

# Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2011, or tax year beginning 07/01, 2011, and ending 06/30, 20 12

# 2011

Department of the Treasury  
Internal Revenue Service

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

▶ See instructions on back.

Name of exempt organization

Employer identification number

AMERICAN NATIONAL RED CROSS & ITS CONSTI

53-0196605

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

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

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b <u>3154538043</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) . . . . .	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, Part I, line 3c or Part II, line 8c) . . . .	5b _____

### Part II Declaration of Officer

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

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

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here ▶

Signature of officer

Date

2/13/14

CHIEF FINANCIAL OFFICER  
Title

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

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

<b>ERO's Use Only</b>	ERO's signature ▶	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code	<u>2/13/14</u>	<input type="checkbox"/>	<input type="checkbox"/>	<u>P00451522</u>
	<u>KPMG LLP</u> <u>1676 INTERNATIONAL DRIVE</u> <u>MCLEAN VA 22102</u>				<u>EIN 13-5565207</u> <u>Phone no. 703-286-8000</u>

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

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

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

# Return of Organization Exempt From Income Tax

**2011**

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

**A For the 2011 calendar year, or tax year beginning** 07/01, 2011, and ending 06/30, 2012

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT CHAPTERS AND BRANCHES Doing Business As			<b>D Employer identification number</b> 53-0196605		
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2025 E STREET NW		<b>E Telephone number</b> (202) 303-4498			
	City or town, state or country, and ZIP + 4 WASHINGTON, DC 20006-5009			<b>G Gross receipts \$</b> 3,444,126,282.		
	<b>F Name and address of principal officer:</b> GAIL MCGOVERN 430 17TH ST. NW WASHINGTON, DC 20006			<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527						
<b>J Website:</b> WWW.REDCROSS.ORG						
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other						
<b>L Year of formation:</b> 1900				<b>M State of legal domicile:</b> DC		

**Part I Summary**

<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: THE AMERICAN NATIONAL RED CROSS PREVENTS AND ALLEVIATES HUMAN SUFFERING IN THE FACE OF EMERGENCIES BY MOBILIZING THE POWER OF VOLUNTEERS AND THE GENEROSITY OF DONORS.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	17.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	16.
	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	<b>5</b>	31,024.
	6	Total number of volunteers (estimate if necessary)	<b>6</b>	500,000.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	2,378,528.
	7b	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	1,512,677.
<b>Revenue</b>			<b>Prior Year</b>	<b>Current Year</b>
	8	Contributions and grants (Part VIII, line 1h)	1,013,873,120.	741,190,737.
	9	Program service revenue (Part VIII, line 2g)	2,328,884,915.	2,290,746,478.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	52,283,495.	59,037,356.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	57,918,857.	63,563,472.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,452,960,387.	3,154,538,043.
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	382,301,998.	212,460,308.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,694,157,992.	1,723,401,133.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	16b	Total fundraising expenses (Part IX, column (D), line 25) 172,405,472.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,345,550,396.	1,393,292,266.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,422,010,386.	3,329,153,707.
	19	Revenue less expenses. Subtract line 18 from line 12	30,950,001.	-174,615,664.
<b>Net Assets or Fund Balances</b>			<b>Beginning of Current Year</b>	<b>End of Year</b>
	20	Total assets (Part X, line 16)	4,253,578,616.	3,777,960,071.
	21	Total liabilities (Part X, line 26)	2,061,654,331.	2,182,737,621.
	22	Net assets or fund balances. Subtract line 21 from line 20	2,191,924,285.	1,595,222,450.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer 	Date 2/13/2014
	Type or print name and title BRIAN J. Rhoads, CFO	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name SCOTT M. SHERMAN	Preparer's signature 	Date 2/13/14	Check <input type="checkbox"/> if self-employed	PTIN P00451522
	Firm's name ▶ KPMG LLP			Firm's EIN ▶ 13-5565207	
	Firm's address ▶ 1676 INTERNATIONAL DRIVE MCLEAN, VA 22102			Phone no. 703-286-8000	

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission:

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

[ ] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

[ ] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 2,239,784,065. including grants of \$ ) (Revenue \$ 2,153,870,039. )

BIOMEDICAL SERVICES - SEE SCHEDULE O

4b (Code: ) (Expenses \$ 268,802,877. including grants of \$ 65,641,308. ) (Revenue \$ )

DOMESTIC DISASTER SERVICES - SEE SCHEDULE O

4c (Code: ) (Expenses \$ 186,726,926. including grants of \$ 146,819,000. ) (Revenue \$ )

INTERNATIONAL RELIEF AND DEVELOPMENT SERVICES - SEE SCHEDULE O

4d Other program services (Describe in Schedule O.) ATTACHMENT 2 (Expenses \$ 326,178,500. including grants of \$ ) (Revenue \$ 136,876,439. )

4e Total program service expenses 3,021,492,368.

**Part IV Checklist of Required Schedules**

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

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V [X]

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a-14b regarding IRS filings, backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable trusts.

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

Check if Schedule O contains a response to any question in this Part VI. [X]

Section A. Governing Body and Management

Table with 4 columns: Question, Yes, No. Rows include questions 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9 regarding governing body members and relationships.

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

Table with 4 columns: Question, Yes, No. Rows include questions 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b regarding organizational policies.

