Form 8453-EO	Exempt Organization Declaration and Signature Electronic Filing	for	OMB No. 1545-1879
	For calendar year 2012, or tax year beginning $\_07/01$ , 2012, and ending $\_06/3$	0,20 13_	2012
Department of the Treasury Internal Revenue Service	For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868		
Name of exempt organization		Employer ide	ntification number
AMERICAN NAT	IONAL RED CROSS & ITS CONSTI	53-01	96605
Part I Type of R	eturn and Return Information (Whole Dollars Only)		
leave line 1b, 2b, 3b,		the return,	form was blank, ther then enter -0- on the <u>3412238741</u>
3a Form 1120-POL c			
4a Form 990-PF chee			
5a Form 8868 check			
in our provincing ou			al and stream
Part II Declaratio	n of Officer		
withdrawal (di organization's I must contact date. I also a information nec	e U.S. Treasury and its designated Financial Agent to initiate an Automated Clear rect debit) entry to the financial institution account indicated in the tax preparat federal taxes owed on this return, and the financial institution to debit the entry to the the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days uthorize the financial institutions involved in the processing of the electronic payment essary to answer inquiries and resolve issues related to the payment. is return is being filed with a state agency(ies) regulating charities as part of the IRS electronic disclosure consent contained within this return allowing disclosure by the II	ion software his account. prior to the nt of taxes Fed/State p	e for payment of the To revoke a payment a payment (settlement to receive confidentia rogram, I certify that
	Illy identified in Part I above) to the selected state agency(ies).	10 01 1113 1	0m 330/330-22/330
organization's 2012 elec correct, and complete. return. I consent to allo to the IRS and to recei	jury, I declare that I am an officer of the above named organization and that tronic return and accompanying schedules and statements, and to the best of my kn I further declare that the amount in Part I above is the amount shown on the cop we my intermediate service provider, transmitter, or electronic return originator (ERO) ve from the IRS (a) an acknowledgement of receipt or reason for rejection of the tra- turn or refund, and (c) the date of any refund.	owledge an by of the o to send th	d belief, they are true, rganization's electronic e organization's return
Sign Here Signature of	fofficer Jun 2/14/14 Title	3	
Part III Declaration	n of Electronic Return Originator (ERO) and Paid Preparer (see instructio	ns)	

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

ERO's	ERO'S signature & & & & & & & & & & & & & & & & & & &		Date 2/12/14	Check if also paid preparer	X Check if self- employed	ERO's SSN or PTIN P00451522	
Use	Firm's name (or	KPMG LLP			EIN 13-5565207		
Only	yours if self-employed),	1676 INTERNATION	AL DRIVE				
-	address, and ZIP code	MCLEAN	100 C	VA	22102	Phone no. 703-286-8000	

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	Print/Type preparer's name	Preparer's signature	Date	Check if PTIN self-employed
Preparer	Firm's name		Firm's EIN ►	
Use Only	Firm's address >	1. 19 1. 19 1. 19 1. 19	A MARKEN SCH	Phone no.

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

Form 8453-EO (2012)

	000	Return of Organization Exempt Fi	rom In	come	Tay	ON	1B No. 18	545-0047
Form	990						20	12
		Under section 501(c), 527, or 4947(a)(1) of the Internal Re benefit trust or private founda		de (exce	pt black l		pen to	Public
	ent of the Tre Revenue Serv	asury		reporting r	equirement		Inspect	
A For	the 2012	2 calendar year, or tax year beginning 07/01, 2012, an		A Charles		06/30,2	20 13	
D		C Name of organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT	13.42	D En	nployer ident	ification nu	mber	
1. 2. 2. 4	if applicable:	CHAPTERS AND BRANCHES	1.1.1.1	5	3-01966	05		
	ddress hange	Doing Business As	1.11.1	1. 1. 1.			1.5.1	1973
N	ame change		om/suite	-	lephone num			
Ir	nitial return	2025 E STREET NW		(20	2) 303-	-4498		
	erminated mended	City, town or post office, state, and ZIP code					<b>C1</b> O	0.0.0
re	pplication	WASHINGTON, DC 20006-5009 F Name and address of principal officer: GAIL MCGOVERN			oss receipts this a group r		-	
	ending			a	ffiliates?		Yes	XN
L Tay	-exempt sta	430         17TH         ST.         NW         WASHINGTON,         DC         20006           atus:         X         501(c)(3)         501(c) ( )         4947(a)(1) or	E07		Are all affiliates f "No," attach a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Yes	N
		atus: X 501(c)(3) 501(c)() ◀ (insert no.) 4947(a)(1) or WWW.REDCROSS.ORG	527		roup exemptio	1.0.22	1.00	
		ization: X Corporation Trust Association Other	I Year of fo		900 M Sta			DC
Part		nmary				ate of legal a	onnone.	
		describe the organization's mission or most significant activities:						1.1.1
		AMERICAN NATIONAL RED CROSS PREVENTS AND ALLEVI	ATES HU	MAN		5		
nce		ERING IN THE FACE OF EMERGENCIES BY MOBILIZING			1	Sec. 2. 1. 1. 1.		
Lua	VOLU	NTEERS AND THE GENEROSITY OF DONORS.	1997		1411111	121 6 61		1.1.1
Governance	2 Check	this box  if the organization discontinued its operations or disposed of	more than :	25% of its r	net assets.	1.1.1.1		
8 3	Numbe	er of voting members of the governing body (Part VI, line 1a)		i.	3			19
se 4		er of independent voting members of the governing body (Part VI, line 1b)				a that has	211	18
Activities		number of individuals employed in calendar year 2012 (Part V, line 2a)					28	,973
		number of volunteers (estimate if necessary)				kabab	400	,000
7		Inrelated business revenue from Part VIII, column (C), line 12				a	984	,755
22 0	b Net un	related business taxable income from Form 990-T, line 34	di di ya	i di seco	71	<b>o</b> -1	,296	,059
			. 18 M.	A. A. A. A. A. A.	r Year		rrent Y	
e e		outions and grants (Part VIII, line 1h)			90,737			
Revenue 10	Progra	m service revenue (Part VIII, line 2g)			46,478			
		ment income (Part VIII, column (A), lines 3, 4, and 7d)			37,356			,218
11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			63,472 38,043			,961
12		evenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	the second s	1.1	60,308			,637
14		and similar amounts paid (Part IX, column (A), lines 1-3) ts paid to or for members (Part IX, column (A), line 4)		212,5	100,500	. 225	, / 10	,057
		es, other compensation, employee benefits (Part IX, column (A), lines 5-10)	••••	1 723 4	01,133	. 1,772	593	711
0		sional fundraising fees (Part IX, column (A), line 11e)		1/120/3	.01/100	0	, 5 5 5	, ,
led		undraising expenses (Part IX, column (D), line 25) $\blacktriangleright$ 189, 430, 809.	3387. <u>–</u>	and the same	1.00000		1.14	11.25
<sup>ய</sup> 17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,393,2	92,266	1,360	,576	,132
18		xpenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		and the second se	53,707			
19		ue less expenses. Subtract line 18 from line 12			515,664			,261.
Net Assets or Fund Balances	A. Barth			-	Current Yea	-	d of Yea	ir in the
05 alan	Total a	ssets (Part X, line 16)		3,777,9	60,071	3,898	,835	,153.
21 AB	Total li	abilities (Part X, line 26)	2	2,182,7	37,621	1,908	,777	,901.
<sup>2</sup> 군 22	Net as	sets or fund balances. Subtract line 21 from line 20	de la c	L,595,2	22,450	1,990	,057	,252.
Part I		nature Block				1000	22.53	1252
Under p true, co	rrect, and c	perjury, I declare that I have examined this return, including accompanying schedules a complete. Declaration of preparer (other than officer) is based on all information of which pr	and statemen	ts, and to th	ne best of m	y knowledge	e and be	elief, it is
19.10	4 1. 1.			iy kilomoug	o.	1.11	-	
Sign		Signature of officer	<u> </u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2/	14/	de	14
Here		Registered of Officer	hen		Date			1016
12.5		ype or print name and title	10	1111	100 10 100 100 100 100 100 100 100 100	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.1	
			Date			PTIN	24.65	
Paid					neck if		4615	2.2
Prepare	r	RAFU III TA I	2/12/14		If-employed		4515	22
Use On	ly Firm's	name ▶ KPMG LLP address ▶ 1676 INTERNATIONAL DRIVE MCLEAN, VA 22102	)	Firm's I		-55652		
May the	Contraction of the second	uss this return with the preparer shown above? (see instructions)		Phone	<b>no</b> . 70	3-286-		
		Reduction Act Notice, see the separate instructions.	<u>a (a popula</u> ) 1997 -	<u></u>	<u></u>	The second se	es	(2012)
JSA	SI WOIR N	to a separate instructions.				For	m aan	(2012)



(Rev. January 2013)

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

Department of the Treasury Internal Revenue Service

File a separate application for each return.

• 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.

			En	er nier s identityir	ig nu	mper, se	einstruc	πions
Type or	Name of exempt organization or other filer, se	e instructions.	Em	ployer identification	num	ber (EIN)	or	
print	American National Red Cross & Its Constituent Chapters and Branches 53					605		
File by the	Number, street, and room or suite no. If a P.C	). box, see instr	uctions. Soc	ial security numbe	r (SSN	J)		
due date for 2025 E STREET, NW								
filing your return See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.							
instructions	WASHINGTON, DC 20006-5009						10.1	
Enter the	Return code for the return that this application	on is for (file a	separate application for	each return)	•		. 0	) 1
Applica	tion	Return	Application				Reti	urn
Is For		Code	Is For				Co	de
Form 99	0 or Form 990-EZ	01	Form 990-T (corporatio	n)	• • •		07	7
Form 99	0-BL	02	Form 1041-A				0	3
Form 47	20 (individual)	03	Form 4720				09	3
Form 99	0-PF	04	Form 5227				10	5
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069	-			11	
Form 99	0-T (trust other than above)	06	Form 8870				12	
<ul> <li>If the or</li> <li>If this is</li> <li>for the w</li> </ul>	ane No. ► 203-303-5852 ganization does not have an office or place of for a Group Return, enter the organization's nole group, check this box ►	f business in f four digit Grou If it is for part	the United States, check up Exemption Number (G	iEN)	• •	 . If ti	his is	
ur fo ▶ 2 If	the tax year entered in line 1 is for less than 1 Change in accounting period	xempt organiz , 20 2 months, che	ation return for the organ <u>12</u> , and ending pock reason: Initial retu	JUNE 30	bove			
	this application is for Form 990-BL, 990-PF, 9	990-T, 4720, o	or 6069, enter the tentati	ve tax, less any		±		
	prefundable credits. See instructions.	4700	000		3a	\$		0
es	this application is for Form 990-PF, 990-T timated tax payments made. Include any prio	r year overpa	yment allowed as a credi	t. '	3b	\$		0
с Ва	alance due. Subtract line 3b from line 3a. Incl	ude your payı	ment with this form, if rec	luired, by using				
	TPS (Electronic Federal Tax Payment System	· .			3c			0
Caution. I	you are going to make an electronic fund withdrav	val with this For	m 8868, see Form 8453-EO	and Form 8879-E0	D for p	ayment	instructic	ns.
For Privac	y Act and Paperwork Reduction Act Notice, see	instructions.	Cat. No. 27	916D :	F	orm <b>886</b>	8 (Rev. 1-)	2013)

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

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 l	books are in the care of		
lele	DNONE NO. P FAX NO. P		
<ul> <li>If the</li> </ul>	e organization does not have an office or place of business in the United States, check this box		🕨 🗌
	s is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)		
for the	whole group, check this box $\ldots$ $\blacktriangleright$ []. If it is for part of the group, check this box $\ldots$	▶	and attach a
list wit	h the names and EINs of all members the extension is for.		· · · · · · · · · · · · · · · · · · ·
4 5	I request an additional 3-month extension of time until, 20, 20, and ending, and ending, 20, and ending, 20, and ending, 20, and ending, and ending	*	<b>,</b> 20
6	If the tax year entered in line 5 is for less than 12 months, check reason: I Initial return I Final Change in accounting period	retu	'n
7	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.

Date ► /0 - 24 - 13 Form **8868** (Rev. 1-2013) Title ► CFO Signature >

AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT 53-0196605

3-0196605	
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	Statement of Program Service Accomplishments           Check if Schedule O contains a response to any question in this Part III
	Briefly describe the organization's mission:
	THE AMERICAN RED CROSS PREVENTS AND ALLEVIATES HUMAN SUFFERING IN THE
	FACE OF EMERGENCIES BY MOBILIZING THE POWER OF VOLUNTEERS AND THE
	GENEROSITY OF DONORS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
;	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
ŀ	Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to other the total expenses, and revenue, if any, for each program service reported.
a	(Code: ) (Expenses \$ 2,164,814,832. including grants of \$ ) (Revenue \$ 2,037,731,645. )
	BIOMEDICAL SERVICES - SEE SCHEDULE O
b	(Code:) (Expenses \$49,832,533. including grants of \$170,344,637. ) (Revenue \$)
	DOMESTIC DISASTER SERVICES - SEE SCHEDULE O
С	(Code:) (Expenses \$
	INTERNATIONAL RELIEF AND DEVELOPMENT SERVICES - SEE SCHEDULE O
d	Other program services (Describe in Schedule O.) ATTACHMENT 1 SEE SCHEDULE O
	(Expenses \$ 330,067,698. including grants of \$ ) (Revenue \$ 125,152,907. )
e	(Expenses \$ 330,067,698. including grants of \$ )(Revenue \$ 125,152,907. )         Total program service expenses ▶ 3,037,456,680.
e A	(Expenses \$ 330,067,698. including grants of \$ ) (Revenue \$ 125,152,907. )

AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT 53-0196605

Part IV         Checklist of Required Schedules         Yes         No           1         Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"         1         X           2         Is the organization enguined to complete Schedule A, Schedule of Contributors (see instructions)?         2         X           3         X         Section 501(c)(3) organization enguine in the complete Schedule C, Part I.         3         X           4         X         Section 501(c)(4) organization enguine on the complete Schedule C, Part I.         4         X           5         Is the organization enguine 501(c)(4) 501(c)(5) c 501(c)(5) organization in that receives membershe dues assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part I.         4         X           5         Is the organization nation any donor adveed 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 for which donors have the right to provide advice on tructures I "Yes," complete Schedule D, Part I.         7         X           8         Did the organization receive or hold a conservation easement, including easements in proved credit conselling, debt management, redit I, Party C, and the section of which donors have the right to provide advice on torus or subtolial Count liability; serve as a custodial for amounts on itel and toring intraver on custodial account liability; serve as a custodian foramounts on itel advice advice	Form 9	990 (2012)		F	Page 3
1         Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.         1         X           2         X         Did the organization required to complete Schedule B, Schedule of Contributors (see instructions)?         2         X           3         Did the organization engage in direct or indirect political campaign activities on behal of or in opposition to candidates for public offeet. The 'Yes," complete Schedule C, Part I.         3         X           4         Section 501(c)(3) organizations. Did the organization engage in lobbying activities. or have a section 501(b) description of the section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar anounds as defined in Revence Procedure 98-19? If 'Yes," complete Schedule C, Part II.         5         X           5         Did the organization maintain any door advised funds or any similar funds or accounts for which doors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes," complete Schedule D, Part I.         7         X           6         Did the organization maintain celections of works of at, historical treasures, or other similar assets? If 'Yes," complete Schedule D, Part V.         8         X           7         X         Did the organization report an amount in Part X, line 21, for secrow or custofial account liabity, serve as a custofian for amounts on tise in Part X, ine 70 row/de credit counseling, debt management, cell repair, or debt neganization report an amount for lank 1, line 12 ('Yes,'	Part	IV Checklist of Required Schedules			
complete Schedule A         1				Yes	No
2         Is the organization required to complete Schedule D Schedule of Contributors (see instructions)?         2         X           3         Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If Yes, "complete Schedule C, Part I         3         X           4         Section 501(c)(3) organizations. Did the organization engage in lobbying activities, on have a section 501(h) election in effect during the taxyeoff I //Yes," complete Schedule C, Part II.         4         X           5         Is the organization a section 501(c)(4), 501(c)(5), or 301(c)(6) organization that receives membership dues, assessments, or sinifar nuonunts as defined in Revene Procedure 98-19? II /Yes," "complete Schedule C, Part II.         5         X           6         Did the organization maintain celecitons of works of art, historical treasures, or other similar assets? II Yes, "complete Schedule D, Part II.         6         X           7         Did the organization reports on historic structures? II Yes, "complete Schedule D, Part II.         8         X           9         Did the organization reports an amount in Part X, line 21, for escrew or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide active custodial account liability, serve as a custodian for amounts not listed in Part X, or provide Schedule D, Part I V.         10         X           10         the organization report an amount for land, buildings, and equipment in Part X, line 10? II 'Yes, "complete Schedule D, Part V V.	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
<ul> <li>3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II.</li> <li>4 Section 501(c)(3) organizations. Did the organization mangae in lobbying activities, or have a section 501(h) effection in effect during the tax year? If "Yes," complete Schedule C, Part II.</li> <li>5 Is the organization asaction 501(c)(4), 5 of 101(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part II.</li> <li>6 Did the organization advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II.</li> <li>7 Xes, "complete Schedule D, Part II.</li> <li>7 Did the organization reaction of works of ant, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II.</li> <li>7 Xes, "complete Schedule D, Part II.</li> <li>8 Did the organization assets? If "Yes," complete Schedule D, Part II.</li> <li>8 Did the organization assets? If "Yes," complete Schedule D, Part II.</li> <li>9 Did the organization assets? If "Yes," complete Schedule D, Part II.</li> <li>9 Did the organization faints collections of works of ant, historical treasures, or other similar assets? If "Yes," assets a participation assets? If "Yes," complete Schedule D, Part VI.</li> <li>10 Did the organization faints collection of uses the following questions is "Yes," then complete Schedule D, Part VI.</li> <li>11 If the organization assets? If Yes," complete Schedule D, Part VI.</li> <li>12 N did the organization faints and proper an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.</li> <li>13 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," and II torganization report an amount for land, buildings, and</li></ul>				X	
candidates for public office? // *%e* completes Schedule C, Part I.       3       X         4       Section 501(c)(3) organizations. Did the organization apage in lobbying activities, or have a section 501(n)       4       X         5       Is the organization as action 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 // */es*, complete Schedule C, Part II       5       X         6       Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? // */es*, complete Schedule D, Part I       6       X         7       Did the organization receive or hold a conservation easement, including easements to preserve opes passee, the environment, historical tructures? If */es*, complete Schedule D, Part II       7       X         8       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 Ir Part X or provide credit counseling, debt mangement, credit repart, or debt negotiation endowments, or quasi-endowments? If */es*, complete Schedule D, Part V       10       X         10       Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If */es*, complete Schedule D, Part V       10       X         11       the organization report an amount for investments-program related in Part X, line 10? If */es*, complete Schedule D, Part V       110			2		X
4         Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes" complete Schedule C, Part II         4         X           5         Is the organization accion 501(c)(4), 501(c)(6), or 501(c)(6) organization that raceives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III         X           6         Did the organization calculated 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? III         6         X           7         Did the organization calculate or on the schedule D, Part II.         7         X           8         Did the organization report an amount in Part X, line 21, for escrow or oustodial account liability: serve as a custodian for amounts not listed in Part X, ic provide credit counselling, delt management, credit repart, or debt neganization fundered to replanziaton, directly or through a related organizaton, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V         9         X           10         Did the organization fapot an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI         10         X           11         If the organization fapot an amount for lowest quasitation hold assets reported in Part X, line 17 "Yes," complete Schedule D, Part X         10         X           10 <t< td=""><td>3</td><td></td><td></td><td></td><td></td></t<>	3				
election in effect during the tax year? If "Yes," complete Schedule C, Part II.       4       X         5 Is the organization assention 501(c)(d), 501(c)(d)			3		X
5         is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revence Procedure 98-197 if "Yes," complete Schedule C, Part II.         5           6         Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide even hold a conservation essement, including essements to preserve open space, the environment, historical ad asses, or historic structures? If "Yes," complete Schedule D, Part II.         6           7         Did the organization receive or hold a conservation essement, including essements to preserve open space, the environment, historical ad asses, or historic structures? If "Yes," complete Schedule D, Part II.         7           8         Did the organization resorts itsed in Part X, line 21, for escrow or custodial account liability, serve as custodian for amounts no listed in Part X, cor provide organization, saves to any of the following questions is "Yes," then complete Schedule D, Part V.         9           10         If the organization asswer to any of the following questions is "Yes," then complete Schedule D, Part V.         10           11         If the organization report an amount for land, buildings, and equipment in Part X, line 12 that is 5% or more of its total assets perform amount for investments-program related in Part X, line 13 that is 5% or more of its total assets perform of mert X, line 167 III "Nes," complete Schedule D, Part VI           11         Did the organization resort an amount for other tassets in Part X, line 13 that is 5% or more of it stotal assets perotref in Part X, line 17 III "Nes," complete Schedu	4				
<ul> <li>assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part II</li> <li>Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I</li> <li>To Did the organization report an amount in Part X, line 21, for escrew or custodial account liability; sarve as a custodian for amounts in the AX or provide credit counseling. debt management, credit repair, or debt negonization, functly or through a related organization, hold assets in temporarity restricted endowments, permanent endowments? If ves," complete Schedule D, Part V</li> <li>Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V</li> <li>Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V</li> <li>Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V</li> <li>Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V</li> <li>Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V</li> <li>Did the organization report an amount for land buildings, and equipment in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X</li> <li>Did the organization report an amount for there statements for the tax year III du X</li> <li>Did the organization report an amount for there statements for the tax year III *</li> <li>Did the organization report an amount for there statements for the tax year III *</li> <li>Did the organization report an amount for there statements for the tax year III *</li> &lt;</ul>	_		4	X	
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have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If       6       X         7       Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II.       6       X         7       Did the organization matian collections of works of art, historical treasures, or other similar asset? If 'Yes,''       8       X         9       Did the organization 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 negonization's answer to any of the following questions is 'Yes,'' then complete Schedule D, Part V       9       X         10       Did the organization's answer to any of the following questions is 'Yes,'' then complete Schedule D, Part V       10       X         11       If the organization's answer to any of the following questions is 'Yes,'' then complete Schedule D, Part V       11       X         10       Did the organization report an amount for investments-other securities in Part X, line 10? If 'Yes,'' complete Schedule D, Part VI       11       X         11       Did the organization report an amount for other isabilities in Part X, line 13? If 'Yes,'' complete Schedule D, Part VI       11       X         11       Did the organization separate, independent audited financial statements for the tax year? If 'Yes,'' and if the or	-		5		X
**Yes, * complete Schedule D, Part I       6       ×         7       Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,'' complete Schedule D, Part II.       7       ×         8       Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,'' complete Schedule D, Part II.       8       ×       8       ×         9       Did the organization, directly or through a related organization, hold assets in temporatily restricted endowments? If 'Yes,'' complete Schedule D, Part V.       9       ×       10       ×         10       Did the organization report an amount for investments-other securities in Part X, line 10? If 'Yes,'' complete Schedule D, Part VI.       10       ×       11       x         11       the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,'' complete Schedule D, Part VI.       11       ×       11       ×         12       Did the organization report an amount for investments-other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,'' complete Schedule D, Part VI.       11       ×       11       ×       11       ×       11       ×       11       ×       11       ×       11       ×       11       ×	6				
<ul> <li>7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic structures? If "Yes," complete Schedule D, Part II.</li> <li>8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II.</li> <li>9 Did the organization sport 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 repari, or debt negotiation services? If "Yes," complete Schedule D, Part V.</li> <li>10 Did the organization sware to any of the following questions is "Yes," then complete Schedule D, Part V.</li> <li>11 If the organization report an amount for lawstments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X.</li> <li>110 Z</li> <li>111 Z</li> <li>111 Did the organization report an amount for investments-other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X.</li> <li>110 Z</li> <li>111 Z</li> <li>111 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? If "Yes," complete Schedule D, Part X.</li> <li>111 Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part X.</li> <li>111 Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part X.</li> <li>112 Did the organization oxelinated, independent audited financial statements for the tax year? If "Yes," and If the organization oxelol described in section 770(P(I)(A)(A))? If "Yes," complete Schedule D, Part X.</li> <li>114 X</li> <li>115 bit organization aschool described in section 770(P(I)(A)(A)? If "Yes," complete Schedule D, Part X.<td></td><td></td><td></td><td></td><td>37</td></li></ul>					37
the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.       7       X         8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.       8       X         9 Did the organization report an amount in Part X, Iproved credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V       9       X         10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments permanent endowments, or quasi-endowments? IF "Yes," complete Schedule D, Part V       9       X         11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.       10       X         11 B       X       Complete Schedule D, Part VI.       11       X         12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.       11       X         13 Did the organization report an amount for investments-orgam related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.       11       X         14 Did the organization report an amount for other assets in Part X, line 25 there Schedule D, Part X       11       X         15 Did the organization report an amount for other assets in Part X, line 25 there Schedule D, Part X       111	_		6		X
<ul> <li>B Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II</li> <li>D Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part V</li> <li>D Did the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V</li> <li>If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V, in the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI.</li> <li>Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI.</li> <li>D Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI.</li> <li>D Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X</li> <li>D Did the organization is approximation of the tax year include a tootnote that addresses the organization separate or consolidated financial statements for the tax year? If "Yes," and II to x</li> <li>D Did the organization included in consolidated. Independent audited financial statements for the tax year? If "Yes," and II to x</li> <li>D Did the organization and office, employees, or agents at assistance to any organization aschool described in services of more than \$10,000 from grantmaking, fundraisi</li></ul>	7		_		v
complete Schedule D, Part III       8       X         9       Did the organization report an amount in Part X, line 21, for escrow or custodial account liability: serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negonization services? If "Yes," complete Schedule D, Part V       9       X         10       Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V       9       X         11       If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI, VII, VIII, VII, VII, VII, VII, VII	•				
<ul> <li>9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotitation services? If "Yes," complete Schedule D, Part V</li></ul>	8				v
custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or       9       X         10       Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? II "Yes," complete Schedule D, Part V       10       X         11       If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V       10       X         12       If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.       11a       X         13       Ib di the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.       11b       X         14       Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.       11c       X         15       Did the organization other amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.       11c       X         16       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X       11d       X         110       X       11d       X       11d	•		P		<u>^</u>
debt negotiation services? If "Yes," complete Schedule D, Part IV       9       X         10       Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V       10       X         11       If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       11       X       11       X         12       Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       11       X       11       X         13       Did the organization report an amount for investments-program related in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI       11       X       11       X         14       X       Did the organization report an amount for other assets in Part X, line 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI       11       11       X         14       X       Did the organization separate or consolidated financial statements for the tax year? If "Yes," and if the organization separate, independent audited financial statements for the tax year? If "Yes," and if the organization separate, independent audited financial statements for the tax year? If "Yes," and if the organization neutron than sepress of more than \$10,000 from grantmaking, fundraising, business, investiment, and program service activities outs	9				
10       Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V       10       X         11       If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part VI, VII, VII, IX, or X as applicable.       10       X         12       Did the organization report an amount for investments-other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI       11a       X         13       Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.       11b       X         14       Did the organization report an amount for other securities in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.       11c       X         14       Did the organization report an amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part X       11e       X         15       Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," and If the organization include in consolidated financial statements for the tax year? If "Yes," and If the organization maintain an office, employees, or agents outside of the United States?       11d       X         12a       X       11d       X       11e       X         12			0		x
endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V       10       X         11       If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts V, VI, VII, VII, VII, X, or Xa applicable.       11       If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       11       IIIa       X         b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.       11b       X         c 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? If "Yes," complete Schedule D, Part VII.       11c       X         d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part X       11c       X         e Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X       11e       X         11d       X       11d       X       11d       X         11d       X       11d       X       11d       X         11d       X       11d       X       11d       X         11d       X       11d       X       11d <td< td=""><td>10</td><td></td><td>9</td><td></td><td></td></td<>	10		9		
11       If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, VX, or X as applicable. <ul> <li>a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI</li> <li>b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII</li> <li>c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.</li> <li>d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.</li> <li>e Did the organization report an amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part X</li> <li>e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X</li> <li>f Did the organization inbitify for uncertain tax positions under FIN 48 (SC 240)? If "Yes," complete Schedule D, Part X</li> <li>f Did the organization inbitify for uncertain tax positions under FIN 48 (SC 240)? If "Yes," complete Schedule D, Part X</li> <li>f S the organization inbitify for uncertain tax positions under FIN 48 (SC 240)? If "Yes," complete Schedule D, Part X</li> <li>f S the organization inbiting an office, employees, or agents outside of the United States?</li> <li>f Aa X</li> <li>f Uid the organization neintain an office, employees, or agents outside of the United States?</li> <li>f Aa X</li> <li>f Did the organi</li></ul>	10		10	x	
VII, VIII, IX, or X as applicable.       a) Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI       11a       X         b) Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11b       X         c) Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11c       X         d) Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII       11c       X         e) Did the organization report an amount for other iasbilities in Part X, line 15 that is 5% or more of its total assets the organization obtain separate or consolidated financial statements for the tax year? If "Yes," and If the organization obtain separate, independent audited financial statements for the tax year? If "Yes," and If the organization neutode in consolidated, independent audited financial statements for the tax year? If "Yes," and If the organization neutore of line 52. If "Yes," complete Schedule D, Part X       11a       X         11       X       11       X       11d       X       11d       X         12       X       11d       X       11e       X       11e       X         12       X       11d <td>11</td> <td></td> <td></td> <td></td> <td></td>	11				
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12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"       12 a       X         b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional       12 b       X         13 Is the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E       13 X       14 a         14 a Did the organization maintain an office, employees, or agents outside of the United States?       14 a       X       14 a         b Did the organization negorization negorization negorization negorization negorization report on Part IX, column (A), line 3, more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14 b       X         15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of gagregate grants or assistance to any organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts II and IV       16 X         17 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to any organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to any organization report more than \$15,000 of expenses for	f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
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<ul> <li>b Was the organization included in consolidated, independent audited financial statements for the tax yea? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</li></ul>	12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
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<ul> <li>13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E</li></ul>	b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
<ul> <li>14 a Did the organization maintain an office, employees, or agents outside of the United States?</li></ul>		the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		Х	
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>	13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			Х
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foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV       14b       X         15       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV       15       X         16       Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts II and IV       15       X         17       Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)       17       X         18       Did the organization report more than \$15,000 of gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X	b				
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<ul> <li>16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i></li></ul>	15		4.5	37	
to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV       16       X         17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)       17       X         18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part II       19       X         20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X			15	X	
<ul> <li>17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i></li></ul>	16		40		v
<ul> <li>on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)</li></ul>	47	·	16		
<ul> <li>18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i></li> <li>19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i></li> <li>20 a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i></li> <li>20 a X</li> </ul>	17		47		v
Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II       18       X         19       Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?       19       X         20 a       Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X	40		17		Δ
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?         If "Yes," complete Schedule G, Part III         20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	18		10	v	
If "Yes," complete Schedule G, Part III       19       X         20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H       20a       X	10		10	Δ	
20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		10	v	
	20 -				x

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Form §	990 (2012)		F	Page 4
Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
<b>2</b> 70	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25.	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Х
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
U	to defease any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		X
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	240		
2J a	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	2Ja		- 23
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
		25b		Х
26	If "Yes," complete Schedule L, Part I. Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	230		
26		26		Х
07	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	20		
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		v
~~	entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	00-		v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			37
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			37
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	37	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II.	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	

Page 5

Par	t V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V			X
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 28, 973			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
•	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	2-	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3a 3b	X	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30	21	
Ψa	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	Х	
b	If "Yes," enter the name of the foreign country: ► SEE SCHEDULE O			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	<b>C</b> L		
-	gifts were not tax deductible?	6b		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	8		
9	organization, have excess business holdings at any time during the year?Sponsoring organizations maintaining donor advised funds.	0		
-	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b	12a		
р 13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
a	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b ISA	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Form 990 (2012)

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Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See in			
	Check if Schedule O contains a response to any question in this Part VI			X
Sect	ion A. Governing Body and Management			
			Yes	No
15	Enter the number of voting members of the governing body at the end of the tax year.	)		
Id	Enter the number of voting members of the governing body at the end of the tax year.	1		
	If there are material differences in voting rights among members of the governing body, or if the governing			
h	body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent <b>1b</b> 18	8		
b				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		X
•	any other officer, director, trustee, or key employee?	<b></b>		
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		x
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	4	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 6	X	
6	Did the organization have members or stockholders?	0	Λ	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		x	
	one or more members of the governing body?	7a	^	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	<b>_</b> .		v
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		v	
а	The governing body?	<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			37
0	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Coae	Ľ	N
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	X	
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?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
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?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 5			nlv)
10	<u>ava</u> ilable for public inspection. Indicate how you <u>made</u> these available. Check all that apply.	.51(0)	(5)50	· • • <i>y</i> /
	X     Own website     Another's website     X     Upon request     Other (explain in Schedule O)			

- **19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20
   State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ JENNIFER HAWKINS 430 17TH STREET NW WASHINGTON, DC 20006
   202-303-5028

   JSA

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

Check if Schedule O contains a response to any question 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.

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

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

Image: state of the state o	(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee) or director or director or director truttion al.		Position (D) (do not check more than one box, unless person is both an officer and a director/trustee) from the		Reportable compensation from	<b>(E)</b> Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
BOARD MEMBER         X         0         0         0           (2) AFSANEH BESCHLOSS         3.00         X         0         0         0           BOARD MEMBER         X         0         0         0         0         0           BOARD MEMBER         X         0         0         0         0         0         0           BOARD MEMBER         X         0         0         0         0         0         0           BOARD MEMBER         X         0			tee	ustee		ensated				
BOARD MEMBERX000BOARD MEMBERX000		4.00	X					0	0	0
BOARD MEMBERX000BOARD MEMBERX000BOARD MEMBERX000BOARD MEMBER5.00000BOARD MEMBERX000BOARD MEMBERX000<		3.00	Х					0	0	0
BOARD MEMBERX000BOARD MEMBERX000BOARD MEMBERX000(6) JON HUNTSMAN4.0000BOARD MEMBERX00(7) JAMES W. KEYES6.000BOARD MEMBERX00BOARD MEMBER </td <td></td> <td>4.00</td> <td>Х</td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td>0</td> <td>0</td>		4.00	Х					0	0	0
BOARD MEMBERX000G(6) JON HUNTSMAN4.00000BOARD MEMBERX000G(7) JAMES W. KEYES6.0000BOARD MEMBERX000BOARD MEMBERX000BOARD MEMBERX000BOARD MEMBERX000G(9) BONNIE MCELVEEN-HUNTER15.0000BOARD MEMBERX000G(10) JUDITH MCGRATH4.0000BOARD MEMBERX000GUARD MEMBERX000GUARD MEMBERX000GUARD MEMBERX000GUARD MEMBERX000GOARD MEMBERX000GOARD MEMBERX000GOARD MEMBERX000GOARD MEMBERX000GUARD MEMBERX000GOARD MEMBERX000GOARD MEMBERX000GUARD MEMBERX000GUARD MEMBERX000GUARD MEMBERX000GUARD MEMBERX000GUARD MEMBERX000GUARD MEMBERX000		4.00	Х					0	0	0
(6) JON HUNTSMAN BOARD MEMBER4.00 XX00BOARD MEMBER000(7) JAMES W. KEYES BOARD MEMBER6.00 X00BOARD MEMBER000BOARD MEMBER000BOARD MEMBER000BOARD MEMBER000BOARD MEMBER000BOARD MEMBER000BOARD MEMBER000BOARD MEMBER000BOARD MEMBER000(10) JUDITH MCGRATH BOARD MEMBER4.00 X00BOARD MEMBER000(11) SUZANNE NORA JOHNSON5.00 BOARD MEMBER00(12) RICHARD C. PATTON5.00 BOARD MEMBER00(13) LAURENCE E. PAUL BOARD MEMBER5.00 X00(14) JOSEPH B. PERELES6.0000		6.00	X					0	0	0
(7) JAMES W. KEYES6.00x00BOARD MEMBERX000(8) JOE MADISON3.0000BOARD MEMBERX00(9) BONNIE MCELVEEN-HUNTER15.000BOARD MEMBERX00(10) JUDITH MCGRATH4.000BOARD MEMBERX00(11) SUZANNE NORA JOHNSON5.000BOARD MEMBERX00(12) RICHARD C. PATTON5.000BOARD MEMBERX00(13) LAURENCE E. PAUL5.000BOARD MEMBERX00(14) JOSEPH B. PERELES6.000	(6) JON HUNTSMAN	4.00	X					0	0	0
BOARD MEMBERX000(9) BONNIE MCELVEEN-HUNTER15.00X00BOARD MEMBERX000(10) JUDITH MCGRATH4.00X00BOARD MEMBERX000(11) SUZANNE NORA JOHNSON5.0000BOARD MEMBERX000(12) RICHARD C. PATTON5.0000BOARD MEMBERX000BOARD MEMBERX000(13) LAURENCE E. PAUL5.0000BOARD MEMBERX000(14) JOSEPH B. PERELES6.0000		6.00	Х					0	0	0
BOARD MEMBERX000(10) JUDITH MCGRATH4.004.0000BOARD MEMBERX000(11) SUZANNE NORA JOHNSON5.0000BOARD MEMBERX000BOARD MEMBERX000(12) RICHARD C. PATTON5.0000BOARD MEMBERX000(13) LAURENCE E. PAUL5.0000BOARD MEMBERX000(14) JOSEPH B. PERELES6.0000		3.00	Х					0	0	0
BOARD MEMBERX000(11) SUZANNE NORA JOHNSON5.00X00BOARD MEMBERX000(12) RICHARD C. PATTON5.00		15.00	Х					0	0	0
BOARD MEMBERX000(12) RICHARD C. PATTON5.00000BOARD MEMBERX000(13) LAURENCE E. PAUL5.00000BOARD MEMBERX000(14) JOSEPH B. PERELES6.0000		4.00	Х					0	0	0
BOARD MEMBERX000(13) LAURENCE E. PAUL5.00X00BOARD MEMBERX000(14) JOSEPH B. PERELES6.0000	*	5.00	Х					0	0	0
BOARD MEMBER     X     0     0     0       (14) JOSEPH B. PERELES     6.00     0	*-*	5.00	Х					0	0	0
(14) JOSEPH B. PERELES 6.00	*-*	5.00	Х					0	0	0
BOARD MEMBER X X X X X X X X X X X X X X X X X X X		6.00	Х					0	0	0

