

Form **8453-EO**

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

OMB No. 1545-0047

For calendar year 2020, or tax year beginning JUL 1, 2020, and ending JUN 30, 2021

**2020**

For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, and 8868

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form8453EO](http://www.irs.gov/Form8453EO) for the latest information.

Name of exempt organization or person subject to tax

**AMERICAN NATIONAL RED CROSS & ITS  
CONSTITUENT CHAPTERS AND BRANCHES**

Taxpayer identification number

**53-0196605**

**Part I Type of Return and Return Information** (Whole Dollars Only)

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, 5a, 6a, or 7a below, and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, 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	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	3,090,183,560.
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	

**Part II Declaration of Officer or Person Subject to Tax**

8  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 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.

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 or  I am the person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_,

and that I have examined a copy of the 2020 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 Brian J. Shea | 2/24/2022 | CFO  
Signature of officer or person subject to tax | Date | Title, if applicable

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

I declare that I have reviewed the above 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 or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, 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 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.

ERO's Use Only	ERO's signature	<u>Jonathan List</u>	Date	<u>02/24/2022</u>	Check if also paid preparer	<input checked="" type="checkbox"/>	Check if self-employed	<input type="checkbox"/>	ERO's SSN or PTIN	<u>P01679255</u>
	Firm's name (or yours if self-employed), address, and ZIP code	<u>KPMG LLP</u> <u>8350 BROAD STREET, SUITE 900</u> <u>MCLEAN, VA 22102</u>			EIN	<u>13-5565207</u>		Phone no.	<u>703-286-8000</u>	

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	<input type="checkbox"/>	PTIN
	Firm's name	Firm's EIN				
	Firm's address	Phone no.				

Product: **Exempt**  
Name: **AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT CHAPTERS AND BRANCHES**  
FEIN: **\*\*\*\*\*6605**  
Bank Info:  
Fiscal Year Begin Date: **7/1/2020**  
IRS Message:

Category:  
  
Plan Number:  
  
Fiscal Year End Date: **6/30/2021**

IRS Center: **Ogden**  
e-Postmark: **2/24/2022 10:23 AM**  
  
Notification:  
  
eSigned:

**Return Information**

Date	Return ID	Type of Activity	Submission ID	Refund/(Due)	Updated By	eSign Date
02/24/2022	20X:06583L:V1	Upload Started			List,Jonathan	
02/24/2022	20X:06583L:V1	Ready to Release by Customer				
02/24/2022	20X:06583L:V1	Released for Transmission - Validation in Progress				
02/24/2022	20X:06583L:V1	Ready to transmit - Validation Complete				
02/24/2022	20X:06583L:V1	Transmitted to FD	54028020220550338e07			
02/24/2022	20X:06583L:V1	Accepted by FD on 2/24/2022				

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ID	Status Date	Status	State/Other	State Category	FBAR	FBAR BSA ID
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Form **990**

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

**2020**

Department of the Treasury  
Internal Revenue Service

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

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

Open to Public Inspection

**A** For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

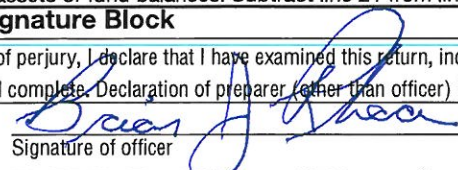

<b>B</b> Check if applicable:	<b>C</b> Name of organization <b>AMERICAN NATIONAL RED CROSS &amp; ITS CONSTITUENT CHAPTERS AND BRANCHES</b>	<b>D</b> Employer identification number <b>53-0196605</b>
<input type="checkbox"/> Address change	Doing business as	<b>E</b> Telephone number <b>(202) 303-4498</b>
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>431 18TH STREET, NW</b>	
<input type="checkbox"/> Initial return	City or town, state or province, country, and ZIP or foreign postal code <b>WASHINGTON, DC 20006-5009</b>	<b>G</b> Gross receipts \$ <b>3,115,796,152.</b>
<input type="checkbox"/> Final return/terminated	<b>F</b> Name and address of principal officer: <b>GAIL MCGOVERN</b> <b>430 17TH ST, NW, WASHINGTON, DC 20006</b>	<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Amended return		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
<input type="checkbox"/> Application pending	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>H(c)</b> Group exemption number ▶
<b>J</b> Website: ▶ <b>WWW.REDCROSS.ORG</b>		<b>L</b> Year of formation: <b>1900</b> <b>M</b> State of legal domicile: <b>DC</b>
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

**Part I Summary**

	1 Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>		
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>15</b>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>14</b>
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>17918</b>
	6 Total number of volunteers (estimate if necessary)	<b>6</b>	<b>30000</b>
	7a Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>7,427,867.</b>
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
Revenue	8 Contributions and grants (Part VIII, line 1h)	<b>887,785,755.</b>	<b>962,942,913.</b>
	9 Program service revenue (Part VIII, line 2g)	<b>1840018144.</b>	<b>1999617756.</b>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>55,382,252.</b>	<b>73,014,825.</b>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>56,223,095.</b>	<b>54,608,066.</b>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>2839409246.</b>	<b>3090183560.</b>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>235,754,756.</b>	<b>264,007,397.</b>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>1359517644.</b>	<b>1352047921.</b>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<b>123,953.</b>	<b>216,781.</b>
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>165,392,269.</b>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>1088212163.</b>	<b>1179753210.</b>
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>2683608516.</b>	<b>2796025309.</b>
19 Revenue less expenses. Subtract line 18 from line 12	<b>155,800,730.</b>	<b>294,158,251.</b>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	<b>3266899381.</b>	<b>3668499985.</b>
	21 Total liabilities (Part X, line 26)	<b>1454684272.</b>	<b>1300112674.</b>
	22 Net assets or fund balances. Subtract line 21 from line 20	<b>1812215109.</b>	<b>2368387311.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	▶ 	Date	<b>2/24/2022</b>
	Signature of officer		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date
	<b>JONATHAN LIST</b>		<b>02/24/2022</b>
	Firm's name ▶ <b>KPMG LLP</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P01679255</b>
	Firm's address ▶ <b>8350 BROAD STREET, SUITE 900 MCLEAN, VA 22102</b>	Firm's EIN ▶ <b>13-5565207</b>	Phone no. <b>703-286-8000</b>

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

Form **8868**

## Application for Automatic Extension of Time To File an Exempt Organization Return

(Rev. January 2020)

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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

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

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

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

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <a href="#">American National Red Cross &amp; Its Constituent Chapters and Branches</a>	Taxpayer identification number (TIN) 53-0196605
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <a href="#">431 18th Street, NW</a>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <a href="#">Washington, DC 20006-5009</a>	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ [FINANCIAL MANAGEMENT](#) .....

Telephone No. ▶ [202-303-5028](tel:202-303-5028) Fax No. ▶ .....

• If the organization does not have an office or place of business in the United States, check this box . . . . . ▶

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box . . . ▶  . If it is for part of the group, check this box . . . ▶  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until     MAY 16    , 20   22  , to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year 20 \_\_\_\_ or  
▶  tax year beginning     JULY 1    , 20   20  , and ending     JUNE 30    , 20   21  .

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

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

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

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Form 990 (2020)

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**Part III** Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:  
**THE AMERICAN NATIONAL RED CROSS PREVENTS AND ALLEVIATES HUMAN  
SUFFERING IN THE FACE OF EMERGENCIES BY MOBILIZING THE POWER OF  
VOLUNTEERS AND THE GENEROSITY OF DONORS.**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

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

4a (Code: \_\_\_\_\_) (Expenses \$ 1,834,749,634. including grants of \$ \_\_\_\_\_) (Revenue \$ 1,883,814,638.)  
**BIOMEDICAL SERVICES - SEE SCHEDULE O**

4b (Code: \_\_\_\_\_) (Expenses \$ 469,327,030. including grants of \$ 209,985,762.) (Revenue \$ \_\_\_\_\_)  
**DOMESTIC DISTASTER SERVICES - SEE SCHEDULE O**

4c (Code: \_\_\_\_\_) (Expenses \$ 102,393,724. including grants of \$ 724,679.) (Revenue \$ 115,799,853.)  
**TRAINING SERVICES - SEE SCHEDULE O**

4d Other program services (Describe on Schedule O.)  
(Expenses \$ 141,065,905. including grants of \$ 53,296,956.) (Revenue \$ \_\_\_\_\_)

4e Total program service expenses **2,547,536,293.**

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**Part IV Checklist of Required Schedules**

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



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**Part IV Checklist of Required Schedules** *(continued)*

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

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b>	1468
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....	<b>1b</b>	0
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

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

Table with columns for question number, question text, and Yes/No columns. Includes rows 2a through 16 with various tax-related questions and answers.

