7,554,402.	18,712,251.	15,603,329.	12,064,041.	10,107,683.	64,041,706.
TOTALS	7.554.402	18.712.251	15.603.329_	12.064.041	10.107.683_	64.041.706_

Schedule A (Form 990 or 990-EZ) 2012

JSA 2E1225 1.000

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### SCHEDULE C (Form 990 or 990-EZ)

## **Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

See separate instructions.

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

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

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

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

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

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

Name of organization AMERICAN N	NATIONAL RED CROSS & ITS	CONSTITUENT	Employer identif	fication number
CHAPTERS AND BRANCHES			53-019	96605
Part I-A Complete if the c	organization is exempt under s	section 501(c) or is	s a section 527 organ	ization.
· · · · · · · · · · · · · · · · · · ·	organization's direct and indirect p			
3 Volunteer hours				
Part I-B Complete if the o	organization is exempt under s	ection 501(c)(3)		
-	cise tax incurred by the organization	. , , , ,	5 <b>▶</b> \$	
	cise tax incurred by organization m			
	a section 4955 tax, did it file Form			
<b>b</b> If "Yes," describe in Part IV.				
	organization is exempt under			).
	expended by the filing organization		•	
activities			<b>▶</b> \$	
	ng organization's funds contributed			
3 Total exempt function expe	ies	er here and on Fo	rm 1120-POI	
	e Form 1120-POL for this year?			Yes No
	and employer identification numb			
	ts. For each organization listed, en			
	tributions received that were prom			
as a separate segregated tu	nd or a political action committee	(PAC). If additional s	pace is needed, provide	e information in Part IV.
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political contributions received and
			filing organization's funds. If none, enter -0	promptly and directly
				delivered to a separate political organization. If
				none, enter -0
(1)				
(2)				
(3)				
(4)				
(5)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2012

JSA 2E1264 1.000

Sch	edule C (Form 990 or 990-EZ) 2012	AMERIC	AN NATIC	MAL RED CROSS	& ITS CONST	TITUENT 53-0	1196605 Page 2
Pa	Complete if the org section 501(h)).	janizati	on is exen	npt under section	501(c)(3) and	filed Form 5768 (ele	ction under
	name, address, E	EIN, exp	enses, and	share of excess le	obbying expend		roup member's
В	Check ▶ if the filing orga	nizatior	checked b	oox A and "limited	control" provision	ons apply.	
	Limits (The term "expendit		oying Expen eans amou		.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a	Total lobbying expenditures to	influenc	e public op	inion (grass roots lo	bbying)		
k							
	=		_		-		
(							
e	<b>-</b>						
f							
•	columns.	. 2	ano announ	Trom the renewing	, table in both		
	If the amount on line 1e, column (a	) or (b) is:	The lebbyin	a nontavable amount	ie.		
	Not over \$500,000	<i>)</i> Or (D) 13.		amount on line 1e.			
	Over \$500,000 but not over \$1,000				Over \$500,000		
		•		us 15% of the excess			
	Over \$1,000,000 but not over \$1,50		· · · ·	us 10% of the excess			
	Over \$1,500,000 but not over \$17,0	000,000		us 5% of the excess of	ver \$1,500,000.		
_	Over \$17,000,000		\$1,000,000				
ç							
ŀ	<b>G</b>						
i							
j	If there is an amount other				•		
	reporting section 4911 tax for	this yea	r?				Yes No
		ions tha mns belo	t made a se ow. See the	instructions for lin	on do not have to es 2a through 2		ve
		Lobi	ying Exper	nditures During 4-Ye	ear Averaging Pe	riod	1
	Calendar year (or fiscal year beginning in)	(a)	2009	<b>(b)</b> 2010	<b>(c)</b> 2011	(d) 2012	(e) Total
2 a	Lobbying nontaxable amount						
k	Lobbying ceiling amount (150% of line 2a, column (e))						
_	Total lobbying expenditures						
	Grassroots nontaxable amount						
-	Grassroots ceiling amount (150% of line 2d, column (e))						
f	Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2012

JSA 2E1265 1.000

06583L 2502 V 12-7.12 426054 PAGE 21

	t II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	i file	a For	m 5/68	В		
For	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(6	a)		(b)		
	cription of the lobbying activity.	Yes	No		Amoui	nt	
1	During the year, did the filing organization attempt to influence foreign, national, state or local						
	legislation, including any attempt to influence public opinion on a legislative matter or						
	referendum, through the use of:						
а	Volunteers? Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X					
b		Х					
С	Media advertisements?		Х				105
d	Mailings to members, legislators, or the public?	X				3/,	405
e	Publications, or published or broadcast statements?	X	Х				300
f	Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?	X	Λ			226	939
g h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X					245
i			Х			¬,	243
j	Other activities?  Total. Add lines 1c through 1i		21		2	68.	889
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х			.007	003
b C	If "Yes," enter the amount of any tax incurred under section 4912  If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
	till-A Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6).	(c)(5)	, or s	ection			
					,	Yes	No
4	Were substantially all (200), an areas diverges and a suddensible by march and						
1	Were substantially all (90% or more) dues received nondeductible by members?				1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
2 3	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?				2 3		
2 3 Par	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  **EllI-B**  Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."	(c)(5) OR (	, or s b) Pa	ection rt III-A,	3	8, is	
2 3 Pai	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  **TIII-B**  Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."  Dues, assessments and similar amounts from members	(c)(5) OR (	, or s b) Pa	ection	3	s, is	
2 3 Par	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  **III-B** Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts)	(c)(5) OR (	, or s b) Pa	ection rt III-A,	3	s, is	
2 3 Pai	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  III-B Complete if the organization is exempt under section 501(c)(4), section 501  501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).	(c)(5) OR (	, or s b) Pa	ection rt III-A,	3	s, is	
2 3 Pai	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  III-B Complete if the organization is exempt under section 501(c)(4), section 501  501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).  Current year	(c)(5) OR (	, or s b) Pa	ection rt III-A,	3	s, is	
2 3 Par 1 2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  **Till-B** Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5) OR (	, or s b) Pa	ection rt III-A,	3	s, is	
2 3 Par 1 2 a b c	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  **III-B** Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5) OR (	, or s b) Pa	ection rt III-A,	3	s, is	
2 3 Par 1 2 a b c	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  **III-B** Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du	(c)(5) OR (	, or s b) Pa	ection rt III-A,	3	s, is	
2 3 Par 1 2 a b c	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  **III-B** Complete if the organization is exempt under section 501(c)(4), section 501    501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	(c)(5) OR (	, or s b) Pa	ection rt III-A,	3	3, is	
2 3 Par 1 2 a b c	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible leads to the section of the reasonable estimate of nondeductible leads to the reasonable estimate of nondeduct	(c)(5) OR (	, or s b) Pa of	ection rt III-A,	3	B, is	
2 3 Par 1 2 a b c	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) during the province of the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible leand political expenditure next year?	(c)(5) OR (	of ne	ection rt III-A,	3	3, is	
2 3 Par 1 2 a b c 3 4	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  III-B Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible land political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)	(c)(5) OR (	of ne	ection rt III-A,  1  2a  2b  2c  3	3	B, is	
2 3 Par 1 2 a b c 3 4 S Par (Som (Sist);	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  **TIII-B** Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) duent of the include amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible leand political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  **IV** Supplemental Information  Total Part I-A, line 1; Part I-B, line 4; Part I-C, line Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.	(c)(5) OR (	, or s b) Pa	ection rt III-A,  1  2a 2b 2c 3	line 3		
2 3 Par 1 2 a b c 3 4 S Par (Som (Sist);	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  **TIII-B** Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible leand political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  **IV** Supplemental Information  plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.	(c)(5) OR (	, or s b) Pa	ection rt III-A,  1  2a 2b 2c 3	line 3		
2 3 Par 1 2 a b c 3 4 S Par (Som (Sist);	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  **TIII-B** Complete if the organization is exempt under section 501(c)(4), section 501 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) duent of the include amount on line 2c exceeds the amount on line 3, what portion excess does the organization agree to carryover to the reasonable estimate of nondeductible leand political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  **IV** Supplemental Information  Total Part I-A, line 1; Part I-B, line 4; Part I-C, line Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.	(c)(5) OR (	, or s b) Pa	ection rt III-A,  1  2a 2b 2c 3	line 3		

Schedule C (Form 990 or 990-EZ) 2012

Schedule C (Form 990 or 990-EZ) 2012

### Part IV Supplemental Information (continued)

PART IV

SCHEDULE C, PART I-A, LINE 1

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

Schedule C (Form 990 or 990-EZ) 2012

### **SCHEDULE D** (Form 990)

## **Supplemental Financial Statements**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

► Attach to Form 990. ► See separate instructions. Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT

Employer identification number

СНА	IAPTERS AND BRANCHES			53-0196605
	art I Organizations Maintaining Donor Advise	ed Funds or Other	Similar Funds or	
	organization answered "Yes" to Form 990		Jar i ariao Of	- 100 and 100 mploto ii tilo
		(a) Donor advis	sed funds	(b) Funds and other accounts
1	Total number at end of year	<u> </u>		
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year.		the second held in	danan advisad
5	Did the organization inform all donors and donor adv	_		
_	funds are the organization's property, subject to the o	•	•	
6	Did the organization inform all grantees, donors, and			
	only for charitable purposes and not for the benefit of			
_	conferring impermissible private benefit?			Yes No
Pa	Conservation Easements. Complete if th			orm 990, Part IV, line 7.
ı	Purpose(s) of conservation easements held by the or	-		
	Preservation of land for public use (e.g., recreat	ion or education)		f an historically important land area
	Protection of natural habitat		Preservation o	f a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held	a qualified conserva	ation contribution in	the form of a conservation
	easement on the last day of the tax year.			
				Held at the End of the Tax Year
а	Total number of conservation easements			
b	· · · · · · · · · · · · · · · · · · ·			2b
С	Number of conservation easements on a certified his			2c
d	(-)			
	historic structure listed in the National Register			
3	Number of conservation easements modified, transfe	erred, released, extir	nguished, or termina	ated by the organization during the
	tax year ▶			
4	Number of states where property subject to conserva	ation easement is loca	ated ►	
5	Does the organization have a written policy regarding	•		
	violations, and enforcement of the conservation ease	ments it holds?		L Yes L No
6	Staff and volunteer hours devoted to monitoring, insp	ecting, and enforcin	g conservation eas	ements during the year
	<b>&gt;</b>			
7	Amount of expenses incurred in monitoring, inspectin	g, and enforcing cor	nservation easemer	nts during the year
	<b>▶</b> \$			
8	Does each conservation easement reported on line 2	(d) above satisfy the	e requirements of se	ection 170(h)(4)(B)
	(i) and section 170(h)(4)(B)(ii)?			Yes L No
9	In Part XIII, describe how the organization reports con	nservation easemen	ts in its revenue and	d expense statement, and
	balance sheet, and include, if applicable, the text of the	he footnote to the or	ganization's financi	ial statements that describes the
	organization's accounting for conservation easements	i.		
Pa	art III Organizations Maintaining Collections of			r Similar Assets.
	Complete if the organization answered "Y	es" to Form 990, F	Part IV, line 8.	
la	If the organization elected, as permitted under SFAS	S 116 (ASC 958), n	ot to report in its i	revenue statement and balance sheet
	works of art, historical treasures, or other similar	assets held for pub	olic exhibition, edu	cation, or research in furtherance of
	public service, provide, in Part XIII, the text of the foot			
b				
	works of art, historical treasures, or other similar a public service, provide the following amounts relating		ino eximpidiori, edu	cation, or research in futilierance of
	(i) Revenues included in Form 990, Part VIII, line 1.			<b>▶</b> \$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art,			
_	following amounts required to be reported under SFA			
	ronowing amounts required to be reported dilder SFA	0 1 10 (AOC 300) 18	ומנוווט נט נוופסט ונפוווג	J.