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(A) Name and title	(B) Average hours per week (list any hours for	box, office	unles er and	neck ss pe d a d	ition more rson	e than c is both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
15) JOSUE ROBLES, JR. BOARD MEMBER	4.00	Х						0	0	
16) MELANIE R. SABELHAUS BOARD MEMBER	7.00	Х						0	0	
17) TINA SCHIEL BOARD MEMBER	4.00	Х						0	0	
18) H. MARSHALL SCHWARZ BOARD MEMBER	4.00	Х						C	0	
19) WILLIAM S. SIMON BOARD MEMBER	5.00	Х						C	0	
20) STEVEN H. WUNNING BOARD MEMBER	6.00	Х						O	0	
21) GAIL MCGOVERN PRESIDENT AND CEO	60.00	X		Х				564,864.	0	57 <b>,</b> 49
22) BRIAN RHOA CHIEF FINANCIAL OFFICER	60.00			Х				377,846.	0	39,920
23) DALE BATEMAN SVP, CHIEF AUDIT EXECUTIVE	60.00			Х				254,783.	0	38,01
24) DAVID MELTZER GEN COUNSEL & CHIEF INT'L OFF.	60.00			Х				264,325.	0	49,62
25) JENNIFER HAWKINS CORPORATE SECRETARY	60.00			x				177,525.	0	16,54

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of 2 reportable compensation from the organization **>** 1010

3	Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person
<b>•</b>	and a set to be a set to a structure of the set of the



713,200.

0

#### Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 1 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	<b>(C)</b> Compensation
ATTACHMENT 2 SEE SCHEDULE O		
2 Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ► 307		

6,350,473.

	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office	not che unless r and a	person	e than o is both tor/trust Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	other compensation
			tee	ustee		ensated				
	MELISSA HURST CHIEF HUMAN RESOURCES OFFICER	60.00			X			314,689.		0 31,39
	GERALD DEFRANCISCO PRESIDENT, HUMAN SER	60.00			X			424,658.		0 31,87
	SHAUN GILMORE PRESIDENT, BIOMEDICAL SERVICES	60.00			X			490,550.		0 54,93
	J. CHRIS HROUDA EXEC VP, BIOMED SERVICES	60.00			X			478,218.		0 26,31
	NEAL LITVACK CHIEF DEVELOPMENT OFFICER	60.00			X			312,624.		0 54,20
	CHRISTINA SAMSON CHIEF INVESTMENT OFFICER	60.00			X			307,138.		0 61,28
	GREG BALLISH SVP, BIOMEDICAL SERVICES	60.00				Х		355,586.		0 47,46
	WILLIAM MOORE SVP, BIOMEDICAL SERVICES KATHRYN WALDMAN	60.00				X		357,809.		0 43,81
	SVP, QUALITY AND REG AFFAIRS JOHN CRARY	60.00				X		345,385.		0 41,41
	CHIEF INFORMATION OFFICER STEVEN WAGNER	60.00			_	X		354,351.		0 30,67
	VP, DEVELOPMENT OPERATIONS Sub-total	+				Х		586,630.		0 33,27
c d	Total from continuation sheets to Part VII, S Total (add lines 1b and 1c) Total number of individuals (including but not	ection A	 	 	• • •	•••	► ►	ceived more than	\$100.000 of	
3	reportable compensation from the organization Did the organization list any <b>former</b> offic employee on line 1a? <i>If "Yes," complete Sched</i> For any individual listed on line 1a, is the	n ► er, directo ule J for sud	1010 or, or ch ind	trus trus	tee,	key e	emp	loyee, or highes	t compensated	Yes N 3 X
•	organization and related organizations graindividual	eater than	\$15	0,000	)? <i>l</i> i	"Yes	s," ( 	complete Schedu	le J for such	<b>4</b> X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Y									5
<u>Se</u> 1	ction B. Independent Contractors Complete this table for your five highest com compensation from the organization. Report of year.									
							-			

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

Form 990 (2012)												Page <b>8</b>
Part VII Section A. Officers, Directors, Tr		ey En	nplo			and H	lig	_		continue		
(A) Name and title	(B) Average hours per week (list any hours for related	box, office	unles er and	ss pe d a d	ition more erson lirect	e than c is both or/trust	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	an com	(F) stimated nount of other pensation om the	ion
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(	an	anizatio d relateo anizatior	d
37) MARY ELCANO	60.00	_										
FORMER GNRL CNSEL & CORP SECR		-					X	383,492.	C		54,9	<u>}41.</u>
		_										
		-										
		-										
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	Section A											
<ul> <li>2 Total number of individuals (including but not reportable compensation from the organization)</li> </ul>	limited to t		liste				o re	eceived more than	\$100,000 of			
											Yes	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched	lule J for su	ch inc	lividı	ual	••		••			3	X	
4 For any individual listed on line 1a, is the organization and related organizations gr <i>individual</i> .	eater than	\$15	50,0	00?	' If	"Yes	s,"	complete Schedu	le J for such	4	X	
<ul> <li>5 Did any person listed on line 1a receive or for services rendered to the organization? <i>If "</i>Y</li> </ul>	accrue co	mpen	satio	on f	from	n any	un	related organization	on or individual	5		X
Section B. Independent Contractors												
<ol> <li>Complete this table for your five highest con compensation from the organization. Report of year.</li> </ol>												

	(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►		

(

Form	990	(20	12
Pa	rt V		

Par	t VII	Statement of Reve		noo to ony avoo	tion in this Dort VIII			
		Check if Schedule O c	ontains a respo	nse to any ques	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1a	Federated campaigns	1a	95,529,494.				
Gran	b	Membership dues						
ts, ( Am	с	Fundraising events	1c	24,033,718.				
Gif	d	Related organizations	1d					
Sir	е	Government grants (contribu	utions) 1e	53,733,489.				
ber	f	All other contributions, gifts, gran	nts,					
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not included		960,116,309.				
Con	g	Noncash contributions included		37,090,628.				
	h	Total. Add lines 1a-1f	<u></u>	Business Code	1,133,413,010.			
Program Service Revenue	0-	DIOMEDICAL DRODUCED C CEL	DUTCES	541900	2 027 721 645	2 027 721 645		
Rev	2a	BIOMEDICAL PRODUCTS & SEF		900099	2,037,731,645. 125,152,907.	2,037,731,645. 125,152,907.		
ice	b	OTHER FRODUCTS & SERVICES	2	900099	123,132,907.	123,132,907.		
Serv	c d							
Ĕ	e							
ogra	f	All other program service rev	/enue					
Pre	g	Total. Add lines 2a-2f			2,162,884,552.			
	3	Investment income (includin	ng dividends, inter	est, and				
		other similar amounts)		•	44,935,982.			44,935,982.
	4	Income from investment of t	tax-exempt bond p	proceeds 🕨	0			
	5	Royalties			0			
			(i) Real	(ii) Personal				
	6a	Gross rents	16,745,624.					
	b	Less: rental expenses	6,290,621.					
	c d	Rental income or (loss)	10,455,003.		10,455,003.		2,888,759.	7,566,244.
	u		(i) Securities	(ii) Other	10,433,003.		2,000,739.	7,300,244.
	7a	Gross amount from sales of assets other than inventory	302,296,016.	13,133,120.				
	b	Less: cost or other basis						
	-	and sales expenses	298,535,556.	8,168,344.				
	с	Gain or (loss)		4,964,776.				
	d	Net gain or (loss)		<u></u> ►	8,725,236.			8,725,236.
ne	8a	Gross income from fundra	aising					
en		events (not including \$24						
Sev		of contributions reported on						
Ϋ́	_	See Part IV, line 18						
Other Revenue	b c	Less: direct expenses Net income or (loss) from fu			-438,855.			-438,855.
0		Gross income from gaming a	-		-430,033.			-430,033.
	9a	See Part IV, line 19		820,246.				
	b	Less: direct expenses						
	С	Net income or (loss) from ga			159,857.			159,858.
	10a	Gross sales of invent	ory, less					
		returns and allowances	a					
	b		Less: cost of goods sold					
	С	Net income or (loss) from sa Miscellaneous Reven		► Business Code	0			
	11a	PENSION PLAN DEF REV & OT		900099	54,649,332.	54,007,960.	641,372.	
	b	PARTNERSHIP & S-CORP LOSS	<u>ی</u>	900099	-2,545,376.		-2,545,376.	
	c d	All other revenue						
	e	Total. Add lines 11a-11d		·	52,103,956.			
	12	Total revenue. See instruction			3,412,238,741.	2,216,892,512.	984,755.	60,948,465.

#### 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 to any question in this Part IX (B) Program service (C) Management and (A) Total expenses (D) Do not include amounts reported on lines 6b, 7b, Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses 1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 . Grants and other assistance to individuals in 2 170,344,637. 170,344,637. the United States. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 53,366,000. 53,366,000. Benefits paid to or for members ſ 4 Compensation of current officers, directors, 5 trustees, and key employees 4,602,313. 4,227,110. 375,203. 6 Compensation not included above, to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 1,324,855,754. 1,180,118,711. 65,007,941. 79,729,102. 7 8 Pension plan accruals and contributions (include section 230,869,256. 223,649,316. 2,831,895. 4,388,045. 401(k) and 403(b) employer contributions) 136,466,292. 109,498,529 7,399,013 19,568,750. Other employee benefits 9 75,800,096. 59,303,698. 13,859,220. 2,637,178. Payroll taxes 10 Fees for services (non-employees): 11 1,069,291. 47,524 71,286. 1,188,101. a Management 5,418,672. 5,418,672. b Legal 138,951. 2,315,848. 2,084,263. 92,634 c Accounting 258,763. 244,760. 4,951. 9,052. d Lobbying ſ e Professional fundraising services. See Part IV, line 17 f Investment management fees 11,923. 11,923. **q** Other. (If line 11g amount exceeds 10% of line 25, column 230,926,139. 173,122,096. 7,175,914. 50,628,129. (A) amount, list line 11g expenses on Schedule O.) 18,582,008. 1,595 1,160,872. 12 Advertising and promotion 19,744,475. 133,589,542. 130,326,020. 115,366. 3,148,156. 13 Office expenses 29,050,149. 28,956,007. 106. 94,036. 14 Information technology 15 Royalties 88,939,582. 69,638,158. 19,301,424. 16 Occupancy 113,353,962. 105,399,509. 2,767,630. 5,186,823. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 4,192,991. 3,763,750. 160,587. 268,654. Conferences, conventions, and meetings 19 38,361,141. 34,641,670. 570,108. 3,149,363. 20 Interest 21 Payments to affiliates 63,204,807. 58,211,730. 2,046,190. 2,946,887. 22 Depreciation, depletion, and amortization 59,484,341. 57,053,145. 657,211. 1,773,985. 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 448,912,146. 447,381,490. 1,497,478. a BIOMEDICAL\_PROGRAM\_SUPPLIES\_\_\_ 33,178. b MINOR EQUIPMENT PURCHASES 51,104,597. 47,774,584. 2,974,049. 355,964. 45,512,277. 46,288,795. 776,518. COTHER PROGRAM SUPPLIES AND M 9,285,704. 8,407,579. 373,670. 504,455. d AUTO RENTAL & MAINTENANCE 14,944,454. 3,588,780. 333,752. 11,021,922. e All other expenses \_\_\_\_\_ 3,356,880,480. 3,037,456,680. 129,992,991 189,430,809. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the 26 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)

JSA 2E1052 1.000

Part		Balance Sheet			Page 1
		Check if Schedule O contains a response to any question in this Pa	rt X		
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	52,904,504.	1	82,721,425.
	2	Savings and temporary cash investments	626,871,262.	2	618,138,669.
	3	Pledges and grants receivable, net	86,040,808.	3	92,508,565
	4	Accounts receivable, net	216,517,153.	4	233,088,323
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	C	5	
		Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
0		organizations (see instructions). Complete Part II of Schedule L	C	6	
ssers	7	Notes and loans receivable, net	C	7	
BSE		Inventories for sale or use	113,876,295.	8	112,950,068
	9	Prepaid expenses and deferred charges	274,106,981.	9	274,211,712
1	0 a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 2003737999.			
	b	Less: accumulated depreciation	1,050,792,519.	10c	1,018,453,991
1		Investments - publicly traded securities	793,697,549.	11	825,913,400
1	2	Investments - other securities. See Part IV, line 11	563,153,000.	12	640,849,000
1	3	Investments - program-related. See Part IV, line 11	C	13	
1	4	Intangible assets	C	14	
1	5	Other assets. See Part IV, line 11	C	15	
1	6	Total assets. Add lines 1 through 15 (must equal line 34)	3,777,960,071.	16	3,898,835,153
1	7	Accounts payable and accrued expenses		17	325,810,361
1	8	Grants payable	C	18	
1		Deferred revenue	C	19	
2	0	Tax-exempt bond liabilities		20	220,597,760
ທ 2		Escrow or custodial account liability. Complete Part IV of Schedule D	C	21	
	2	Loans and other payables to current and former officers, directors,			
api		trustees, key employees, highest compensated employees, and			
		disqualified persons. Complete Part II of Schedule L	C	22	
2	3	Secured mortgages and notes payable to unrelated third parties			191,000
2	4	Unsecured notes and loans payable to unrelated third parties	324,347,384.	24	493,202,240
2	5	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	1,348,367,341.	25	868,976,540
2	6	Total liabilities. Add lines 17 through 25	2,182,737,621.	26	1,908,777,901
ses		Organizations that follow SFAS 117 (ASC 958), check here $\blacktriangleright$ X and complete lines 27 through 29, and lines 33 and 34.			
		Unrestricted net assets	133,686,494.	27	398,444,223
2 2	8	Temporarily restricted net assets	757,513,071.	28	861,604,928
<u>e</u>  2	9	Permanently restricted net assets	704,022,885.	29	730,008,101
Net Assets of Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here  and complete lines 30 through 34.			
S 3	0	Capital stock or trust principal, or current funds		30	
3	1	Paid-in or capital surplus, or land, building, or equipment fund		31	
⊈ 3		Retained earnings, endowment, accumulated income, or other funds		32	
2 3	3	Total net assets or fund balances	1,595,222,450.	33	
2	4	Total liabilities and net assets/fund balances	3,777,960,071.	34	3,898,835,153

AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT 53-0196605

Form 99	90 (2012)				Pa	ge <b>12</b>
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI				Х	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,4	12,2	38,7	41.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,3	56,8		
3	Revenue less expenses. Subtract line 2 from line 1	3		55,3		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,5	95,2		
5	Net unrealized gains (losses) on investments	5		92,1	81,6	548.
6	Donated services and use of facilities	6				0
7	Investment expenses	7				0
8	Prior period adjustments	8				0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	2	47,2	94,8	393.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	1,9	90,0	57,2	252.
Part						
	Check if Schedule O contains a response to any question in this Part XII	• •		• • •		
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		<u> </u>			
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplair	n in			
0	Schedule O.					3.7
Za	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con reviewed on a separate basis, consolidated basis, or both:	iplied	1 01			
_	Separate basis Consolidated basis Both consolidated and separate basis			2b	х	
b	Were the organization's financial statements audited by an independent accountant?			20	Λ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a			
	separate basis, consolidated basis, or both:					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	-	<b>`</b>	2c	х	
	of the audit, review, or compilation of its financial statements and selection of an independent account of the exercise process of selection process during the tex year of			20		
	If the organization changed either its oversight process or selection process during the tax year, e Schedule O.	vhiai	1 111			
20	As a result of a federal award, was the organization required to undergo an audit or audits as se	fort	n in			
Ja	the Single Audit Act and OMB Circular A-133?	TOIL	1 111	3a	Х	
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	• •	the			
u	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		11C	3b	Х	

## **SCHEDULE A**

(Form	990	or	990-EZ)
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## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