Section 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 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
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:

**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.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BONNIE MCELVEEN-HUNTER BOARD MEMBER	15.00	X					0	0	0	
(2) GAIL MCGOVERN PRESIDENT AND CEO	60.00	X		X			591,122.	0	37,386.	
(3) CESAR A. ARISTEIGUIETA BOARD MEMBER	5.00	X					0	0	0	
(4) PAULA E. BOGGS BOARD MEMBER	4.00	X					0	0	0	
(5) RICHARD K. DAVIS BOARD MEMBER	4.00	X					0	0	0	
(6) RICHARD FOUNTAIN BOARD MEMBER	3.00	X					0	0	0	
(7) ALLAN I. GOLDBERG BOARD MEMBER	6.00	X					0	0	0	
(8) ANN F. KAPLAN BOARD MEMBER	4.00	X					0	0	0	
(9) JAMES W. KEYES BOARD MEMBER	5.00	X					0	0	0	
(10) JUDITH MCGRATH BOARD MEMBER	4.00	X					0	0	0	
(11) YOUNGME E. MOON BOARD MEMBER	3.00	X					0	0	0	
(12) SUZANNE NORA JOHNSON BOARD MEMBER	5.00	X					0	0	0	
(13) RICHARD C. PATTON BOARD MEMBER	4.00	X					0	0	0	
(14) LAURENCE E. PAUL BOARD MEMBER	5.00	X					0	0	0	



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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15) JOSEPH B. PERELES BOARD MEMBER	6.00	X					0	0	0	
( 16) JOSUE ROBLES, JR. BOARD MEMBER	4.00	X					0	0	0	
( 17) MELANIE R. SABELHAUS BOARD MEMBER	6.00	X					0	0	0	
( 18) H. MARSHALL SCHWARZ BOARD MEMBER	4.00	X					0	0	0	
( 19) WILLIAM S. SIMON BOARD MEMBER	4.00	X					0	0	0	
( 20) STEVEN H. WUNNING BOARD MEMBER	6.00	X					0	0	0	
( 21) BRIAN RHOA CHIEF FINANCIAL OFFICER	60.00			X			367,865.	0	87,142.	
( 22) MARY ELCANO GENERAL COUNSEL & CORP SCR	60.00			X			374,486.	0	50,270.	
( 23) DALE BATEMAN SVP & CHIEF AUDIT EXECUTIVE	60.00			X			248,400.	0	44,148.	
( 24) GERALD DEFRANCISCO PRESIDENT, HUMANITARIAN SRV	60.00				X		366,364.	0	47,158.	
( 25) SHAUN GILMORE PRESIDENT, BIOMEDICAL SERVICES	60.00				X		494,000.	0	49,660.	
<b>1b Sub-total</b> . . . . .							591,122.	0	37,386.	
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .							5,049,009.	0	804,158.	
<b>d Total (add lines 1b and 1c)</b> . . . . .							5,640,131.	0	841,544.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 1359

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3 SEE SCHEDULE O		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 363

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26 ) J. CHRIS HROUDA EXECUTIVE VP, BIOMEDICAL SRV	60.00				X		557,801.	0	90,420.	
( 27 ) MELISSA HURST CHIEF HUMAN RESOURCES OFFICER	60.00				X		319,372.	0	52,052.	
( 28 ) NEAL LITVACK CHIEF DEVELOPMENT OFFICER	60.00				X		312,000.	0	41,122.	
( 29 ) CHRISTINA SAMSON CHIEF INVESTMENT OFFICER	60.00				X		304,419.	0	64,884.	
( 30 ) GREG BALLISH SVP, BIOMEDICAL SERVICES	60.00				X		374,891.	0	51,657.	
( 31 ) KATHRYN WALDMAN SVP, QUALITY AND REG AFFAIRS	60.00				X		326,175.	0	68,134.	
( 32 ) WILLIAM MOORE SVP, BIOMEDICAL SERVICES	60.00				X		346,917.	0	50,899.	
( 33 ) ELIZABETH O'NEIL DVP, BIOMEDICAL SERVICES	60.00				X		327,189.	0	55,598.	
( 34 ) SUZANNE DEFRANCIS CHIEF PUBLIC AFFAIRS OFFICER	60.00				X		329,130.	0	51,014.	
<b>1b Sub-total</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 1359

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**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 **▶**

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>	100,226,756.					
	<b>b</b> Membership dues . . . . .	<b>1b</b>						
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	23,069,430.					
	<b>d</b> Related organizations . . . . .	<b>1d</b>						
	<b>e</b> Government grants (contributions) . .	<b>1e</b>	55,495,521.					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	562,399,030.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$		27,036,278.					
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶			741,190,737.				
<b>Program Service Revenue</b>	<b>Business Code</b>							
	<b>2a</b> BIOMEDICAL PRODUCTS & SERVICES		541900	2,153,870,039.	2,153,870,039.			
	<b>b</b> OTHER PRODUCTS & SERVICES		900099	136,876,439.	136,876,439.			
	<b>c</b> _____							
	<b>d</b> _____							
	<b>e</b> _____							
	<b>f</b> All other program service revenue . . . . .							
	<b>g Total.</b> Add lines 2a-2f . . . . . ▶			2,290,746,478.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶			46,546,564.			46,546,564.	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . ▶			0				
	<b>5</b> Royalties . . . . . ▶			0				
	<b>6a</b> Gross rents . . . . .	(i) Real						
		(ii) Personal						
			16,887,550.					
		<b>b</b> Less: rental expenses . . . . .		5,592,036.				
	<b>c</b> Rental income or (loss) . . . . .		11,295,514.					
	<b>d</b> Net rental income or (loss) . . . . . ▶			11,295,514.		3,756,552.	7,538,962.	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities						
		(ii) Other						
			281,058,000.	4,463,883.				
		<b>b</b> Less: cost or other basis and sales expenses . . . . .		269,504,077.	3,527,014.			
	<b>c</b> Gain or (loss) . . . . .		11,553,923.	936,869.				
	<b>d</b> Net gain or (loss) . . . . . ▶			12,490,792.			12,490,792.	
<b>8a</b> Gross income from fundraising events (not including \$ 23,069,430. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>		11,491,685.					
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>	10,471,012.					
	<b>c</b> Net income or (loss) from fundraising events . . . . . ▶			1,020,673.			1,020,673.	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>		572,357.					
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>	494,100.					
	<b>c</b> Net income or (loss) from gaming activities . . . . . ▶			78,257.			78,257.	
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>							
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>						
	<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶			0				
<b>Miscellaneous Revenue</b>			<b>Business Code</b>					
<b>11a</b> PENSION PLAN DEFERRED REVENUE RECOGNIZED		900099	52,547,052.	52,547,052.				
<b>b</b> PARTNERSHIP & S-CORP LOSS		900099	-1,378,024.		-1,378,024.			
<b>c</b> _____								
<b>d</b> All other revenue . . . . .								
<b>e Total.</b> Add lines 11a-11d . . . . . ▶			51,169,028.					
<b>12 Total revenue.</b> See instructions . . . . . ▶			3,154,538,043.	2,343,293,530.	2,378,528.	67,675,248.		