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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 on Schedule O. See instructions.

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	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 on Schedule O.		
	1a 15		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b 14		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

**Section C. Disclosure**

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CLIFFORD HOLTZ CHIEF OPERATING OFFICER	60.00				X		752,608.	0.	28,512.	
(2) CHRIS HROUDA PRESIDENT, BIOMEDICAL SERVICES	60.00				X		723,752.	0.	28,037.	
(3) SHAUN GILMORE CHIEF TRANSFORMATION OFFICER	60.00				X		696,099.	0.	27,597.	
(4) GAIL MCGOVERN PRESIDENT & CEO	60.00	X		X			627,532.	0.	12,951.	
(5) BRIAN RHOA CHIEF FINANCIAL OFFICER	60.00			X			603,714.	0.	26,240.	
(6) PAUL SULLIVAN SVP, DONOR SERVICES	60.00					X	502,042.	0.	33,476.	
(7) PHYLLIS HARRIS GENERAL COUNSEL	60.00			X			461,236.	0.	30,097.	
(8) MELISSA HURST CHIEF HUMAN RESOURCES OFFICER	60.00				X		458,794.	0.	30,089.	
(9) DON HERRING CHIEF DEVELOPMENT OFFICER	60.00				X		455,421.	0.	12,758.	
(10) JACK MCMASTER PRESIDENT, TRAINING SERVICES	60.00					X	419,172.	0.	31,949.	
(11) PETER GIAMALVA SVP, BIOMEDICAL SALES & MARKETING	60.00					X	416,502.	0.	28,190.	
(12) PAMPEE YOUNG CHIEF MEDICAL OFFICER	60.00					X	394,160.	0.	15,274.	
(13) RONNIE STRICKLAND CHIEF INFORMATION OFFICER	60.00					X	378,045.	0.	30,875.	
(14) HARVEY JOHNSON PRESIDENT, HUMANITARIAN SERVICES	60.00				X		397,952.	0.	9,168.	
(15) JENNIFER HAWKINS CORP SEC & CHIEF OF STAFF	60.00			X			309,100.	0.	17,531.	
(16) JENNIFER BAILEY BOARD MEMBER	3.00	X					0.	0.	0.	
(17) AFSANEH M. BESCHLOSS BOARD MEMBER	2.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) M. BRETT BIGGS BOARD MEMBER	2.00	X					0.	0.	0.	
(19) DAVID A. BRANDON BOARD MEMBER	3.00	X					0.	0.	0.	
(20) CAROLE L. BROWN BOARD MEMBER	2.00	X					0.	0.	0.	
(21) HERMAN E. BULLS BOARD MEMBER	2.00	X					0.	0.	0.	
(22) DAVID H. CLARK BOARD MEMBER	2.00	X					0.	0.	0.	
(23) STEVEN H. COLLIS BOARD MEMBER	2.00	X					0.	0.	0.	
(24) ENRIQUE A. CONTERNO BOARD MEMBER	3.00	X					0.	0.	0.	
(25) Y. MICHELE KANG BOARD MEMBER	2.00	X					0.	0.	0.	
(26) JOSEPH E. MADISON BOARD MEMBER	2.00	X					0.	0.	0.	
<b>1b Subtotal</b>							7,596,129.	0.	362,744.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							7,596,129.	0.	362,744.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1,861

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
TTEC SERVICES CORPORATION 9197 S PEORIA STREET, ENGLEWOOD, CO 80112	CALL CENTER SERVICES	14,216,896.
EPSILON DATA MANAGEMENT LLC P.O. BOX 809350, CHICAGO, IL 60680	MARKETING	11,622,016.
DROPOFF INCORPORATED, 1601 S MOPAC EXPWY STE C -301, AUSTIN, TX 78746	COURIER SERVICE	10,504,128.
ONE & ALL 2 N LAKE SUITE 600, PASADENA, CA 91101	PRINTING AND MAILING	9,086,648.
SERVICEMASTER 150 PEABODY PLACE, MEMPHIS, TN 38103	BUILDING SERVICES	8,661,173.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 397

SEE PART VII, SECTION A CONTINUATION SHEETS

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**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>	23,719,002.				
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	8,545,657.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	170,199,595.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	760,478,659.				
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b>	\$ 14,635,347.				
	<b>h Total.</b> Add lines 1a-1f .....			962,942,913.			
<b>Program Service Revenue</b>	<b>2 a</b> BIOMEDICAL PRODUCTS AND SERVICES .....	<b>Business Code</b>	541900	1883814638.	1883814638.		
	<b>b</b> OTHER PRODUCTS AND SERVICES .....		900099	115,803,118.	115,803,118.		
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....			1999617756.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			63,790,894.		211,627.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
				25,607,891.			
	<b>b</b> Less: rental expenses .....	<b>6b</b>		0.			
	<b>c</b> Rental income or (loss) .....	<b>6c</b>		25,607,891.			
	<b>d</b> Net rental income or (loss) .....			25,607,891.		25,607,891.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities				
			(ii) Other				
				16,666,627.	17,172,347.		
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>		16,533,951.	8,081,092.		
	<b>c</b> Gain or (loss) .....	<b>7c</b>		132,676.	9,091,255.		
<b>d</b> Net gain or (loss) .....			9,223,931.		9,223,931.		
<b>8 a</b> Gross income from fundraising events (not including \$ 8,545,657. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
			3,241,475.				
		<b>b</b> Less: direct expenses .....	<b>8b</b>		997,549.		
<b>c</b> Net income or (loss) from fundraising events .....			2,243,926.		2,243,926.		
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
		<b>b</b> Less: direct expenses .....	<b>9b</b>				
		<b>c</b> Net income or (loss) from gaming activities .....					
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
		<b>b</b> Less: cost of goods sold .....	<b>10b</b>				
		<b>c</b> Net income or (loss) from sales of inventory .....					
<b>Miscellaneous Revenue</b>	<b>11 a</b> OTHER MISCELLANEOUS REVENUE .....	<b>Business Code</b>	900099	26,756,249.	19,540,009.	7,216,240.	
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			26,756,249.			
<b>12 Total revenue.</b> See instructions .....			3090183560.	2019157765.	7,427,867.	100,655,015.	

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**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	214,737,747.	214,737,747.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	49,269,650.	49,269,650.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	5,750,681.	1,893,851.	3,389,801.	467,029.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	1071857732.	949,824,674.	38,678,156.	83,354,902.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	43,691,523.	38,714,909.	1,672,733.	3,303,881.
<b>9</b> Other employee benefits .....	149,554,038.	132,519,322.	5,725,686.	11,309,030.
<b>10</b> Payroll taxes .....	81,193,947.	71,945,679.	3,108,515.	6,139,753.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	2,492,602.	1,795,888.	486,391.	210,323.
<b>c</b> Accounting .....	1,503,500.	1,112,378.	332,230.	58,892.
<b>d</b> Lobbying .....	277,727.	113,985.	116,257.	47,485.
<b>e</b> Professional fundraising services. See Part IV, line 17 .....	216,781.			216,781.
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.) .....	197,318,308.	145,924,135.	10,389,639.	41,004,534.
<b>12</b> Advertising and promotion .....	16,076,738.	14,557,114.	371,846.	1,147,778.
<b>13</b> Office expenses .....	93,828,171.	89,634,110.	2,944,281.	1,249,780.
<b>14</b> Information technology .....	50,091,160.	43,042,864.	5,392,181.	1,656,115.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	63,508,615.	54,130,502.	5,659,857.	3,718,256.
<b>17</b> Travel .....	34,833,356.	34,715,127.	45,040.	73,189.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	280,429.	208,789.	8,654.	62,986.
<b>20</b> Interest .....	61,249,995.	56,833,959.	1,406,810.	3,009,226.
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	82,072,218.	75,571,177.	1,085,553.	5,415,488.
<b>23</b> Insurance .....	35,259,056.	32,125,505.	1,047,885.	2,085,666.
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>BIOMED SUP/BLOOD TESTS</b> .....	515,047,686.	515,047,686.		
<b>b</b> <b>OTHER PROGRAM SUPPLIES</b> .....	23,045,422.	21,656,989.	820,616.	567,817.
<b>c</b> <b>OTHER ASSISTANCE</b> .....	2,868,227.	2,160,253.	414,616.	293,358.
<b>d</b> _____ .....				
<b>e</b> All other expenses _____				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	2796025309.	2547536293.	83,096,747.	165,392,269.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**AMERICAN NATIONAL RED CROSS & ITS  
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Form 990 (2020)