OMB No. 1545-0047 2012

Departmen	t of the Treasury	_	4947(a)(1) nonexemp					_			Open to Public	
Internal Rev	venue Service	Attac	h to Form 990 or Form 990-	EZ. 🕨	► See s	eparate	instruct				Inspection	
Name of t	the organization	AMERICAN NATIONA	AL RED CROSS & ITS	CON	STITU	JENT		Emplo	•		on number	
CHAPTE	RS AND BRA									-019	6605	
Part I			<b>s</b> (All organizations mu				,		uctions	•		
The orga	nization is not	a private foundation be	cause it is: (For lines 1 th	rough	11, che	eck only	one bo	x.)				
1	A church, con	vention of churches, or	association of churches of	describ	ed in <b>s</b>	ection	170(b)(	1)(A)(i)	-			
2	A school desc	cribed in section 170(b)	(1)(A)(ii). (Attach Schedul	e E.)								
3	A hospital or a	a cooperative hospital s	service organization descri	bed in	sectio	n 170(k	)(1)(A)	(iii).				
4		search organization op	erated in conjunction wi	th a h	nospita	l descr	ibed in	sectio	n 170(b	o)(1)(A	(iii). Enter th	ie
5	-	on operated for the be (1)(A)(iv). (Complete F	nefit of a college or unive Part II.)	ersity	owned	or ope	erated t	oy a go	vernme	ntal u	nit described	in
6	A federal, stat	te, or local government	or governmental unit des	cribed	in <b>sect</b>	ion 170	(b)(1)(	A)(v).				
<b>7</b> X	An organization	on that normally receiv	es a substantial part of its	s supp	ort fro	m a go	vernme	ental un	nit or fro	om the	e general publ	ic
	described in s	ection 170(b)(1)(A)(vi)	. (Complete Part II.)									
8	A community	trust described in <b>secti</b>	on 170(b)(1)(A)(vi). (Com	plete F	Part II.)							
9	An organizatio	on that normally receive	es: (1) more than 331/3%	of its	suppo	rt from	contrib	outions,	membe	ership	fees, and gros	SS
	receipts from	activities related to its	s exempt functions - subj	ect to	certai	n exce	otions,	and (2)	no mo	ore that	an 331/3% of i	ts
		-	ome and unrelated busi						n 511	tax) f	rom businesse	es
	acquired by th	ne organization after Jui	ne 30, 1975. See section	509(a	) <b>(2)</b> . (C	Complet	e Part I	II.)				
10	An organizatio	on organized and opera	ted exclusively to test for	public	safety.	See se	ction 5	09(a)(4	).			
11	An organizati	on organized and ope	rated exclusively for the	bene	fit of,	to perf	orm th	e funct	ions of	, or to	o carry out th	ıe
	purposes of c	one or more publicly su	upported organizations de	scribe	d in s	ection 5	509(a)(*	1) or se	ection 5	09(a)	2). See section	n
	509 <u>(a)(</u> 3). Ch	eck the box that describ	bes the type of supporting	organ	ization	and co	mplete	lines 1	1e throu	ugh 11	h.	
	а 🔄 Туре	I <b>b</b> Type II	c Type III-Function	nally in	tegrate	ed	d	Type II	I-Non-fu	unctior	nally integrated	
е		-	the organization is not			-		-	-			
	persons other	than foundation mana	igers and other than one	or mo	re pub	licly su	pported	d organ	izations	desc	ribed in section	n
	( )( )	ection 509(a)(2).										
f	-		en determination from the	e IRS	that it	is a T	уре I, Т	⁻ype II,	or Type	e III s	upporting	_
	organization, o	check this box									L	
g	Since August	17, 2006, has the orga	nization accepted any gift	or co	ntributi	on from	n any of	the				
	following pers											
			ectly controls, either alon		-	er with	person	s desc	ribed in	i (ii)	Yes No	<b>、</b>
			dy of the supported organ	ization	?						11g(i)	
		member of a person de									11g(ii)	
			son described in (i) or (ii) al								11g(iii)	
h	Provide the fo	ollowing information abo	out the supported organization	ation(s)	).							
	ame of supported organization	dii) EIN	(iii) Type of organization (described on lines 1-9		ls the zation in		ou notify		s the	(vii) A	mount of monetar	у
	organization		above or IRC section	col. (i)	listed in		anization . <b>(i)</b> of		zation in rganized		support	
			(see instructions))	docu	overning ment?		upport?		Ū.S.?			
				Yes	No	Yes	No	Yes	No			
(A)												
(B)												
(C)												_
(D)												1

Total

(E)

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

Schedule A (Form 990 or 990-EZ) 2012

#### Schedule A (Form 990 or 990-EZ) 2012

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.)

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

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.If the organization fails to qualify under the tests listed below, please complete Part II.)

Cale	tion A. Public Support Indar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e)	2012	(f) Tot	al
1	Gifts, grants, contributions, and membership fees	.,				,		.,	
	received. (Do not include any "unusual grants.")								
2	Gross receipts from admissions, merchandise								
	sold or services performed, or facilities								
	furnished in any activity that is related to the								
	organization's tax-exempt purpose								
3	Gross receipts from activities that are not an								
•	unrelated trade or business under section 513								
4	Tax revenues levied for the								
	organization's benefit and either paid								
	to or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to the								
	organization without charge								
6	Total. Add lines 1 through 5								
	Amounts included on lines 1, 2, and 3								
	received from disgualified persons								
b	Amounts included on lines 2 and 3								
	received from other than disqualified								
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
c	Add lines 7a and 7b.								
8	Public support (Subtract line 7c from								
	line 6.)								
ec	tion B. Total Support			·	·				
ale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e)	2012	(f) Tot	al
9	Amounts from line 6								
0 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar								
h	sources								
u	Unrelated business taxable income (less								
	section 511 taxes) from businesses acquired after June 30, 1975								
	Add lines 10a and 10b								
1	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
2	Other income. Do not include gain or								
	loss from the sale of capital assets								
	(Explain in Part IV.)								
3	Total support. (Add lines 9, 10c, 11,								
	and 12.)								
4	First five years. If the Form 990 is for	the organizatio	n's first, second,	third, fourth, or	fifth tax year a	s a sec	tion 501(	c)(3)	
	organization, check this box and stop here .							•	
ec	tion C. Computation of Public Sup	port Percent	age						
15	Public support percentage for 2012 (line 8,	, column (f) divid	ed by line 13, colu	mn (f))		15			%
6	Public support percentage from 2011 Sche	dule A, Part III, li	ne 15			16			%
ec	tion D. Computation of Investmer	nt Income Pe	rcentage						
7	Investment income percentage for 2012 (lin	ne 10c, column	(f) divided by line	13, column (f))		17			%
8	Investment income percentage from 2011	Schedule A, Part	t III, line 17			18			%
9 a	331/3% support tests - 2012. If the org					e than	331/3 %, a	nd line	
	17 is not more than 331/3%, check the	is box and <b>sto</b>	p here. The org	anization qualifie	s as a publicly	support	ed organiz	zation 🕨	
b	331/3% support tests - 2011. If the orga	nization did not	check a box on	line 14 or line 19	9a, and line 16 is	more t	han 331/3	%, and	
	line 18 is not more than 331/3%, check	this box and s	top here. The or	ganization qualifi	es as a publicly	support	ed organiz	zation 🕨	
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b	o, check this bo	x and	see instru	uctions 🕨	
ISA 21 1.0	00				S	chedule	A (Form 99	90 or 990-E	Z) 2012

#### Schedule A (Form 990 or 990-EZ) 2012

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

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

(For	m 990 or 990-ez)					
			Organizations Exempt From Incom			
Depa	artment of the Treasury	Comp	blete if the organization is described be		to Form 990 or Form 990	Open to Public
Inter	nal Revenue Service		► See separat			Inspection
	•	-	to Form 990, Part IV, line 3, or Form		6 (Political Campaign Activit	ies), then
		-	: Complete Parts I-A and B. Do not compl on 501(c)(3)) organizations: Complete F		No not complete Dort I P	
				ans I-A and C below. L		
	Section 527 organiza			000 EZ Dort VI line 47	/ Labbying Activitias) than	
			' to Form 990, Part IV, line 4, or Form that have filed Form 5768 (election un			
		-	that have NOT filed Form 5768 (election difference)			
		-				
	-		' to Form 990, Part IV, line 5 (Proxy Ta anizations: Complete Part III.	ax) or Form 990-EZ, Pa	rt v, line 35c (Proxy Tax), tr	ien
			IATIONAL RED CROSS & ITS	CONCELENE	Employer identif	ication number
	1.1.1.1.		VALIONAL RED CRUSS & 115	CONSTITUENT		
-	APTERS AND BRA		needention is anomat under a	nation E01(a) and	53-019	
			rganization is exempt under s			ization.
1			organization's direct and indirect p			
2						
3	Volunteer hours				••••••	
Pa	rt I-B Complete	a if the e	rappization is exempt under a	action 501/a)/2)		
			rganization is exempt under s		- •	
1			cise tax incurred by the organizatio			
2			cise tax incurred by organization material			
3			a section 4955 tax, did it file Form			
					• • • • • • • • • • • • • • • • •	🗆 Yes 🔛 No
	If "Yes," describe in		needing is even at under			
			organization is exempt under s			•
1			expended by the filing organization			
•						
2			ng organization's funds contributed	•		
			es			
3			enditures. Add lines 1 and 2. Ent		· •	
4			e Form 1120-POL for this year?			
5			and employer identification numb			
	0		s. For each organization listed, en tributions received that were prom		0 0	
			nd or a political action committee			<b>u</b>
		cgateu ru				
	<b>(a)</b> Name		(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political contributions received and
					filing organization's funds. If none, enter -0	promptly and directly
						delivered to a separate
						political organization. If none, enter -0
(1)						
(2)						
(3)						
(4)						
(5)			L			
(6)			L			

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

Schedule C (Form 990 or 990-EZ) 2012

JSA 2E1264 1.000

SCHEDULE C

(Form 990 or 990-EZ)

#### OMB No. 1545-0047

**Political Campaign and Lobbying Activities** 

Sch	nedule C (Form 990 or 990-EZ) 2012 AMERIC.	AN NATIONAL RED CROSS & ITS CONS	TITUENT 53-0	196605 Page <b>2</b>
Pa	art II-A Complete if the organization section 501(h)).	on is exempt under section 501(c)(3) and	l filed Form 5768 (elec	tion under
Α	Check ► if the filing organization	belongs to an affiliated group (and list in P	art IV each affiliated gr	oup member's
	name, address, EIN, expe	enses, and share of excess lobbying expen	ditures).	
В	Check ► _ if the filing organization	checked box A and "limited control" provis	ions apply.	
	Limits on Lobb	ying Expenditures	(a) Filing	(b) Affiliated
	(The term "expenditures" me	eans amounts paid or incurred.)	organization's totals	group totals
1 :	a Total lobbying expenditures to influenc	e public opinion (grass roots lobbying)		
I	<b>b</b> Total lobbying expenditures to influenc	e a legislative body (direct lobbying)		
(	<b>c</b> Total lobbying expenditures (add lines	1a and 1b)		
(	d Other exempt purpose expenditures			
		dd lines 1c and 1d)		
1	f Lobbying nontaxable amount. Enter t	he amount from the following table in both		
	columns.			
	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.		
9	g Grassroots nontaxable amount (enter 2	25% of line 1f)		
I	h Subtract line 1g from line 1a. If zero or			
i	i Subtract line 1f from line 1c. If zero or	ess, enter -0-		
j	j If there is an amount other than zero	o on either line 1h or line 1i, did the organi	zation file Form 4720	
	reporting section 4911 tax for this year	?		Yes 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 instructions for lines 2a through 2f on page 4.)

	Lobbying Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2009	<b>(b)</b> 2010	<b>(c)</b> 2011	<b>(d)</b> 2012	<b>(e)</b> Total					
2a Lobbying nontaxable amount										
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))										
c Total lobbying expenditures										
d Grassroots nontaxable amount										
e Grassroots ceiling amount (150% of line 2d, column (e))										
f Grassroots lobbying expenditures	;									

Schedule C (Form 990 or 990-EZ) 2012

Page 3

0	( <b>F</b>	000		0040
Schedule C	(Form	990	or 990-EZ)	2012

# 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)).

	and "Ver" manager to lines to through the below provide in Dart IV a detailed	(ä	a)		(b	)	
	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No		Amo	unt	
1	During the year, did the filing organization attempt to influence foreign, national, state or local						
	legislation, including any attempt to influence public opinion on a legislative matter or						
2	referendum, through the use of: Volunteers?	x					
a b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X					
c			X				
d	Media advertisements? Mailings to members, legislators, or the public?	X	21			37	,405
e	Publications or published or broadcast statements?	X					300
f	Grants to other organizations for lobbying purposes?		X				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X				226	,939
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Х					,245
i	Other activities?		Х				
j	Total. Add lines 1c through 1i					268	,889
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х				
b	If "Yes," enter the amount of any tax incurred under section 4912						
С	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?						
Ра	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	section			
	501(c)(6).						
						Yes	No
1 2	Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less?				1		
2	Did the organization agree to carry over lobbying and political expenditures from the prior year?	• • •			2		<u> </u>
<u> </u>	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501				-		
ı a	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No,"		-			3 is	
	answered "Yes."	0				0,10	
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou		of				
	political expenses for which the section 527(f) tax was paid).						
а	Current year			2a			
b	Carryover from last year			2b			
с	Total			2c			

U.		20	
	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?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

### Part IV Supplemental Information

Complete this part to 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, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

#### Schedule C (Form 990 or 990-EZ) 2012

Schedule C (Form 990 or 990-EZ) 2012

Part IV Supplemental Information (continued)

PART IV

SCHEDULE C, PART I-A, LINE 1

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

	,	► Complete if the Part IV, line 6, 7, 8		00, or 12b.	20 <b>12</b> Open to Public
		•			
	-		CROSS & IIS CONSTITUENT		
	l Organiza	tions Maintaining Donor Adv			
	0		(a) Donor advised funds	(b) Funds and oth	ner accounts
		-			
		-	advisors in writing that the assets held in a	donor advised	
	•		•		
	-				
C	conferring impern	nissible private benefit?		<u></u>	Yes No
			V	rm 990, Part IV, Iir	ne 7.
Immediatesense Senses         Description         Immediatesense Senses         Immediatesense Senses         Immediatesense           Name of the organization and MERICAN INSTIGUAL, RED CROSS 6, ITS CONSTITUENT         Immediatesense         S3-0196605           Partial         Organizations and Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if th organization answered 'Yes' to Form 990, Part IV, line 6.         (b) Funds and other acco           1         Total number at end of year         (a) Donor advised funds         (b) Funds and other acco           2         Aggregate grants from (during year)         (a) Bonor advised funds         (b) Funds and other acco           3         Aggregate grants from (during year)         (b) Funds and other acco         (b) Funds and other acco           4         Aggregate value at end of year         (c) Construction for property, subject to the organization's exclusive legal control?         (c) Yees           5         Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chartable purposes and not for the benefit of the donor of donor advisor of or any other purpose conferring impermissible private benefit?         Yees           7         Purpose(s) of conservation easements. Complete if the organization answered 'Yes' to Form 990, Pari IV, line 7.           1         Purpose(s) of conservation easements included in (c) acquire atter apply.           1         Purpose(s) o					
			Preservation of	a certified historic s	structure
<b>,</b> (			eld a qualified conservation contribution in t	the form of a conse	rvation
					Ivation
				Held at the En	d of the Tax Year
a	Fotal number of c	onservation easements		2a	
b T	Fotal acreage res	tricted by conservation easement	s	2b	
				2c	
			isferred, released, extinguished, or termina	ted by the organization	on during the
			ruption apparent in logated		
	-			-	🗌 Yes 🔲 No
				,	
			cting, and enforcing conservation easemen	ts during the year	
		-			
					🔄 Yes 🔛 No
<b>)</b> (	•	0			
	palance sheet, an	a include it annucable the text (			and
		••	of the footnote to the organization's financia		and
(	organization's acc	counting for conservation easeme	of the footnote to the organization's financiants.	al statements that de	and
(	organization's acc	counting for conservation easeme tions Maintaining Collections	of the footnote to the organization's financia ents. <b>3 of Art, Historical Treasures, or Other</b>	al statements that de	and
o Part	organization's acc III Organiza Complete	counting for conservation easement tions Maintaining Collections of if the organization answered	of the footnote to the organization's financia ents. <b>s of Art, Historical Treasures, or Other</b> "Yes" to Form 990, Part IV, line 8.	al statements that de Similar Assets.	and scribes the
ہ Part	organization's acc III Organiza Complete	counting for conservation easement tions Maintaining Collections of if the organization answered	of the footnote to the organization's financia ents. <b>s of Art, Historical Treasures, or Other</b> "Yes" to Form 990, Part IV, line 8.	al statements that de Similar Assets.	and scribes the
ہ Part	f the organization's acc organization's acc Organization Complete f the organization vorks of art, his public service, pro-	counting for conservation easement tions Maintaining Collections e if the organization answered n elected, as permitted under Si torical treasures, or other similar byide, in Part XIII, the text of the for	of the footnote to the organization's financia ents. <b>5 of Art, Historical Treasures, or Other</b> "Yes" to Form 990, Part IV, line 8. FAS 116 (ASC 958), not to report in its re ar assets held for public exhibition, educ potnote to its financial statements that desc	al statements that de Similar Assets. evenue statement a ation, or research rribes these items.	and scribes the nd balance shee in furtherance o
Part	f the organization works of art, his bublic service, pro- f the organization f the organization	counting for conservation easement tions Maintaining Collections are if the organization answered n elected, as permitted under Si torical treasures, or other similar by ide, in Part XIII, the text of the for n elected, as permitted under	of the footnote to the organization's financia ents. <b>5 of Art, Historical Treasures, or Other</b> "Yes" to Form 990, Part IV, line 8. FAS 116 (ASC 958), not to report in its re ar assets held for public exhibition, educ potnote to its financial statements that desc SFAS 116 (ASC 958), to report in its re	al statements that de Similar Assets. evenue statement a ation, or research ribes these items. venue statement a	and scribes the nd balance shee in furtherance o nd balance shee
Part Ia I K b I	f the organization's acc Complete f the organization vorks of art, his public service, pro- f the organization vorks of art, his public service, pro-	counting for conservation easement tions Maintaining Collections are if the organization answered n elected, as permitted under Si torical treasures, or other similar ovide, in Part XIII, the text of the for n elected, as permitted under torical treasures, or other similar ovide the following amounts relat	of the footnote to the organization's financia ents. <b>a of Art, Historical Treasures, or Other</b> "Yes" to Form 990, Part IV, line 8. FAS 116 (ASC 958), not to report in its re ar assets held for public exhibition, educ potnote to its financial statements that desc SFAS 116 (ASC 958), to report in its re ar assets held for public exhibition, educ of a ssets held for public exhibition, educ ar assets held for public exhibition, educ	Similar Assets. Similar Assets. evenue statement a ation, or research ribes these items. venue statement a ation, or research	and scribes the nd balance shee in furtherance o nd balance shee in furtherance o
Part  a    b     	f the organization's acc Complete f the organization vorks of art, his public service, pro f the organization vorks of art, his public service, pro i) Revenues incl	counting for conservation easement tions Maintaining Collections are if the organization answered in elected, as permitted under Sit torical treasures, or other simili- byide, in Part XIII, the text of the for in elected, as permitted under torical treasures, or other simili- byide the following amounts relat uded in Form 990, Part VIII, line	of the footnote to the organization's financia ents. <b>a of Art, Historical Treasures, or Other</b> "Yes" to Form 990, Part IV, line 8. FAS 116 (ASC 958), not to report in its re ar assets held for public exhibition, educ botnote to its financial statements that desc SFAS 116 (ASC 958), to report in its re ar assets held for public exhibition, educ of a ssets held for public exhibition, educ ar assets held for public exhibition, educ ar assets held for public exhibition, educ ar assets held for public exhibition, educ	Similar Assets. Similar Assets. evenue statement a ation, or research rribes these items. venue statement a ation, or research > \$	and scribes the nd balance shee in furtherance o nd balance shee in furtherance o
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Part Ia   b   ( 2	III Organization's according organization's according to the organization works of art, his bublic service, pro- f the organization works of art, his bublic service, pro- f the organization works of art, his bublic service, pro- i) Revenues incl ii) Assets included f the organization ollowing amounts	counting for conservation easement itions Maintaining Collections are if the organization answered in elected, as permitted under Si- torical treasures, or other simila- ovide, in Part XIII, the text of the for- n elected, as permitted under torical treasures, or other simila- ovide the following amounts relat- uded in Form 990, Part VIII, line and in Form 990, Part X on received or held works of a s required to be reported under S	of the footnote to the organization's financia ents. <b>a of Art, Historical Treasures, or Other</b> "Yes" to Form 990, Part IV, line 8. FAS 116 (ASC 958), not to report in its re ar assets held for public exhibition, educ botnote to its financial statements that desc SFAS 116 (ASC 958), to report in its re ar assets held for public exhibition, educ ing to these items: 1 	Similar Assets. evenue statement a ation, or research ribes these items. venue statement a ation, or research > \$	and scribes the nd balance shee in furtherance o nd balance shee in furtherance o gain, provide the
Part 1a   b   ( 2   a	III Organization's according organization's according to the organization works of art, his bublic service, pro- f the organization works of art, his bublic service, pro- f the organization works of art, his bublic service, pro- i) Revenues included f the organization ollowing amounts Revenues included and the organization of the organization o	counting for conservation easement itions Maintaining Collections in the organization answered in elected, as permitted under Si- torical treasures, or other simila- ovide, in Part XIII, the text of the for- n elected, as permitted under torical treasures, or other simila- ovide the following amounts relat- uded in Form 990, Part VIII, line ed in Form 990, Part X on received or held works of a s required to be reported under Si d in Form 990, Part VIII, line 1	of the footnote to the organization's financia ents. <b>a of Art, Historical Treasures, or Other</b> "Yes" to Form 990, Part IV, line 8. FAS 116 (ASC 958), not to report in its re ar assets held for public exhibition, educ botnote to its financial statements that desc SFAS 116 (ASC 958), to report in its re ar assets held for public exhibition, educ ing to these items: 1 rt, historical treasures, or other similar a SFAS 116 (ASC 958) relating to these items	Al statements that de Similar Assets. evenue statement a ation, or research ribes these items. venue statement an ation, or research \$ \$ ssets for financial g	and scribes the nd balance shee in furtherance o nd balance shee in furtherance o gain, provide the
Part 1a   5   6   7 6   7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	III Organization's acc Organization's acc Complete f the organization vorks of art, his public service, pro- f the organization vorks of art, his public service, pro- i) Revenues included f the organization ollowing amounts Revenues included Assets included in	counting for conservation easement itions Maintaining Collections in the organization answered in elected, as permitted under Si- torical treasures, or other simila- ovide, in Part XIII, the text of the for- n elected, as permitted under torical treasures, or other simila- ovide the following amounts relat- uded in Form 990, Part VIII, line ed in Form 990, Part X on received or held works of a s required to be reported under Si d in Form 990, Part VIII, line 1	of the footnote to the organization's financia ents. <b>a of Art, Historical Treasures, or Other</b> "Yes" to Form 990, Part IV, line 8. FAS 116 (ASC 958), not to report in its re ar assets held for public exhibition, educ botnote to its financial statements that desc SFAS 116 (ASC 958), to report in its re ar assets held for public exhibition, educ outpublic exhibition, educ ar assets held for public exhibition, educ ing to these items: 1.	Al statements that de Similar Assets. evenue statement a ation, or research ribes these items. venue statement an ation, or research \$	and scribes the nd balance shee in furtherance o nd balance shee in furtherance o gain, provide the

AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT 53-0196605

	dule D (Form 990) 2012											Page 2
Par	rt III Organizations Main	taining C	collections of	f Art,	Historical	Treasures	s, or Ot	ther Simila	ir Ass	ets (co	ntinu	ed)
3	Using the organization's acqu collection items (check all that		cession, and c	other re	ecords, chec	k any of th	ne follow	ving that are	e a sigr	nificant	use o	f its
а	Public exhibition			d	Loan	or exchang	e progra	ms				
b	Scholarly research			е	Other	-						
С	Preservation for future	generations	S									
4	Provide a description of the o	-		and e	explain how	thev furthe	er the or	ganization's	exemp	t purpos	se in	Part
	XIII.	- <u>3</u>						9	F			
5	During the year, did the organi	zation soli	icit or receive d	Ionatio	ns of art, his	torical treas	sures, or	other simila	r			
•	assets to be sold to raise funds									Yes		No
Par	rt IV Escrow and Custod line 9, or reported ar	ial Arran	igements. Co	omple	te if the or	-				n 990,	Part	ĪV,
1a	Is the organization an agent, t	rustee cus	stodian or othei	r intern	nediary for c	ontributions	s or othe	r assets not				
Tu	included on Form 990, Part X?									Yes		No
b	If "Yes," explain the arrangeme	ent in Part	XIII and comple	ete the	following ta	ble <sup>.</sup>			••• •	103		] 110
				010 110	i en en ing ta			Am	nount			
с	Beginning balance					10		,				
	Additions during the year											
e	Distributions during the year											
f												
2a										Yes		No
	If "Yes," explain the arrangeme	ant in Part	XIII Chock bor	o if the		has been	nrovided	in Part XIII	• • • L			
	rt V Endowment Funds.											<u> </u>
Fai	Endowment Funds.		) Current year		Prior year	(c) Two ye		(d) Three yea		(e) Four	r voore	
1a	Beginning of year balance		3,070,039.							772,		
			<i>233,000.</i>		060,000.		7,000.					268.
			<i>,233,000</i> .	,	000,000.	21,20	7,000.	21,920	,000.		037,	200.
C	Net investment earnings, gains			C	174 000	104 04	- 000	76 104	000	1.0	E 1 0 0	
لہ	and losses		5,352,000.	٥,	,174,000.	124,243	5,000.	76,104	,000.	-123	2198	623.
	Grants or scholarships									<u> </u>		
е	Other expenditures for facilitie											
	and programs		,343,000.	30,	.578,000.	29,68	6,000.	28,250	,000.	32,	627,	120.
	Administrative expenses									L		
g	5								,039.	644,8	808,	039.
2	Provide the estimated percent	age of the	current year e	nd bala	ance (line 1g	, column (a	)) held as	:				
а	Board designated or quasi-end	dowment	•	_%								
	Permanent endowment  10		%									
С	Temporarily restricted endowr	nent ►	%									
	The percentages in lines 2a, 2	b, and 2c s	should equal 1	00%.								
3a	Are there endowment funds ne	ot in the po	ossession of th	ne orga	inization that	are held a	nd admir	nistered for tl	he	-		
	organization by:										Yes	No
	(i) unrelated organizations									3a(i)		Х
	(ii) related organizations									3a(ii)		Х
b	If "Yes" to 3a(ii), are the relate	d organiza	tions listed as	require	d on Schedul	e R?				3b		
4	Describe in Part XIII the intend	led uses of	f the organizati	on's er	ndowment fu	inds.						
Par	rt VI Land, Buildings, and	Equipme	ent. See Forn	n 990,	, Part X, line	e 10.						
	Description of property		(a) Cost or (invest			or other basis other)		cumulated reciation	(0	<b>d)</b> Book va	lue	
1a	Land				118,	198,415.				118,1	98,4	15.
b						, 5743111.		30,659.		, 663 <b>,</b> 03		
С						098,391.		60,038.		19,13		
d						041,835.				198,4		
	Other					656,247.				19,6		
	al. Add lines 1a through 1e. (Co			n 990. I					1.	018,45		
		1.7	1	- , -	,	1 //					_ , ,	

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Part VII Investments - Other Securities. See F	orm 990, Part X, line	: 12.	
(a) Description of security or category (including name of security)	<b>(b)</b> Book value	<b>(c)</b> Method of valua Cost or end-of-year mark	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) FINANCIAL DERIVATIVES	-597,000.	FMV	
(B) ALTERNATIVE INVESTMENTS	637,230,000.	FMV	
(C) COMMODITY STRUCTURED NOTE CONT	4,216,000.	FMV	
(D)			
(E)			
(F)			
(G)			
(H)			
(I)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	640,849,000.		
Part VIII Investments - Program Related. See F	orm 990, Part X, line	e 13.	
(a) Description of investment type	(b) Book value	<b>(c)</b> Method of valua Cost or end-of-year mark	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, li	ine 15.		
	Description		(b) Book value
(1)	•		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B)	line 15.)		
Part X Other Liabilities. See Form 990, Part X			
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2) PENSION AND POST-RETIREMENT BE	558,379,0	00.	
(3) ADVANCES AND OTHER MISC LIABIL	181,512,2		
(4) INSURANCE (LOSS RESERVES AND C	107,347,3		
(5) SPLIT-INTEREST AGREEMENT LIABI	21,737,8		
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 868,976,5	40.	
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text			enorts the organization's

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

Schedu	e D (Form 990) 2012		Page <b>4</b>
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur	n	
1	Total revenue, gains, and other support per audited financial statements	1	3775417000.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments 2a 92,181,648.		
b	Donated services and use of facilities <b>2b</b> 17, 411, 899.	1	
с	Recoveries of prior year grants 2c	1	
d	Other (Describe in Part XIII.) 2d 253, 584, 712.	1	
е	Add lines 2a through 2d	2e	363,178,259.
3	Subtract line 2e from line 1	3	3412238741.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	Ŭ	0112200,111
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	1	
c		4c	
5	Total revenue. Add lines <b>3</b> and <b>4c</b> . ( <i>This must equal Form 990, Part I, line 12.</i> )		3412238741.
		5	3412230741.
Part			2200502000
1	Total expenses and losses per audited financial statements	1	3380583000.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities 2a 17, 411, 899.	-	
b	Prior year adjustments 2b	-	
С	Other losses 2c	4	
d	Other (Describe in Part XIII.)         2d         6, 290, 621.	4	
е	Add lines 2a through 2d	2e	23,702,520.
3	Subtract line 2e from line 1	3	3356880480.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3356880480.
Part	XIII Supplemental Information		
	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro ation.		
SE	e page 5		

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SCHEDULE D, PART V

#### ENDOWMENT FUNDS

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

### SCHEDULE D, PART X

OTHER LIABILITIES ASC 740 (FORMER FIN 48)

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

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

OTHER

THIS AMOUNT REPRESENTS EMPLOYEE RETIREMENT SYSTEM PENSION AND

POST-RETIREMENT BENEFIT PLAN GAINS/LOSSES PER PROVISIONS OF ASC 715

(FORMER FASE 87 AND 106) AND RENTAL REAL ESTATE RELATED EXPENSES.

	HEDULE F State	ment of A	ctivities	Outside the Uni	ted States	OMB No. 1545-0047
(Fo	rm 990)	Complete if			90,	2012
	tment of the Treasury al Revenue Service	Attach	-			Open to Public Inspection
	of the organization AMERICAN N PTERS AND BRANCHES	Complete if the organization answered "Yes" to Form 990, Part W, line 14b, 15, or 16. Attach to Form 990. See separate instructions.     Complete if the organization answered "Yes" to Form 990. Part W, line 14b, 15, or 16. Part N, line 14b. Akers. Does the organization maintain records to substantiate the amount of its grants and other the grantees' eligibility for the grants or assistance, and the selection criteria used to award the sistance?				
Par	t I General Information		Outside the I	Jnited States. Complete		
1	For grantmakers. Does the org	anization mainta				
					la used to award the	X Yes No
2	For grantmakers. Describe in assistance outside the United S		ganization's p	rocedures for monitoring	the use of its grants	and other
3		<u> </u>			,	(0.7.1.)
	(a) Region	offices in the	employees, agents, and independent contractors	region (by type) (e.g., fundraising, program services, investments, grants to recipients	a program service, describe specific type of	(f) lotal expenditures for and investments in region
_(1)	CENTRAL AMERICA/CARIBBEAN	3.	25.	PROGRAM SERVICES	DISASTER PREPAREDNESS	31,551,647.
(2)	EAST ASIA AND THE PACIFIC	6.	8.	PROGRAM SERVICES	DISASTER RESPONSE	7,842,226.
(3)	EUROPE	1.	1.	PROGRAM SERVICES	DISASTER RESPONSE	472,899.
(4)	MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	DISASTER RESPONSE	1,924,413.
(5)	RUSSIA/INDEPENDENT STATES	3.	1.	PROGRAM SERVICES	DISASTER PREPAREDNESS	2,041,483.
(6)	SOUTH AMERICA	2.	2.	PROGRAM SERVICES	DISASTER PREPAREDNESS	3,551,206.
(7)	SOUTH ASIA	1.	1.	PROGRAM SERVICES	DISASTER PREPAREDNESS	1,163,864.
(8)	SUB-SAHARAN AFRICA	4.	7.	PROGRAM SERVICES	DISASTER PREPAREDNESS	6,860,088.
(9)	CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		260,084,504.
<u>(10)</u>	EAST ASIA AND THE PACIFIC			INVESTMENTS		36,363,036.
<u>(11)</u>	EUROPE			INVESTMENTS		67,961,882.
<u>(12)</u>	MIDDLE EAST AND NORTH AFRICA			INVESTMENTS		1,634,094.
<u>(13)</u>	NORTH AMERICA			INVESTMENTS		4,850,943.
<u>(14)</u>	SOUTH AMERICA			INVESTMENTS		508,702.
<u>(15)</u>	SOUTH ASIA			INVESTMENTS		718,041.
<u>(16)</u>	CENTRAL AMERICA/CARIBBEAN				INSURANCE	35,683,072.
<u>(17)</u>						
3a b		20.	45.			463,212,100.
	Totals (add lines 3a and 3b) Paperwork Reduction Act Notice, s	20. ee the Instruction	45. s for Form 990.		Sched	463,212,100. ule F (Form 990) 2012

cTotals (add lines 3a and 3b)20.45.For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 2E1274 1.000 06583L 2502

	Part IV, line 15, for a	ny recipient who recei	ved more than \$5,000. F	Part II can be c	luplicated if addit	ional space is	needed.		
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				DISASTER					
(1)			EUROPE/ICELAND/GREENLAND	RESPONSE	12,758,758.			N/A	
				DISASTER					
(2)			EUROPE/ICELAND/GREENLAND	RESPONSE	308,391.			N/A	
				DISEASE					
(3)			RUSSIA/NEWLY IND. STATES	CONTROL	44,191.			N/A	
				DISEASE					
(4)			RUSSIA/NEWLY IND. STATES	CONTROL	52,960.			N/A	
				DISASTER					
(5)			RUSSIA/NEWLY IND. STATES	PREPAREDNESS	369,643.			N/A	
				ORGANIZATION					
(6)			RUSSIA/NEWLY IND. STATES	PREPAREDNESS	5,698.			N/A	
				DISEASE					
(7)			RUSSIA/NEWLY IND. STATES	CONTROL	348,006.			N/A	
				DISASTER					
(8)			RUSSIA/NEWLY IND. STATES	PREPAREDNESS	27,788.			N/A	
				DISEASE					
(9)			RUSSIA/NEWLY IND. STATES	CONTROL	223,430.			N/A	
				DISASTER					
(10)			MIDDLE EAST/NORTH AFRICA	PREPAREDNESS	100,000.			N/A	
				DISASTER					
(11)			MIDDLE EAST/NORTH AFRICA	RESPONSE	100,000.			N/A	
				DISEASE					
(12)			EAST ASIA/PACIFIC	CONTROL	38,581.			N/A	
				DISASTER					
(13)			EAST ASIA/PACIFIC	PREPAREDNESS	764,609.			N/A	
				DISASTER					
(14)			EAST ASIA/PACIFIC	RESPONSE	2,204,999.			N/A	
				DISASTER					
(15)			SOUTH ASIA	PREPAREDNESS	362,178.			N/A	
				DISASTER					
(16)			EAST ASIA/PACIFIC	PREPAREDNESS	688,283.			N/A	

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

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter \_\_\_\_\_

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

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Part II			ations or Entities Outsic ved more than \$5,000. I					ed "Yes" to Fe	Page ⊿ orm 990,
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	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				DISASTER					
(1)			CENT. AMERICA/CARIBBEAN	PREPAREDNESS	459,381.			N/A	
				DISASTER					
(2)			CENT. AMERICA/CARIBBEAN	PREPAREDNESS	245,312.			N/A	
				DISASTER					
(3)			SOUTH AMERICA	PREPAREDNESS	439,905.			N/A	
				DISASTER					
(4)			SOUTH AMERICA	PREPAREDNESS	472,685.			N/A	
				DISASTER					
(5)			CENT. AMERICA/CARIBBEAN	PREPAREDNESS	290,447.			N/A	
				DISASTER					
(6)			SOUTH AMERICA	PREPAREDNESS	286,111.			N/A	
				DISASTER	,				
(7)			CENT. AMERICA/CARIBBEAN	PREPAREDNESS	362,429.			N/A	
<u>, , , , , , , , , , , , , , , , , , , </u>				WATER &	302,123.			14/11	
(8)			CENT. AMERICA/CARIBBEAN	SANITATION	14,750.			N/A	
(0)			CENT: AMERICA/CARIBBEAN	DISEASE	14,730.			N/A	
(9)			SOUTH AMERICA		277,963.			N/A	
(3)			SOUTH AMERICA	CONTROL	211,963.			N/A	
(10)				DISEASE	4 94 6 95 9				
(10)			CENT. AMERICA/CARIBBEAN	CONTROL	1,216,052.			N/A	
(44)				WATER &					
(11)			CENT. AMERICA/CARIBBEAN	SANITATION	17,491.			N/A	
(4.2)				DISEASE					
(12)			CENT. AMERICA/CARIBBEAN	CONTROL	164,826.			N/A	
(40)				DISASTER					
(13)			CENT. AMERICA/CARIBBEAN	PREPAREDNESS	85,334.			N/A	
				DISASTER					
(14)			CENT. AMERICA/CARIBBEAN	RESPONSE	284,088.			N/A	
				DISASTER					
(15)			SOUTH AMERICA	PREPAREDNESS	151,084.			N/A	
				DISASTER					
(16)			SOUTH AMERICA	RESPONSE	198,074.			N/A	