**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) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 . . . . .	0			
2 Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . . .	65,641,308.	65,641,308.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . . .	146,819,000.	146,819,000.		
4 Benefits paid to or for members . . . . .	0			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	4,647,035.		4,282,374.	364,661.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0			
7 Other salaries and wages . . . . .	1,318,857,177.	1,178,223,660.	70,179,454.	70,454,063.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	157,666,434.	152,268,414.	2,266,152.	3,131,868.
9 Other employee benefits . . . . .	151,896,987.	127,619,809.	10,826,050.	13,451,128.
10 Payroll taxes . . . . .	90,333,500.	75,262,941.	10,335,450.	4,735,109.
11 Fees for services (non-employees):				
a Management . . . . .	1,356,733.	1,268,417.	24,897.	63,419.
b Legal . . . . .	4,141,346.	3,882,307.	69,781.	189,258.
c Accounting . . . . .	4,988,040.	3,426,269.	301,081.	1,260,690.
d Lobbying . . . . .	177,083.	165,234.	3,413.	8,436.
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees . . . . .	31,606.		31,606.	
g Other . . . . .	245,526,686.	199,627,766.	997,709.	44,901,211.
12 Advertising and promotion . . . . .	21,581,289.	20,511,446.	1,348.	1,068,495.
13 Office expenses . . . . .	123,919,540.	118,253,311.	338,330.	5,327,899.
14 Information technology . . . . .	35,704,650.	35,319,518.	172,861.	212,271.
15 Royalties . . . . .	0			
16 Occupancy . . . . .	90,586,104.	62,863,517.	24,702,225.	3,020,362.
17 Travel . . . . .	68,699,429.	60,913,962.	2,687,265.	5,098,202.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings . . . . .	6,388,084.	5,794,863.	252,684.	340,537.
20 Interest . . . . .	37,782,345.	36,574,729.	551,473.	656,143.
21 Payments to affiliates . . . . .	0			
22 Depreciation, depletion, and amortization . . . . .	78,924,056.	74,408,726.	1,918,816.	2,596,514.
23 Insurance . . . . .	48,499,314.	45,950,162.	686,795.	1,862,357.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>BIOMEDICAL PROGRAM SUPPLIES</u> . . . . .	467,540,080.	466,455,396.	334,687.	749,997.
b <u>OTHER PROGRAM SUPPLIES AND M</u> . . . . .	84,286,610.	80,033,933.	3,484,708.	767,969.
c <u>MINOR EQUIPMENT PURCHASES</u> . . . . .	52,789,442.	52,109,053.	50,688.	629,701.
d <u>OTHER ASSISTANCE</u> . . . . .	11,564,363.	8,098,627.	756,020.	2,709,716.
e All other expenses . . . . .	8,805,466.			8,805,466.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	3,329,153,707.	3,021,492,368.	135,255,867.	172,405,472.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0			

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	372,661,698.	<b>1</b>	52,904,504.
	<b>2</b> Savings and temporary cash investments . . . . .	695,855,400.	<b>2</b>	626,871,262.
	<b>3</b> Pledges and grants receivable, net . . . . .	81,110,825.	<b>3</b>	86,040,808.
	<b>4</b> Accounts receivable, net . . . . .	222,430,171.	<b>4</b>	216,517,153.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	126,381,908.	<b>8</b>	113,876,295.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	256,671,303.	<b>9</b>	274,106,981.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 2000128922.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 949,336,403.		
		1,077,944,914.	<b>10c</b>	1,050,792,519.
	<b>11</b> Investments - publicly traded securities . . . . .	745,809,397.	<b>11</b>	793,697,549.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	563,770,000.	<b>12</b>	563,153,000.
	<b>13</b> Investments - program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
<b>15</b> Other assets. See Part IV, line 11 . . . . .	110,943,000.	<b>15</b>	0	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	4,253,578,616.	<b>16</b>	3,777,960,071.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	333,218,288.	<b>17</b>	281,012,280.
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities . . . . .	234,405,758.	<b>20</b>	228,736,115.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0	<b>21</b>	0
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	561,246.	<b>23</b>	274,501.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	338,414,326.	<b>24</b>	324,347,384.
<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	1,155,054,713.	<b>25</b>	1,348,367,341.	
<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	2,061,654,331.	<b>26</b>	2,182,737,621.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	655,018,583.	<b>27</b>	133,686,494.
	<b>28</b> Temporarily restricted net assets . . . . .	871,138,152.	<b>28</b>	757,513,071.
	<b>29</b> Permanently restricted net assets . . . . .	665,767,550.	<b>29</b>	704,022,885.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	2,191,924,285.	<b>33</b>	1,595,222,450.	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	4,253,578,616.	<b>34</b>	3,777,960,071.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	3,154,538,043.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	3,329,153,707.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-174,615,664.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	2,191,924,285.
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	-422,086,171.
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	1,595,222,450.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

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

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

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

Employer identification number  
**53-0196605**

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)

- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

- a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other

e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....
- (ii) A family member of a person described in (i) above? .....
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2011

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

Section A. Public Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2011 (91.97%); 15 Public support percentage from 2010 Schedule A, Part II, line 14 (90.48%); 16a 33 1/3% support test - 2011; 16b 33 1/3% support test - 2010; 17a 10%-facts-and-circumstances test - 2011; 17b 10%-facts-and-circumstances test - 2010; 18 Private foundation.