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

Schedule D (Form 990) 2012

▶\$

3 Using the organization acquainton, accasion, and other records, check any of the following that are a significant use of its collection items (check all that apply):  a Public exhibition b Cholary research c Preservation for future generations d Cholary research c Preservation for future generations d Preservation for future generations d Preservation for future generations d Provide a description of the organizations 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. If you have been done to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" to Form 990. Part IV. If you have been done a manuout 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, line 21.  1b If Yes, explain the arrangement in Part XIII and complete the following table:  C Beginning balance  C Beginning balance  G Beginning balance  G Beginning balance  G Beginning of year balance  G Beginning o	Sche	dule D (Form 990) 2012											P	Page 2
a Public exhibition d Scholarly research e Other	Par	t    Organizations Maintaini	ng Colle	ctions o	f Art, His	storical	Treasu	res,	or O	her Sir	nilar Ass	ets (co	ntinu	ied)
Public axhibition   Scholarly research   e	3			sion, and o	other reco	rds, chec	k any o	of the	follow	ing that	are a sign	nificant	use c	of its
b Scholarly research c			y):			_								
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.	а	Public exhibition			d									
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.	b				e	Other								
Number   Source   S	С													
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?	4		nization's	collections	and expl	ain how	they fur	rther	the or	ganizatio	n's exemp	t purpos	se in	Part
Secrit   Comparison   Secrit   Secrit		XIII.												
Eacrow and Custodial Arrangements. Complete if the organization answered "Yes" to 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?	5	During the year, did the organization	n solicit c	r receive o	donations	of art, hist	orical tr	easu	res, or	other sin	nilar			_
Time 9, or reported an amount on Form 990, Part X, line 21.														
1	Par						ganizat	ion a	answe	red "Ye	s" to Forr	n 990,	Part	IV,
Included on Form 990, Part X?		line 9, or reported an am	ount on	Form 990	), Part X,	line 21.								
Included on Form 990, Part X?														
b If "Yes," explain the arrangement in Part XIII and complete the following table:    C   Beginning balance	1a	Is the organization an agent, trusted	e, custodi	an or othe	r intermed	iary for co	ontributi	ons o	or othe	r assets	not			_
to Beginning balance		included on Form 990, Part X?									[	Yes		No
to Beginning balance	b	If "Yes," explain the arrangement in	Part XIII	and compl	ete the fol	lowing tab	ole:							
d Additions during the year    Distributions during the year   16											Amount			
Distributions during the year   F Ending balance   F Yes   F Yes   Endowment Funds   F Yes	С	Beginning balance						1c						
Distributions during the year   F Ending balance   F Yes   F Yes   Endowment Funds   F Yes	d	Additions during the year						1d						
2a Did the organization include an amount on Form 990, Part X, line 21?       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IXI, line 10.         Part V       Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IXI, line 10.         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a Beginning of year balance       828, 070, 039.       830, 414, 039.       714, 588, 039.       644, 808, 039.       772, 576, 514         b Contributions       19, 233, 000.       22, 060, 000.       21, 267, 000.       21, 926, 000.       30, 057, 268         C Net investment earnings, gains, and losses       75, 352, 000.       6, 174, 000.       124, 245, 000.       76, 104, 000.       -12519 8623         d Grants or scholarships       9       6       81, 312, 039.       828, 070, 039.       830, 414, 039.       714, 588, 039.       644, 808, 039.       72, 276, 514         A d Grants or scholarships       31, 343, 000.       30, 578, 000.       29, 686, 000.       28, 250, 000.       32, 627, 120         A part of the passition of part or passition or scholarships       891, 312, 039.       828, 707, 039.       830, 414	е	Distributions during the year						1e						
2a Did the organization include an amount on Form 990, Part X, line 21?       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IXI, line 10.         Part V       Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IXI, line 10.         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a Beginning of year balance       828, 070, 039.       830, 414, 039.       714, 588, 039.       644, 808, 039.       772, 576, 514         b Contributions       19, 233, 000.       22, 060, 000.       21, 267, 000.       21, 926, 000.       30, 057, 268         C Net investment earnings, gains, and losses       75, 352, 000.       6, 174, 000.       124, 245, 000.       76, 104, 000.       -12519 8623         d Grants or scholarships       9       6       81, 312, 039.       828, 070, 039.       830, 414, 039.       714, 588, 039.       644, 808, 039.       72, 276, 514         A d Grants or scholarships       31, 343, 000.       30, 578, 000.       29, 686, 000.       28, 250, 000.       32, 627, 120         A part of the passition of part or passition or scholarships       891, 312, 039.       828, 707, 039.       830, 414	f	Ending balance						1f						
Describe   France   Teach	2a											Yes		No
Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.   Courtent year   (b) Prior year   (c) Two years back   (d) Three years back   (d) Three years back   (d) Two years back   (														1
Calcument year   Cal														
1a Beginning of year balance       828,070,039.       830,414,039.       714,588,039.       644,808,039.       772,576,514         b Contributions       19,233,000.       22,060,000.       21,267,000.       21,926,000.       30,057,268         c Net investment earnings, gains, and losses       75,352,000.       6,174,000.       124,245,000.       76,104,000.       -125198623         d Grants or scholarships       75,352,000.       6,174,000.       124,245,000.       76,104,000.       -125198623         d Administrative expenses       31,343,000.       30,578,000.       29,686,000.       28,250,000.       32,627,120         g End of year balance       891,312,039.       828,070,039.       830,414,039.       714,588,039.       644,808,039         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       80ard designated or quasi-endowment			•										r years	back
b Contributions	1a	Beginning of year balance												
c Net investment earnings, gains, and losses														
and losses				,0,000.	22,00							007		
d Grants or scholarships	•	= =	75.3	52 000	6.17	4 000	124	245	000	76.1	04 000	-12	5198	8623
e Other expenditures for facilities and programs	Ы		7070	22,000.	0/1/	1,000.	121/	210,		7071	01,000.	12		
and programs		- L												
f       Administrative expenses	C	-	21 27	13 000	30 57	9 000	20	686	000	28 2	50 000	32	627	120
g End of year balance       891,312,039.       828,070,039.       830,414,039.       714,588,039.       644,808,039         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a Board designated or quasi-endowment ▶ 100.0000 %       %       Permanent endowment ▶ 100.0000 %       Yes       Vermanent endowment Image in lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization by:       Yes       No         (i) unrelated organizations       3a(ii)       X         4 Describe in Part XIII the intended uses of the organization's endowment funds.       See Form 990, Part X, line 10.         Part VI       Land, Buildings, and Equipment. See Form 990, Part X, line 10.       (b) Cost or other basis (investment)       (c) Accumulated depreciation       (d) Book value depreciation         1a Land       118,198,415.       118,198,415.       118,198,415.       118,198,415.       118,198,415.       118,198,415.       118,198,415.       118,198,415.       19,138,353.       4 Buildings       10,757,43111.       412,730,659.       663,012,452.       663,012,452.       20,041,835.       513,593,311.       198,446,524.       90,656,247.       90,656,247.       19,656,247.       19,656,247.		·	JI, J.	13,000.	30,37	0,000.	29,	000,	, 000.	20,2	30,000.	34,	021,	120
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:  a Board designated or quasi-endowment ▶		·	001 21	12 020	020 07	0.00	020	11 1	030	711 5	00 020	611	000	030
a Board designated or quasi-endowment ▶	•										00,039.	044,	500,	039
b Permanent endowment ▶ 100.0000 %  c Temporarily restricted endowment ▶	2						column	ı (a))	neid as	:				
C Temporarily restricted endowment ▶	a				_%									
The percentages in 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 .														
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.  (iii) related organizations.  (iii) related organizations.  (iii) related organizations.  (iv) unrelated organizations.  (iv) related organizations.  (iv) related organizations.  (iv) restrict to 3a(ii), are the related organizations listed as required on Schedule R?  (iv) the intended uses of the organization's endowment funds.    Value   Value	С				000/									
Ves   No   (i) unrelated organizations   3a(i)	•			-										
(i) unrelated organizations       3a(i) X         (ii) related organizations       3a(ii) X         b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI Land, Buildings, and Equipment. 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       118,198,415.       118,198,415.       118,198,415.         b Buildings       1075743111. 412,730,659.       663,012,452.         c Leasehold improvements       78,098,391. 58,960,038.       19,138,353.         d Equipment       712,041,835. 513,593,311.       198,448,524.         e Other       19,656,247.       19,656,247.	за		the posse	ssion of the	ne organiz	ation that	are hel	d and	d admir	nistered f	or the	Г		
(ii) related organizations       3a(ii)       X         b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?       3b       3a(ii)       X         4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment. 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       118,198,415       118,198,415         b Buildings       118,198,415       118,198,415         b Buildings       1075743111       412,730,659       663,012,452         c Leasehold improvements       78,098,391       58,960,038       19,138,353         d Equipment       712,041,835       513,593,311       198,448,524         e Other       19,656,247       19,656,247												- m	Yes	
b If "Yes" to 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. 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         118,198,415.         118,198,415.         118,198,415.           b Buildings         1075743111.412,730,659.         663,012,452.           c Leasehold improvements         78,098,391.58,960,038.         19,138,353.           d Equipment         712,041,835.513,593,311.         198,448,524.           e Other         19,656,247.         19,656,247.	_	` ,												X
Part VI         Land, Buildings, and Equipment. 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         118,198,415.         118,198,415.         118,198,415.           b         Buildings         1075743111.412,730,659.         663,012,452.           c         Leasehold improvements         78,098,391.58,960,038.         19,138,353.           d         Equipment         712,041,835.513,593,311.         198,448,524.           e         Other         19,656,247.         19,656,247.	b				•							3b		
Description of property         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           1a Land         118,198,415         118,198,415         118,198,415           b Buildings         1075743111         412,730,659         663,012,452           c Leasehold improvements         78,098,391         58,960,038         19,138,353           d Equipment         712,041,835         513,593,311         198,448,524           e Other         19,656,247         19,656,247	4													
(investment)     (other)     depreciation       1a Land     118,198,415.     118,198,415.       b Buildings     1075743111.     412,730,659.     663,012,452.       c Leasehold improvements     78,098,391.     58,960,038.     19,138,353.       d Equipment     712,041,835.     513,593,311.     198,448,524.       e Other     19,656,247.     19,656,247.	Par	t VI Land, Buildings, and Equ	ipment.	See Forr	n 990, Pa	art X, line	10.							
b Buildings       1075743111.412,730,659.       663,012,452.         c Leasehold improvements       78,098,391.58,960,038.       19,138,353.         d Equipment       712,041,835.513,593,311.       198,448,524.         e Other       19,656,247.       19,656,247.		Description of property						asis			(0	<b>d)</b> Book va	lue	
b Buildings       1075743111.412,730,659.       663,012,452.         c Leasehold improvements       78,098,391.58,960,038.       19,138,353.         d Equipment       712,041,835.513,593,311.       198,448,524.         e Other       19,656,247.       19,656,247.	1a	Land				118,1	198.41	15.				118.1	98.4	15.
c Leasehold improvements       78,098,391.       58,960,038.       19,138,353.         d Equipment       712,041,835.       513,593,311.       198,448,524.         e Other       19,656,247.       19,656,247.			L					_	112.7	30,659				
d Equipment       712,041,835. 513,593,311.       198,448,524.         e Other       19,656,247.       19,656,247.		•	<b>⊢</b>											
e Other		•	<b>⊢</b>			· ·		_			_			
			<b>⊢</b>			+		_	<u>,                                    </u>	JU <b>,</b> JII	•			
				egual Forr	n 990 Pan				(c) )	<u> </u>	1			

Schedule D (Form 990) 2012

Page 3 Schedule D (Form 990) 2012

Part VII Investments - Other Securities. See For	m 990 Part X line	12	1 age C
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year marl	
<ul><li>(1) Financial derivatives</li><li>(2) Closely-held equity interests</li></ul>			
(3) Other			
(A) FINANCIAL DERIVATIVES	-597,000.	FMV	
(B) ALTERNATIVE INVESTMENTS	637,230,000.	FMV	
(C) COMMODITY STRUCTURED NOTE CONT	4,216,000.	FMV	
(D)	-,,	<del> ·</del>	
(E)			
(F)			
(G)			
(H)			
(I)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	640,849,000.		
Part VIII Investments - Program Related. See For	rm 990, Part X, line	e 13.	
(a) Description of investment type	(b) Book value	(c) Method of valua Cost or end-of-year mark	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX  Other Assets. See Form 990, Part X, line	. 15		
	escription		(b) Book value
(1)	езсприон		(b) DOOK Value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Part X Other Liabilities. See Form 990, Part X, I	line 25.		
1. (a) Description of liability	(b) Book value	<del>)</del>	
(1) Federal income taxes			
(2) PENSION AND POST-RETIREMENT BE	558,379,0		
(3) ADVANCES AND OTHER MISC LIABIL	181,512,2		
(4) INSURANCE (LOSS RESERVES AND C	107,347,3		
(5) SPLIT-INTEREST AGREEMENT LIABI	21,737,8	885.	
(6)			
(7)			
(8)			
(9)			
(10)			
(11) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>▶</b> 868,976,5	540	
			oporto the organization!
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of	the roothore to the of	gamzations imancial statements that r	epons me 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.