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**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	235,415,378.	<b>1</b>	205,148,336.	
	<b>2</b> Savings and temporary cash investments .....	348,443,185.	<b>2</b>	562,450,227.	
	<b>3</b> Pledges and grants receivable, net .....	48,558,920.	<b>3</b>	40,027,953.	
	<b>4</b> Accounts receivable, net .....	286,464,352.	<b>4</b>	226,657,385.	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....	46,998,213.	<b>8</b>	47,393,623.	
	<b>9</b> Prepaid expenses and deferred charges .....	312,588,241.	<b>9</b>	373,149,168.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	10a 1684979202.			
	<b>b</b> Less: accumulated depreciation .....	10b 922,519,178.	<b>10c</b>		
	<b>11</b> Investments - publicly traded securities .....	411,966,318.	<b>11</b>	524,677,342.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	675,511,000.	<b>12</b>	804,771,002.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	114,474,332.	<b>15</b>	121,764,925.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	3266899381.	<b>16</b>	3668499985.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	253,123,187.	<b>17</b>	299,797,629.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....	47,390,000.	<b>20</b>	0.	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	7,906,901.	<b>23</b>	3,489,207.	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	708,884,329.	<b>24</b>	534,284,657.	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	437,379,855.	<b>25</b>	462,541,181.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1454684272.	<b>26</b>	1300112674.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>				
	<b>27</b> Net assets without donor restrictions .....	390,796,728.	<b>27</b>	710,028,627.	
	<b>28</b> Net assets with donor restrictions .....	1421418381.	<b>28</b>	1658358684.	
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>				
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>		
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>		
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>		
	<b>32</b> Total net assets or fund balances .....	1812215109.	<b>32</b>	2368387311.	
	<b>33</b> Total liabilities and net assets/fund balances .....	3266899381.	<b>33</b>	3668499985.	

Form **990** (2020)

**AMERICAN NATIONAL RED CROSS & ITS  
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**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	3,090,183,560.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,796,025,309.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	294,158,251.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	1,812,215,109.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	277,709,653.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	-15,695,702.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	2,368,387,311.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<b>X</b>
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<b>X</b>	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<b>X</b>	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	<b>X</b>	
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	<b>X</b>	

Form **990** (2020)



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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

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

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

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

AMERICAN NATIONAL RED CROSS & ITS

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

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

Section A. Public Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f); 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities, whether or not the business is regularly carried on; 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 90.93%; 15 Public support percentage from 2019 Schedule A, Part II, line 14 90.72%; 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]; 16b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [ ]; 17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization [ ]; 17b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization [ ]; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions [ ].

AMERICAN NATIONAL RED CROSS & ITS

Schedule A (Form 990 or 990-EZ) 2020

CONSTITUENT CHAPTERS AND BRANCHES

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

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

Section A. Public Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included 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 VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2019 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2019 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**AMERICAN NATIONAL RED CROSS & ITS  
CONSTITUENT CHAPTERS AND BRANCHES**

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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



AMERICAN NATIONAL RED CROSS & ITS

Schedule A (Form 990 or 990-EZ) 2020 CONSTITUENT CHAPTERS AND BRANCHES

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

**AMERICAN NATIONAL RED CROSS & ITS**

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

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

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

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

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

**AMERICAN NATIONAL RED CROSS & ITS**

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2020 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2020</b>	<b>(iii) Distributable Amount for 2020</b>
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

AMERICAN NATIONAL RED CROSS & ITS

Schedule A (Form 990 or 990-EZ) 2020

CONSTITUENT CHAPTERS AND BRANCHES

53-0196605 Page 8

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

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

FUNDRAISING AND MISC.

2016 AMOUNT: \$ 5,372,243.

2017 AMOUNT: \$ 4,953,228.

2018 AMOUNT: \$ 4,572,337.

2019 AMOUNT: \$ 2,092,433.

2020 AMOUNT: \$ 3,241,475.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

**AMERICAN NATIONAL RED CROSS & ITS  
CONSTITUENT CHAPTERS AND BRANCHES**

Employer identification number

**53-0196605**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization <b>AMERICAN NATIONAL RED CROSS &amp; ITS CONSTITUENT CHAPTERS AND BRANCHES</b>	Employer identification number <b>53-0196605</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>45,824,690.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>24,510,640.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

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



Name of organization <b>AMERICAN NATIONAL RED CROSS &amp; ITS CONSTITUENT CHAPTERS AND BRANCHES</b>	Employer identification number <b>53-0196605</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

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

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

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

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
2 Enter the amount of any excise tax incurred by organization managers under section 4955
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
4a Was a correction made?
b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b
4 Did the filing organization file Form 1120-POL for this year?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments.

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

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

Schedule C (Form 990 or 990-EZ) 2020

LHA

032041 12-02-20

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....														
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....														
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....														
<b>d</b> Other exempt purpose expenditures .....														
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....														
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....														
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....														
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....														
<b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

AMERICAN NATIONAL RED CROSS & ITS

Schedule C (Form 990 or 990-EZ) 2020

CONSTITUENT CHAPTERS AND BRANCHES

53-0196605 Page 3

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

Table with 3 columns: (a) Yes, (a) No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

THE AMERICAN 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.

**Part IV** Supplemental Information (continued)

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 STAFFS THROUGH MEETINGS AND  
BRIEFINGS, AND ISSUING PUBLIC STATEMENTS RELATED TO PENDING LEGISLATION  
AND REGULATION.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? (Yes/No), 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? (Yes/No)

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No), 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No), 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
  - a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
  - b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount    |
|---------------------------------|-----------|
| c Beginning balance             | <b>1c</b> |
| d Additions during the year     | <b>1d</b> |
| e Distributions during the year | <b>1e</b> |
| f Ending balance                | <b>1f</b> |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
  - b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,034,439,039.	1,013,098,039.	968,352,039.	1,047,760,039.	969,075,039.
b Contributions	28,013,000.	24,587,000.	19,975,000.	23,501,000.	27,392,000.
c Net investment earnings, gains, and losses	273,039,000.	34,653,000.	61,818,000.	38,352,000.	88,410,000.
d Grants or scholarships					
e Other expenditures for facilities and programs	63,259,000.	37,899,000.	37,047,000.	141,261,000.	37,117,000.
f Administrative expenses					
g End of year balance	1,272,232,039.	1,034,439,039.	1,013,098,039.	968,352,039.	1,047,760,039.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
  - a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  100 %
  - c Term endowment  \_\_\_\_\_ %
 The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
 

	Yes	No
(i) Unrelated organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) Related organizations	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		99,286,741.		99,286,741.
b Buildings		1001728175.	519,386,842.	482,341,333.
c Leasehold improvements		92,869,361.	71,206,299.	21,663,062.
d Equipment		477,387,641.	331,926,037.	145,461,604.
e Other		13,707,284.		13,707,284.

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 762,460,024.

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**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....	12,883,000.	END-OF-YEAR MARKET VALUE
(2) Closely held equity interests .....		
(3) Other		
(A) <b>ALTERNATIVE INVESTMENTS</b>	739,112,000.	END-OF-YEAR MARKET VALUE
(B) <b>EQUITY METHOD INVESTMENTS</b>	52,776,002.	COST
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	<b>804,771,002.</b>	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>PENSION &amp; POST-RETIREMENT BENEFIT</b>	171,048,314.
(3) <b>INSURANCE (LOSS RESERVES &amp; CLAIMS)</b>	78,231,173.
(4) <b>SPLIT INTEREST AGREEMENT LIABILITY</b>	33,000,000.
(5) <b>SECURITIZATION &amp; MISC LIABILITIES</b>	180,261,694.
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	<b>462,541,181.</b>

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

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

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

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

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

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

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

**Part XIII Supplemental Information.**

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

**PART III, LINE 1A:**

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

**PART V, LINE 4:**

**ENDOWMENT FUNDS**

IN ACCORDANCE WITH ITS CONGRESSIONAL CHARTER, THE AMERICAN NATIONAL RED  
CROSS HAS MAINTAINED AN ENDOWMENT FUND SINCE 1905 WHICH IS KEPT AND  
INVESTED UNDER THE MANAGEMENT AND CONTROL OF A BOARD OF TRUSTEES ELECTED  
BY THE BOARD OF GOVERNORS. THE BYLAWS OF THE ORGANIZATION STATE THAT  
WHENEVER A GIFT IS DESIGNATED BY THE DONOR TO BE PERMANENTLY RETAINED, THE  
GIFT SHALL BE RECEIVED AND HELD IN THE ENDOWMENT FUND. THE AMERICAN

**Part XIII** Supplemental Information (continued)

NATIONAL RED CROSS MAKES DISTRIBUTIONS FROM INCOME EARNED ON THE ENDOWMENT  
FUND FOR CURRENT OPERATIONS.