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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2010 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

- 19a 33 1/3% support tests - 2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►
- b 33 1/3% support tests - 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

**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).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2007	2008	2009	2010	2011	TOTAL
MISCELLANEOUS	4,348,900.	7,554,402.	18,712,251.	15,603,329.	12,064,041.	58,282,923.
<b>TOTALS</b>	<u>4,348,900.</u>	<u>7,554,402.</u>	<u>18,712,251.</u>	<u>15,603,329.</u>	<u>12,064,041.</u>	<u>58,282,923.</u>

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**

▶ **See separate instructions.**

**2011**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

Name of organization <b>AMERICAN NATIONAL RED CROSS &amp; ITS CONSTITUENT CHAPTERS AND BRANCHES</b>	Employer identification number <b>53-0196605</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . .  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)	-----			
(2)	-----			
(3)	-----			
(4)	-----			
(5)	-----			
(6)	-----			

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

Schedule C (Form 990 or 990-EZ) 2011

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

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

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

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
<b>2 a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

Table with 3 main columns: Question, (a) Yes/No, and (b) Amount. Rows include questions about influencing legislation, media advertisements, mailings, publications, grants, and direct contact with legislators.

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

Table with 3 columns: Question, Yes, No. Rows include questions about dues received, in-house lobbying expenditures, and carryover of lobbying and political expenditures.

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

Table with 3 columns: Question, Yes, No. Rows include questions about dues from members, nondeductible lobbying and political expenditures, and carryover of nondeductible amounts.

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

SEE PAGE 4

**Part IV Supplemental Information** (continued)

## PART IV

SCHEDULE C, PART I-A, LINE 1

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990. See separate instructions.

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

Employer identification number 53-0196605

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees...

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution, 3 Number of conservation easements modified, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, 6 Staff and volunteer hours devoted to monitoring, 7 Amount of expenses incurred in monitoring, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)?, 9 In Part XIV, describe how the organization reports conservation easements...

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

Table with 2 columns: Amounts. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2011

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

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

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21?

b If "Yes," explain the arrangement in Part XIV.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g Balance and expense items.

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

- a Board designated or quasi-endowment, b Permanent endowment, c Temporarily restricted endowment

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

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

- (i) unrelated organizations, (ii) related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b

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

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

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a-1e Land, Buildings, Leasehold improvements, Equipment, Other.

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



**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other		
(A) FINANCIAL DERIVATIVES	-416,000.	FMV
(B) ALTERNATIVE INVESTMENTS	559,140,000.	FMV
(C) COMMODITY STRUCTURED NOTE CONT	4,429,000.	FMV
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	563,153,000.	

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PENSION AND POST-RETIREMENT BE	1,005,626,967.
(3) ADVANCES AND OTHER MISC LIABIL	202,336,753.
(4) INSURANCE (LOSS RESERVES AND C	116,078,109.
(5) SPLIT-INTEREST AGREEMENT LIABI	24,325,512.
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,348,367,341.

2. FIN 48 (ASC 740) Footnote. In Part XIV, 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).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,154,538,043.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,329,153,707.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-174,615,664.
4	Net unrealized gains (losses) on investments	4	-36,513,544.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-385,572,627.
9	Total adjustments (net). Add lines 4 through 8	9	-422,086,171.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-596,701,835.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	2748433000.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-36,513,544.
b	Donated services and use of facilities	2b	10,387,980.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	-379,979,479.
e	Add lines 2a through 2d	2e	-406,105,043.
3	Subtract line 2e from line 1	3	3154538043.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3154538043.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	3345133000.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	10,387,980.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	5,591,313.
e	Add lines 2a through 2d	2e	15,979,293.
3	Subtract line 2e from line 1	3	3329153707.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3329153707.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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SEE PAGE 5

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**Part XIV Supplemental Information** (continued)

## SCHEDULE D, PART V

## ENDOWMENT FUNDS

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

**Part XIV** Supplemental Information (continued)

SCHEDULE D, PART XI, LINE 8, PART XII, LINE 2D AND PART XIII, LINE 2D

OTHER

THIS AMOUNT REPRESENTS EMPLOYEE RETIREMENT SYSTEM PENSION AND

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

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

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.**  
▶ **Attach to Form 990. ▶ See separate instructions.**