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53-0196605

Schedule D (Form 990) 2012 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Part XI Total revenue, gains, and other support per audited financial statements 3775417000. 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains on investments 92,181,648. 2a **b** Donated services and use of facilities 17,411,899. Recoveries of prior year grants Other (Describe in Part XIII.) 253,584,712. e Add lines 2a through 2d 363,178,259. Subtract line 2e from line 1 3412238741. 3 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.) c Add lines 4a and 4b 4c Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 3412238741. Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements 3380583000. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 17,411,899. 2a **b** Prior year adjustments 2b Other losses 2c d Other (Describe in Part XIII.) 6,290,621 23,702,520. e Add lines 2a through 2d 2e Subtract line 2e from line 1 3356880480. 3 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 **b** Other (Describe in Part XIII.) c Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 3356880480. Part XIII Supplemental Information Complete this part to 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. SEE PAGE 5

Schedule D (Form 990) 2012

#### Part XIII Supplemental Information (continued)

SCHEDULE D, PART V

ENDOWMENT FUNDS

THE AMERICAN NATIONAL RED CROSS HAS MAINTAINED A NATIONAL ENDOWMENT FUND SINCE 1905. SINCE 1910, AS STATED IN THE BYLAWS OF THE ORGANIZATION AND BECAUSE OF PUBLIC DECLARATIONS AS TO THEIR INTENDED USE, GIFTS TO THE AMERICAN NATIONAL RED CROSS NATIONAL HEADQUARTERS UNDER WILLS, TRUSTS, AND SIMILAR INSTRUMENTS WHICH DO NOT DIRECT SOME OTHER USE OF SUCH FUNDS ARE RECORDED AS PERMANENTLY RESTRICTED ENDOWMENT FUNDS TO BE KEPT AND INVESTED AS SUCH IN PERPETUITY. BASED UPON THE MANNER IN WHICH THE ORGANIZATION HAS SOLICITED AND CONTINUES TO SOLICIT SUCH GIFTS, IT HAS BEEN DETERMINED BY INDEPENDENT LEGAL COUNSEL THAT SUCH GIFTS MUST BE PLACED IN THE ENDOWMENT FUND AND REPORTED AS PERMANENTLY RESTRICTED NET ASSETS. THE AMERICAN NATIONAL RED CROSS MAKES DISTRIBUTIONS FROM INCOME EARNED ON THE ENDOWMENT FUND FOR CURRENT OPERATIONS.

SCHEDULE D, PART X

OTHER LIABILITIES ASC 740 (FORMER FIN 48)

ON JULY 1, 2007, THE AMERICAN NATIONAL RED CROSS ADOPTED THE PROVISIONS OF ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC 740, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. ASC 740 REQUIRES THAT A TAX POSITION BE RECOGNIZED ON A 'MORE-LIKELY-THAN-NOT' THRESHOLD. THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE IMPLEMENTATION OF ASC 740 HAD NO IMPACT ON THE AMERICAN NATIONAL RED CROSS' AUDITED STATEMENT OF FINANCIAL POSITION OR STATEMENT OF ACTIVITIES. THE RED CROSS DOES NOT BELIEVE ITS FINANCIAL STATEMENTS INCLUDE (OR REFLECT) ANY UNCERTAIN TAX POSITIONS.

Schedule D (Form 990) 2012

### Part XIII Supplemental Information (continued)

SCHEDULE D, PART XI, LINE 2D AND PART XII, LINE 2D

OTHER

THIS AMOUNT REPRESENTS EMPLOYEE RETIREMENT SYSTEM PENSION AND POST-RETIREMENT BENEFIT PLAN GAINS/LOSSES PER PROVISIONS OF ASC 715 (FORMER FASB 87 AND 106) AND RENTAL REAL ESTATE RELATED EXPENSES.

JSA 2E1226 2.000

06583L 2502 V 12-7.12 426054 PAGE 29

### SCHEDULE F (Form 990)

### Statement of Activities Outside the United States

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

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT

Employer identification number

CHAPTERS AND BRANCHES 53-0196605 General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Part I Form 990, Part IV, line 14b. 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 X Yes grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is (f) Total region (by type) (e.g., offices in the émployees, a program service, expenditures for describe specific type of fundraising, program services, region agents, and and investments investments, grants to recipients independent service(s) in region in region contractors in region located in the region) (1) CENTRAL AMERICA/CARIBBEAN PROGRAM SERVICES DISASTER PREPAREDNESS 31,551,647. (2) EAST ASIA AND THE PACIFIC PROGRAM SERVICES DISASTER RESPONSE 7,842,226. (3) EUROPE PROGRAM SERVICES DISASTER RESPONSE 472,899. (4) MIDDLE EAST AND NORTH AFRICA PROGRAM SERVICES DISASTER RESPONSE 1,924,413. (5) RUSSIA/INDEPENDENT STATES PROGRAM SERVICES DISASTER PREPAREDNESS 2,041,483. (6) SOUTH AMERICA 3,551,206. PROGRAM SERVICES DISASTER PREPAREDNESS (7) SOUTH ASIA PROGRAM SERVICES DISASTER PREPAREDNESS 1,163,864. (8) SUB-SAHARAN AFRICA 4 PROGRAM SERVICES DISASTER PREPAREDNESS 6,860,088. (9) CENTRAL AMERICA/CARIBBEAN INVESTMENTS 260,084,504. (10) EAST ASIA AND THE PACIFIC INVESTMENTS 36,363,036. (11) EUROPE INVESTMENTS 67,961,882. (12) MIDDLE EAST AND NORTH AFRICA INVESTMENTS 1,634,094. (13) NORTH AMERICA 4,850,943. INVESTMENTS (14) SOUTH AMERICA INVESTMENTS 508,702. (15) SOUTH ASIA INVESTMENTS 718,041. (16) CENTRAL AMERICA/CARIBBEAN INSURANCE 35,683,072. (17)

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

continuation

20.

sheets to Part I **Totals** (add lines 3a and 3b)

from

Schedule F (Form 990) 2012

463,212,100.

463,212,100.

3a

45.

oonoaalo i	(1.0111.000) 2012
Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to 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.

	Tait IV, line 13, for any i	Colpiciti Willo receiv	- Ca more than \$6,000. I	art ii oan be t	adplicated if addit	ional space i	o riccaca.		
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	<b>(c)</b> Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				DISASTER					
(1)			EUROPE/ICELAND/GREENLAND	RESPONSE	12,758,758.			N/A	
				DISASTER					
(2)			EUROPE/ICELAND/GREENLAND	RESPONSE	308,391.			N/A	
				DISEASE					
(3)			RUSSIA/NEWLY IND. STATES	CONTROL	44,191.			N/A	
				DISEASE					
(4)			RUSSIA/NEWLY IND. STATES	CONTROL	52,960.			N/A	
				DISASTER	·				
(5)			RUSSIA/NEWLY IND. STATES	PREPAREDNESS	369,643.			N/A	
,				ORGANIZATION	,				
(6)			RUSSIA/NEWLY IND. STATES	PREPAREDNESS	5,698.			N/A	
,				DISEASE					
(7)			RUSSIA/NEWLY IND. STATES	CONTROL	348,006.			N/A	
,				DISASTER					
(8)			RUSSIA/NEWLY IND. STATES	PREPAREDNESS	27,788.			N/A	
,				DISEASE					
(9)			RUSSIA/NEWLY IND. STATES	CONTROL	223,430.			N/A	
				DISASTER					
(10)			MIDDLE EAST/NORTH AFRICA	PREPAREDNESS	100,000.			N/A	
				DISASTER					
(11)			MIDDLE EAST/NORTH AFRICA	RESPONSE	100,000.			N/A	
				DISEASE					
(12)			EAST ASIA/PACIFIC	CONTROL	38,581.			N/A	
				DISASTER	30,001.			21/22	
(13)			EAST ASIA/PACIFIC	PREPAREDNESS	764,609.			N/A	
				DISASTER	, 51, 505.			/	
(14)			EAST ASIA/PACIFIC	RESPONSE	2,204,999.			N/A	
				DISASTER	2,201,000.			/	
(15)			SOUTH ASIA	PREPAREDNESS	362,178.			N/A	
,			000111 110111	DISASTER	JUZ, 170.			21/21	
(16)			EAST ASIA/PACIFIC	PREPAREDNESS	688,283.			N/A	
( /			Prior more/recirro	I TUBLANDUMESS	000,203.	1		11/12	1

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

Schedule F (Form 990) 2012

06583L 2502 V 12-7.12 426054

0011044101	(1.5111.500) 2012
Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to 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.

	Tart IV, line 13, for any i	The result will be a second		uit ii oaii bo t	auphoutou ii uuuk	Dia opaco i	i iloodod.	1	(1) Marthaulas
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				DISASTER					
(1)			CENT. AMERICA/CARIBBEAN	PREPAREDNESS	459,381.			N/A	
				DISASTER					
(2)			CENT. AMERICA/CARIBBEAN	PREPAREDNESS	245,312.			N/A	
				DISASTER					
(3)			SOUTH AMERICA	PREPAREDNESS	439,905.			N/A	
				DISASTER					
(4)			SOUTH AMERICA	PREPAREDNESS	472,685.			N/A	
				DISASTER					
(5)			CENT. AMERICA/CARIBBEAN	PREPAREDNESS	290,447.			N/A	
				DISASTER					
(6)			SOUTH AMERICA	PREPAREDNESS	286,111.			N/A	
				DISASTER					
(7)			CENT. AMERICA/CARIBBEAN	PREPAREDNESS	362,429.			N/A	
				WATER &					
(8)			CENT. AMERICA/CARIBBEAN	SANITATION	14,750.			N/A	
				DISEASE					
(9)			SOUTH AMERICA	CONTROL	277,963.			N/A	
				DISEASE					
(10)			CENT. AMERICA/CARIBBEAN	CONTROL	1,216,052.			N/A	
				WATER &					
(11)			CENT. AMERICA/CARIBBEAN	SANITATION	17,491.			N/A	
				DISEASE					
(12)			CENT. AMERICA/CARIBBEAN	CONTROL	164,826.			N/A	
				DISASTER					
(13)			CENT. AMERICA/CARIBBEAN	PREPAREDNESS	85,334.			N/A	
				DISASTER					
(14)			CENT. AMERICA/CARIBBEAN	RESPONSE	284,088.			N/A	
				DISASTER					
(15)			SOUTH AMERICA	PREPAREDNESS	151,084.			N/A	
				DISASTER					
(16)			SOUTH AMERICA	RESPONSE	198,074.			N/A	

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt	i
	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	

Schedule F (Form 990) 2012

JSA

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Schedule F	Form 990) 2012	ge <b>2</b>
Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990	,
	Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.	