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

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

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	Part IV, line 15, for ar	ny recipient who receiv	ved more than \$5,000. I	Part II can be d	uplicated if addit	ional 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	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				DISASTER					
(1)			CENT. AMERICA/CARIBBEAN	PREPAREDNESS	140,293.			N/A	
				DISASTER					
(2)			SUB-SAHARAN AFRICA	PREPAREDNESS	14,891.			N/A	
				DISEASE					
(3)			SUB-SAHARAN AFRICA	CONTROL	161,054.			N/A	
				DISEASE					
(4)			SUB-SAHARAN AFRICA	CONTROL	458,324.			N/A	
				ORGANIZATION					
(5)			SUB-SAHARAN AFRICA	DEVELOPMENT	168,404.			N/A	
				DISEASE					
(6)			SUB-SAHARAN AFRICA	CONTROL	109,706.			N/A	
				DISASTER					
(7)			SUB-SAHARAN AFRICA	PREPAREDNESS	14,638.			N/A	
				DISEASE					
(8)			SUB-SAHARAN AFRICA	CONTROL	1,092,055.			N/A	
				DISEASE					
(9)			SUB-SAHARAN AFRICA	CONTROL	917,101.			N/A	
				DISASTER					
(10)			SUB-SAHARAN AFRICA	PREPAREDNESS	181,389.			N/A	
				WATER &					
(11)			CENT. AMERICA/CARIBBEAN	SANITATION	799,412.			N/A	
				WATER &					
(12)			CENT. AMERICA/CARIBBEAN	SANITATION	619,658.			N/A	
				SHELTERS/					
(13)			CENT. AMERICA/CARIBBEAN	REBUILDING	294,572.			N/A	
				SHELTERS/	•				
(14)			CENT. AMERICA/CARIBBEAN	REBUILDING	1,120,000.			N/A	
				SHELTERS/					
(15)			CENT. AMERICA/CARIBBEAN	REBUILDING	3,349,024.			N/A	
				SHELTERS/					
(16)			CENT. AMERICA/CARIBBEAN	REBUILDING	58,638.			N/A	

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

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

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\_\_\_\_\_

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	Part IV, line 15, for ar	ny recipient who recei	ved more than \$5,000. I	Part II can be c	uplicated if addit	ional space is	s needed.		
1	<b>(a)</b> Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	<b>(f)</b> Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
				SHELTERS/					
(1)			CENT. AMERICA/CARIBBEAN	REBUILDING	275,682.			N/A	
				DISEASE					
(2)			CENT. AMERICA/CARIBBEAN	CONTROL	194,835.			N/A	
				DISEASE					
(3)			CENT. AMERICA/CARIBBEAN	CONTROL	256,765.			N/A	
				DISASTER					
(4)			CENT. AMERICA/CARIBBEAN	PREPAREDNESS	26,455.			N/A	
				GENERAL					
(5)			CENT. AMERICA/CARIBBEAN	HEALTH	406,689.			N/A	
				GENERAL					
(6)			CENT. AMERICA/CARIBBEAN	HEALTH	1,800,804.			N/A	
				GENERAL					
(7)			CENT. AMERICA/CARIBBEAN	HEALTH	9,011.			N/A	
				GENERAL					
(8)			CENT. AMERICA/CARIBBEAN	HEALTH	1,242,000.			N/A	
				DISASTER					
(9)			EAST ASIA/PACIFIC	PREPAREDNESS	162,263.			N/A	
				DISASTER					
(10)			SOUTH ASIA	PREPAREDNESS	110,868.			N/A	
				DISEASE					
(11)			SUB-SAHARAN AFRICA	CONTROL	2,000,000.			N/A	
				DISASTER					
(12)			SOUTH ASIA	PREPAREDNESS	82,121.			N/A	
(13)									
(14)									
(15)									
(16)									

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

by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter \_\_\_\_\_ 

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

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(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
2)							
3)							
4)							
5)							
6)							
7)							
8)							
9)							
0)							
1)							
2)							
3)							
4)							
5)							
6)							
7)							
8)							

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JSA

AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT 53-0196605

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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)	X Ye	s 🗌 No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)	Ye	s 🛛 No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	X Ye	s 🗌 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? <i>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)</i>	X Ye	s 🗌 No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)	X Ye	s 🗌 No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)</i>	Ye	s X No

Schedule F (Form 990) 2012

Schedule F (Form 990) 2012

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

SCHEDULE F, PART I, LINE 2

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

PAGE 37

SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Complete if t	upplementa Fundraising he organization answer organization entered r Attach to Form 990 or	<b>J OF Ga</b> red "Yes" to nore than \$1	Form 990, P 15,000 on Fo	Activities art IV, lines 17, 18, or rm 990-EZ, line 6a.		OMB No. 1545-0047
Name of the organization	AMERICAN NATI	ONAL RED CROS	S & ITS	5 CONST	ITUENT	Employer identification	on number
CHAPTERS AND BRA						53-0196605	
Bart	ng Activities. Com				"Yes" to Form 9	90, Part IV, line	17.
Form 990	)-EZ filers are not	· · ·					
	the organization rais	•		•			
a Mail solicitat		е			non-government g		
	email solicitations	f			government grants	S	
c Phone solicit		g		cial fundra	ising events		
d In-person so							
2a Did the organizat or key employees	s listed in Form 990						Yes No
b If "Yes," list the t compensated at I	en highest paid indi east \$5,000 by the		(fundraise	rs) pursua	ant to agreements	under which the	fundraiser is to be
<b>(i)</b> Name and addre or entity (fur		(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
5							
6							
U							
7							
•							
8							·
-							
9							
10							
Total				►			
3 List all states in registration or lice	which the organiza ensing.	tion is registered o	r licensed	to solicit	contributions or	has been notified	it is exempt from

Schedule G (Form 990 or 990-EZ) 2012

#### Schedule G (Form 990 or 990-EZ) 2012

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

			(a) Event #1 HERO BRKFST CHI	(b) Event #2 PALM BEACH BAL	(c) Other events	(d) Total events (add col. (a) through col. (c))
Ð			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	993,574.	895,001.	31,432,580.	33,321,155
2		Less: Contributions	966,748.	241,000.	22,825,970.	24,033,718
	3	Gross income (line 1 minus line 2).	26,826.	654,001.	8,606,610.	9,287,437
	4	Cash prizes			85,487.	85,487
	5	Noncash prizes		14,676.	344,458.	359,134
nses	6	Rent/facility costs	275.		2,098,620.	2,098,895
Direct Expenses	7	Food and beverages	25,460.	219,010.	2,796,279.	3,040,749
Direc	8	Entertainment		19,348.	898,549.	917,897
	9	Other direct expenses	1,091.	93,306.	3,129,733.	3,224,130
	10	Direct expense summary. Add lines				( 9,726,292.)
	11	Net income summary. Combine line				-438,855
Pa	rt I	Gaming. Complete if the org than \$15,000 on Form 990-E	anization answered "Y Z, line 6a.	es" to Form 990, Par	t IV, line 19, or repo	orted more
a		•	() 51	(b) Pull tabs/instant		(d) Total gaming (add

Revenue		<b>(a)</b> Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))					
Reve	1 Gross revenue	210,027.	389,464.	220,755.	820,246.					
ses	2 Cash prizes	122,134.	292,103.	34,940.	449,177.					
Direct Expenses	3 Noncash prizes	6,349.		40,689.	47,038.					
Direct E	4 Rent/facility costs	10,955.			10,955.					
	5 Other direct expenses	102,433.		39,974.	153,219.					
	6 Volunteer labor	X Yes <u>100.0000</u> %	X Yes <u>100.0000</u> %	X Yes <u>95.0000</u> %						
	7 Direct expense summary. Add lines 2	through 5 in column (d)			( 660,389.)					
	8 Net gaming income summary. Comb	ine line 1, column d, and	line 7	<b>&gt;</b>	159,857.					
	Were any of the organization's gaming l If "Yes," explain:	icenses revoked, suspe			Yes X No					

Schedule G (Form 990 or 990-EZ) 2012

	AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT 53-0196605
Sched	ule G (Form 990 or 990-EZ) 2012 Page 3
11	Does the organization operate gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity operated in:
a	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and
14	records:
	Name 🕨 BRIAN RHOA
	Name  BRIAN RHOA BRIAN RHOA
	Address N 430 17TH STREET NW WASHINGTON DC 20006
	Address ▶ _ 430 17TH STREET NW WASHINGTON, DC 20006
45 -	Describe exercised in house a contract with a third north from whom the exercised in reactive coming
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
D	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the
	amount of gaming revenue retained by the third party ► \$
С	If "Yes," enter name and address of the third party:
	Name ►
	Address ►
40	Coming monoger information.
16	Gaming manager information:
	Name N N/D
	Name ▶_ N/A
	Gaming manager compensation ► \$
	Description of convision provided N
	Description of services provided
	Director/officer Employee Independent contractor
	Director/officer Employee Independent contractor
47	Mandatory distributions
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license? Yes X 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 <b>s</b>
Par	
	columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this
	part to provide any additional information (see instructions).

## SCHEDULE G, PART III-STATES IN WHICH ORG. OPERATES GAMING ACTIVITIES

GA, HI, IL, IN, KY, ME, MA, NH, NC, OH, PA, TN,

Schedule G (Form 990 or 990-EZ) 2012

SCHEDULE I	
(Form 990)	

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

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

20**12** Open to Public Inspection

No

Employer identification number

53-0196605

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990.

Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT

CHAPTERS AND BRANCHES

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	<b>(d)</b> Amount of cash grant	(e) Amount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
_(1) _								
_(2)_								
_(3)_								
_(4) _								
_(5) _								
_(6)_								
_(7) _								
_(8)_								
_(9) _								
(10)								
(11)_								
(12)								
<u>3</u> E	nter total number of section 501(c)(3) and go nter total number of other organizations liste	d in the line '	1 table	ed in the line 1 tabl	e		<u></u>	
For Pa	aperwork Reduction Act Notice, see the Ins	tructions for	r Form 990.				Schedu	le I (Form 990) (2012)

Part III

#### Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of (e) Method of valuation (book, (f) Description of non-cash assistance recipients , cash grant non-cash assistance FMV, appraisal, other) 1 DISASTER RELIEF PAYMENTS 170,344,637. N/A 2 3 4 5 6 7 Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional Part IV information. SCHEDULE I, PART I, LINE 2 MONITORING GRANTS

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

AMERICAN NATIONAL RED CROSS PROVIDED FINANCIAL ASSISTANCE TO VICTIMS OF

OVER 61,000 DISASTERS.

DOMESTIC DISASTER RESPONSE AT THE AMERICAN RED CROSS HAS ESTABLISHED

PROCEDURES FOR PROVIDING FINANCIAL ASSISTANCE TO CLIENTS. DURING THE

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

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

TOWARDS THE RECOVERY PHASE, THE RED CROSS PROVIDES INDIVIDUAL ASSISTANCE

Part III

#### Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of (e) Method of valuation (book, (f) Description of non-cash assistance recipients cash grant non-cash assistance FMV, appraisal, other) 1 2 3 4 5 6 7 Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional Part IV

information.

BASED ON VERIFIED NEED AND IDENTIFICATION THROUGH CASE MANAGEMENT. THE

AMERICAN RED CROSS PLACED THE PROPER CONTROL PROCEDURES AROUND MONITORING

THE USE OF FINANCIAL ASSISTANCE IN THE UNITED STATES.

JSA

Part III Grants and Other Assistance to Individ Part III can be duplicated if additional spa	<b>Grants and Other Assistance to Individuals in the United States.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.								
(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance				
1									
2									
3									
4									
5									
6									
7									
Part IV Supplemental Information. Complete the information.	is part to pro	vide the informat	ion required in	Part I, line 2, Part III,	column (b), and any other additional				
SCHEDULE I, PART IV									
DISBURSEMENT IN FURTHERANCE OF CHARITAN	BLE PROGRAM	MS AND GRANTS	3						
PURSUANT TO THE CONGRESSIONAL CHARTER OF THE AMERICAN NATIONAL RED CROSS									

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

AND INTERNATIONAL RELIEF TO MITIGATE OR PREVENT SUFFERING CAUSED BY

DISASTERS. DISASTER VICTIMS QUALIFY TO RECEIVE SUCH ASSISTANCE BASED ON

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

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

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

OTHER AVAILABLE RESOURCES AND THE ABILITY OF THE VICTIMS TO ASSIST

Part III Grants and Other Assistance to Individ Part III can be duplicated if additional spa			mplete if the o	rganization answered	"Yes" on Form 990, Part IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					
<b>Part IV</b> Supplemental Information. Complete th information.	is part to pro	vide the informa	tion required in	Part I, line 2, Part III, o	column (b), and any other additional
THEMSELVES. CONTRIBUTIONS TO OTHER ORGA	ANIZATIONS	CONSIST PRI	MARILY OF		
THOSE MADE TO THE INTERNATIONAL COMMIT:	FEE OF THE	RED CROSS, '	THE		
INTERNATIONAL FEDERATION OF RED CROSS A	AND RED CR	ESCENT SOCIE	TIES AND		
NATIONAL RED CROSS SOCIETIES OF OTHER (	COUNTRIES.	CONTRIBUTIO	NS MAY BE		
MADE FOR A VARIETY OF PURPOSES, INCLUD	ING REGULA	R FINANCIAL	SUPPORT AND		
DISASTER RELIEF ASSISTANCE. THE AMERIC	CAN RED CR	OSS HAS ONGO	ING		
RELATIONSHIPS WITH ALL SUCH RED CROSS (	ORGANIZATI	ONS WHICH AR	E GOVERNED E	ЗҮ	
HUMANITARIAN PRINCIPLES AND QUALIFY FOR	R SUCH ASS	ISTANCE. PUR	SUANT TO ITS	5	
CONGRESSIONAL CHARTER (36 U.S.C. 3 FOUR	RTH), THE	AMERICAN NAT	IONAL RED		
CROSS ALSO ACTS IN MATTERS OF VOLUNTARY	Y RELIEF A	ND IN ACCORD	WITH THE		

JSA

Schedule I (Form 990) (2012)

Part III Grants and Other Assistance to Indivi Part III can be duplicated if additional sp			mplete if the o	rganization answered	I "Yes" on Form 990, Part IV, line 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
2					
3					
4					
5					
6					
7					
<b>Part IV</b> Supplemental Information. Complete t information.	his part to pro	ovide the informa	tion required in	Part I, line 2, Part III,	column (b), and any other additional
MILITARY AUTHORITIES TO PROVIDE COMMUN	ICATIONS A	ND WELFARE AS	SSISTANCE TO	)	
MEMBERS OF THE ARMED FORCES OF THE UNI	TED STATES	, THEIR FAMI	LIES AND		
VETERANS. ASSISTANCE TO THIS GROUP IS	DETERMINED	GENERALLY O	N THE BASIS		
OF THEIR MILITARY, VETERAN OR DEPENDEN	IT STATUS A	ND THE PARTIO	CULAR NEEDS		
RELATED THERETO AS REVEALED THROUGH CA	SEWORK AND	SIMILAR MEAN	NS. NO MEMBI	ER	
OF, OR CONTRIBUTOR TO, THE RED CROSS 1	S ELIGIBLE	FOR ANY OF	THE ABOVE		
TYPES OF ASSISTANCE NOT AVAILABLE TO E	ERSONS WHO	ARE NOT MEM	BERS OF, OR		
CONTRIBUTORS TO, THE RED CROSS, AND NO	ACCOUNT I	S TAKEN OR RI	ECORDS		
MAINTAINED AS TO WHETHER RECIPIENTS AF	E MEMBERS	OF, OR CONTR	IBUTORS TO,		
THE RED CROSS OR RELATED TO CORPORATE	DIRECTORS,	OFFICERS, EN	MPLOYEES OR		

# Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (c) Amount of cash grant (d) Amount of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) (f) Description of non-cash assistance 1 2 1

 7
 9

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

DONORS.