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

Employer identification number  
**53-0196605**

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
<b>(1)</b> CENTRAL AMERICA/CARIBBEAN	5.	26.	PROGRAM SERVICES	DISASTER RESPONSE	61,616,123.
<b>(2)</b> EAST ASIA AND THE PACIFIC	1.	1.	PROGRAM SERVICES	DISASTER RESPONSE	79,848,662.
<b>(3)</b> NORTH AMERICA	1.		PROGRAM SERVICES	DISASTER RESPONSE	317,142.
<b>(4)</b> RUSSIA/INDEPENDENT STATES	2.	1.	PROGRAM SERVICES	DISASTER RESPONSE	2,350,779.
<b>(5)</b> SOUTH AMERICA	3.	2.	PROGRAM SERVICES	DISASTER RESPONSE	3,556,745.
<b>(6)</b> SOUTH ASIA	4.	5.	PROGRAM SERVICES	DISASTER RESPONSE	2,811,328.
<b>(7)</b> SUB-SAHARAN AFRICA	4.	5.	PROGRAM SERVICES	DISASTER RESPONSE	4,808,231.
<b>(8)</b> MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	DISASTER RESPONSE	2,904,867.
<b>(9)</b> EUROPE			PROGRAM SERVICES	DISASTER RESPONSE	1,150,770.
<b>(10)</b> CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		215,887,174.
<b>(11)</b> EAST ASIA AND THE PACIFIC			INVESTMENTS		32,691,356.
<b>(12)</b> SOUTH AMERICA			INVESTMENTS		4,239,727.
<b>(13)</b> NORTH AMERICA			INVESTMENTS		5,713,389.
<b>(14)</b> SOUTH ASIA			INVESTMENTS		617,258.
<b>(15)</b> EUROPE			INVESTMENTS		58,456,006.
<b>(16)</b> MIDDLE EAST AND NORTH AFRICA			INVESTMENTS		773,024.
<b>(17)</b> CENTRAL AMERICA/CARIBBEAN				INSURANCE	34,212,450.
<b>3a</b> Sub-total . . . . .	20.	40.			511,955,031.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c</b> Totals (add lines 3a and 3b)	20.	40.			511,955,031.

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

Schedule F (Form 990) 2011

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 . . . . .   
 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	DISASTER RESPONSE	9,821,252.	WIRE		N/A	
(2)			EUROPE/ICELAND/GREENLAND	DISASTER RESPONSE	1,113,000.	WIRE		N/A	
(3)			CENT. AMERICA/CARIBBEAN	DISASTER PREPAREDNESS	273,332.	WIRE		N/A	
(4)			CENT. AMERICA/CARIBBEAN	DISASTER PREPAREDNESS	69,527.	WIRE		N/A	
(5)			SUB-SAHARAN AFRICA	DISASTER PREPAREDNESS	99,223.	WIRE		N/A	
(6)			SUB-SAHARAN AFRICA	DISASTER PREPAREDNESS	78,271.	WIRE		N/A	
(7)			SUB-SAHARAN AFRICA	DISASTER PREPAREDNESS	309,092.	WIRE		N/A	
(8)			SOUTH AMERICA	DISASTER PREPAREDNESS	352,043.	WIRE		N/A	
(9)			EAST ASIA/PACIFIC	DISASTER PREPAREDNESS	815,637.	WIRE		N/A	
(10)			SOUTH AMERICA	DISASTER PREPAREDNESS	572,675.	WIRE		N/A	
(11)			CENT. AMERICA/CARIBBEAN	DISASTER PREPAREDNESS	139,206.	WIRE		N/A	
(12)			SOUTH AMERICA	DISASTER PREPAREDNESS	207,757.	WIRE		N/A	
(13)			CENT. AMERICA/CARIBBEAN	DISASTER PREPAREDNESS	172,268.	WIRE		N/A	
(14)			CENT. AMERICA/CARIBBEAN	DISASTER PREPAREDNESS	26,731.	WIRE		N/A	
(15)			SOUTH AMERICA	DISASTER PREPAREDNESS	200,187.	WIRE		N/A	
(16)			CENT. AMERICA/CARIBBEAN	DISASTER PREPAREDNESS	5,470,139.	WIRE		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 . . . . .

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000  Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT. AMERICA/CARIBBEAN	DISASTER PREPAREDNESS	59,523.	WIRE		N/A	
(2)			EAST ASIA/PACIFIC	DISASTER PREPAREDNESS	501,428.	WIRE		N/A	
(3)			CENT. AMERICA/CARIBBEAN	DISASTER PREPAREDNESS	181,833.	WIRE		N/A	
(4)			EAST ASIA/PACIFIC	DISASTER PREPAREDNESS	75,450,000.	WIRE		N/A	
(5)			RUSSIA	DISASTER PREPAREDNESS	288,082.	WIRE		N/A	
(6)			SUB-SAHARAN AFRICA	DISASTER PREPAREDNESS	219,343.	WIRE		N/A	
(7)			RUSSIA	DISASTER PREPAREDNESS	27,577.	WIRE		N/A	
(8)			NORTH AMERICA	DISASTER PREPAREDNESS	270,000.	WIRE		N/A	
(9)			SUB-SAHARAN AFRICA	DISASTER PREPAREDNESS	146,790.	WIRE		N/A	
(10)			SOUTH ASIA	DISASTER PREPAREDNESS	235,624.	WIRE		N/A	
(11)			EAST ASIA/PACIFIC	DISASTER PREPAREDNESS	54,475.	WIRE		N/A	
(12)			CENT. AMERICA/CARIBBEAN	DISASTER PREPAREDNESS	20,457.	WIRE		N/A	
(13)			CENT. AMERICA/CARIBBEAN	DISASTER PREPAREDNESS	569,651.	WIRE		N/A	
(14)			SOUTH AMERICA	DISASTER PREPAREDNESS	248,865.	WIRE		N/A	
(15)			SOUTH AMERICA	DISASTER PREPAREDNESS	49,287.	WIRE		N/A	
(16)			RUSSIA	DISASTER RESPONSE	624,880.	WIRE		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 . . . . . ▶ \_\_\_\_\_