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				DISASTER					
(1)			CENT. AMERICA/CARIBBEAN	PREPAREDNESS	140,293.			N/A	
				DISASTER					
(2)			SUB-SAHARAN AFRICA	PREPAREDNESS	14,891.			N/A	
				DISEASE					
(3)			SUB-SAHARAN AFRICA	CONTROL	161,054.			N/A	
				DISEASE					
(4)			SUB-SAHARAN AFRICA	CONTROL	458,324.			N/A	
				ORGANIZATION					
(5)			SUB-SAHARAN AFRICA	DEVELOPMENT	168,404.			N/A	
				DISEASE					
(6)			SUB-SAHARAN AFRICA	CONTROL	109,706.			N/A	
				DISASTER					
(7)			SUB-SAHARAN AFRICA	PREPAREDNESS	14,638.			N/A	
				DISEASE					
(8)			SUB-SAHARAN AFRICA	CONTROL	1,092,055.			N/A	
				DISEASE					
(9)			SUB-SAHARAN AFRICA	CONTROL	917,101.			N/A	
				DISASTER					
(10)			SUB-SAHARAN AFRICA	PREPAREDNESS	181,389.			N/A	
				WATER &					
(11)			CENT. AMERICA/CARIBBEAN	SANITATION	799,412.			N/A	
				WATER &					
(12)			CENT. AMERICA/CARIBBEAN	SANITATION	619,658.			N/A	
				SHELTERS/					
(13)			CENT. AMERICA/CARIBBEAN	REBUILDING	294,572.			N/A	
				SHELTERS/	·				
(14)			CENT. AMERICA/CARIBBEAN	REBUILDING	1,120,000.			N/A	
				SHELTERS/					
(15)			CENT. AMERICA/CARIBBEAN	REBUILDING	3,349,024.			N/A	
				SHELTERS/					
(16)			CENT. AMERICA/CARIBBEAN	REBUILDING	58,638.			N/A	

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

Schedule F (Form 990) 2012

JSA

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06583L 2502 V 12-7.12 426054 PAGE 33

Page 2 Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part II Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (i) Method of (b) IRS code (f) Manner of (g) Amount of (h) Description 1 (d) Purpose of (a) Name of (c) Region (e) Amount of valuation cash non-cash assistance of non-cash section and EIN grant cash grant (book, FMV. organization (if applicable) assistance appraisal, other) SHELTERS/ (1) REBUILDING CENT. AMERICA/CARIBBEAN 275,682. N/A DISEASE (2) CENT. AMERICA/CARIBBEAN CONTROL 194,835. N/A DISEASE (3) CENT. AMERICA/CARIBBEAN CONTROL 256,765. N/A DISASTER (4) AMERICA/CARIBBEAN PREPAREDNESS 26,455. N/A GENERAL (5) CENT. AMERICA/CARIBBEAN HEALTH 406,689 N/A GENERAL (6) HEALTH 1,800,804. N/A CENT. AMERICA/CARIBBEAN GENERAL (7) CENT. AMERICA/CARIBBEAN HEALTH 9,011 N/A GENERAL (8) CENT. AMERICA/CARIBBEAN HEALTH 1,242,000. N/A DISASTER (9) EAST ASIA/PACIFIC PREPAREDNESS 162,263. N/A DISASTER (10)PREPAREDNESS 110,868. N/A SOUTH ASIA DISEASE (11)2,000,000. N/A SUB-SAHARAN AFRICA CONTROL DISASTER (12)SOUTH ASIA PREPAREDNESS 82,121. N/A (13)(14)(15)(16)

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.
2	Enter total number of other organizations or entities

Schedule F (Form 990) 2012

JSA

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

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

Schedule F (Form 990) 2012

Page 3

Schedule F (Form 990) 2012 Page 4

Part	V Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	X Yes	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	X Yes	☐ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	X Yes	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2012

JSA

Schedule F (Form 990) 2012 Page **5** 

# Part V Supplemental Information

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

SCHEDULE F, PART I, LINE 2

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS OUTSIDE THE U.S. THE INTERNATIONAL SERVICES DEPARTMENT OF THE AMERICAN RED CROSS HAS AN ESTABLISHED STANDARD OPERATING PROCEDURE REQUIRING THE USE OF A SUB-RECIPIENT MONITORING CHECKLIST TO MONITOR SUB-RECIPIENTS UNDER FEDERALLY, PUBLICLY AND PRIVATELY-FUNDED PROJECT AGREEMENTS ON A MONTHLY BASIS. GENERALLY, AMERICAN NATIONAL RED CROSS COUNTRY OR REGIONAL REPRESENTATIVES (CR/RRS) ARE RESPONSIBLE FOR MONITORING SUB-RECIPIENT COMPLIANCE WITH THE TERMS AND CONDITIONS OF THE SUB-RECIPIENT PROJECT AGREEMENT, FOR ADDRESSING INSTANCES OF NON-COMPLIANCE, AND FOR DOCUMENTING THIS MONITORING AND RELATED CORRECTIVE ACTIONS IN THE MONITORING CHECKLIST. IN LOCATIONS OF SUB-RECIPIENT ACTIVITY WHERE THERE IS NO CR/RR, THE REGIONAL DIRECTOR (RD) WILL DESIGNATE AN APPROPRIATE STAFF PERSON (E.G., DELEGATE OR PROGRAM OFFICER) TO FULFILL THESE RESPONSIBILITIES. PRIOR TO INCEPTION OF PROJECT ACTIVITIES, THE CR/RR CREATES A CHECKLIST OF ALL SUB-RECIPIENT CONTRACTUAL OBLIGATIONS STIPULATED IN THE PROJECT AGREEMENT, TO INCLUDE FINANCIAL AND PROGRAMMATIC REPORTING, AS WELL AS OTHER MONITORING AND NON-CONTRACTUAL ACTIVITIES. THE CR/RR IS RESPONSIBLE FOR COMPLETING THE CHECKLIST ON A MONTHLY BASIS, ON TIME, WITH CLEAR AND TIMELY COMMUNICATIONS TO THE PROGRAM OFFICER (PO) ON ISSUES AND ACTION PLANS.

Schedule F (Form 990) 2012

### **SCHEDULE G** (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Department of the Treasury

OMB No. 1545-0047 Open to Public

Inspection ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Internal Revenue Service Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT **Employer identification number** 

CHA:	PTERS AND BRANCHES					53-0196605	
Par	Fundraising Activities. Con Form 990-EZ filers are not				"Yes" to Form 9	90, Part IV, line	17.
1	Indicate whether the organization rai				activities Check	all that apply	
-	Mail solicitations	_		_	non-government g		
a b		e f			government grant		
					government grant ising events	5	
c d	In-person solicitations	g	Spec	ciai iuiiuia	ising events		
-	•		201	J. 2 J I C .	alas Para a Wasana	Paratana tauatana	
2a	Did the organization have a written or key employees listed in Form 990						Yes No
	or key employees listed in 1 offin 930	, Fait VII) Of Entity	iii comiec	MOII WILLI F	noressional fundia	lising services:	165 140
b	If "Yes," list the ten highest paid ind compensated at least \$5,000 by the	ividuals or entities organization.	(fundraise	ers) pursua	ant to agreements	under which the	fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	ndraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
6							
7							
8							
9							
10							
Total							
3	List all states in which the organiza				contributions or	has been notified	it is exempt from
	registration or licensing.	tion is registered t	71 110011300	2 10 3011011	. contributions of	nas been notinea	it is exempt from

Schedule G (Form 990 or 990-EZ) 2012 Page **2** 

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

		3	(a) Event #4	(h) Event #2	(a) Other syents					
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events				
			HERO BRKFST CHI	PALM BEACH BAL	490.	(add col. <b>(a)</b> through col. <b>(c)</b> )				
4.			(event type)	(event type)	(total number)	00i. <b>(0)</b>				
Jue										
Revenue	1	Gross receipts	993,574.	895,001.	31,432,580.	33,321,155.				
å										
	2	Less: Contributions	966,748.	241,000.	22,825,970.	24,033,718.				
	1	Gross income (line 1 minus								
		line 2)	26,826.	654,001.	8,606,610.	9,287,437.				
	4	Cash prizes			85 <b>,</b> 487.	85,487.				
		,								
	5	Noncash prizes		14,676.	344,458.	359,134.				
		, and the second		,	·	,				
ses	6	Rent/facility costs	275.		2,098,620.	2,098,895.				
ë		tendralemy electer [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [			. ,	, ,				
Direct Expenses	7	Food and beverages	25,460.	219,010.	2,796,279.	3,040,749.				
ᇴ	ļ <b>.</b>	Toda ana beverages				0,010,010				
ë	Ω	Entertainment		19,348.	898,549.	917,897.				
	"	Entertainment		25,0101	030,013.	3277037				
	9	Other direct expenses	1,091.	93,306.	3,129,733.	3,224,130.				
	•	Cities an out expenses	,	,	., .,					
	10	Direct expense summary. Add lines 4	1 through 9 in column (d)	1	•	( 9,726,292.)				
	11	Net income summary. Combine line				-438,855.				
P۶	rt									
1 6				es to Fulli 990, Pal	tiv, illie 19, oi tepo	iteu illoie				
	than \$15,000 on Form 990-EZ, line 6a.									

nue		(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue	210,027.	389,464.	220,755.	820,246
ses	2 Cash prizes	122,134.	292,103.	34,940.	449,177
Direct Expenses	3 Noncash prizes	6,349.		40,689.	47,038
Direct F	4 Rent/facility costs	10,955.			10,955
	5 Other direct expenses	102,433.	10,812.	39,974.	153,219
	6 Volunteer labor	X Yes 100.0000 % No	X Yes 100.0000 % No	X Yes 95.0000 % No	
	7 Direct expense summary. Add lines 2	through 5 in column (d)			( 660,389.)
	8 Net gaming income summary. Combin	ne line 1, column d, and	line 7		159 <b>,</b> 857

Enter the state(s) in which the organization operates gaming activities: _SEE_SUPPLEMENTAL PAGE  Is the organization licensed to operate gaming activities in each of these states?  If "No," explain:	No
Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes _:  o If "Yes," explain:	X No

Schedule G (Form 990 or 990-EZ) 2012

Sched	ule G (Form 990 or 990-EZ) 2012 Page <b>3</b>
11	Does the organization operate gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?
13	Indicate the percentage of gaming activity operated in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ► BRIAN RHOA
	Address ► 430 17TH STREET NW WASHINGTON, DC 20006
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
<b>L</b>	revenue?
D	amount of gaming revenue retained by the third party  \$\bigs\  \bigs\  \bigs\
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address >
16	Gaming manager information:
	Name ▶_ N/A
	Gaming manager compensation ▶ \$
	Description of services provided ▶
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
h	retain the state gaming license?  Light Yes X No  Enter the amount of distributions required under state law to be distributed to other exempt organizations
D	or spent in the organization's own exempt activities during the tax year > \$
Par	Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).
~ ~	
SCH	EDULE G, PART III-STATES IN WHICH ORG. OPERATES GAMING ACTIVITIES
GA,	HI, IL, IN, KY, ME, MA, NH, NC, OH, PA, TN,

Schedule G (Form 990 or 990-EZ) 2012

# SCHEDULE I (Form 990)

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

OMB No. 1545-0047
2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Employer identification number Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT CHAPTERS AND BRANCHES 53-0196605 Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 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 Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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. (f) Method of valuation (book, FMV, appraisal, other) (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant or government if applicable non-cash assistance or assistance cash assistance 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2012)

JSA <sub>2E1288 1.000</sub> 06583L 2502

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

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
DISASTER RELIEF PAYMENTS		170,344,637.			N/A

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART I, LINE 2

MONITORING GRANTS

AMERICAN NATIONAL RED CROSS PROVIDED FINANCIAL ASSISTANCE TO VICTIMS OF OVER 61,000 DISASTERS.

DOMESTIC DISASTER RESPONSE AT THE AMERICAN RED CROSS HAS ESTABLISHED

PROCEDURES FOR PROVIDING FINANCIAL ASSISTANCE TO CLIENTS. DURING THE

EMERGENCY PHASE, THE RED CROSS PROVIDES ASSISTANCE IN THE FORM OF MASS

CARE (E.G., FEEDING AND SHELTERING) BASED ON STATED NEEDS. AS WE MOVE

TOWARDS THE RECOVERY PHASE, THE RED CROSS PROVIDES INDIVIDUAL ASSISTANCE

Schedule I (Form 990) (2012)

JSA

Part III	Grants and Other Assistance to Individuals in the United States. Comp	lete if the organization answered "Yes" on Form 990, F	art IV, line 22.
	Part III can be duplicated if additional space is needed.		

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
_ 2					
_ 3					
_4					
_ 5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

BASED ON VERIFIED NEED AND IDENTIFICATION THROUGH CASE MANAGEMENT. THE

AMERICAN RED CROSS PLACED THE PROPER CONTROL PROCEDURES AROUND MONITORING

THE USE OF FINANCIAL ASSISTANCE IN THE UNITED STATES.