3

4

5

6

Schedule I (Form 990) (2012)

SCHEDULE J (Form 990)		Comper For certain Officers, Dire Co ► Complete if the org		OMB No. 1545-0047			
Departm	ent of the Treasury		Part IV, line 23.		Open to		
Internal	Revenue Service		990. See separate instructions.		Inspe		n
	of the organization		CROSS & ITS CONSTITUENT	Employer identificatio		r	
_	TERS AND			53-019660	15		
Part	Questio	ns Regarding Compensation				Yes	No
	990, Part VII, First-cla Travel fo X Tax inde Discretio	Section A, line 1a. Complete Part III to liss or charter travel or companions emnification and gross-up payments onary spending account boxes on line 1a are checked, did th	The ovided any of the following to or for a person or provide any relevant information regarding         X       Housing allowance or residence for Payments for business use of person         Health or social club dues or initiation         Personal services (e.g., maid, chauffer         the organization follow a written policy regenses described above?	g these items. personal use nal residence on fees eur, chef) egarding payment			
	explain				1b	Х	
2	•		reimbursing or allowing expenses incurre				
	directors, trus	stees, and the CEO/Executive Director,	regarding the items checked in line 1a?		2	X	
3 4 a	organization's related organ X Comper X Indepen X Form 99 During the ye organization o Receive a set	s CEO/Executive Director. Check all th ization to establish compensation of th nation committee ident compensation consultant 30 of other organizations ar, did any person listed in Form 990, or a related organization: verance payment or change-of-control p		ds used by a art III. tion committee the filing	4a 4b		x
b			ental nonqualified retirement plan?				
С	If "Yes" to an	y of lines 4a-c, list the persons and p	ased compensation arrangement? rovide the applicable amounts for each it		4c		X
5	For persons l compensation	n contingent on the revenues of:	line 1a, did the organization pay or accrue a				
	The organizat	ion?			5a		X
b					5b		X
6	For persons I	e 5a or 5b, describe in Part III. isted in Form 990, Part VII, Section A, n contingent on the net earnings of:	line 1a, did the organization pay or accrue a	any			
а	•				6a		Х
b	Any related o	rganization?			6b		X
		e 6a or 6b, describe in Part III.					
7			n A, line 1a, did the organization provid	de any non-fixed			
			escribe in Part III		7	Х	
8	Were any am to the initial	nounts reported in Form 990, Part VII I contract exception described in	l, paid or accrued pursuant to a contract Regulations section 53.4958-4(a)(3)? If	that was subject "Yes," describe			
9	If "Yes" to li	ine 8, did the organization also fol	low the rebuttable presumption proced	ure described in		X X	
For Pa		ction Act Notice, see the Instructions for F			9 Jule J (Fo		) 2012

Page 2

Schedule J (Form 990) 2012

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

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

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

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

Schedule J (Form 990) 2012

JSA 2E1291 1.000 Schedule J (Form 990) 2012

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

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

		(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported as deferred ir prior Form 990
MARY ELCANO	(i)	379,928.	C	3,564.	48,837.	6,104.	438,433.	
1 FORMER GNRL CNSEL & CORP SECR	(ii)		0	0				
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)	L						
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)	L						L
15	(ii)							
	(i)	L						L
16	(ii)							

Schedule J (Form 990) 2012

Schedule J (Form 990) 2012

#### Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 1A

THE VICE PRESIDENT, DEVELOPMENT OPERATIONS, RECEIVED A ONE-TIME

REIMBURSEMENT OF \$316,758 TO COVER CLOSING COSTS AND OTHER RELOCATION

EXPENSES RELATED TO HIS RELOCATION TO WASHINGTON, DC HEADQUARTERS. THE

PAYMENT WAS CONSISTENT WITH THE STANDARD RED CROSS POLICY FOR EXECUTIVES

TO RELOCATE AND INCLUDED A TEMPORARY HOUSING ALLOWANCE. THE AMOUNT OF

THESE CLOSING COSTS, PLUS A GROSS UP TO COVER THE TAX LIABILITY OF SUCH

COSTS, WERE INCLUDED IN HIS 2012 W-2 AND IS REFLECTED IN THE AMOUNT SHOWN

ON SCHEDULE J, PART II, COLUMN B(III).

SCHEDULE J, PART I, LINE 7

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

Schedule J (Form 990) 2012

Schedule J (Form 990) 2012

#### Part III Supplemental Information

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

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

INTERNATIONAL OFFICER WAS PAID BASED ON A WRITTEN RETENTION BONUS PLAN

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

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

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

PRESIDENT, BIOMEDICAL SERVICES.

SCHEDULE J, PART I, LINE 8

THE RED CROSS HAS FOUR (4) EMPLOYEES LISTED ON PART VII WHO ARE COVERED BY REGS. SECTION 53.4958-4 (A) (3): PRESIDENT AND CEO; PRESIDENT, BIOMEDICAL SERVICES; PRESIDENT, HUMANITARIAN SERVICES; AND EXECUTIVE VICE PRESIDENT, BIOMEDICAL SERVICES. THE ORIGINAL BASE SALARY AMOUNTS PAID TO PERSONS COVERED BY THIS PROVISION AND ANY SUBSEQUENT ANNUAL INCREASES OR OTHER SALARY PAYMENTS ARE DETERMINED BY THE COMPENSATION COMMITTEE OF THE RED CROSS BOARD, AND WERE BASED ON COMPARABLE MARKET DATA AND SUPPORTED BY THE OPINION OF AN OUTSIDE INDEPENDENT COMPENSATION CONSULTANT AND WERE DOCUMENTED IN THE MINUTES OF THE COMMITTEE, ALL IN ACCORDANCE WITH THE REQUIREMENTS FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER

SECTION 4958.

Page 3

PAGE 52

#### PAGE 1

SCHEDULE K (Form 990)

## Supplemental Information on Tax-Exempt Bonds

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

Department of the Treasury Internal Revenue Service

► Attach to Form 990. ► See s

See separate instructions.



53-0196605

Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT

CHAPTERS AND BRANCHES

(a) Issuer name		(b) Issuer EIN	(c) CUSIP #	(d) Date issued	<b>(e)</b> Issu	e price	<b>(f)</b> De	escription of pu	rpose	<b>(g)</b> De	feased	(h) On behalf of issuer	1.1	ooled ncing
										Yes	No	Yes No	Yes	No
A CONNECTICUT DEVELOPMENT AUTHORIT	ΓY	06-6000799		12/05/2005	2,3	303,600.	CURRENT REF	JNDING OF PI	RIOR BONDS I		x	x		x
<b>B</b> MARYLAND ECONOMIC DEVELOPMENT CO	DRPORATIO	52-1376562		12/02/2003	4,2	250,000.	LAND ACQUIS	ITION & BUI	LDING CONSTR		X	x	—	x
C ILLINOIS DEVELOPMENT FINANCE AUT	THORITY	37-0988139		02/27/2003	8.0	00.000	CONSTRUCTIO	N AND EOUTP	MENT OF BUILL		x	x		x
		57 0700107		02/2//2003		,,	001001100110							
D NEW YORK CITY INDUSTRIAL DEVELOP	PMENT	13-2906040	64971C8B3	02/28/2006	30.3	337.879.	ACOUISITION	& RENOVATI	ON OF BUILDI		x	x		x
Part II Proceeds			1											
					Α			В	C			C	<u>,</u>	
1 Amount of bonds retired					83	3,750	. 8	350,000.	1,00	0,00	0.	3,7	30,0	00.
2 Amount of bonds legally defea	sed													
3 Total proceeds of issue					2,30	3,600	. 4,2	50,000.	8,00	0,00	0.	30,3	37,8	79.
4 Gross proceeds in reserve fund	ds													
5 Capitalized interest from proce	eds													
6 Proceeds in refunding escrows	8				2,25	8,451	•							
7 Issuance costs from proceeds					4	5,149	•	29,000.	8	5,00	00.			
8 Credit enhancement from proc	ceeds									4,00	00.	2	09,4	90.
9 Working capital expenditures	from proceeds													
10 Capital expenditures from proc	ceeds						4,2	21,000.	7,91	1,00	0.	30,1	28,3	88.
11 Other spent proceeds														
12 Other unspent proceeds														
13 Year of substantial completion					2003		200	4	2004			200	б	
					Yes	No	Yes	No	Yes	No	)	Yes	N	o
14 Were the bonds issued as part					Х			Х		Х			X	
15 Were the bonds issued as part						Х		Х		Х			X	
16 Has the final allocation of proc	eeds been made?				Х		X		Х			Х		
17 Does the organization maintain adequ					Х		X		Х			Х		
Part III Private Business Use														
					Α			В	C			0	)	
1 Was the organization a partne					Yes	No	Yes	No	Yes	No		Yes	No	<b>ک</b>
which owned property finance	d by tax-exempt bo	nds?	<u></u>	<u></u>		Х		Х		Х			X	
2 Are there any lease arrangements	s that may result in pri	ivate husiness use of	f bond-finance	ed property?		Х		x		Х	Γ		X	

#### PAGE 2

SCHEDULE K (Form 990)

## Supplemental Information on Tax-Exempt Bonds

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

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

► See separate instructions.



53-0196605

AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT Name of the organization

CHAPTERS AND BRANCHES

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	issued (e) Issue price (f) Description of purpose (g)		<b>(g)</b> De	efeased	(h) beha issu		(i) Poo financ	
						Yes	No	Yes	No	Yes	No
A THE CAMBRIA COUNTY INDUSTR. DEVL. AUTH.	25-1334277	132047BY6	10/09/2008	20,245,000	CURRENT REFUNDING OF PRIOR BONDS I		х		x		x
<b>B</b> CALIFORNIA INFRA. AND ECON. DEV. BANK	63-0304653	13033WV26	10/09/2008	40,325,000	CURRENT REFUNDING OF PRIOR BONDS I		х		х		х
<u> </u>											
D											1

Part I Proceeds

		4		В	C	;	D	)
1 Amount of bonds retired	8	85,000.	1,7	55,000.				
2 Amount of bonds legally defeased								
3 Total proceeds of issue	20,2	45,000.	40,3	25,000.				
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows	20,0	00,000.	40,0	00,000.				
7 Issuance costs from proceeds	2	34,761.	3	25,000.				
8 Credit enhancement from proceeds		10,238.						
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion	200	5	200	5				
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	Х		Х					
15 Were the bonds issued as part of an advance refunding issue?		Х		Х				
16 Has the final allocation of proceeds been made?	Х		Х					
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	Х		Х					
Part III Private Business Use								
		4		В	C	;	D	,
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
which owned property financed by tax-exempt bonds?		Х		Х				
2 Are there any lease arrangements that may result in private business use of bond-financed property?		Х		Х				
For Paperwork Reduction Act Notice, see the Instructions for Form 990.						S	chedule K (Fo	rm 990) 20

#### AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT 53-0196605

Schedule K	(Form	990)	2012
Scheuule n		3301	2012

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

#### AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT 53-0196605

Schedule K	(Form	990)	2012
Scheuule n		3301	2012

Part III Private Business Use (Continued)	PAGE				<b>D</b>				
		A			B				-
3a Are there any management or service contracts that may result i use of bond-financed property?		Yes	No X	Yes	No X	Yes	No	Yes	No
<ul> <li>b If "Yes" to line 3a, does the organization routinely engage bond counsel or to review any management or service contracts relating to the financed property.</li> </ul>	other outside counsel								
<ul> <li>Are there any research agreements that may result in private bus financed property?</li> </ul>	iness use of bond-		x		x				
d If "Yes" to line 3c, does the organization routinely engage bonc outside counsel to review any research agreements relating to the fir	counsel or other								
Enter the percentage of financed property used in a private busin other than a section 501(c)(3) organization or a state or local govern			%		%		%		
5 Enter the percentage of financed property used in a private to result of unrelated trade or business activity carried on by another section 501(c)(3) organization, or a state or local government	your organization, it ▶		%		%		%		
6 Total of lines 4 and 5			%		%		%		
Does the bond issue meet the private security or payment test?	<u></u>		Х		Х				
Ba Has there been a sale or disposition of any of the bond-financed pro mental person other than a 501(c)(3) organization since the bonds w			х		x				
b If "Yes" to line 8a, enter the percentage of bond-financed property so of			%		%		%		
c If "Yes" to line 8a, was any remedial action taken pursuant to Regula 1.141-12 and 1.145-2?	tions sections								
9 Has the organization established written procedures to ensure that a bonds of the issue are remediated in accordance with the requirement Regulations sections 1.141-12 and 1.145-2?	all nonqualified ents under	x		x					
Part IV Arbitrage									
		A	\		В	(	C	0	2
		Yes	No	Yes	No	Yes	No	Yes	No
Has the issuer filed Form 8038-T?			Х		Х				
2 If "No" to line 1, did the following apply?									
a Rebate not due yet?									
<b>b</b> Exception to rebate?		Х		Х					
c No rebate due?									
If you checked "No rebate due" in line 2c, provide in Part VI the date					•				
computation was performed									
Is the bond issue a variable rate issue?		Х		Х					
a Has the organization or the governmental issuer entered into a qual	fied hedge with						i l		
respect to the bond issue?	-		Х		Х				
<b>b</b> Name of provider									
c       Term of hedge.         d       Was the hedge superintegrated?	<u></u>								

Schedule K (Form 990) 2012

Part IV Arbitrage (Continued)		A		В		с	[	2
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		Х		Х		х
<b>b</b> Name of provider		1						
c Term of GIC								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		Х		X		Х		Х
7 Has the organization established written procedures to monitor the								
requirements of section 148?	Х		X		x		Х	
Part V Procedures To Undertake Corrective Action		1	1	1	1		1	
		A		В		с		D
Has the organization established written procedures to ensure that violations of federal	Yes	No	Yes	No	Yes	No	Yes	No
tax requirements are timely identified and corrected through the voluntary closing								
agreement program if self-remediation is not available under applicable regulations?	Х		X		X		Х	
Part VI Supplemental Information. Complete this part to provide additional inform	nation for	responses	s to question	ons on Sc	hedule K (	see instru	ctions).	
JSA 28 1.000						S	chedule K (Fo	
06583L 2502 V 12-7.12 42	6054						PAGE	57

Schedule K (Form 990) 2012

Part IV Arbitrage (Continued)								
		Α	1	3	(	2		)
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		Х				
<b>b</b> Name of provider								
c Term of GIC								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X				
7 Has the organization established written procedures to monitor the								
requirements of section 148?	Х		x					
Part V Procedures To Undertake Corrective Action								
		A	1	3	(	<b>.</b>		)
Has the organization established written procedures to ensure that violations of federal	Yes	No	Yes	No	Yes	No	Yes	No
tax requirements are timely identified and corrected through the voluntary closing								
agreement program if self-remediation is not available under applicable regulations?	Х		x					
Part VI Supplemental Information. Complete this part to provide additional inform		responses		ons on Sc	hedule K (	see instru	ctions)	
		100001000	940044				010110)1	
JSA 328 1.000						S	chedule K (Fo	orm 990) 2012

Schedule K (Form 990) 2012

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

SCHEE	DULE	Μ
(Form	990)	

Department of the Treasury Internal Revenue Service

## **Noncash Contributions**

OMB No. 1545-0047 (n)

**Open To Public** 

12

2

► Complete if the organizations answered "Yes" on Form
990, Part IV, lines 29 or 30.

► Attach to Form 990.

Inspection Employer identification number

53-0196605

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

## Part I Types of Property

		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont			,	
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications	Х		155,008.	FMV				
5	Clothing and household								
	goods	Х		3,571,643.	FMV				
6	Cars and other vehicles	X		3,300,111.	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		X		24,333,840.	FMV				
19 20	Food inventory	X		293,751.	FMV				
20 21	Drugs and medical supplies			200,701.	1.1.1.1				
21	Taxidermy Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ►( <u>VARIOUS</u> )	X		5,436,275.	FMV				
26	Other ►()				-				
27	Other ►()								
28	Other ►()								
29	Number of Forms 8283 received	bv the orga	nization during the tax ve	ar for contributions for					
	which the organization completed I		• •		29			7.	
							Yes	No	
30 a	During the year, did the organizat								
	it must hold for at least three yea								
	used for exempt purposes for the e		period?			30a		X	
b	If "Yes," describe the arrangement i								
31	Does the organization have a	• .							
	contributions?					31	Х		
32 a	Does the organization hire or use	e third parti	es or related organization	s to solicit, process, or s	ell noncash				
	contributions?					32a	Х		
<ul><li>b If "Yes," describe in Part II.</li><li>33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,</li></ul>									
33		n amount in	column (c) for a type of pro	perty for which column (a)	is checked,				
	describe in Part II.								
For P	aperwork Reduction Act Notice, see th	e Instruction	s for Form 990.		Schedule	M (For	m 990)	(2012)	

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

SCHEDULE M, PART I, LINE 32B

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

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

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

## 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.

OMB No. 1545-0047 2 **Open to Public** Inspection

Internal Revenue Service Name of the organization CHAPTERS AND BRANCHES

Employer identification number AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT

53-0196605

FORM 990, PART III, STATEMENT OF PROGRAM SERVICE 4A. BIOMEDICAL SERVICES: THE ORGANIZATION COLLECTS, TESTS, AND DISTRIBUTES AROUND 40% OF THE NATION'S BLOOD AND BLOOD COMPONENTS AND OPERATES 36 REGIONAL BLOOD SERVICE CENTERS THROUGHOUT THE COUNTRY. ΤN FISCAL YEAR 2013, THE ORGANIZATION COLLECTED NEARLY 5.7 MILLION PRODUCTIVE UNITS OF BLOOD FROM ROUGHLY 3.3 MILLION DONORS AND SUPPLIED 2,700 HOSPITALS AND OTHER FACILITIES WITH BLOOD AND BLOOD PRODUCTS FOR TRANSFUSION.

DOMESTIC DISASTER SERVICES: THE ORGANIZATION RESPONDED TO 18 4B. EXTREME LARGE-SCALE DISASTERS IN FISCAL YEAR 2013 INCLUDING: THE TORNADO IN MOORE, OKLAHOMA, WILDFIRES AND FLOODS IN COLORADO, A PLANT EXPLOSION IN WEST, TEXAS, THE BOSTON MARATHON BOMBING, AS WELL AS WILDFIRES IN SEVERAL WESTERN STATES AND TORNADOES IN THE MIDWEST AND SOUTHEAST. IN ADDITION TO THOSE RESPONSES THE AMERICAN RED CROSS HAS ONGOING SANDY RECOVERY OPERATIONS IN NEW YORK, NEW JERSEY AND OTHER STATES.

THROUGH ITS NETWORK OF 514 CHAPTERS IN ALL 50 STATES, AS WELL AS OFFSHORE U.S. TERRITORIES IN THE CARIBBEAN AND PACIFIC, THE RED CROSS RESPONDED TO MORE THAN 61,000 DISASTERS LARGE AND SMALL. THE ORGANIZATION PROVIDED FOOD, SHELTER, BULK DISTRIBUTION ITEMS, EMERGENCY ASSISTANCE, HEALTH SERVICES, CRISIS INTERVENTIONS AND COMMUNITY MENTAL-HEALTH DEBRIEFINGS AND/OR OTHER RELATED EMERGENCY CARE TO PERSONS IN NEED. FOR INDIVIDUALS AND COMMUNITIES AFFECTED BY DISASTERS, THE SERVICES OF THE AMERICAN RED CROSS BEGAN WITH SAFE SHELTER AND CONTINUED WITH SUPPORT FOR INDIVIDUALS AND FAMILIES RECOVERING FROM DISASTERS. THE RED CROSS

Schedule O (Form 990 or 990-EZ) 2012											
Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT Employer identification num							Employer identification number				
CHAPTERS AND BRANCHES 53-0196605											

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

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

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

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

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

4D. COMMUNITY SERVICES: AMERICAN RED CROSS CHAPTERS OFFER COMMUNITY SERVICES THAT HELP PEOPLE LIVE SAFER, HEALTHIER LIVES; ALLOW FOR GREATER SELF-RELIANCE; AND IMPROVE THE QUALITY OF LIFE FOR SOCIETY'S MOST VULNERABLE. COUNTLESS LIVES ARE TOUCHED EACH DAY BY THESE SERVICES THAT INCLUDE: TRANSPORTATION FOR THE DISABLED; NUTRITION FOR THE ELDERLY AND HOSPITAL/NURSING HOME VOLUNTEERS.