PART X, LINE 2:

OTHER LIABILITIES ASC 740 (FORMER FIN 48)

THE AMERICAN NATIONAL RED CROSS IS A NOT-FOR-PROFIT ORGANIZATION  
INCORPORATED BY THE U.S. CONGRESS THROUGH THE ISSUANCE OF A FEDERAL  
CHARTER. THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER  
SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT ON NET INCOME  
DERIVED FROM UNRELATED BUSINESS ACTIVITIES. AT JUNE 30, 2021 AND 2020, THE  
ORGANIZATION HAD DETERMINED THAT NO INCOME TAXES ARE DUE FOR SUCH  
ACTIVITIES. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED  
IN THE ACCOMPANYING FINANCIAL STATEMENTS. MANAGEMENT ANNUALLY REVIEWS ITS  
TAX POSITIONS AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX  
POSITIONS THAT REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL  
STATEMENTS.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

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

**2020**

▶ Attach to Form 990.

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Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	3	5	PROGRAM SERVICES	RESPONSE & PREPAREDNESS	19,758,536.
EAST ASIA AND THE PACIFIC	19	43	PROGRAM SERVICES	RESPONSE & PREPAREDNESS	13,545,983.
EUROPE (INCLUDING ICELAND AND GREENLAND)	15	39	PROGRAM SERVICES	RESPONSE & PREPAREDNESS	5,875,527.
MIDDLE EAST AND NORTH AFRICA	4	8	PROGRAM SERVICES	RESPONSE & PREPAREDNESS	1,759,619.
NORTH AMERICA	0	1	PROGRAM SERVICES	RESPONSE & PREPAREDNESS	2,051,115.
SOUTH AMERICA	0	0	PROGRAM SERVICES	RESPONSE & PREPAREDNESS	4,140,272.
SOUTH ASIA	1	2	PROGRAM SERVICES	RESPONSE & PREPAREDNESS	4,376,524.
SUB-SAHARAN AFRICA	1	1	PROGRAM SERVICES	MEASLES	2,160,067.
<b>3 a</b> Subtotal .....	43	99			53,667,643.
<b>b</b> Total from continuation sheets to Part I .....	0	0			35,526,639.
<b>c</b> <b>Totals</b> (add lines 3a and 3b) .....	43	99			89,194,282.

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Schedule F (Form 990) 2020



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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	DISASTER RESPONSE	4638902.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	DISASTER PREPAREDNESS	462,378.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	DISASTER PREPAREDNESS	2148070.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	DISASTER RESPONSE	788,319.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	DISASTER RESPONSE	2919292.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	DISASTER RESPONSE	2248804.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	DISASTER RESPONSE	3455278.	WIRE	0.		
		CENTRAL AMERICA AND THE CARIBBEAN	DISASTER RESPONSE	341,148.	WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... **28**

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

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Schedule F (Form 990)

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<b>Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.</b> (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		CENTRAL AMERICA AND THE CARIBBEAN	DISASTER RESPONSE	16,157.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	DISASTER RESPONSE	242,000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	DISASTER PREPAREDNESS	127,272.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	DISASTER PREPAREDNESS	374,436.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	DISASTER RESPONSE	24,705.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	DISASTER RESPONSE	98,429.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	DISASTER PREPAREDNESS	671,132.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	DISASTER PREPAREDNESS	326,047.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	DISASTER RESPONSE	3135071.	WIRE	0.		



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<b>Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.</b> (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	MEASLES	225,550.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	DISASTER RESPONSE	1699000.	WIRE	0.		
		EAST ASIA AND THE PACIFIC	DISASTER PREPAREDNESS	1037309.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DISASTER RESPONSE	31,250.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DISASTER RESPONSE	3120660.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DISASTER RESPONSE	90,000.	WIRE	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	DISASTER RESPONSE	90,049.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	DISASTER RESPONSE	764,000.	WIRE	0.		
		MIDDLE EAST AND NORTH AFRICA	DISASTER RESPONSE	63,000.	WIRE	0.		

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<b>Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.</b> (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	DISASTER RESPONSE	2226267.	WIRE	0.		
		NORTH AMERICA	DISASTER PREPAREDNESS	115,000.	WIRE	0.		
		NORTH AMERICA	DISASTER RESPONSE	852,495.	WIRE	0.		
		NORTH AMERICA	DISASTER RESPONSE	90,000.	WIRE	0.		
		NORTH AMERICA	MEASLES	1429862.	WIRE	0.		
		SOUTH AMERICA	DISASTER RESPONSE	3060875.	WIRE	0.		
		SOUTH AMERICA	DISASTER RESPONSE	985,000.	WIRE	0.		
		SOUTH AMERICA	DISASTER PREPAREDNESS	27,789.	WIRE	0.		
		SOUTH ASIA	DISASTER PREPAREDNESS	499,878.	WIRE	0.		

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<b>Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.</b> (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		SOUTH ASIA	DISASTER PREPAREDNESS	1176661.	WIRE	0.		
		SOUTH ASIA	DISASTER RESPONSE	150,531.	WIRE	0.		
		SOUTH ASIA	DISASTER RESPONSE	1476000.	WIRE	0.		
		SUB-SAHARAN AFRICA	MEASLES	337,209.	WIRE	0.		
		SUB-SAHARAN AFRICA	MEASLES	170,833.	WIRE	0.		
		SUB-SAHARAN AFRICA	MEASLES	140,427.	WIRE	0.		
		SUB-SAHARAN AFRICA	DISASTER RESPONSE	1200000.	WIRE	0.		



AMERICAN NATIONAL RED CROSS & ITS  
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**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

AMERICAN NATIONAL RED CROSS & ITS  
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**Part V** Supplemental Information

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

PART I, LINE 2:

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS OUTSIDE THE U.S.: THE INTERNATIONAL SERVICES DEPARTMENT OF THE AMERICAN NATIONAL RED CROSS HAS ESTABLISHED STANDARD OPERATING PROCEDURES THAT INCLUDE DUE DILIGENCE PRIOR TO AWARDING FUNDS TO A SUB-RECIPIENT. THIS DUE DILIGENCE IS A REVIEW OF THE PROGRAMMATIC, STRUCTURAL, AND FINANCIAL HEALTH OF THE ORGANIZATION AND AN ANALYSIS OF THE RISK LEVEL OF AWARDING FUNDS. THIS RISK LEVEL DICTATES PROCEDURES TO MITIGATE THOSE RISKS, INCLUDING THE LEVEL OF DETAIL AND TIMING OF FINANCIAL AND NARRATIVE REPORTS, DURING THE TERM OF THE AWARD. THESE FINANCIAL AND NARRATIVE REPORTS ARE REVIEWED AND, IN CONJUNCTION WITH ANY OTHER IDENTIFIED MITIGATING ACTIVITIES, A DECISION IS MADE TO "ACCEPT" THE REPORTS AND WHETHER TO CONTINUE PROVIDING FUNDS FOR THE AWARD. AT THE END OF THE AWARD TERM, A FINAL REVIEW OF PROGRAMMATIC AND FINANCIAL REQUIREMENTS IS PERFORMED TO ENSURE THE SUB-RECIPIENT MET ITS OBLIGATIONS UNDER THE AWARD. THIS REVIEW FEEDS INTO FUTURE AWARD DECISIONS WITH THE SUB-RECIPIENT. THE AMERICAN NATIONAL RED CROSS ALWAYS RESERVES THE RIGHT TO PERFORM ADDITIONAL REVIEW AND AUDIT OF ANY GRANT FUNDS.

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

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

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

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

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

- |   |   |
|---|---|
| <b>a</b> <input checked="" type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input checked="" type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input checked="" type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> In-person solicitations                     |   |

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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			
TELEFUND, INC. - 186 LINCOLN STREET, BOSTON, MA 02111	PHONE/EMAIL		X	13,753,143.	216,781.	13,536,362.
<b>Total</b>				13,753,143.	216,781.	13,536,362.

