

**Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))**

Department of the Treasury
Internal Revenue Service

For calendar year 2012 or other tax year beginning July 1st, 2012, and ending June 30th, 20 13. **▶ See separate instructions.**

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section</p> <p><input checked="" type="checkbox"/> 501(c)(3)</p> <p><input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)</p> <p><input type="checkbox"/> 408A <input type="checkbox"/> 530(a)</p> <p><input type="checkbox"/> 529(a)</p> <p>C Book value of all assets at end of year <u>3,898,835,153</u></p>	<p>D Employer identification number (Employees' trust, see instructions.) <u>53-0196605</u></p> <p>E Unrelated business activity codes (see instructions) <u>531120</u> <u>523000</u></p>	<p>F Group exemption number (see instructions) ▶</p> <p>G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) <u>American Nat'l Red Cross & Its Constituent Chapters & Branches</u></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. <u>2025 E Street, NW</u></p> <p>City or town, state, and ZIP code <u>Washington, DC 20006-5009</u></p>
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H Describe the organization's primary unrelated business activity. ▶ Debt-Financed Real Property

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . ▶ Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ Brian Rhoa, CFO Telephone number ▶ 202-303-5707

Part I Unrelated Trade or Business Income				(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales	<u>641,372</u>				
b	Less returns and allowances		c Balance ▶	<u>641,372</u>		
2	Cost of goods sold (Schedule A, line 7)		1c			
3	Gross profit. Subtract line 2 from line 1c		2			
4a	Capital gain net income (attach Schedule D)		3	<u>641,372</u>		<u>641,372</u>
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4a			
c	Capital loss deduction for trusts		4b			
5	Income (loss) from partnerships and S corporations (attach statement)		4c			
6	Rent income (Schedule C)		5	<u>(2,545,376)</u>		<u>(2,545,376)</u>
7	Unrelated debt-financed income (Schedule E)		6			
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)		7	<u>8,905,404</u>	<u>6,016,645</u>	<u>2,888,759</u>
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		8			
10	Exploited exempt activity income (Schedule I)		9			
11	Advertising income (Schedule J)		10			
12	Other income (see instructions; attach statement)		11			
13	Total. Combine lines 3 through 12		12			
			13	<u>7,001,400</u>	<u>6,016,645</u>	<u>984,755</u>

Part II Deductions Not Taken Elsewhere (see instructions for limitations on deductions) (except for contributions, deductions must be directly connected with the unrelated business income)

14	Compensation of officers, directors, and trustees (Schedule K)		14		
15	Salaries and wages		15	<u>700,517</u>	
16	Repairs and maintenance		16	<u>80,013</u>	
17	Bad debts		17		
18	Interest (attach statement)		18		
19	Taxes and licenses		19		
20	Charitable contributions (see instructions for limitation rules)		20		
21	Depreciation (attach Form 4562)		21		
22	Less depreciation claimed on Schedule A and elsewhere on return		22a		
23	Depletion		22b		
24	Contributions to deferred compensation plans		23		
25	Employee benefit programs		24		
26	Excess exempt expenses (Schedule I)		25		
27	Excess readership costs (Schedule J)		26		
28	Other deductions (attach statement)		27		
29	Total deductions. Add lines 14 through 28		28	<u>1,500,284</u>	
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		29	<u>2,280,814</u>	
31	Net operating loss deduction (limited to the amount on line 30)		30	<u>(1,296,059)</u>	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		31		
33	Specific deduction (generally \$1,000, but see line 33 instructions for exceptions)		32	<u>(1,296,059)</u>	
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		33		
			34	<u>(1,296,059)</u>	

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which 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/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

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

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. American National Red Cross & Its Constituent Chapters and Branches	Employer identification number (EIN) or 53-0196605
	Number, street, and room or suite no. If a P.O. box, see instructions. 2025 E STREET, NW	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20006-5009	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 7

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	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. ▶ 203-303-5852 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 EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until MAY 15, 20 14, 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 12, and ending JUNE 30, 20 13.

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

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

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	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

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ _____
 Telephone No. ▶ _____ 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 EINs of all members the extension is for.

- I request an additional 3-month extension of time until _____, 20_____.
- For calendar year _____, or other tax year beginning _____, 20_____, and ending _____, 20_____.
- If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
- State in detail why you need the extension _____

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶ *[Signature]* Title ▶ CFO Date ▶ 10-24-13

Part III Tax Computation

35 Organizations taxable as corporations (see instructions for tax computation). Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:		
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):		
(1) \$	(2) \$	(3) \$
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)	\$	
(2) Additional 3% tax (not more than \$100,000)	\$	
c Income tax on the amount on line 34		35c None
36 Trusts taxable at trust rates (see instructions for tax computation). Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)		36
37 Proxy tax (see instructions)		37
38 Alternative minimum tax		38 None
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies		39 None