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

# FORM 990, PART V, LINE 4B FOREIGN COUNTRIES FINANCIAL ACCOUNTS BRAZIL, KOREA, DENMARK, KAZAKHSTAN, INDONESIA, VIETNAM, PAKISTAN, HAITI, PANAMA, PERU, COLOMBIA, KENYA, TANZANIA, CHILE, BAHAMAS, TRINIDAD & TOBAGO, SOUTH AFRICA AND BERMUDA.

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FORM 990, PART VI, SECTION A, LINES 4, 5, 6 & 7A LINE 4 - IN FISCAL YEAR 2013, THE AMERICAN RED CROSS BOARD OF GOVERNORS APPROVED CHANGES TO THE AMENDED AND RESTATED BYLAWS OF THE AMERICAN NATIONAL RED CROSS (THE BYLAWS) ON MARCH 28, 2013 TO (1)CLARIFY WHEN TERM LIMITS DO AND DO NOT APPLY, AND (2) CHANGE THE NAME OF AN ADVISORY COUNCIL.

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

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

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

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

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

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

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

FORM 990, PART VI, SECTION B, LINES 11B, 12C & 15B LINE 11B - THE COMPENSATION AND MANAGEMENT DEVELOPMENT COMMITTEE REVIEWED THE COMPENSATION PORTIONS OF THE IRS FORM 990 (PART VII AND SCHEDULE J) DURING A MEETING HELD ON JANUARY 27, 2014. A COPY OF THE FINAL FORM 990 WAS SUBMITTED TO EACH MEMBER OF THE BOARD OF GOVERNORS BEFORE IT WAS FILED WITH THE IRS.

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

LINE 12C - AS REQUIRED BY SECTION 2.3(A) OF THE AMENDED AND RESTATED BYLAWS OF THE AMERICAN NATIONAL RED CROSS, ALL MEMBERS OF THE BOARD OF GOVERNORS MUST MEET INDEPENDENCE STANDARDS OUTLINED IN THE BYLAWS AND ANNUALLY REVIEW AND CERTIFY THE CODE OF BUSINESS ETHICS AND CONDUCT. ADDITIONALLY, TO DISCLOSE AND REMEDY ACTUAL OR PERCEIVED BUSINESS, FINANCIAL OR PERSONAL CONFLICTS OF INTEREST, EVERY MEMBER OF THE BOARD OF GOVERNORS MUST ALSO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE (THE QUESTIONNAIRE) ANNUALLY. OTHER OFFICERS AND KEY EMPLOYEES ARE ALSO REQUIRED TO EXECUTE THE CODE OF BUSINESS ETHICS AND CONDUCT AND THE QUESTIONNAIRE ANNUALLY.

SECTION 2.3(B) OF THE AMENDED AND RESTATED BYLAWS OF THE AMERICAN RED CROSS FURTHER CLARIFIES THAT SERVICE BY A PERSON AS THE CHAIRMAN OR AS THE CHIEF EXECUTIVE OFFICER SHALL NOT DISQUALIFY SUCH PERSON FROM SERVING AS A MEMBER OF THE BOARD IF THE BOARD DETERMINES THAT SUCH PERSON IS OTHERWISE INDEPENDENT.

UNDER THE DIRECTION OF THE GENERAL COUNSEL, THE INVESTIGATIONS, COMPLIANCE AND ETHICS DEPARTMENT STAFF COLLECT THE EXECUTED QUESTIONNAIRE FORMS FROM THE BOARD OF GOVERNORS AND OTHER OFFICERS AND KEY EMPLOYEES. THE INFORMATION DISCLOSED IN THE QUESTIONNAIRE IS REVIEWED AND ACTUAL OR PERCEIVED CONFLICTS OF INTEREST ARE IDENTIFIED. THEY ARE DISCUSSED WITH

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

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

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

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

FORM 990, PART VI, SECTION C, LINE 19 THE AMERICAN RED CROSS MAKES ITS GOVERNING DOCUMENTS INCLUDING THE CODE OF BUSINESS ETHICS AND CONDUCT, CONFLICT OF INTEREST QUESTIONNAIRE, AND THE CONSOLIDATED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON THE GOVERNANCE PAGE OF ITS WEBSITE, WWW.REDCROSS.ORG

FORM 990, PART XI, LINE 9

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

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		ATTACHMEN	Т 1			
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICE	S					
DESCRIPTION	GRANTS	EXPENSES	REVENUE			
HEALTH & SAFETY SERVICES		216,221,371.	125,152,907.			
COMMUNITY SERVICES		57,200,574.				
SERVICE TO THE ARMED FORCES		56,645,753.				
SEE SCHEDULE O FOR DESCRIPTIONS						
TOTALC		330,067,698.	125,152,907.			
TOTALS						

ATTACHMENT 2

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
EXETER GROUP INCORPORATED 800 BOYLSTON STREET BOSTON, MA 02199-8153	DATABASE CONSULTING	19,008,419.
ADECCO EMPLOYMENT SERVICES INCORPO PO BOX 371084 PITTSBURGH, PA 15250-7084	DRATED STAFFING SERVICES	17,716,911.
TELETECH SERVICES CORPORATION 9197 SOUTH PEORIA STREET ENGLEWOOD, CO 80112	CALL CENTER SERVICES	12,561,890.
CORPORATE LODGING CONSULTANTS INC 8111 EAST 32ND STREET WICHITA, KS 67226-2614	TRAVEL BOOKING SRVCS	10,692,514.
HEWITT ASSOCIATES LLC 111 WEST MONROE STREET CHICAGO, IL 60603	BENEFITS CONSULTING	10,383,082.
	TOTAL COMPENSATION	70,362,816.

## **Related Organizations and Unrelated Partnerships**

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

Department of the Treasury Internal Revenue Service

SCHEDULE R

(Form 990)

	Attach	to	Form	990.
-		•••		

See separate instructions.

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity		<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	(f) Direct controlling entity
(1) ARC RECEIVABLES COMPANY LLC	14-1934462					
1730 E STREET NW SUITE 330 WASHINGTON, DC 2	20006	SECURITIZE AR	DE	0	153032253.	N/A
(2) ARC COMMERCIAL REAL ESTATE, LLC	53-0196605					
600 FOREST POINT CIRCLE CHARLOTTE, NC 28	3273	REAL ESTATE	NC	520,511.	0	N/A
(3)						
_(4)						
_(6)						

# Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section 501(c)(3))	<b>(f)</b> Direct controlling entity	(g Section 5 contr enti	olled
						Yes	No
_(1)							
_(2)							
_(3)							
_(4)							
_(5)							
_(6)							
_(7)							

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

Schedule R (Form 990) 2012



Open to Public

Inspection

Employer identification number

53-0196605

OMB No. 1545-0047

Schedule R (Form 990) 2012

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	(g) Share of end-of-year assets	(h) Percen- tage ownership	(i) Section 512(b)(13 controlled entity?
								Yes No
(1) AMERIGIVES INC 06-15953	87							
850 NW FEDERAL HWY, SUITE 210 STUART, FL 34994	WORK PLACE GIVING	FL	N/A	S CORP	755,924.		100.0000	x
(2) BOARDMAN INDEMNITY, LTD 00-00000	00							
CUMBERLAND HOUSE, PO BOX HM 2280 HAMILTON, HMHX, BD	INSURANCE	BD	N/A	C CORP	41,542,157.	182,205,058.	100.0000	x
(3) POOLED INCOME FUND(2) 00-00000	00							
2025 E STREET NW WASHINGTON, DC 20006	SPLIT INTR AGRM	DC	N/A	TRUST				x
(4) CHARITABLE REMAINDER TRUST(24) 00-00000	00							
2025 E STREET NW WASHINGTON, DC 20006	SPLIT INTR AGRM	DC	N/A	TRUST				x
(5) PERPETUAL TRUST(51) 00-00000	00							
2025 E STREET NW WASHINGTON, DC 20006	SPLIT INTR AGRM	DC	N/A	TRUST				x
(6)								
(7)								

Schedule R (Form 990) 2012

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During the tax year. did the organization engage in any of the following transactions with one or more related organizations listed in Parts IH/?  Receipt of () interest (i) an unities (ii) organization (s)  Gitt, grant, or capital contribution for related organization(s)  Gitt, grant, or capital contribution form (related organization(s))  Lease or loan guarantees to or for related organization(s),  Divideds from related organization(s),  Sate of assets tor melated organization(s),  Exchange of assets tor melated organization(s),  Exchange of assets the related organiz		mplete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			_	<u>۱</u>	res N
Gift, grant, or capital contribution to related organization(s)       16       2         Cift, grant, or capital contribution from related organization(s)       16       2         L cans or loan guarantees to or for related organization(s)       16       2         Dividends from related organization(s)       16       2         Dividends from related organization(s)       17       2         Dividends from related organization(s)       11       2         Exchange of assets from related organization(s)       11       2         Purchase of assets from related organization(s)       11       2         Exchange of assets from related organization(s)       11       2         Lease of facilities, equipment, or other assets to related organization(s)       11       2         Performance of services or membership or fundrating solicitations for related organization(s)       11       2         Sharing of facilities, equipment, maining lists, or other assets with related organization(s)       11       2         Sharing of radie organization(s)       11       2       11       2         Sharing of radie organization(s)       11       2       11       2         Neimbursement paid to related organization(s)       11       2       11       2         Neimbursement paid to related organization(s) <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>							
Gitt, grant, or capital contribution from related organization(s).       ic	a Rece	eipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a	
d Laars or loan guarantees to or for related organization(s)	<b>b</b> Gift,	grant, or capital contribution to related organization(s)				1b	
Lease or loan guarantees by related organization(s).       1e       2         Dividends from related organization(s).       1g       2         Sale of assets to related organization(s).       1g       2         Purchase of assets tor inelated organization(s).       1g       2         Lease of facilities, equipment, or other assets rom related organization(s).       1g       2         Lease of facilities, equipment, or other assets from related organization(s).       1g       2         Performance of services or membership or fundraising solicitations for related organization(s).       1g       2         Sharing of paid employees with related organization(s).       1m       2         Sharing of paid employees with related organization(s).       1m       2         Reimbursement paid to related organization(s) for expenses       1g       2         Other transfer of cash or property for related organization(s).       1m       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.       1g       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.       0         Maren of other organization       1g       2       2         If th	c Gift,	grant, or capital contribution from related organization(s)			· · · · ·		
Dividends from related organization(s)       If       I       I         Sale of assets to related organization(s)       If       I       I         Purchase of assets from related organization(s)       If       I       I         Exchange of assets rom related organization(s)       If       I       I         Lease of facilities, equipment, or other assets from related organization(s)       If       I       I         Performance of services or membership or fundraising solicitations by related organization(s)       If       I       I         Performance of services or membership or fundraising solicitations by related organization(s)       If       I       I         Sharing of pairlies, equipment, mailing lists, or other assets with related organization(s)       If       I       I       I         Reimbursement paid to related organization(s)       If       I	d Loan	ns or loan guarantees to or for related organization(s)			· · · · ·		
Sale of assets to related organization(s)       1g       2g         Purchase of assets to metaled organization(s)       1i       2         Exchange of assets with related organization(s)       1i       2         Lease of facilities, equipment, or other assets for metaled organization(s)       1k       2         Performance of services or membership or fundraising solicitations for related organization(s)       1k       2         Performance of services or membership or fundraising solicitations for related organization(s)       1m       2         Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)       1m       2         Sharing of pacifies, equipment, mailing lists, or other assets with related organization(s)       1m       2         Reimbursement paid to related organization(s) for expenses       1p       X         Reimbursement paid to related organization(s) for expenses       1p       X         Other transfer of cash or property to related organization(s).       1r       X         Mame of other arganization       (a)       1m       1m       X         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.       1m       1m       X         If the answer to any of the above is "Yes," see the instructions for information on who must	e Loan	ns or loan guarantees by related organization(s)			•••••	1e	
Sale of assets to related organization(s)       1g	Divid	lends from related organization(s)			[	1f	
Purchase of assets threm related organization(s)       1h       1         Exchange of assets threated organization(s)       1i       1         Lease of facilities, equipment, or other assets from related organization(s)       1i       1         C       Lease of facilities, equipment, or other assets from related organization(s)       1i       1         Performance of services or membership or fundraising solicitations for related organization(s)       1ii       1       1         Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)       1iii       1       1         Sharing of facilities, equipment, pailed organization(s)       1iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	g Sale	of assets to related organization(s)			Ľ	1g	
Exchange of assets with related organization(s)       1i	າ Purcl	hase of assets from related organization(s)				1h	
Lease of facilities, equipment, or other assets to related organization(s)	Exch	nange of assets with related organization(s)			L	1i	
Performance of services or membership or fundraising solicitations for related organization(s)       11       1	Leas	se of facilities, equipment, or other assets to related organization(s)			[	1j	
Performance of services or membership or fundraising solicitations for related organization(s) Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Reimbursement paid to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses Reimbursement paid by related organization(s) for expenses Cother transfer of cash or property to related organization(s). 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 Name of other organization Name of other organization BOARDMAN INDEMNITY, LTD BOARDMAN INDEMNITY, LTD AMERIGIVES, INC AMERIGIVES, INC AM	وم ا	se of facilities, equipment, or other assets from related organization(s)				1 12	
n       Performance of services or membership or fundraising solicitations by related organization(s).       Im       2         Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).       Im       2         Sharing of paid employees with related organization(s).       Im       2         Reimbursement paid to related organization(s) for expenses       Im       2         Reimbursement paid by related organization(s) for expenses       Im       2         Other transfer of cash or property to related organization(s).       Im       1m       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.       Im       2         (a)       Im       2       Im       2         (b)       (c)       (c)       Im       1m       2         (c)       (c)       Im       1m       2       1m       2         (c)       (c)       Im       Im       1m	Dorf	ormance of services or membership or fundraising solicitations for related organization(s)			••••		
a) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).       in	n Porfe	ormance of services or membership or fundraising solicitations by related organization(s)		• • • • • • • • • • • • • • • • •		-	
b Sharing of paid employees with related organization(s)       10       2         c Reimbursement paid to related organization(s) for expenses       10       2         c Reimbursement paid by related organization(s) for expenses       11       1       1         c Other transfer of cash or property to related organization(s).       11       1       1       1         c Other transfer of cash or property from related organization(s).       11       1	n Shar	ring of facilities, equipment, mailing lists, or other assets with related organization(s)			•••••		
Reimburssment paid to related organization(s) for expenses       Ip       X         Reimburssment paid by related organization(s) for expenses       Ir       X         Other transfer of cash or property to related organization(s).       If       X         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.       If       X         (a)       Name of other organization(s).       (b)       (c)       (c)       (c)         (b)       (c)       Amount involved       (c)       (c)       (c)       (c)         (b)       (c)       <		ring of natificities, equipment, maning lists, of other assets with related organization(s)			•••••		
R Reimbursement paid by related organization(s) for expenses       1q       1					· · · · ·		
q Reimbursement paid by related organization(s) for expenses       1q       1	<b>o</b> Reim	nbursement paid to related organization(s) for expenses				1 p	х
Other transfer of cash or property to related organization(s).       Ir       X         s       Other transfer of cash or property from related organization(s).       Ir       X         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.       (e)       It is is is including covered relationships and transaction thresholds.         (a)       (a)       (b)       (c)       (c)       (e)       (f)         Mame of other organization       R       41,542,157.       CASH       (c)       (c	a Reim	nbursement paid by related organization(s) for expenses			•••••		
S Other transfer of cash or property from related organization(s)							
s Other transfer of cash or property from related organization(s)	· Othe	er transfer of cash or property to related organization(s)				1r	Х
If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.         (a) Name of other organization       (b) Transaction type (a-s)       (c) Amount involved       (d) Method of determining amount involved         ) BOARDMAN INDEMNITY, LTD       R       41,542,157.       CASH         ) BOARDMAN INDEMNITY, LTD       S       35,683,072.       CASH         ) AMERIGIVES, INC       P       1,751,859.       CASH         )       Image: Colspan="2">Colspan="2"         ) AMERIGIVES, INC       P       1,751,859.       CASH       Image: Colspan="2"       Image:	s Othe	er transfer of cash or property from related organization(s)				1s	Х
Name of other organization     Transaction type (a-s)     Amount involved     Method of determining amount involved       )     BOARDMAN INDEMNITY, LTD     R     41,542,157.     CASH       )     BOARDMAN INDEMNITY, LTD     S     35,683,072.     CASH       )     AMERIGIVES, INC     P     1,751,859.     CASH       )     Image: Comparison of the organization involved     Image: Comparison of the organization involved     Image: Comparison of the organization involved       )     AMERIGIVES, INC     P     1,751,859.     CASH       )     Image: Comparison of the organization of the organization of the organization of the organization involved     Image: Comparison of the organization of the organi						olds.	
type (a-s)       amount involved         ) BOARDMAN INDEMNITY, LTD       R       41,542,157.       CASH         c) BOARDMAN INDEMNITY, LTD       S       35,683,072.       CASH         c) AMERIGIVES, INC       P       1,751,859.       CASH         c)       Image: Comparison of the second secon		(a)			( Mothod of	dotor	mining
BOARDMAN INDEMNITY, LTD       S       35,683,072.       CASH         AMERIGIVES, INC       P       1,751,859.       CASH         Image: Comparison of the second secon		Name of other organization		Amount involved			
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AMERIGIVES, INC       P       1,751,859.       CASH         )	) вод	ARDMAN INDEMNITY, LTD	R	41,542,157.			
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) Sebedule B (Form 000) 20	) BOA ) AME	ARDMAN INDEMNITY, LTD	S	35,683,072.			
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Schodule B (Form 000) 20	) BOA ) AME	ARDMAN INDEMNITY, LTD	S	35,683,072.			
	2) BOA 3) AME 4) 5)	ARDMAN INDEMNITY, LTD	S	35,683,072.			

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Schedule R (Form 990) 2012

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	Are all sec 501	e) partners ction (c)(3) zations?	(f) Share of total income	end-of-year allocations? amount in b assets of Schedule		Anate Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)		(j) eral or aging tner?	(k) Percentage ownership	
			section 512-514)	Yes	No			Yes	No	(	Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
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(12)													
(13)													
(14)													
(15)													
(16)													

Schedule R (Form 990) 2012

Schedule R (F	Form 990) 2012	Page 5
Part VII	Supplemental Information	
	Complete this part to provide additional information for responses to questions on Schedule R (see	
	instructions).	

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