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**AMERICAN NATIONAL RED CROSS & ITS**

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		HEROES BREAKFAST <small>(event type)</small>	HEROES AMONG US <small>(event type)</small>	87 <small>(total number)</small>	
Revenue	<b>1</b> Gross receipts .....	1,516,183.	927,339.	9,343,610.	11,787,132.
	<b>2</b> Less: Contributions .....	1,516,183.	927,339.	6,102,135.	8,545,657.
	<b>3</b> Gross income (line 1 minus line 2) .....			3,241,475.	3,241,475.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....			36,201.	36,201.
	<b>6</b> Rent/facility costs .....	34,438.	100,500.	197,600.	332,538.
	<b>7</b> Food and beverages .....		2,832.	182,902.	185,734.
	<b>8</b> Entertainment .....		2,750.	335,315.	338,065.
	<b>9</b> Other direct expenses .....			105,011.	105,011.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				997,549.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				2,243,926.	

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

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

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

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

**b** If "No," explain: \_\_\_\_\_

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

**b** If "Yes," explain: \_\_\_\_\_



AMERICAN NATIONAL RED CROSS & ITS

Schedule G (Form 990 or 990-EZ) 2020

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

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

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

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

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

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

PART I, LINE 3

THE AMERICAN NATIONAL RED CROSS WAS CHARTERED BY SPECIAL ACT OF CONGRESS ON JANUARY 5, 1905, AND IS A FEDERAL INSTRUMENTALITY OF THE UNITED STATES. SEE 36 U.S.C. SECTIONS 300101-300111. AS A FEDERAL INSTRUMENTALITY, IT IS EXEMPT FROM STATE LAW CHARITABLE REGISTRATION AND LICENSING REQUIREMENTS. SEE DEPARTMENT OF EMPLOYMENT V. UNITED STATES, 385 U.S. 355 (1966).



SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

Employer identification number 53-0196605

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance... [X] Yes [ ] No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance.

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

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

Schedule I (Form 990) 2020

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
DISASTER RELIEF PAYMENTS AND EMERGENCIES	0	214,737,747.	0.		

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

**PART I, LINE 2:**

THE AMERICAN NATIONAL RED CROSS RESPONDS TO MORE THAN 60,000 DISASTERS  
LARGE AND SMALL PER YEAR. DISASTER RESPONSE AT THE AMERICAN NATIONAL RED  
CROSS HAS ESTABLISHED PROCEDURES FOR PROVIDING FINANCIAL AND MATERIAL  
ASSISTANCE TO CLIENTS. DURING THE EMERGENCY PHASE, THE AMERICAN NATIONAL  
RED CROSS PROVIDES ASSISTANCE IN THE FORM OF MASS CARE (E.G., FEEDING AND  
SHELTERING) BASED ON NEEDS. AS WE MOVE TOWARDS THE RECOVERY PHASE, THE  
AMERICAN NATIONAL RED CROSS PROVIDES INDIVIDUAL ASSISTANCE BASED ON  
VERIFIED NEED AND IDENTIFICATION THROUGH CASE MANAGEMENT. THE AMERICAN

AMERICAN NATIONAL RED CROSS & ITS  
CONSTITUENT CHAPTERS AND BRANCHES

**Part IV** Supplemental Information

NATIONAL RED CROSS PLACES CONTROL PROCEDURES AROUND MONITORING THE USE OF FINANCIAL ASSISTANCE IN THE UNITED STATES. DURING THE RECOVERY PHASE, THE AMERICAN NATIONAL RED CROSS PARTNERS WITH OTHER ORGANIZATIONS TO SUPPORT THE COMMUNITY. ADDITIONALLY, THE AMERICAN NATIONAL RED CROSS CONDUCTS DISASTER PREPAREDNESS PROGRAMS INCLUDING THE INSTALLATION OF SMOKE ALARMS AND YOUTH PREPAREDNESS EDUCATION.

SCHEDULE I, PART II

GRANTS AND ASSISTANCE TO OTHER DOMESTIC ORGANIZATIONS THE AMERICAN NATIONAL RED CROSS DOES GIVE MONEY TO OTHER DOMESTIC ORGANIZATIONS IN ORDER TO LEVERAGE OTHER ORGANIZATIONS' EXPERTISE OR ACCESS INDIVIDUALS/CLIENTS WHO NEED OUR ASSISTANCE, AND AT TIMES, AS A VEHICLE TO PROVIDE ASSISTANCE TO INDIVIDUAL VICTIMS OF DOMESTIC DISASTERS/EMERGENCIES. THE AMOUNTS GIVEN TO OTHER ORGANIZATIONS ARE INCLUDED AND DISCLOSED WITHIN THE GRANTS OR OTHER ASSISTANCE TO OR FOR DOMESTIC INDIVIDUALS IN SCHEDULE I, PART III. THE AMERICAN NATIONAL RED CROSS GRANTS AND OTHER ASSISTANCE FOR THE VICTIMS OF DOMESTIC DISASTERS AND EMERGENCIES ARE PREDOMINANTLY GIVEN IN THE FORM OF DIRECT ASSISTANCE TO INDIVIDUALS BY THE AMERICAN NATIONAL RED CROSS VIA ITS OWN ESTABLISHED DISTRIBUTION CHANNELS.

SCHEDULE I, PART IV

DISBURSEMENT IN FURTHERANCE OF CHARITABLE PROGRAMS AND GRANTS PURSUANT TO THE CONGRESSIONAL CHARTER OF THE AMERICAN 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

AMERICAN NATIONAL RED CROSS & ITS  
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**Part IV** Supplemental Information

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

SCHEDULE J (Form 990)

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Part I Questions Regarding Compensation

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

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

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

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

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

- Compensation committee
Independent compensation consultant
Form 990 of other organizations
Written employment contract
Compensation survey or study
Approval by the board or compensation committee

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

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

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

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

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

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

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

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

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

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

Table with 3 columns: Question, Yes, No. Rows 1a-9 with 'X' marks in Yes/No columns.

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

Schedule J (Form 990) 2020

**AMERICAN NATIONAL RED CROSS & ITS  
CONSTITUENT CHAPTERS AND BRANCHES**

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Schedule J (Form 990) 2020

Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CLIFFORD HOLTZ CHIEF OPERATING OFFICER	(i)	583,938.	165,050.	3,620.	11,400.	17,112.	781,120.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) CHRIS HROUDA PRESIDENT, BIOMEDICAL SERVICES	(i)	560,202.	162,207.	1,343.	11,400.	16,637.	751,789.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SHAUN GILMORE CHIEF TRANSFORMATION OFFICER	(i)	538,350.	152,784.	4,965.	11,400.	16,197.	723,696.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) GAIL MCGOVERN PRESIDENT & CEO	(i)	622,442.	0.	5,090.	11,400.	1,551.	640,483.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) BRIAN RHOA CHIEF FINANCIAL OFFICER	(i)	448,288.	133,796.	21,630.	11,400.	14,840.	629,954.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) PAUL SULLIVAN SVP, DONOR SERVICES	(i)	386,737.	114,326.	979.	9,994.	23,482.	535,518.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) PHYLLIS HARRIS GENERAL COUNSEL	(i)	356,024.	102,711.	2,501.	11,400.	18,697.	491,333.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MELISSA HURST CHIEF HUMAN RESOURCES OFFICER	(i)	336,854.	101,855.	20,085.	11,400.	18,689.	488,883.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) DON HERRING CHIEF DEVELOPMENT OFFICER	(i)	362,253.	91,677.	1,491.	11,266.	1,492.	468,179.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) JACK MCMASTER PRESIDENT, TRAINING SERVICES	(i)	372,919.	43,739.	2,514.	8,851.	23,098.	451,121.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) PETER GIAMALVA SVP, BIOMEDICAL SALES & MARKETING	(i)	320,339.	93,850.	2,313.	11,400.	16,790.	444,692.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) PAMPEE YOUNG CHIEF MEDICAL OFFICER	(i)	393,260.	0.	900.	8,082.	7,192.	409,434.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) RONNIE STRICKLAND CHIEF INFORMATION OFFICER	(i)	328,776.	47,804.	1,465.	11,400.	19,475.	408,920.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) HARVEY JOHNSON PRESIDENT, HUMANITARIAN SERVICES	(i)	316,751.	79,083.	2,118.	7,906.	1,262.	407,120.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) JENNIFER HAWKINS CORP SEC & CHIEF OF STAFF	(i)	223,423.	67,741.	17,936.	10,046.	7,485.	326,631.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							



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**Part III** Supplemental Information

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

PART I, LINE 7:

MS. MCGOVERN ELECTED TO NOT TAKE INCENTIVE BONUS FOR CALENDAR YEAR 2020 TO  
ENABLE THE RED CROSS TO PUT ADDITIONAL FUNDS TO USE FOR OTHER CHARITABLE  
PURPOSES IN LIGHT OF THE GLOBAL PANDEMIC AND ITS IMPACT ON THE COUNTRY AND  
WORLD.