Schedule I (Form 990) (2012)

JSA

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
_1					
_2					
_3					
4					
5					
6					
7					

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE I, PART IV

DISBURSEMENT IN FURTHERANCE OF CHARITABLE PROGRAMS AND GRANTS

PURSUANT TO THE CONGRESSIONAL CHARTER OF THE AMERICAN NATIONAL RED CROSS

(36 U.S.C. 3 FIFTH), THE ORGANIZATION CARRIES OUT A SYSTEM OF NATIONAL

AND INTERNATIONAL RELIEF TO MITIGATE OR PREVENT SUFFERING CAUSED BY

DISASTERS. DISASTER VICTIMS QUALIFY TO RECEIVE SUCH ASSISTANCE BASED ON

EITHER OBVIOUS CIRCUMSTANCES, SUCH AS APPARENT NEED FOR FOOD, CLOTHING OR

SHELTER, OR A CASEWORK PROCESS IN WHICH THE NATURE AND EXTENT OF THE

DISASTER-CAUSED NEEDS FOR RED CROSS AID ARE DETERMINED IN THE LIGHT OF

OTHER AVAILABLE RESOURCES AND THE ABILITY OF THE VICTIMS TO ASSIST

Schedule I (Form 990) (2012)

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

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
_1					
2					
3					
_4					
5					
6					
7					

**Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

THEMSELVES. CONTRIBUTIONS TO OTHER ORGANIZATIONS CONSIST PRIMARILY OF

THOSE MADE TO THE INTERNATIONAL COMMITTEE OF THE RED CROSS, THE

INTERNATIONAL FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES AND

NATIONAL RED CROSS SOCIETIES OF OTHER COUNTRIES. CONTRIBUTIONS MAY BE

MADE FOR A VARIETY OF PURPOSES, INCLUDING REGULAR FINANCIAL SUPPORT AND

DISASTER RELIEF ASSISTANCE. THE AMERICAN RED CROSS HAS ONGOING

RELATIONSHIPS WITH ALL SUCH RED CROSS ORGANIZATIONS WHICH ARE GOVERNED BY

HUMANITARIAN PRINCIPLES AND QUALIFY FOR SUCH ASSISTANCE. PURSUANT TO ITS

CONGRESSIONAL CHARTER (36 U.S.C. 3 FOURTH), THE AMERICAN NATIONAL RED

CROSS ALSO ACTS IN MATTERS OF VOLUNTARY RELIEF AND IN ACCORD WITH THE

Schedule I (Form 990) (2012)

JSA

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

MILITARY AUTHORITIES TO PROVIDE COMMUNICATIONS AND WELFARE ASSISTANCE TO MEMBERS OF THE ARMED FORCES OF THE UNITED STATES, THEIR FAMILIES AND VETERANS. ASSISTANCE TO THIS GROUP IS DETERMINED GENERALLY ON THE BASIS OF THEIR MILITARY, VETERAN OR DEPENDENT STATUS AND THE PARTICULAR NEEDS RELATED THERETO AS REVEALED THROUGH CASEWORK AND SIMILAR MEANS. NO MEMBER OF, OR CONTRIBUTOR TO, THE RED CROSS IS ELIGIBLE FOR ANY OF THE ABOVE TYPES OF ASSISTANCE NOT AVAILABLE TO PERSONS WHO ARE NOT MEMBERS OF, OR CONTRIBUTORS TO, THE RED CROSS, AND NO ACCOUNT IS TAKEN OR RECORDS MAINTAINED AS TO WHETHER RECIPIENTS ARE MEMBERS OF, OR CONTRIBUTORS TO, THE RED CROSS OR RELATED TO CORPORATE DIRECTORS, OFFICERS, EMPLOYEES OR

Schedule I (Form 990) (2012)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
_1					
_ 2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

DONORS.

Schedule I (Form 990) (2012)

JSA

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### SCHEDULE J (Form 990)

### **Compensation Information**

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. 2012
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

CHAPTERS AND BRANCHES

► Attach to Form 990. ► See separate instructions.

AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT

Employer identification number 53-0196605

**Questions Regarding Compensation** Part I Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) 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 Χ 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Χ Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Χ Independent compensation consultant Compensation survey or study Х X Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Receive a severance payment or change-of-control payment? Χ 4a **b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? Х 4b c Participate in, or receive payment from, an equity-based compensation arrangement? Χ If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? Χ 5a **b** Any related organization? Χ If "Yes" to line 5a or 5b, describe in Part III. For persons listed in 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? Χ Any related organization? X If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Χ Were any amounts reported in 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 8 X

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

Schedule J (Form 990) 2012

### 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 in 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.

		<b>(B)</b> Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990	
GAIL MCGOVERN	(i)	498,800.	62,500.	3,564.	49,706.	7,791.	622,361.		
1 PRESIDENT AND CEO	(ii)	0	C	0					
BRIAN RHOA	(i)	377,036.	C	810.	18,616.	21,304.	417,766.		
2 CHIEF FINANCIAL OFFICER	(ii)	0	C	0					
DALE BATEMAN	(i)	252,328.	C	2,455.	33,825.	4,193.	292,801.		
3 SVP, CHIEF AUDIT EXECUTIVE	(ii)	0	C	0					
DAVID MELTZER	(i)	219,549.	44,000.	776.	30,454.	19,170.	313,949.		
4 GEN COUNSEL & CHIEF INT'L OFF.	(ii)	0	C	0					
JENNIFER HAWKINS	(i)	142,224.		35,301.	8,765.	7,784.	194,074.		
5 CORPORATE SECRETARY	(ii)	0	C	0					
GREG BALLISH	(i)	332,074.	22,250.	1,262.	26,433.	21,027.	403,046.		
6 SVP, BIOMEDICAL SERVICES	(ii)	0	С	0					
WILLIAM MOORE	(i)	356,567.		1,242.	22,612.	21,199.	401,620.		
7 SVP, BIOMEDICAL SERVICES	(ii)	0	С	0					
KATHRYN WALDMAN	(i)	281,881.	60,629.	2,875.	31,149.	10,266.	386,800.		
8 SVP, QUALITY AND REG AFFAIRS	(ii)	0	C	0					
JOHN CRARY	(i)	349,937.		4,414.	14,900.	15,778.	385,029.		
9 CHIEF INFORMATION OFFICER	(ii)	0	C	0					
STEVEN WAGNER	(i)	227,119.	40,353.	319,158.	13,863.	19,413.	619,906.		
10 VP, DEVELOPMENT OPERATIONS	(ii)	0	С	0					
MELISSA HURST	(i)	314,196.		493.	10,720.	20,678.	346,087.		
11 CHIEF HUMAN RESOURCES OFFICER	(ii)	0	C	0					
GERALD DEFRANCISCO	(i)	362,800.	55,000.	6,858.	26,097.	5,782.	456,537.		
12 PRESIDENT, HUMAN SER	(ii)	0	C	0					
SHAUN GILMORE	(i)	488,110.		2,440.	31,988.	22,943.	545,481.		
13 PRESIDENT, BIOMEDICAL SERVICES	(ii)	0	C	0					
J. CHRIS HROUDA	(i)	429,806.	47,586.	826.	10,000.	16,317.	504,535.		
14 EXEC VP, BIOMED SERVICES	(ii)	0	C	0					
NEAL LITVACK	(i)	310,560.		2,064.	33,711.	20,492.	366,827.		
15 CHIEF DEVELOPMENT OFFICER	(ii)	0	C	0					
CHRISTINA SAMSON	(i)	280,975.	23,225.	2,938.	46,115.	15,168.	368,421.		
16 CHIEF INVESTMENT OFFICER	(ii)	0	C	0					

Schedule J (Form 990) 2012

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### 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 in 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.

		<b>(B)</b> Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred in prior Form 990
MARY ELCANO	(i)	379,928.	(	3,564.	48,837.	6,104.	438,433.	
1 FORMER GNRL CNSEL & CORP SECR	(ii)	C	(	0				
	(i)							
2	(ii)							
	(i)							
_ 3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
_6	(ii)							
	(i)			ļ				
_7	(ii)							
	(i)			ļ				
_ 8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
_11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)			<del> </del>				
_14	(ii)							
	(i)			<del> </del>				
15	(ii)							
	(i)		<u> </u>	<del> </del>				
16	(ii)							1.1.1/5 000) 0040

Schedule J (Form 990) 2012

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### Part | Supplemental Information

Complete this part to 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.

SCHEDULE J, PART I, LINE 1A

THE VICE PRESIDENT, DEVELOPMENT OPERATIONS, RECEIVED A ONE-TIME REIMBURSEMENT OF \$316,758 TO COVER CLOSING COSTS AND OTHER RELOCATION EXPENSES RELATED TO HIS RELOCATION TO WASHINGTON, DC HEADQUARTERS. THE PAYMENT WAS CONSISTENT WITH THE STANDARD RED CROSS POLICY FOR EXECUTIVES TO RELOCATE AND INCLUDED A TEMPORARY HOUSING ALLOWANCE. THE AMOUNT OF THESE CLOSING COSTS, PLUS A GROSS UP TO COVER THE TAX LIABILITY OF SUCH COSTS, WERE INCLUDED IN HIS 2012 W-2 AND IS REFLECTED IN THE AMOUNT SHOWN ON SCHEDULE J, PART II, COLUMN B(III).

SCHEDULE J, PART I, LINE 7

THE AMOUNTS SHOWN IN PART II, COLUMN B (II) FOR THE PRESIDENT AND CEO,
THE EXECUTIVE VICE PRESIDENT, BIOMEDICAL SERVICES; THE PRESIDENT,
HUMANITARIAN SERVICES; AND THE CHIEF INVESTMENT OFFICER WERE PAID BASED
ON PRIOR-YEAR PERFORMANCE AND WERE APPROVED BY THE COMPENSATION COMMITTEE
OF THE BOARD. THE AMOUNTS SHOWN IN PART II, COLUMN B (II) FOR THE SVP,
BIOMEDICAL SALES & MARKETING; AND THE VP, DEVELOPMENT OPERATIONS, WERE
PAID BASED ON WRITTEN VARIABLE INCENTIVE PLANS APPROVED BY MANAGEMENT AND
DETERMINED UNDER THE TERMS OF THE INCENTIVE PLAN DOCUMENTS. THE AMOUNT

Schedule J (Form 990) 2012

#### Part | Supplemental Information

Complete this part to 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.

SHOWN IN PART II, COLUMN B (II) FOR THE GENERAL COUNSEL/CHIEF

INTERNATIONAL OFFICER WAS PAID BASED ON A WRITTEN RETENTION BONUS PLAN

APPROVED BY MANAGEMENT. THE AMOUNT SHOWN IN PART II, COLUMN B (II) FOR

THE SVP, QUALITY & REGULATORY AFFAIRS, WERE PAID BASED ON THE ASSESSMENT

OF PERFORMANCE OF THE SVP, QUALITY & REGULATORY AFFAIRS, BY THE

PRESIDENT, BIOMEDICAL SERVICES.

SCHEDULE J, PART I, LINE 8

THE RED CROSS HAS FOUR (4) EMPLOYEES LISTED ON PART VII WHO ARE COVERED BY REGS. SECTION 53.4958-4 (A) (3): PRESIDENT AND CEO; PRESIDENT,

BIOMEDICAL SERVICES; PRESIDENT, HUMANITARIAN SERVICES; AND EXECUTIVE VICE PRESIDENT, BIOMEDICAL SERVICES. THE ORIGINAL BASE SALARY AMOUNTS PAID TO PERSONS COVERED BY THIS PROVISION AND ANY SUBSEQUENT ANNUAL INCREASES OR OTHER SALARY PAYMENTS ARE DETERMINED BY THE COMPENSATION COMMITTEE OF THE RED CROSS BOARD, AND WERE BASED ON COMPARABLE MARKET DATA AND SUPPORTED BY THE OPINION OF AN OUTSIDE INDEPENDENT COMPENSATION CONSULTANT AND WERE DOCUMENTED IN THE MINUTES OF THE COMMITTEE, ALL IN ACCORDANCE WITH THE REQUIREMENTS FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER SECTION 4958.