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 . . . . .   
 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT. AMERICA/CARIBBEAN	DISASTER PREPAREDNESS	175,272.	WIRE		N/A	
(2)			SUB-SAHARAN AFRICA	DISASTER RESPONSE	10,000.	WIRE		N/A	
(3)			SOUTH ASIA	DISASTER PREPAREDNESS	141,703.	WIRE		N/A	
(4)			RUSSIA	DISASTER PREPAREDNESS	29,333.	WIRE		N/A	
(5)			SUB-SAHARAN AFRICA	DISASTER PREPAREDNESS	863,273.	WIRE		N/A	
(6)			RUSSIA	DISASTER PREPAREDNESS	23,853.	WIRE		N/A	
(7)			SUB-SAHARAN AFRICA	DISASTER PREPAREDNESS	462,356.	WIRE		N/A	
(8)			RUSSIA	DISASTER PREPAREDNESS	329,234.	WIRE		N/A	
(9)			EAST ASIA/PACIFIC	DISASTER PREPAREDNESS	739,681.	WIRE		N/A	
(10)			SUB-SAHARAN AFRICA	DISASTER PREPAREDNESS	57,832.	WIRE		N/A	
(11)			CENT. AMERICA/CARIBBEAN	DISASTER RECOVERY	7,385,313.	WIRE		N/A	
(12)			CENT. AMERICA/CARIBBEAN	DISASTER RECOVERY	6,964,121.	WIRE		N/A	
(13)			CENT. AMERICA/CARIBBEAN	DISASTER RECOVERY	4,514,111.	WIRE		N/A	
(14)			CENT. AMERICA/CARIBBEAN	DISASTER RECOVERY	3,607,485.	WIRE		N/A	
(15)			CENT. AMERICA/CARIBBEAN	DISASTER RECOVERY	3,408,321.	WIRE		N/A	
(16)			CENT. AMERICA/CARIBBEAN	DISASTER RECOVERY	2,464,209.	WIRE		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 . . . . .



**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 . . . . .   
 Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT. AMERICA/CARIBBEAN	DISASTER RECOVERY	2,336,374.	WIRE		N/A	
(2)			CENT. AMERICA/CARIBBEAN	DISASTER RECOVERY	2,258,153.	WIRE		N/A	
(3)			CENT. AMERICA/CARIBBEAN	DISASTER RECOVERY	2,117,779.	WIRE		N/A	
(4)			CENT. AMERICA/CARIBBEAN	DISASTER RECOVERY	1,023,067.	WIRE		N/A	
(5)			NONE SELECTED	GENERAL HEALTH	1,000,000.	WIRE		N/A	
(6)			CENT. AMERICA/CARIBBEAN	DISASTER RECOVERY	935,692.	WIRE		N/A	
(7)			CENT. AMERICA/CARIBBEAN	DISASTER RECOVERY	924,155.	WIRE		N/A	
(8)			CENT. AMERICA/CARIBBEAN	DISASTER RECOVERY	595,927.	WIRE		N/A	
(9)			CENT. AMERICA/CARIBBEAN	DISASTER HEALTH	562,684.	WIRE		N/A	
(10)			CENT. AMERICA/CARIBBEAN	DISASTER RECOVERY	401,770.	WIRE		N/A	
(11)			CENT. AMERICA/CARIBBEAN	DISASTER RECOVERY	200,043.	WIRE		N/A	
(12)			EAST ASIA/PACIFIC	DISASTER PREPAREDNESS	115,237.	WIRE		N/A	
(13)			SOUTH ASIA	DISASTER PREPAREDNESS	62,486.	WIRE		N/A	
(14)			CENT. AMERICA/CARIBBEAN	DISASTER RECOVERY	48,000.	WIRE		N/A	
(15)			EUROPE/ICELAND/GREENLAND	DISASTER RECOVERY	28,793.	WIRE		N/A	
(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 . . . . .

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

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

**Part IV Foreign Forms**

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

**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 RED CROSS' COUNTRY OR REGIONAL REPRESENTATIVES

(CR/RRS) ARE RESPONSIBLE FOR MONITORING SUB-RECIPIENT COMPLIANCE WITH THE

TERMS AND CONDITIONS OF THE SUB-RECIPIENT PROJECT AGREEMENT, FOR

ADDRESSING INSTANCES OF NON-COMPLIANCE, AND FOR DOCUMENTING THIS

MONITORING AND RELATED CORRECTIVE ACTIONS IN THE MONITORING CHECKLIST.

IN LOCATIONS OF SUB-RECIPIENT ACTIVITY WHERE THERE IS NO CR/RR, THE

REGIONAL DIRECTOR (RD) WILL DESIGNATE AN APPROPRIATE STAFF PERSON (E.G.

DELEGATE OR PROGRAM OFFICER) TO FULFILL THESE RESPONSIBILITIES. PRIOR TO

INCEPTION OF PROJECT ACTIVITIES, THE CR/RR CREATES A CHECKLIST OF ALL

SUB-RECIPIENT CONTRACTUAL OBLIGATIONS STIPULATED IN THE PROJECT

AGREEMENT, TO INCLUDE FINANCIAL AND PROGRAMMATIC REPORTING, AS WELL AS

OTHER MONITORING AND NON-CONTRACTUAL ACTIVITIES. THE CR/RR IS RESPONSIBLE

FOR COMPLETING THE CHECKLIST ON A MONTHLY BASIS, ON TIME, WITH CLEAR AND

TIMELY COMMUNICATIONS TO THE PROGRAM OFFICER (PO) ON ISSUES AND ACTION

PLANS.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

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

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

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

Employer identification number  
**53-0196605**

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

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

- a**  Mail solicitations
- b**  Internet and email solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

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

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

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b> .....							