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a		
b Other credits (see instructions)	40b		
c General business credit. Attach Form 3800 (see instructions)	40c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	40d		
e Total credits. Add lines 40a through 40d		40e	
41 Subtract line 40e from line 39		41	
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement).		42	
43 Total tax. Add lines 41 and 42		43	
44a Payments: A 2011 overpayment credited to 2012	44a	185,642	
b 2012 estimated tax payments	44b	900,000	
c Tax deposited with Form 8868	44c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	44d		
e Backup withholding (see instructions)	44e		
f Credit for small employer health insurance premiums (Attach Form 8941)	44f		
g Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other	44g		
45 Total payments. Add lines 44a through 44g			45 1,085,642
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>			46
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed			47 None
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid			48 1,085,642
49 Enter the amount of line 48 you want: Credited to 2013 estimated tax 1,085,642 Refunded			49 None

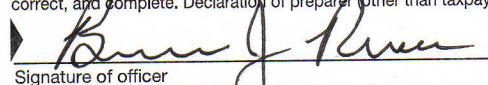
Part V Statements Regarding Certain Activities and Other Information (see instructions)

1 At any time during the 2012 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here See Attachment	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		Yes
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$		

Schedule A—Cost of Goods Sold. Enter method of inventory valuation

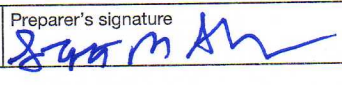
1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
4a Additional section 263A costs (attach statement)	4a				
b Other costs (attach statement)	4b				
5 Total. Add lines 1 through 4b	5				

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here  **3/5/14** **Chief Financial Officer**

Signature of officer Date Title

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only	Print/Type preparer's name Scott Sherman	Preparer's signature 	Date 2/26/14	Check <input type="checkbox"/> if self-employed	PTIN P00451522
	Firm's name KPMG LLP			Firm's EIN 13-556207	
	Firm's address 1676 International Drive, Mclean, VA 22102			Phone no. 703-286-8000	

Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property		2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach statement)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)			
(1)				
(2)				
(3)				
(4)				
Total		Total		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . ▶				

Schedule E—Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach statement)	(b) Other deductions (attach statement)
(1)	VARIOUS CHAPTERS AND NHQ BUILDING	11,509,472	1,584,692	6,289,500
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach statement)	5. Average adjusted basis of or allocable to debt-financed property (attach statement)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 × column 6)	8. Allocable deductions (column 6 × total of columns 3(a) and 3(b))
(1)	80,507,667	104,356,085	77.15 %	8,905,404
(2)			%	
(3)			%	
(4)			%	
Totals ▶			8,905,404	6,016,645
Total dividends-received deductions included in column 8 ▶				

Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations				
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations		7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)						
(2)						
(3)						
(4)						
Totals ▶					Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Schedule G—Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

Schedule I—Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.

Schedule J—Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I						
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.

Schedule K—Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			

American National Red Cross
Year Ended June 30, 2013
S Corp & Partnership Income

Part 1

Income:	Amerigives S Corp K-1*	KTBS S Corp K-1**	Partnerships K-1	TOTAL	
1. Ordinary Income from trade or business	(1,751,859)	134,570	(176,632)	(1,793,921)	
2. Net income from other rental activities	-	2,896	29,691	32,587	
3. Portfolio income - Interest	-	273	7,662	7,935	
4. Portfolio income - dividends	-	234	11,009	11,243	
5. Royalties	-	142	4,500	4,642	
6. Net Short-term capital gain (loss)	-	(12)	15,246	15,234	
7. Net Long-term capital gain (loss)	-	-	(19,590)	(19,590)	
8. Net Section 1231 gain (loss)	-	-	90,808	90,808	
9. Other income (loss)	-	(2,234)	3,828	1,594	
	(1,751,859)	135,869	(33,478)	(1,649,468)	
Deductions					
1. Section 179 deduction		(16,166)	(628)	(16,794)	
2. Other deductions		(156)	(715,726)	(715,882)	
3. Credits		-	-	-	
4. Other Information (line 20, K-1)		-	(163,231)	(163,231)	
Income from partnerships	(1,751,859)	119,547	(913,064)	(2,545,376)	Form 990-T, line 5
5a. Net short term capital gain (loss) (entire year)			-	-	
5b. Net long term capital gain (loss) (entire year)			-	-	
Capital gain net income			-	-	Form 990-T, line 4a and Schedule D
7. Charitable contributions			-	-	Form 990-T, line 20

* Amerigives S Corporation is owned 100% by American National Red Cross has been dissolved as of 12/31/2012

**The West Palm Beach chapter's shareholders percentage of stock ownership in KTBS, Inc. for the tax year is 4.166639%.

Form 990-T

53-0196605

American National Red Cross
Year Ended June 30, 2013
Line 28 Other Deductions

Tax preparation fees	13,420
Utilities, Contractors	1,486,864
Total	<u>1,500,284</u>

Attachment A-2

Form 990-T

53-0196605

American National Red Cross
Year Ended June 30, 2013
Regular Net Operating Loss Deduction