Schedule J (Form 990) 2012

### SCHEDULE K (Form 990)

## **Supplemental Information on Tax-Exempt Bonds**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See separate instructions. OMB No. 1545-0047 Open to Public Inspection

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

Part I Bond Issues	a	( ) 011015 ::	(0.5.							]	(h) (		(i) Po	olec										
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issu	ied (	e) Issue price	(f) D	escription of pu	urpose	(g) De	eased	beha issu	lf of	finan	cing										
									Yes	No	Yes	No	Yes	N										
A CONNECTICUT DEVELOPMENT AUTHORITY	06-6000799		12/05/20	005	2,303,600	. CURRENT REF	UNDING OF P	RIOR BONDS I		х		Х		х										
B MARYLAND ECONOMIC DEVELOPMENT CORPORATIO	52-1376562		12/02/20	003	4,250,000	. LAND ACQUIS	LAND ACQUISITION & BUIL		AND ACQUISITION & BUIL		AND ACQUISITION & BUI		AND ACQUISITION & BUI		AND ACQUISITION & BUIL		LAND ACQUISITION & BUI			Х		Х		Х
C ILLINOIS DEVELOPMENT FINANCE AUTHORITY	37-0988139		02/27/20	003	8,000,000	. CONSTRUCTION	CONSTRUCTION AND EQUIPM			Х		Х		Х										
2																								
D NEW YORK CITY INDUSTRIAL DEVELOPMENT	13-2906040	64971C8B3	02/28/20	006	30,337,879	. ACQUISITION	& RENOVATI	ON OF BUILDI		Х		X		Х										
Part II Proceeds				I				_																
	al .				Α	_	B	C 1 00	0 00	_	D			_										
1 Amount of bonds retired					833,750	).	850,000.	1,00	0,00	0.		3,73	0,0	0										
2 Amount of bonds legally defeased				,	202 604	1	250 000	0.00	0 00	_	2.0		7 0'											
3 Total proceeds of issue				4	2,303,600	4,.	250,000.	8,00	0,00	0.	30	33,	7,8	_										
4 Gross proceeds in reserve funds														_										
5 Capitalized interest from proceeds				,	) )E0 /E	1								_										
6 Proceeds in refunding escrows				4	2,258,45		29,000.	85,000.		0														
7 Issuance costs from proceeds					45,14	29,000		4,000.				2.0	0 4											
8 Credit enhancement from proceeds									4,00	0.		20	9,4	<i>,</i> 0										
<ul><li>9 Working capital expenditures from proceeds</li><li>10 Capital expenditures from proceeds</li></ul>						1	221,000.	7,91	1 00	0	2.0	1 1 2	0 2											
						4,.	221,000.	7,91	1,00	0.	30,128,388			0										
11 Other spent proceeds  12 Other unspent proceeds														—										
				_	2003	200	<u> </u>	2004				2006		_										
13 Year of substantial completion				Yes		Yes	No	Yes	No		Yes		N	_ `										
14 Were the bonds issued as part of a current refund	dina issue?			Х		100	X	100	X				X											
15 Were the bonds issued as part of an advance ref	unding issue?				Х		X		Х				X	_										
16 Has the final allocation of proceeds been made?				Х		Х		Х			Х			_										
17 Does the organization maintain adequate books and records to				Х		Х		Х			Х													
Part III Private Business Use						•				'														
					Α		В	С				D												
1 Was the organization a partner in a partnership, of				Yes		Yes	No	Yes	No		Yes		No											
which owned property financed by tax-exempt be					X		Х		Х				Х											
2 Are there any lease arrangements that may result in pr					Х		Х		X				Х											

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

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# SCHEDULE K (Form 990)

### **Supplemental Information on Tax-Exempt Bonds**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

Department of the Treasury
Internal Revenue Service

Name of the organization

► Attach to Form 990.

AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT

► See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

**Employer identification number** 

CHAPTERS AND BRANCHES 53-0196605 **Bond Issues** (i) Pooled (h) On (a) Issuer name (b) Issuer EIN (c) CUSIP # (d) Date issued (e) Issue price (f) Description of purpose (q) Defeased behalf of financing issuer Yes Nο Yes Nο Yes No A THE CAMBRIA COUNTY INDUSTR. DEVL. AUTH 25-1334277 132047BY6 10/09/2008 20,245,000. CURRENT REFUNDING OF PRIOR BONDS I Х **B** CALIFORNIA INFRA. AND ECON. DEV. BANK 63-0304653 13033WV26 10/09/2008 CURRENT REFUNDING OF PRIOR BONDS I С D **Proceeds** В C D Α 885,000. 1,755,000 20,245,000. 40,325,000. 20,000,000. 6 Proceeds in refunding escrows................... 40,000,000 234,761. 325,000 10,238. 8 Credit enhancement from proceeds 11 Other spent proceeds 2005 2005

Part III	Private	Business	Use
----------	---------	----------	-----

	Α		В		С			)
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
which owned property financed by tax-exempt bonds?		X		X				
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				

Yes

Χ

Х

No

Χ

Yes

Χ

Χ

Χ

No

Χ

Yes

No

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

15 Were the bonds issued as part of an advance refunding issue?

Does the organization maintain adequate books and records to support the final allocation of proceeds?

Schedule K (Form 990) 2012

Yes

No

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Page 2 Schedule K (Form 990) 2012

Par	rt III Private Business Use (Continued)	GE 1							
			Α		В	(	С	ļ	D
3a	Are there any management or service contracts that may result in private business	Yes	No	Yes	No	Yes	No	Yes	No
	use of bond-financed property?		X		X		X		X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
	Are there any research agreements that may result in private business use of bond-financed property?		X		X		Х		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		%		%		%		%
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6	Total of lines 4 and 5		%		%		%		%
7	Does the bond issue meet the private security or payment test?								
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?								
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		9
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?								
Par	rt IV Arbitrage								
			Α		В	(	С	ı	D
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?								
2	If "No" to line 1, did the following apply?								
	Rebate not due yet?								
b	Exception to rebate?								
	No rebate due?								
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate								
	computation was performed								
3	Is the bond issue a variable rate issue?	X		X		X			Х
4a	Has the organization or the governmental issuer entered into a qualified hedge with								
	respect to the bond issue?		X		Х		X		X
b	Name of provider								
	Term of hedge								
	Was the hedge superintegrated?								
	Was the hedge terminated?								

Schedule K (Form 990) 2012

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Page 2 Schedule K (Form 990) 2012

Pai	rt III Private Business Use (Continued)	GE 2							
			A		В		С		D
3a	Are there any management or service contracts that may result in private business	Yes	No	Yes	No	Yes	No	Yes	No
	use of bond-financed property?		Х		X				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
С	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6	Total of lines 4 and 5		%		%		%		%
7	Does the bond issue meet the private security or payment test?		Х		Х				
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		Х		Х				
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X					
Pai	rt IV Arbitrage	ı	ı						
			A		В		С		D
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		Х		Х				
	If "No" to line 1, did the following apply?								
	Rebate not due yet?								
b	Exception to rebate?	Х		Х					
	No rebate due?								
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate		•			'			
	computation was performed								
3	Is the bond issue a variable rate issue?	Х		Х					
4a	Has the organization or the governmental issuer entered into a qualified hedge with								
	respect to the bond issue?		X		X				
b	Name of provider		•		•		•		•
	Term of hedge								
	Was the hedge superintegrated?								
	Was the hedge terminated?								

Schedule K (Form 990) 2012

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5a Were gross proceeds invested in a guaranteed investment contract (GIC)?  b Name of provider.  c Term of GIC  d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?  f Has the organization established written procedures to monitor the requirements of section 148?  Part V Procedures To Undertake Corrective Action  Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?  Part VI Supplemental Information. Complete this part to provide additional information for respo		В		С		D
b Name of provider		No	Yes	No	Yes	No
b Name of provider		X	1.55	Х		X
c Term of GIC						
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?						
Were any gross proceeds invested beyond an available temporary period?						
7 Has the organization established written procedures to monitor the requirements of section 148?		Х		Х		Х
requirements of section 148?		21		21		21
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X	
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	Λ		Λ		Λ	
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		В	T .	С	1	D
tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		No	Yes	No	Yes	No
agreement program if self-remediation is not available under applicable regulations?	) les	NO	162	NO	162	NO
	37		37		77	
Supplemental information. Complete this part to provide additional information for response	X		X	(a a a in atm	X	

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06583L 2502

Schedule K (Form 990) 2012

	Δ	1		3	(	3		)
<u> </u>	Yes	No	Yes	No	Yes	No	Yes	No
Were gross proceeds invested in a guaranteed investment contract (GIC)?		X	100	X	1.00		100	
		21		21				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?		37		37				
Were any gross proceeds invested beyond an available temporary period?		X		X				
Has the organization established written procedures to monitor the								
requirements of section 148?	X		X					
art V Procedures To Undertake Corrective Action								
		4	I	3	(	2	1	)
Has the organization established written procedures to ensure that violations of federal	Yes	No	Yes	No	Yes	No	Yes	No
tax requirements are timely identified and corrected through the voluntary closing								
agreement program if self-remediation is not available under applicable regulations?	Х		X					
art VI Supplemental Information. Complete this part to provide additional inform	ation for r	responses	to question	ons on Scl	hedule K (	see instru	ctions).	

JSA 2E1328 1.000

Schedule K (Form 990) 2012

Schedule K (Form 990) 2012 Page 4

Part VI Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions) (Continued)

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# SCHEDULE M (Form 990)

### **Noncash Contributions**

20**12**Open To Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

Open To Public Inspection

Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT

Employer identification number

CHAPTERS AND BRANCHES

53-0196605

Par	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	Method of noncash cont			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications	Х		155,008.	FMV			
5	Clothing and household							
3	goods	X		3,571,643.	FMV			
6	Cars and other vehicles	X		3,300,111.	FMV			
-		21		3,300,111.	1111			
7	Boats and planes				<del> </del>			
8	Intellectual property							
9	Securities - Publicly traded				<del>                                     </del>			
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	X		24,333,840.	FMV			
20	Drugs and medical supplies	X		293,751.	FMV			
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►( VARIOUS)	Х		5,436,275.	FMV			
26	Other ►()							
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received	by the orga	anization during the tax ve	ar for contributions for				
	which the organization completed F				29			7.
	р.с		,	,			Yes	No
30 a	During the year, did the organizat	ion receive	by contribution any prope	erty reported in Part I, line	es 1-28 that			
	it must hold for at least three yea	rs from the	date of the initial contribu	ition, and which is not re-	quired to be			
	used for exempt purposes for the e					30a		Х
b	If "Yes," describe the arrangement i	n Part II.						
31	Does the organization have a		tance policy that require	s the review of anv r	non-standard			
	contributions?	-				31	х	
32 a	Does the organization hire or use	third nart	ies or related organization	s to solicit process or s	sell noncash	<u> </u>		
u	<u> </u>	•	•			32a	х	
h	contributions?  If "Yes," describe in Part II.					JZa	27	
33	If the organization did not report ar	amount in	column (c) for a type of pro	nerty for which column (c	) is chacked			
JJ	describe in Part II.	r amount III	column (c) for a type of pro	porty for willon column (a	, is cilected,			

Page 2

Schedule M (Form 990) (2012)

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

SCHEDULE M, PART I, LINE 32B

THE AMERICAN RED CROSS HAS USED THIRD-PARTY VENDORS FOR VEHICLE DONATION

PROGRAMS. THE VENDORS SOLICIT, PROCESS AND SELL THE DONATED VEHICLES.

JSA Schedule M (Form 990) (2012)

2E1508 2.000

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### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

CHAPTERS AND BRANCHES

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.

Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT

Employer identification number 53-0196605

FORM 990, PART III, STATEMENT OF PROGRAM SERVICE

4A. BIOMEDICAL SERVICES: THE ORGANIZATION COLLECTS, TESTS, AND

DISTRIBUTES AROUND 40% OF THE NATION'S BLOOD AND BLOOD COMPONENTS AND

OPERATES 36 REGIONAL BLOOD SERVICE CENTERS THROUGHOUT THE COUNTRY. IN

FISCAL YEAR 2013, THE ORGANIZATION COLLECTED NEARLY 5.7 MILLION

PRODUCTIVE UNITS OF BLOOD FROM ROUGHLY 3.3 MILLION DONORS AND SUPPLIED

2,700 HOSPITALS AND OTHER FACILITIES WITH BLOOD AND BLOOD PRODUCTS FOR

TRANSFUSION.