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

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**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	(b) Event #2	(c) Other Events	(d) Total events
		ANNUAL BALL NY (event type)	TAMPA (event type)	618. (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	1,340,515.	694,678.	32,525,922.	34,561,115.
	<b>2</b> Less: Charitable contributions . . . . .	1,340,515.	694,678.	21,034,237.	23,069,430.
	<b>3</b> Gross income (line 1 minus line 2) . . . . .			11,491,685.	11,491,685.
Direct Expenses	<b>4</b> Cash prizes . . . . .			48,705.	48,705.
	<b>5</b> Noncash prizes . . . . .			172,772.	172,772.
	<b>6</b> Rent/facility costs . . . . .			1,739,804.	1,739,804.
	<b>7</b> Food and beverages . . . . .			2,138,024.	2,138,024.
	<b>8</b> Entertainment . . . . .			776,062.	776,062.
	<b>9</b> Other direct expenses . . . . .	123,579.	287,802.	5,184,264.	5,595,645.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				( 10,471,012.)
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 . . . . .				1,020,673.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		<b>1</b> Gross revenue . . . . .	183,082.	303,273.	86,001.
Direct Expenses	<b>2</b> Cash prizes . . . . .	117,214.	224,758.	25,000.	366,972.
	<b>3</b> Noncash prizes . . . . .			21,196.	21,196.
	<b>4</b> Rent/facility costs . . . . .	10,738.			10,738.
	<b>5</b> Other direct expenses . . . . .	68,737.	10,457.	16,000.	95,194.
	<b>6</b> Volunteer labor . . . . .	<input checked="" type="checkbox"/> Yes 100.0000% <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100.0000% <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 95.0000% <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				( 494,100.)	
<b>8</b> Net gaming income summary. Combine line 1, column d, and line 7 . . . . .				78,256.	

**9** Enter the state(s) in which the organization operates gaming activities: DC, HI, IL, KY, MI, MS, OH,  
**a** Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10 a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_

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

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	100.0000 %
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ BRIAN RHOA

Address ▶ 430 17TH STREET NW WASHINGTON, DC 20006

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶ N/A

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

Description of services provided ▶

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

**Part IV Supplemental Information.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

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

Employer identification number  
**53-0196605**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to 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. Check this box if no one recipient 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) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

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

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

**Schedule I (Form 990) (2011)**



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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 DISASTER RELIEF PAYMENTS		65,641,308.			N/A
2					
3					
4					
5					
6					
7					

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

SCHEDULE I, PART I, LINE 2

MONITORING GRANTS

THE AMERICAN NATIONAL RED CROSS DID NOT MAKE SPECIFIC FINANCIAL ASSISTANCE TO ANY ONE INDIVIDUAL DURING FISCAL YEAR 2012 EXCEEDING \$5,000.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
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**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2

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 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. EMPLOYEES OF THE AMERICAN NATIONAL RED CROSS ARE ELIGIBLE FOR LIMITED FINANCIAL 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 recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

TO FURTHER THEIR EDUCATION; AND ITS EMPLOYEES SERVING OVERSEAS ARE ELIGIBLE FOR LIMITED FINANCIAL ASSISTANCE TO HELP DEFRAY THE COSTS OF SCHOOLING OF THEIR DEPENDENTS AT OVERSEAS LOCATIONS. FORMER EMPLOYEES WHO RETIRE WITH LOW BENEFITS MAY BE ASSISTED FROM A SPECIAL FUND. IN ALL INSTANCES, ELIGIBILITY FOR THE ASSISTANCE IS BASED ON THE NEEDS OF THE INDIVIDUAL EMPLOYEE CONCERNED.

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

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

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

SCHEDULE I, PART IV

DISBURSEMENT IN FURTHERANCE OF CHARITABLE PROGRAMS AND GRANTS  
PURSUANT TO THE CONGRESSIONAL CHARTER OF THE AMERICAN NATIONAL RED CROSS  
(36 U.S.C. 3 FIFTH), THE ORGANIZATION CARRIES OUT A SYSTEM OF NATIONAL  
AND INTERNATIONAL RELIEF TO MITIGATE OR PREVENT SUFFERING CAUSED BY  
DISASTERS. DISASTER VICTIMS QUALIFY TO RECEIVE SUCH ASSISTANCE BASED ON  
EITHER OBVIOUS CIRCUMSTANCES, SUCH AS APPARENT NEED FOR FOOD, CLOTHING OR  
SHELTER, OR A CASEWORK PROCESS IN WHICH THE NATURE AND EXTENT OF THE  
DISASTER-CAUSED NEEDS FOR RED CROSS AID ARE DETERMINED IN THE LIGHT OF  
OTHER AVAILABLE RESOURCES AND THE ABILITY OF THE VICTIMS TO ASSIST

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

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

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

THEMSELVES.

CONTRIBUTIONS TO OTHER ORGANIZATIONS CONSIST PRIMARILY OF THOSE MADE TO THE INTERNATIONAL COMMITTEE OF THE RED CROSS, THE FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES AND NATIONAL RED CROSS SOCIETIES OF OTHER COUNTRIES. CONTRIBUTIONS MAY BE MADE FOR A VARIETY OF PURPOSES, INCLUDING REGULAR FINANCIAL SUPPORT AND DISASTER RELIEF ASSISTANCE. THE AMERICAN RED CROSS HAS ONGOING RELATIONSHIPS WITH ALL SUCH RED CROSS ORGANIZATIONS WHICH ARE GOVERNED BY HUMANITARIAN PRINCIPLES AND QUALIFY FOR SUCH ASSISTANCE.