THE AMOUNTS SHOWN IN PART II, COLUMN B (II) FOR THE CHIEF OPERATING  
OFFICER, THE PRESIDENT BIOMEDICAL SERVICES, THE CHIEF TRANSFORMATION  
OFFICER, THE CHIEF FINANCIAL OFFICER, GENERAL COUNSEL, THE CHIEF HUMAN  
RESOURCES OFFICER, THE CHIEF DEVELOPMENT OFFICER AND THE PRESIDENT  
HUMANITARIAN SERVICES WERE PAID BASED ON WRITTEN VARIABLE INCENTIVE PLANS,  
PRIOR FISCAL YEAR PERFORMANCE AND WERE APPROVED BY THE COMPENSATION AND  
MANAGEMENT DEVELOPMENT COMMITTEE OF THE BOARD.

THE AMOUNT SHOWN IN PART II, COLUMN B (II) FOR THE PRESIDENT, TRAINING  
SERVICES WAS PAID BASED ON A WRITTEN INCENTIVE PLAN, PRIOR FISCAL YEAR  
PERFORMANCE AND WAS APPROVED BY THE CHIEF OPERATING OFFICER. THE AMOUNT  
SHOWN IN PART II, COLUMN B(II) FOR THE SVP DONOR SERVICES AND THE SVP  
BIOMED SALES & MARKETING WERE BASED ON A WRITTEN INCENTIVE PLAN, PRIOR

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**Part III** Supplemental Information

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

FISCAL YEAR PERFORMANCE AND WAS APPROVED BY THE PRESIDENT BIOMEDICAL SERVICES.

THE AMOUNTS SHOWN IN PART II, COLUMN B(II) FOR THE CHIEF INFORMATION OFFICER AND THE CORPORATE SECRETARY & CHIEF OF STAFF WERE PAID BASED ON A WRITTEN VARIABLE INCENTIVE PLAN, PRIOR FISCAL YEAR PERFORMANCE AND WERE APPROVED BY THE PRESIDENT AND CEO.

ALL VARIABLE INCENTIVE PLAN PAYOUTS WERE REVIEWED BY AN OUTSIDE INDEPENDENT COMPENSATION CONSULTANT AND WERE DOCUMENTED IN THE MINUTES OF THE COMMITTEE, ALL IN ACCORDANCE WITH THE REQUIREMENTS FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER IRC SECTION 4958.

PART I, LINE 8:

THE AMERICAN NATIONAL RED CROSS HAS ONE (1) EMPLOYEE LISTED ON PART VII WHO IS COVERED BY REG. SECTION 53.4958-4 (A)(3), THE PRESIDENT & CEO. THE ORIGINAL BASE SALARY AMOUNT PAID TO THE PRESIDENT & CEO IS COVERED BY THIS PROVISION AND ANY SUBSEQUENT ANNUAL INCREASES OR OTHER SALARY PAYMENTS ARE DETERMINED BY THE BOARD OF GOVERNORS FOLLOWING A REVIEW BY THE COMPENSATION

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**Part III** Supplemental Information

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

AND MANAGEMENT DEVELOPMENT COMMITTEE OF THE BOARD, AND WERE BASED ON  
COMPARABLE MARKET DATA AND SUPPORTED BY THE OPINION OF AN OUTSIDE  
INDEPENDENT COMPENSATION CONSULTANT AND WERE DOCUMENTED IN THE MINUTES OF  
THE COMMITTEE, ALL IN ACCORDANCE WITH THE REQUIREMENTS FOR THE REBUTTABLE  
PRESUMPTION OF REASONABLENESS UNDER IRC SECTION 4958.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

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

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		2,624,375.	FMV
6 Cars and other vehicles	X		201,035.	FMV
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X		6,652,995.	FMV
20 Drugs and medical supplies	X		1,524,324.	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( VARIOUS )	X	0	3,632,619.	FMV
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 2

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

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2020

AMERICAN NATIONAL RED CROSS & ITS  
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Schedule M (Form 990) 2020

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

SCHEDULE M, LINE 32B:

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

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

Department of the Treasury  
Internal Revenue Service

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

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

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**FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

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

**PART III, LINE 4A:**

BIOMEDICAL SERVICES: THE ORGANIZATION COLLECTS, TESTS, AND DISTRIBUTES  
APPROXIMATELY 40 PERCENT OF THE NATION'S BLOOD AND BLOOD COMPONENTS  
THROUGHOUT THE COUNTRY. IN FISCAL YEAR 2021, THE ORGANIZATION COLLECTED  
MORE THAN 4.6 MILLION PRODUCTIVE UNITS OF BLOOD FROM OVER 2.2 MILLION  
DONORS AND SUPPLIED APPROXIMATELY 2,500 HOSPITALS AND OTHER FACILITIES  
WITH BLOOD AND BLOOD PRODUCTS FOR TRANSFUSION.

**PART III, LINE 4B:**

DOMESTIC DISASTER SERVICES: THE ORGANIZATION RESPONDED TO MULTIPLE  
LARGE SCALE DISASTERS IN FISCAL YEAR 2021, INCLUDING NOTABLY HURRICANE  
LAURA (AUGUST), WHOSE DAMAGE WAS COMPOUNDED BY HURRICANES SALLY  
(SEPTEMBER) AND DELTA (OCTOBER) THAT FOLLOWED SIMILAR LANDFALL PATHS,  
ALONG WITH DEVASTATING FOREST FIRES IN CALIFORNIA (AUGUST) AND OREGON  
(SEPTEMBER). IN ADDITION, THE AMERICAN NATIONAL RED CROSS ALSO  
RESPONDED TO A DERECHO IN IOWA (AUGUST), FLOODING IN KENTUCKY  
(FEBRUARY), TORNADOES AFFECTING ALABAMA AND MISSISSIPPI (MARCH), AND  
OTHER STORMS (MARCH) WHICH HEAVILY AFFECTED GEORGIA AND TENNESSEE.  
DURING THE COVID-19 PANDEMIC, THE AMERICAN NATIONAL RED CROSS CONTINUED

TO APPLY NEWLY DEVELOPED TACTICS, TRAINING, AND PROCEDURES TO BALANCE

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT CHAPTERS AND BRANCHES	Employer identification number 53-0196605
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MISSION DELIVERY WITH THE HIGHEST PRIORITY FOR THE WORKFORCE SAFETY, HEALTH, AND WELL-BEING. THE AMERICAN NATIONAL RED CROSS ENGAGED IN MISSION ACTIVITIES ACROSS THE COUNTRY AS A RESULT OF THE PANDEMIC. IN ADDITION, THE AMERICAN NATIONAL RED CROSS HAS ONGOING RECOVERY OPERATIONS IN MANY STATES, INCLUDING STATES IMPACTED BY FLOODING, HURRICANES, AND WILDFIRES IN FY2019 AND FY2020.

THROUGH ITS NETWORK OF VOLUNTEERS AND EMPLOYEES IN ALL 50 STATES, THE AMERICAN NATIONAL RED CROSS RESPONDS TO AN AVERAGE OF NEARLY 60,000 DISASTERS BIG AND SMALL PER YEAR, MOST OF WHICH ARE SINGLE AND MULTI-FAMILY HOME FIRES. THE ORGANIZATION PROVIDES FOOD, SHELTER, EMERGENCY RELIEF ITEMS, EMERGENCY ASSISTANCE, DISASTER HEALTH SERVICE, CRISIS INTERVENTIONS AND COMMUNITY MENTAL-HEALTH DEBRIEFINGS AND/OR OTHER RELATED EMERGENCY CARE TO PERSONS IN NEED. FOR INDIVIDUALS AND COMMUNITIES AFFECTED BY DISASTERS, THE SERVICES OF THE AMERICAN NATIONAL RED CROSS BEGIN WITH SAFE SHELTER, WHICH EVOLVED TO INCLUDE NON-CONGREGATE SHELTERING TO ADHERE TO PANDEMIC SAFETY PROTOCOLS, AND CONTINUE WITH SUPPORT FOR INDIVIDUALS AND FAMILIES RECOVERING FROM DISASTERS.