DOMESTIC DISASTER SERVICES: THE ORGANIZATION RESPONDED TO 18 EXTREME LARGE-SCALE DISASTERS IN FISCAL YEAR 2013 INCLUDING: THE TORNADO IN MOORE, OKLAHOMA, WILDFIRES AND FLOODS IN COLORADO, A PLANT EXPLOSION IN WEST, TEXAS, THE BOSTON MARATHON BOMBING, AS WELL AS WILDFIRES IN SEVERAL WESTERN STATES AND TORNADOES IN THE MIDWEST AND SOUTHEAST. IN ADDITION TO THOSE RESPONSES THE AMERICAN RED CROSS HAS ONGOING SANDY RECOVERY OPERATIONS IN NEW YORK, NEW JERSEY AND OTHER STATES. THROUGH ITS NETWORK OF 514 CHAPTERS IN ALL 50 STATES, AS WELL AS OFFSHORE U.S. TERRITORIES IN THE CARIBBEAN AND PACIFIC, THE RED CROSS RESPONDED TO MORE THAN 61,000 DISASTERS LARGE AND SMALL. THE ORGANIZATION PROVIDED FOOD, SHELTER, BULK DISTRIBUTION ITEMS, EMERGENCY ASSISTANCE, HEALTH SERVICES, CRISIS INTERVENTIONS AND COMMUNITY MENTAL-HEALTH DEBRIEFINGS AND/OR OTHER RELATED EMERGENCY CARE TO PERSONS IN NEED. FOR INDIVIDUALS AND COMMUNITIES AFFECTED BY DISASTERS, THE SERVICES OF THE AMERICAN RED CROSS BEGAN WITH SAFE SHELTER AND CONTINUED WITH SUPPORT FOR INDIVIDUALS AND FAMILIES RECOVERING FROM DISASTERS. THE RED CROSS

VOLUNTEER CONNECTION SYSTEM IS USED TO MANAGE ITS TRAINED WORKFORCE. IN FISCAL YEAR 2013, THE NUMBER OF TRAINED AND REGISTERED DISASTER VOLUNTEERS WAS APPROXIMATELY 100,000. CHAPTERS THROUGHOUT THE COUNTRY TRAINED THOUSANDS MORE TO PREPARE FOR AND RESPOND TO DISASTERS WITHIN THEIR COMMUNITIES.

IN ADDITION, THE AMERICAN NATIONAL RED CROSS' BUILDS A "CULTURE OF PREPARDNESS" BY ENCOURAGING AMERICANS TO TAKE ACTION TO ADOPT SPECIFIC PREPARDNESS BEHAVIORS.

4C. INTERNATIONAL RELIEF AND DEVELOPMENT SERVICES: THE ORGANIZATION HELPS VULNERABLE PEOPLE AROUND THE WORLD, PREVENT, PREPARE FOR, RESPOND TO AND RECOVER FROM DISASTERS, COMPLEX HUMANITARIAN EMERGENCIES, AND LIFE-THREATENING HEALTH CONDITIONS THROUGH GLOBAL INITIATIVES AND COMMUNITY-BASED PROGRAMS. WITH A FOCUS ON DISEASE PREVENTION ON A MASS-SCALE, DISASTER MANAGEMENT, AND THE DISSEMINATION OF INTERNATIONAL HUMANITARIAN LAW, THE ORGANIZATION PROVIDES RAPID, EFFECTIVE, AND LARGE-SCALE HUMANITARIAN ASSISTANCE TO THOSE IN NEED. TO ACHIEVE OUR GOALS, THE ORGANIZATION WORKS WITH OUR PARTNERS IN THE INTERNATIONAL RED CROSS AND RED CRESCENT MOVEMENT AND OTHER INTERNATIONAL RELIEF AND DEVELOPMENT AGENCIES TO BUILD LOCAL CAPACITIES, MOBILIZE AND EMPOWER COMMUNITIES, AND ESTABLISH PARTNERSHIPS.

4D. HEALTH & SAFETY SERVICES: AMERICAN RED CROSS HEALTH AND SAFETY
SERVICES PROVIDES TRAINING PROGRAMS THAT HELP SAVE LIVES AND STRENGTHEN
COMMUNITIES- IMPARTING HOPE AND CONFIDENCE ALONG WITH PRACTICAL SKILLS.
IT IS THE PREMIER PROVIDER OF EDUCATION, TRAINING, AND PRODUCTS THAT
ENABLE PEOPLE TO PREVENT, PREPARE FOR AND RESPOND TO DISASTERS AND OTHER

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LIFE-THREATENING EMERGENCIES. AMERICAN RED CROSS EMPLOYEES AND REGISTERED VOLUNTEERS HELP SUSTAIN AND DELIVER HEALTH AND SAFETY PROGRAMS AND SERVICES INCLUDING: FIRST AID/CPR/AED (WITH AUTOMATED EXTERNAL DEFIBRILLATION (AED) INFORMATION AND SKILLS) BOTH FOR THE LICENSED PROFESSIONAL AND THE LAY RESPONDER; AQUATICS (LEARN-TO-SWIM, WATER SAFETY, LIFEGUARDING, LIFEGUARD MANAGEMENT, AND AQUATIC EXAMINER FACILITY SERVICES); CAREGIVING (BABYSITTER'S TRAINING, FAMILY CAREGIVING, NURSE ASSISTANT TRAINING).

4D. COMMUNITY SERVICES: AMERICAN RED CROSS CHAPTERS OFFER COMMUNITY

SERVICES THAT HELP PEOPLE LIVE SAFER, HEALTHIER LIVES; ALLOW FOR GREATER

SELF-RELIANCE; AND IMPROVE THE QUALITY OF LIFE FOR SOCIETY'S MOST

VULNERABLE. COUNTLESS LIVES ARE TOUCHED EACH DAY BY THESE SERVICES THAT

INCLUDE: TRANSPORTATION FOR THE DISABLED; NUTRITION FOR THE ELDERLY AND

HOSPITAL/NURSING HOME VOLUNTEERS.

4D. SERVICE TO THE ARMED FORCES: THE ORGANIZATION PROVIDES MILITARY
MEMBERS, VETERANS, AND THEIR FAMILIES WITH EMERGENCY COMMUNICATIONS
SERVICES, EMERGENCY FINANCIAL SUPPORT, PROGRAMS AND SERVICES FOR THE
SICK, WOUNDED AND RECOVERING AT VETERANS AND MILITARY MEDICAL FACILITIES,
EDUCATION, AND OTHER VITAL SERVICES FOR U.S. MILITARY FAMILIES AROUND
THE WORLD.

FORM 990, PART V, LINE 4B

FOREIGN COUNTRIES FINANCIAL ACCOUNTS

BRAZIL, KOREA, DENMARK, KAZAKHSTAN, INDONESIA, VIETNAM, PAKISTAN, HAITI,

PANAMA, PERU, COLOMBIA, KENYA, TANZANIA, CHILE, BAHAMAS, TRINIDAD &

TOBAGO, SOUTH AFRICA AND BERMUDA.

FORM 990, PART VI, SECTION A, LINES 4, 5, 6 & 7A

LINE 4 - IN FISCAL YEAR 2013, THE AMERICAN RED CROSS BOARD OF GOVERNORS

APPROVED CHANGES TO THE AMENDED AND RESTATED BYLAWS OF THE AMERICAN

NATIONAL RED CROSS (THE BYLAWS) ON MARCH 28, 2013 TO (1)CLARIFY WHEN TERM

LIMITS DO AND DO NOT APPLY, AND (2) CHANGE THE NAME OF AN ADVISORY

COUNCIL.

LINE 5 - IN FEBRUARY 2013, THE RED CROSS DISCOVERED THAT AN EMPLOYEE OF AN AMERICAN RED CROSS CHAPTER IN TEXAS WAS FALSIFYING RECORDS. THE RED CROSS TERMINATED THE INDIVIDUAL'S EMPLOYMENT, DIRECTED AN INTERNAL AUDIT AND WORKED WITH LOCAL POLICE DEPARTMENTS TO PROVIDE INFORMATION FOR ARREST WARRANTS. AS OF FEBRUARY, 2014, THE FORMER EMPLOYEE HAS NOT BEEN ARRESTED AS IT IS BELIEVED THAT HE FLED THE COUNTRY. THROUGH THE SUMMER OF 2013, THE RED CROSS COOPERATED FULLY WITH THE INVESTIGATIONS OF THE LOCAL POLICE DEPARTMENTS AND DISTRICT ATTORNEYS' OFFICES, AND IN LATE SUMMER THE RED CROSS ENGAGED THE SERVICES OF AN INDEPENDENT FORENSIC AUDITOR. THE RED CROSS CONTINUES TO WORK WITH AND SUPPORT THE INVESTIGATIONS AND THE FORENSIC AUDIT. THE ESTIMATED LOSS FROM THE FRAUDULENT ACTIVITY IS ESTIMATED TO BE ALMOST \$300,000. THE AMERICAN RED CROSS HAS BEEN DEVELOPING A NEW CLIENT ASSISTANCE PROGRAM WHICH WILL BE DEPLOYED LATER THIS FISCAL YEAR THAT WILL INCREASE CONTROLS OVER THE ACCESS TO, AND USE OF, RECORDS. THE AUDIT AND RISK MANAGEMENT COMMITTEE OF THE BOARD OF GOVERNORS IS MONITORING CONTROLS FOR THE NEW PROGRAM.

THE DIVERSION OF ALMOST \$300,000 IS LESS THAN 0.00008 OF TOTAL AMERICAN RED CROSS ASSETS.

LINE 6 - AS DEFINED IN THE CONGRESSIONAL CHARTER: "MEMBERSHIP IN THE CORPORATION IS OPEN TO ALL THE PEOPLE OF THE UNITED STATES AND ITS TERRITORIES AND POSSESSIONS, ON PAYMENT OF AN AMOUNT SPECIFIED, OR AS OTHERWISE PROVIDED IN THE BYLAWS."

SECTION 7 OF THE AMENDED AND RESTATED BYLAWS OF THE AMERICAN NATIONAL RED CROSS DESCRIBES MEMBERSHIP IN THE CORPORATION AND DEFINES MEMBERSHIP AND THE TERMINATION OF MEMBERSHIP.

LINES 7A - DELEGATES OF THE CHAPTERS ELECT ALL MEMBERS OF THE GOVERNING
BODY EXCEPT THE CHAIRMAN OF THE BOARD OF GOVERNORS WHO IS APPOINTED BY
THE PRESIDENT OF THE UNITED STATES.

AS MANDATED IN THE CONGRESSIONAL CHARTER, SECTION 4(A)(3)(B)(I): "MEMBERS OF THE BOARD OF GOVERNORS OTHER THAN THE CHAIRMAN SHALL BE ELECTED AT THE ANNUAL MEETING OF THE CORPORATION IN ACCORDANCE WITH SUCH PROCEDURES AS MAY BE PROVIDED IN THE BYLAWS."

SECTION 7(A): "IN GENERAL. - THE ANNUAL MEETING OF THE CORPORATION IS THE ANNUAL MEETING OF DELEGATES OF THE CHAPTERS."

FORM 990, PART VI, SECTION B, LINES 11B, 12C & 15B

LINE 11B - THE COMPENSATION AND MANAGEMENT DEVELOPMENT COMMITTEE REVIEWED

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

DURING A MEETING HELD ON JANUARY 27, 2014. A COPY OF THE FINAL FORM 990

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

FILED WITH THE IRS.

THE MANAGEMENT REVIEW PROCESS ENTAILS THE CHIEF FINANCIAL OFFICER

COORDINATING THE COMPLETION OF THE IRS FORM 990 WITH THE GENERAL COUNSEL

AND THE SENIOR VICE PRESIDENT, HUMAN RESOURCES FOR FINAL REVIEW BY THE

PRESIDENT AND CEO.

LINE 12C - AS REQUIRED BY SECTION 2.3(A) OF THE AMENDED AND RESTATED

BYLAWS OF THE AMERICAN NATIONAL RED CROSS, ALL MEMBERS OF THE BOARD OF

GOVERNORS MUST MEET INDEPENDENCE STANDARDS OUTLINED IN THE BYLAWS AND

ANNUALLY REVIEW AND CERTIFY THE CODE OF BUSINESS ETHICS AND CONDUCT.

ADDITIONALLY, TO DISCLOSE AND REMEDY ACTUAL OR PERCEIVED BUSINESS,

FINANCIAL OR PERSONAL CONFLICTS OF INTEREST, EVERY MEMBER OF THE BOARD OF

GOVERNORS MUST ALSO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE (THE

QUESTIONNAIRE) ANNUALLY. OTHER OFFICERS AND KEY EMPLOYEES ARE ALSO

REQUIRED TO EXECUTE THE CODE OF BUSINESS ETHICS AND CONDUCT AND THE

QUESTIONNAIRE ANNUALLY.