<u>Year Ending</u>	<u>Amount of Loss</u>	<u>Amount Used</u>	<u>Amount Carried Over</u>
June 30, 2013	(1,296,059)	-	(1,296,059)
			<u><u>(1,296,059)</u></u>

Attachment A-3

Form 990-T

53-0196605

American Red Cross
Year Ended June 30, 2013
Foreign Accounts in Foreign Countries

Form 990-T, Part V, Line 1 - INTEREST IN FOREIGN COUNTRIES

COUNTRIES WHERE ORGANIZATION HAS AN INTEREST IN OR SIGNATURE OR OTHER AUTHORITY OVER A FINANCIAL ACCOUNT IN A FOREIGN COUNTRY:

Brazil, Korea, Denmark, Kazakhstan, Indonesia, Vietnam, Pakistan, Haiti, Panama, Peru, Colombia, Kenya, Tanzania, Chile,
Bahamas, Trinidad & Tobago, South Africa and Bermuda

Attachment A-4

American National Red Cross
Form 990-T -- Rental Income on Debt-Financed Property
Fiscal Year Ending June 30, 2013

53-0196605

Form 990-T, Line 7 and Schedule E

(1) Description of debt financed property	Center of Expertise	(2) Gross Income from or allocable to debt financed property	(3) Deduction directly allocable to debt-financed property		(4) Ave. acquisition debt allocable to debt- financed property	(5) Average adj. basis allocable to debt-financed property	(6) Percent of Column 4 divided by Column 5	(7) Gross Income Reportable (Col. 2 x Col. 6)	(8) Allocable deductions (Columns 3a + 3b x Column 6)
			a) Straight Line Depreciation	b) Other Deductions					
Chapter building 1	Minneapolis COE	\$74,641	\$15,505	\$33,587	\$269,167	\$493,807	54.51%	\$40,686	\$26,759
Chapter building 2	Lancaster COE	\$32,993	\$32,491	\$143,190	\$238,500	\$859,577	27.75%	\$9,154	\$48,745
NHQ	NHQ - 2025 E street building	\$11,401,838	\$1,536,696	\$6,112,723	\$80,000,000	\$103,002,701	77.67%	\$8,855,564	\$5,941,141
TOTALS		\$11,509,472	\$1,584,692	\$6,289,500	\$80,507,667	\$104,356,085	77.15%	\$8,905,404	\$6,016,645

Attachment A-5

Form 990-T
Form 4626

53-0196605

American National Red Cross
Year Ended June 30, 2013
Alternative Minimum Tax Net Operating Loss Deduction

<u>Year Ending</u>	<u>Amount of Loss</u>	<u>Amount Used</u>	<u>Amount Carried Over</u>
June 30, 2013	(1,296,059)	-	(1,296,059)
			<u><u>(1,296,059)</u></u>

Attachment A-6

Alternative Minimum Tax—Corporations

2012

▶ **Attach to the corporation's tax return.**
 ▶ **Information about Form 4626 and its separate instructions is at www.irs.gov/form4626.**

Name: American National Red Cross & Its Constituent Chapters & Branches Employer identification number: 53-0196605

Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).

1	Taxable income or (loss) before net operating loss deduction	1	(1,296,059)
2	Adjustments and preferences:		
a	Depreciation of post-1986 property	2a	
b	Amortization of certified pollution control facilities.	2b	
c	Amortization of mining exploration and development costs	2c	
d	Amortization of circulation expenditures (personal holding companies only)	2d	
e	Adjusted gain or loss	2e	
f	Long-term contracts	2f	
g	Merchant marine capital construction funds.	2g	
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	2h	
i	Tax shelter farm activities (personal service corporations only)	2i	
j	Passive activities (closely held corporations and personal service corporations only)	2j	
k	Loss limitations	2k	
l	Depletion	2l	
m	Tax-exempt interest income from specified private activity bonds	2m	
n	Intangible drilling costs	2n	
o	Other adjustments and preferences	2o	
3	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o.	3	(1,296,059)
4	Adjusted current earnings (ACE) adjustment:		
a	ACE from line 10 of the ACE worksheet in the instructions	4a	
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount (see instructions).	4b	
c	Multiply line 4b by 75% (.75). Enter the result as a positive amount	4c	
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments (see instructions). Note: You must enter an amount on line 4d (even if line 4b is positive).	4d	
e	ACE adjustment. • If line 4b is zero or more, enter the amount from line 4c • If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount }	4e	
5	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	5	(1,296,059)
6	Alternative tax net operating loss deduction (see instructions).	6	
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions	7	(1,296,059)
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):		
a	Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	8a	
b	Multiply line 8a by 25% (.25).	8b	
c	Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	8c	0
9	Subtract line 8c from line 7. If zero or less, enter -0-	9	0
10	Multiply line 9 by 20% (.20)	10	0
11	Alternative minimum tax foreign tax credit (AMTFTC) (see instructions)	11	0
12	Tentative minimum tax. Subtract line 11 from line 10	12	0
13	Regular tax liability before applying all credits except the foreign tax credit	13	0
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	14	0