AS PART OF A NATIONAL HOME FIRE CAMPAIGN, THE AMERICAN NATIONAL RED CROSS INSTALLED MORE THAN 70,300 SMOKE ALARMS AND TAUGHT NEARLY 85,000 YOUTH ABOUT PREPAREDNESS IN FY2021. THE OVERALL GOAL OF THE CAMPAIGN IS TO REDUCE THE LOSS OF LIFE DUE TO HOME FIRES BY 25 PERCENT. AS OF JUNE 30, 2021 THE AMERICAN NATIONAL RED CROSS CAN CONFIRM AT LEAST 916 LIVES HAVE BEEN SAVED AS THE RESULT OF THE HOME FIRE CAMPAIGN. IN FY2021, OUR REACH WAS REDUCED BY THE SUSPENSION OF SERVICES DUE TO COVID-19.

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PREPAREDNESS:

THE AMERICAN NATIONAL RED CROSS SUPPORTS PUBLIC PREPAREDNESS THROUGH A COMBINATION OF NEW TECHNOLOGY, EDUCATION AND AWARENESS CAMPAIGNS, AND

DIRECT ACTION:

\* OUR HOME FIRE CAMPAIGN INCLUDES A COMPONENT IN WHICH VOLUNTEERS AND PARTNER ORGANIZATIONS GO DOOR-TO-DOOR TO INSTALL SMOKE ALARMS AND PROVIDE FIRE-SAFETY EDUCATION IN AT-RISK HOMES NATIONWIDE.

\* OUR MESSAGING AND EDUCATIONAL CAMPAIGNS INCLUDE PUBLIC TIPS ON STAYING SAFE, PRESENTATIONS TO COMMUNITY GROUPS, AND EDUCATION OF YOUTH IN SCHOOL AND AFTER SCHOOL AROUND HOW THEY CAN BE SAFE.

\* OUR EMERGENCY! AND YOUTH-ORIENTED MONSTER GUARD APPS PROVIDE STATE-OF-THE ART INFORMATION ON WHAT TO DO TO KEEP YOURSELF AND YOUR FAMILY SAFE FROM COMMON HAZARDS. OUR READY RATING WEBSITE PROVIDES SMALL AND MIDSIZED BUSINESSES WITH AN AUTOMATED, CUSTOMIZED ASSESSMENT OF THEIR DISASTER READINESS AND RECOMMENDATIONS FOR IMPROVEMENT.

PART III, LINE 4C:

TRAINING SERVICES: THE AMERICAN NATIONAL RED CROSS TRAINING SERVICES PROVIDES TRAINING PROGRAMS THAT HELP SAVE LIVES AND STRENGTHEN COMMUNITIES--IMPARTING HOPE AND CONFIDENCE ALONG WITH PRACTICAL SKILLS. IT IS THE PREMIER PROVIDER OF EDUCATION, TRAINING, AND PRODUCTS THAT ENABLE PEOPLE TO PREVENT, PREPARE FOR AND RESPOND TO DISASTERS AND OTHER LIFE-THREATENING EMERGENCIES. THE AMERICAN NATIONAL RED CROSS EMPLOYEES AND AUTHORIZED TRAINING PROVIDERS HELP SUSTAIN AND DELIVER



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HEALTH AND SAFETY PROGRAMS AND SERVICES INCLUDING: FIRST AID/CPR/AED INFORMATION AND SKILLS BOTH FOR THE LICENSED PROFESSIONAL AND THE LAY RESPONDER; HEALTHCARE PROVIDER BASIC LIFE SUPPORT (BLS), ADVANCED LIFE SUPPORT (ALS), AND PEDIATRIC ADVANCED LIFE SUPPORT (PALS); AQUATICS (LEARN-TO-SWIM, WATER SAFETY, LIFEGUARDING, LIFEGUARD MANAGEMENT, AND AQUATIC EXAMINER FACILITY SERVICES); AND CAREGIVING (BABYSITTER'S TRAINING AND NURSE ASSISTANT TRAINING AND TESTING).

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

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 MASS SCALE DISEASE PREVENTION, DISASTER MANAGEMENT, RESTORING FAMILY LINKS, 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.

EXPENSES \$ 69,105,319. INCLUDING GRANTS OF \$ 49,269,650. REVENUE \$ 0.

FORM 990, PART III, LINE 4D, SERVICE TO THE ARMED FORCES:

THE ORGANIZATION PROVIDES MILITARY MEMBERS, VETERANS, AND THEIR

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FAMILIES WITH EMERGENCY COMMUNICATIONS SERVICES, PROGRAMS AND SERVICES FOR THE SICK, WOUNDED AND RECOVERING AT VETERANS AND MILITARY MEDICAL FACILITIES, JOB TRAINING AND EDUCATION, AND OTHER VITAL SERVICES FOR U.S. MILITARY FAMILIES AROUND THE WORLD.

EXPENSES \$ 48,965,511. INCLUDING GRANTS OF \$ 740,323. REVENUE \$ 0.

FORM 990, PART III, LINE 4D, COMMUNITY SERVICES:

EXPENSES \$ 22,995,075. INCLUDING GRANTS OF \$ 3,286,983. REVENUE \$ 0.

IN FISCAL YEAR 2021, THE AMERICAN NATIONAL RED CROSS ADAPTED TO DELIVER ITS LIFESAVING MISSION WHILE SAFEGUARDING THE HEALTH AND SAFETY OF OUR EMPLOYEES, VOLUNTEERS, BLOOD DONORS AND RECIPIENTS, PARTNERS AND CLIENTS.

EARLY IN THE FISCAL YEAR, THE AMERICAN NATIONAL RED CROSS BEGAN TESTING ALL BLOOD DONATIONS FOR COVID-19 ANTIBODIES. THIS EFFORT HELPED PROVIDE BLOOD DONORS WITH VALUABLE INSIGHT INTO WHETHER THEY MAY HAVE BEEN EXPOSED TO THE CORONAVIRUS AND IDENTIFIED POTENTIAL CONVALESCENT PLASMA DONORS TO HELP PATIENTS ACTIVELY BATTLING COVID-19. TO MEET HOSPITAL DEMAND, THE AMERICAN NATIONAL RED CROSS COLLECTED AND DISTRIBUTED MORE THAN 157,000 CONVALESCENT PLASMA UNITS.

ACROSS THE COUNTRY, THE AMERICAN NATIONAL RED CROSS EMPLOYEES AND VOLUNTEERS RALLIED TO SUPPORT LOCAL COMMUNITIES WITH COVID-19 VACCINATION EFFORTS BY HELPING TO SET UP VACCINATION SITES, COLLECTING INFORMATION FROM PEOPLE BEING VACCINATED AND PROVIDING WATER AND SNACKS FOR THE MEDICAL STAFF AND PEOPLE WAITING TO BE VACCINATED. THE AMERICAN NATIONAL RED CROSS ALSO SUPPORTED VACCINATION EFFORTS FOR U.S. SERVICE

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MEMBERS ON MILITARY INSTALLATIONS, IN TREATMENT FACILITIES AND  
VETERANS' HOSPITALS AROUND THE GLOBE.

TO CONTINUE DELIVERING ESSENTIAL LIFESAVING TRAINING, THE AMERICAN  
NATIONAL RED CROSS CREATED VIRTUAL SOLUTIONS TO MEET STUDENTS WHERE  
THEY WERE.

WHILE COMMUNITIES CONTINUE TO FACE THIS PANDEMIC AROUND THE WORLD, THE  
AMERICAN NATIONAL RED CROSS REMAINS STEADFAST IN DELIVERING ITS  
LIFESAVING MISSION TO MAKE SURE THOSE IN NEED RECEIVE HELP AND HOPE  
AMID THIS PUBLIC HEALTH CRISIS.

FORM 990, PART V, LINE 3B:  
THE AMERICAN NATIONAL RED CROSS COMPLIES WITH ITS UNRELATED BUSINESS INCOME  
FORM 990-T RETURN FILING BY THE INTERNAL REVENUE CODE PERMITTED EXTENDED  
DUE DATE OF MAY 16, 2022. PER THE FORM 990 INSTRUCTIONS FOR PART V, LINE  
3B, THE AMERICAN NATIONAL RED CROSS IS REQUIRED TO ANSWER 'NO' TO FILING A  
FORM 990-T BECAUSE IT WILL NOT FILE ITS FORM 990-T BY THE TIME IT FILES ITS  
FORM 990 ON FEBRUARY 24, 2022. THE AMERICAN NATIONAL RED CROSS IS ANNUALLY  
AND TIMELY COMPLIANT WITH ITS FORM 990-T REQUIREMENTS.