SECTION 2.3(B) OF THE AMENDED AND RESTATED BYLAWS OF THE AMERICAN RED

CROSS FURTHER CLARIFIES THAT SERVICE BY A PERSON AS THE CHAIRMAN OR AS

THE CHIEF EXECUTIVE OFFICER SHALL NOT DISQUALIFY SUCH PERSON FROM SERVING

AS A MEMBER OF THE BOARD IF THE BOARD DETERMINES THAT SUCH PERSON IS

OTHERWISE INDEPENDENT.

UNDER THE DIRECTION OF THE GENERAL COUNSEL, THE INVESTIGATIONS,

COMPLIANCE AND ETHICS DEPARTMENT STAFF COLLECT THE EXECUTED QUESTIONNAIRE

FORMS FROM THE BOARD OF GOVERNORS AND OTHER OFFICERS AND KEY EMPLOYEES.

THE INFORMATION DISCLOSED IN THE QUESTIONNAIRE IS REVIEWED AND ACTUAL OR

PERCEIVED CONFLICTS OF INTEREST ARE IDENTIFIED. THEY ARE DISCUSSED WITH

Employer identification number 53-0196605

THE GENERAL COUNSEL WHO DETERMINE ANY NECESSARY REMEDIATION OPTIONS.

DEPENDING ON THE MATTER, THE GENERAL COUNSEL OR A STAFF MEMBER FROM THE INVESTIGATIONS, COMPLIANCE AND ETHICS DEPARTMENT DISCUSSES THE CONFLICT AND REMEDIATION WITH THE MEMBER OF THE BOARD OR THE OTHER OFFICER OR KEY EMPLOYEE, AND IF NECESSARY THE PRESIDENT AND CEO OR CHAIRMAN OF THE BOARD. WHERE APPROPRIATE, THE CONFLICT OF INTEREST AND REMEDIATION REGARDING A MEMBER OF THE BOARD ARE INCLUDED IN THE MINUTES OF THE RELEVANT BOARD COMMITTEE OR FULL BOARD MEETING.

THE QUESTIONNAIRE IS ALSO INTENDED TO MONITOR CONFLICTS OF INTEREST ON AN ONGOING BASIS. MEMBERS OF THE BOARD AND OTHER OFFICERS AND KEY EMPLOYEES ARE EXPLICITLY INSTRUCTED THAT THEY HAVE A CONTINUING DUTY TO UPDATE THE QUESTIONNAIRE DURING THE COURSE OF THE YEAR TO REFLECT CHANGES IN ANY BUSINESS, FINANCIAL OR PERSONAL CONFLICTS OF INTEREST. THE SAME PROCESS OF REVIEW, DISCUSSION AND FOLLOW-UP ON CONFLICTS OF INTEREST AND REMEDIATION WITH THE BOARD MEMBER OR OTHER OFFICER OR KEY EMPLOYEE WOULD OCCUR WITH INTERIM DISCLOSURES.

LINE 15B - THE BOARD OF GOVERNORS OF THE AMERICAN RED CROSS HAS DELEGATED AUTHORITY TO THE COMPENSATION AND MANAGEMENT DEVELOPMENT COMMITTEE (THE "COMMITTEE") OF THE BOARD TO REVIEW AND MAKE DETERMINATIONS REGARDING THE COMPENSATION, BENEFITS, AND INCENTIVE PROGRAMS FOR THE CEO AND OTHER OFFICERS AND SENIOR EXECUTIVES OF THE AMERICAN RED CROSS. THE COMMITTEE IS COMPOSED ENTIRELY OF BOARD MEMBERS WHO DO NOT HAVE ANY CONFLICTS OF INTEREST. ANNUALLY, THE COMMITTEE REVIEWS AND APPROVES A LIST OF EXECUTIVES WHO ARE OR MIGHT BE CONSIDERED "DISQUALIFIED PERSONS" PURSUANT TO INTERNAL REVENUE CODE SECTION 4958. WITH RESPECT TO THOSE PERSONS, THE

Employer identification number 53-0196605

CHAPTERS AND BRANCHES 53-0196605

COMMITTEE CONDUCTS ITS ANNUAL REVIEW OF THEIR TOTAL COMPENSATION AND BENEFITS BASED ON COMPARABLE MARKET DATA. THE COMMITTEE RETAINS AN OUTSIDE, INDEPENDENT COMPENSATION CONSULTANT TO PROVIDE MARKET DATA AND REASONABLENESS OPINIONS IN APPROVING NEW SALARIES, BENEFITS AND PAYMENT OF BONUSES OR INCENTIVES FOR THE DESIGNATED PERSONS. THE COMMITTEE ALSO THEN DOCUMENTS ITS DECISIONS AS TO ANY CHANGES TO BE IMPLEMENTED IN COMPENSATION OR BENEFITS FOR THE DESIGNATED PERSONS. THE COMMITTEE UNDERTOOK THIS PROCESS FOR ALL OF THE OFFICERS AND KEY EMPLOYEES REPOTED IN SCHEDULE J.

FORM 990, PART VI, SECTION C, LINE 19

THE AMERICAN RED CROSS MAKES ITS GOVERNING DOCUMENTS INCLUDING THE CODE

OF BUSINESS ETHICS AND CONDUCT, CONFLICT OF INTEREST QUESTIONNAIRE, AND

THE CONSOLIDATED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON THE

GOVERNANCE PAGE OF ITS WEBSITE, WWW.REDCROSS.ORG

FORM 990, PART XI, LINE 9

OTHER CHANGES IN NET ASSETS

PRIMARILY, THIS AMOUNT REPRESENTS EMPLOYEE RETIREMENT PENSION AND POST-RETIREMENT BENEFIT PLAN GAINS PER PROVISION OF ASC 715 (FORMER FASB 87 AND 106) IN AMOUNT OF 247,295,396.

Schedule O (Form 990 or 990-EZ) 2012

Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT

CHAPTERS AND BRANCHES

53-0196605

ATTACHMENT 1

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

DESCRIPTION
GRANTS
EXPENSES
REVENUE

HEALTH & SAFETY SERVICES
216,221,371. 125,152,907.

COMMUNITY SERVICES
57,200,574.

SERVICE TO THE ARMED FORCES
56,645,753.

SEE SCHEDULE O FOR DESCRIPTIONS

TOTALS 330,067,698. 125,152,907.

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

DESCRIPTION OF SERVICES NAME AND ADDRESS COMPENSATION EXETER GROUP INCORPORATED DATABASE CONSULTING 19,008,419. 800 BOYLSTON STREET BOSTON, MA 02199-8153 ADECCO EMPLOYMENT SERVICES INCORPORATED STAFFING SERVICES 17,716,911. PO BOX 371084 PITTSBURGH, PA 15250-7084 TELETECH SERVICES CORPORATION CALL CENTER SERVICES 12,561,890. 9197 SOUTH PEORIA STREET ENGLEWOOD, CO 80112 CORPORATE LODGING CONSULTANTS INC TRAVEL BOOKING SRVCS 10,692,514. 8111 EAST 32ND STREET WICHITA, KS 67226-2614 10,383,082. HEWITT ASSOCIATES LLC BENEFITS CONSULTING 111 WEST MONROE STREET CHICAGO, IL 60603

TOTAL COMPENSATION 70,362,816.

Schedule O (Form 990 or 990-EZ) 2012

### SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047
2012

Department of the Treasury Internal Revenue Service ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990.

See separate instructions.

Open to Public
Inspection

Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT

CHAPTERS AND BRANCHES

Employer identification number
53-0196605

Part I Identification of Disregarded Entities (Complete if the	e organizatior	n answered "Yes" to	o Form 990, Part I	V, line 33.)			
(a) Name, address, and EIN (if applicable) of disregarded entity		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	Direct co	ntrolling
(1) ARC RECEIVABLES COMPANY LLC 14	1-1934462						
1730 E STREET NW SUITE 330 WASHINGTON, DC 20	006	SECURITIZE AR	DE	0	153032253.	N/A	
(2) ARC COMMERCIAL REAL ESTATE, LLC 53	3-0196605						
600 FOREST POINT CIRCLE CHARLOTTE, NC 282	73	REAL ESTATE	NC	520,511.	0	N/A	
_(3)							
_(4)							
_(5)							
<u>(6)</u>							
Part II Identification of Related Tax-Exempt Organizations (one or more related tax-exempt organizations during the	e tax year.)						
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activ	ity (c) Legal domicile (s or foreign count		(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section	( <b>g)</b> 512(b)(13) trolled tity?
						Yes	No
_(1)							
(2)							
<u>(3)</u>							
<u>(4)</u>							
<u>(5)</u>							

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

Schedule R (Form 990) 2012

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Part III	Identification of Relate because it had one or r						nswered "Yes"	to Form 9	990, Part IV, I	ine 34
N	(a) ame. address, and EIN of	(b) Primary activity	(c) Legal	(d) Direct controlling	<b>(e)</b> Predominant	(f) Share of total	(g) Share of end-of-	(h)	(i) Code V-UBI	(j) General or

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets		n) nortionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene	i) eral or aging ner?	(k) Percentage ownership
		country)					Yes	No		Yes	No	
<u>(1)</u>												
(2)												
(3)												
(4)												
(5)												
<u>(6)</u>												
(7)												

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

(a) Name, address, and EIN of related organization		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Sec 512(b	o)(13) rolled
									Yes	No
(1) AMERIGIVES INC 06-1	1595387									
850 NW FEDERAL HWY, SUITE 210 STUART, FL 34994	1	WORK PLACE GIVING	FL	N/A	S CORP	755,924.		100.0000	Х	
(2) BOARDMAN INDEMNITY, LTD 00-0	0000000									
CUMBERLAND HOUSE, PO BOX HM 2280 HAMILTON, HMHX, BD		INSURANCE	BD	N/A	C CORP	41,542,157.	182,205,058.	100.0000	Х	
(3) POOLED INCOME FUND(2) 00-0	0000000									
2025 E STREET NW WASHINGTON, DC 20006		SPLIT INTR AGRM	DC	N/A	TRUST					X
(4) CHARITABLE REMAINDER TRUST(24) 00-0	0000000									
2025 E STREET NW WASHINGTON, DC 20006		SPLIT INTR AGRM	DC	N/A	TRUST					X
(5) PERPETUAL TRUST (51) 00-0	0000000									
2025 E STREET NW WASHINGTON, DC 20006		SPLIT INTR AGRM	DC	N/A	TRUST					X
<u>(6)</u>										
<u>(7)</u>										

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

No	te. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a	L'	X
b	Gift, grant, or capital contribution to related organization(s)	1b	L'	X
С	Gift, grant, or capital contribution from related organization(s)	1c		X
d	Loans or loan guarantees to or for related organization(s)	1d		Х
е	Loans or loan guarantees by related organization(s)	1e		Х
f	Dividends from related organization(s)	1f		X
g		1g		Х
h	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X
I	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
m		1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		Х
0	Sharing of paid employees with related organization(s)	10		Х
р	Reimbursement paid to related organization(s) for expenses	1p	Х	
q	Reimbursement paid by related organization(s) for expenses	1q		Х
-				
r	Other transfer of cash or property to related organization(s)	1r	Х	
s	Other transfer of cash or property to related organization(s)  Other transfer of cash or property from related organization(s)	1s	X	
_	If the control of the character of the first of the first of the first of the character of	L - L.L.		

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

(a)  Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BOARDMAN INDEMNITY, LTD	R	41,542,157.	CASH
(2) BOARDMAN INDEMNITY, LTD	S	35,683,072.	CASH
(3) AMERIGIVES, INC	Р	1,751,859.	CASH
<u>(4)</u>			
<u>(5)</u>			
(6)			

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

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

(a) Name, address, and EIN of entity	rme, address, and EIN of entity  Primary activity  Legal domicile (state or foreign incom country)  unrelate		(d) Predominant income (related, unrelated, excluded from tax under	Predominant come (related, excluded rom tax under come come tax under come tax un			(g) Share of end-of-year assets	Disprop	(h) portionate ations?	of Schedule K-1 (Form 1065)	General or managing partner?		ownership	
(4)			section 512-514)	Yes	No			Yes	No	( 1 111,	Yes	No		
(1)														
(2)														
(3)														
<u>(4)</u>														
<u>(5)</u>														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														
(12)														
(13)														
(14)														
(15)														

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#### **Supplemental Information** Part VII

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

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