FORM 990, PART VI, SECTION A, LINE 2:  
DAVID BRANDON, GAIL MCGOVERN, AND DAVID THOMAS HAVE A BUSINESS RELATIONSHIP  
AS ALL THREE SERVE AS BOARD DIRECTORS AT THE SAME PUBLIC COMPANY.

FORM 990, PART VI, SECTION A, LINE 6:  
AS DEFINED IN THE CONGRESSIONAL CHARTER: "MEMBERSHIP IN THE CORPORATION IS  
OPEN TO ALL THE PEOPLE OF THE UNITED STATES AND ITS TERRITORIES AND

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POSSESSIONS, ON PAYMENT OF AN AMOUNT SPECIFIED, OR AS OTHERWISE PROVIDED IN THE BYLAWS."

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

FORM 990, PART VI, SECTION A, LINE 7A:

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

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

FORM 990, PART VI, SECTION B, LINE 11B:

THE COMPENSATION AND MANAGEMENT DEVELOPMENT COMMITTEE REVIEWED THE COMPENSATION PORTIONS OF THE IRS FORM 990 (PART VII AND SCHEDULE J) DURING A MEETING HELD ON OCTOBER 27, 2021. A COPY OF THE FINAL FORM 990 WAS SUBMITTED TO EACH MEMBER OF THE BOARD OF GOVERNORS BEFORE IT WAS FILED WITH THE IRS.

THE MANAGEMENT REVIEW PROCESS ENTAILS THE CHIEF FINANCIAL OFFICER COORDINATING THE COMPLETION OF THE IRS FORM 990 WITH THE GENERAL COUNSEL AND THE CHIEF HUMAN RESOURCES OFFICER FOR FINAL REVIEW BY THE PRESIDENT AND CEO.

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FORM 990, PART VI, SECTION B, 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 ANNUALLY REVIEW AND CERTIFY THE CODE OF BUSINESS ETHICS AND CONDUCT ("THE CODE"). ADDITIONALLY, TO DISCLOSE AND REMEDY ACTUAL OR PERCEIVED BUSINESS, FINANCIAL OR PERSONAL CONFLICTS OF INTEREST, EVERY MEMBER OF THE BOARD OF GOVERNORS MUST ALSO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE (THE "QUESTIONNAIRE") ANNUALLY. OTHER OFFICERS AND KEY EMPLOYEES ARE ALSO REQUIRED TO ACKNOWLEDGE RECEIPT OF THE CODE AND COMPLETE THE QUESTIONNAIRE ANNUALLY.

UNDER THE DIRECTION OF THE GENERAL COUNSEL, THE INVESTIGATIONS, COMPLIANCE AND ETHICS DEPARTMENT STAFF COLLECT THE EXECUTED QUESTIONNAIRE FORMS FROM THE MEMBERS OF THE BOARD OF GOVERNORS AND OTHER OFFICERS AND KEY EMPLOYEES. THE INFORMATION DISCLOSED IN THE QUESTIONNAIRE IS REVIEWED, ACTUAL OR PERCEIVED CONFLICTS OF INTEREST ARE IDENTIFIED, AND ANY NECESSARY REMEDIATION OPTIONS ARE DEVELOPED. DEPENDING ON THE MATTER, THE GENERAL COUNSEL OR A STAFF MEMBER FROM THE 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

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QUESTIONNAIRE DURING THE COURSE OF THE YEAR TO REFLECT CHANGES IN ANY BUSINESS, FINANCIAL OR PERSONAL CONFLICTS OF INTEREST. THE SAME PROCESS OF REVIEW, DISCUSSION AND FOLLOW-UP ON CONFLICTS OF INTEREST AND REMEDIATION WITH THE BOARD MEMBER OR OTHER OFFICER OR KEY EMPLOYEE WOULD OCCUR WITH INTERIM DISCLOSURES.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF GOVERNORS OF THE AMERICAN NATIONAL RED CROSS HAS DELEGATED AUTHORITY TO THE COMPENSATION AND MANAGEMENT DEVELOPMENT COMMITTEE (THE "COMMITTEE") OF THE BOARD TO (1) REVIEW THE COMPENSATION, BENEFITS, AND INCENTIVE PROGRAM FOR THE CEO; (2) MAKE RECOMMENDATIONS TO THE BOARD FOR THE CEO'S ANNUAL SALARY, BENEFITS AND INCENTIVE PROGRAM; AND (3) REVIEW AND MAKE DETERMINATIONS REGARDING THE COMPENSATION, BENEFITS, AND INCENTIVE PROGRAMS FOR OTHER SENIOR OFFICERS AND EXECUTIVES OF THE AMERICAN NATIONAL RED CROSS. THE COMMITTEE IS COMPOSED ENTIRELY OF BOARD MEMBERS WHO DO NOT HAVE ANY CONFLICTS OF INTEREST. ANNUALLY, THE COMMITTEE REVIEWS AND APPROVES A LIST OF EXECUTIVES WHO ARE OR MIGHT BE CONSIDERED "DISQUALIFIED PERSONS" PURSUANT TO INTERNAL REVENUE CODE ("IRC") SECTION 4958. WITH RESPECT TO THOSE PERSONS, THE COMMITTEE CONDUCTS ITS ANNUAL REVIEW OF THEIR TOTAL COMPENSATION AND BENEFITS BASED ON COMPARABLE MARKET DATA. THE COMMITTEE RETAINS AN OUTSIDE, INDEPENDENT COMPENSATION CONSULTANT TO PROVIDE MARKET DATA AND REASONABLENESS OPINIONS FOR THE DESIGNATED EXECUTIVES AND IT RELIES ON SUCH MARKET DATA AND REASONABLENESS OPINIONS IN APPROVING NEW SALARIES, BENEFITS AND PAYMENT OF BONUSES OR INCENTIVES FOR THE DESIGNATED PERSONS. THE COMMITTEE ALSO THEN DOCUMENTS ITS DECISIONS AS TO ANY CHANGES TO BE IMPLEMENTED IN COMPENSATION OR BENEFITS FOR THE DESIGNATED PERSONS. THE COMMITTEE UNDERTOOK THIS PROCESS FOR ALL OF THE OFFICERS AND KEY EMPLOYEES REPORTED IN SCHEDULE J WHO ARE CONSIDERED

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"DISQUALIFIED PERSONS" PURSUANT TO IRC SECTION 4958.

FORM 990, PART VI, SECTION C, LINE 19:

THE AMERICAN NATIONAL 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.

PART XI, LINE 9:

PRIMARILY, THIS AMOUNT REPRESENTS EMPLOYEE RETIREMENT PENSION AND POST-RETIREMENT BENEFIT PLAN LOSS PER PROVISION OF ASC 715 (FORMER FASB 87 AND 106) IN THE AMOUNT OF (\$15,695,702).

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
ARC RECEIVABLES COMPANY LLC - 14-1934462 1730 E STREET NW SUITE 330 WASHINGTON, DC 20006	SECURITIZE AR	DELAWARE	0.	128,241,483.	N/A

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

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

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

Schedule R (Form 990) 2020



**AMERICAN NATIONAL RED CROSS & ITS  
CONSTITUENT CHAPTERS AND BRANCHES**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
BOARDMAN INDEMNITY, LTD CUMBERLAND HOUSE, PO BOX HM 2280 HAMILTON, BERMUDA	INSURANCE	BERMUDA	N/A	C CORP			100%	X	
POOLED INCOME FUND (2) 431 18TH STREET NW WASHINGTON, DC 20006	SPLIT INTR AG	DC	N/A	TRUST					X
CHARITABLE REMAINDER TRUST (18) 431 18TH STREET NW WASHINGTON, DC 20006	SPLIT INTR AG	DC	N/A	TRUST					X
PERPETUAL TRUST (53) 431 18TH STREET NW WASHINGTON, DC 20006	SPLIT INTR AG	DC	N/A	TRUST					X

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) BOARDMAN INDEMNITY, LTD	R	30,211,154.	CASH
(2) BOARDMAN INDEMNITY, LTD	S	23,853,453.	CASH
(3)			
(4)			
(5)			
(6)			