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

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

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

PURSUANT TO ITS CONGRESSIONAL CHARTER (36 U.S.C. 3 FOURTH), THE AMERICAN NATIONAL RED CROSS ALSO ACTS IN MATTERS OF VOLUNTARY RELIEF AND IN ACCORD WITH THE MILITARY AUTHORITIES TO PROVIDE COMMUNICATIONS AND WELFARE ASSISTANCE TO MEMBERS OF THE ARMED FORCES OF THE UNITED STATES, THEIR FAMILIES AND VETERANS. ASSISTANCE TO THIS GROUP IS DETERMINED GENERALLY ON THE BASIS OF THEIR MILITARY, VETERAN OR DEPENDENT STATUS AND THE PARTICULAR NEEDS RELATED THERETO AS REVEALED THROUGH CASEWORK AND SIMILAR MEANS. NO MEMBER OF, OR CONTRIBUTOR TO, THE RED CROSS IS ELIGIBLE FOR ANY OF THE ABOVE TYPES OF ASSISTANCE NOT AVAILABLE TO PERSONS WHO ARE NOT MEMBERS OF, OR CONTRIBUTORS TO, THE RED CROSS, AND NO ACCOUNT IS TAKEN OR

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

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

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

RECORDS MAINTAINED AS TO WHETHER RECIPIENTS ARE MEMBERS OF, OR  
CONTRIBUTORS TO, THE RED CROSS OR RELATED TO CORPORATE DIRECTORS,  
OFFICERS, EMPLOYEES OR DONORS.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

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

Employer identification number  
**53-0196605**

**Part I Questions Regarding Compensation**

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

- |   |   |
|---|---|
| <input type="checkbox"/> First-class or charter travel                        | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                                | <input type="checkbox"/> Payments for business use of personal residence            |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees              |
| <input type="checkbox"/> Discretionary spending account                       | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)            |

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

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

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

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

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

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

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

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

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

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

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

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

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

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>	X	
<b>9</b>	X	

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

Schedule J (Form 990) 2011



**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.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1 GAIL MCGOVERN	(i)	498,800.	90,000.	2,322.	29,243.	8,143.	628,508.	0
	(ii)	0	0	0	0	0	0	0
2 BRIAN RHOA	(i)	367,055.	0	810.	66,383.	20,759.	455,007.	0
	(ii)	0	0	0	0	0	0	0
3 MARY ELCANO	(i)	370,922.	0	3,564.	43,899.	6,371.	424,756.	0
	(ii)	0	0	0	0	0	0	0
4 DALE BATEMAN	(i)	246,325.	0	2,075.	39,774.	4,374.	292,548.	0
	(ii)	0	0	0	0	0	0	0
5 GREG BALLISH	(i)	332,899.	40,750.	1,242.	31,496.	20,161.	426,548.	0
	(ii)	0	0	0	0	0	0	0
6 KATHRYN WALDMAN	(i)	275,806.	48,795.	1,574.	58,762.	9,372.	394,309.	0
	(ii)	0	0	0	0	0	0	0
7 WILLIAM MOORE	(i)	346,107.	0	810.	30,558.	20,341.	397,816.	0
	(ii)	0	0	0	0	0	0	0
8 ELIZABETH O'NEIL	(i)	309,109.	16,000.	2,080.	40,581.	15,017.	382,787.	0
	(ii)	0	0	0	0	0	0	0
9 SUZANNE DEFRANCIS	(i)	325,748.	0	3,382.	35,735.	15,279.	380,144.	0
	(ii)	0	0	0	0	0	0	0
10 GERALD DEFRANCISCO	(i)	362,800.	0	3,564.	41,115.	6,043.	413,522.	0
	(ii)	0	0	0	0	0	0	0
11 SHAUN GILMORE	(i)	492,461.	0	1,539.	27,496.	22,164.	543,660.	0
	(ii)	0	0	0	0	0	0	0
12 J. CHRIS HROUDA	(i)	421,610.	76,755.	59,436.	78,008.	12,412.	648,221.	0
	(ii)	0	0	0	0	0	0	0
13 MELISSA HURST	(i)	318,879.	0	493.	37,784.	14,268.	371,424.	0
	(ii)	0	0	0	0	0	0	0
14 NEAL LITVACK	(i)	310,323.	0	1,677.	22,080.	19,042.	353,122.	0
	(ii)	0	0	0	0	0	0	0
15 CHRISTINA SAMSON	(i)	275,571.	25,910.	2,938.	51,188.	13,696.	369,303.	0
	(ii)	0	0	0	0	0	0	0
16	(i)							
	(ii)							

**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

IN 2011, THE PRESIDENT AND CEO EARNED A BASE SALARY OF \$500,000. DUE TO THE TIMING OF PAYROLL CHECKS, SHE WAS PAID \$498,800 IN 2011, WHICH WAS INCLUDED ON HER 2011 W-2 AND IS REFLECTED IN THE AMOUNT SHOWN ON SCHEDULE J, PART II, COLUMN B(I). AT THE REQUEST OF THE PRESIDENT AND CEO, HER SALARY HAS REMAINED AT THIS LEVEL-WITHOUT ANY PAY INCREASE-SINCE SHE JOINED THE RED CROSS IN 2008. THE BOARD APPROVED AND PAID AN INCENTIVE BONUS OF \$90,000 TO THE PRESIDENT AND CEO. THIS IS REFLECTED IN THE AMOUNT SHOWN ON SCHEDULE J, PART II, COLUMN B (II). IN ADDITION, THE RED CROSS PROVIDED THE PRESIDENT AND CEO WITH ALL STANDARD EMPLOYEE BENEFIT PROGRAMS AND THOSE ARE REFLECTED IN AMOUNTS SHOWN ON SCHEDULE J, PART II COLUMNS B (III), (C) AND (D).

IN 2011, THE EXECUTIVE VICE PRESIDENT, BIOMEDICAL SERVICES, EARNED A BASE SALARY OF \$421,610. THE TOTAL AMOUNT OF HIS BASE PAY WAS INCLUDED IN HIS 2011 W-2 AND IS REFLECTED IN THE AMOUNT SHOWN ON SCHEDULE J, PART II, COLUMN B(I). HOUSING ALLOWANCES AND A TAX GROSS-UP PAYMENT IN THE AMOUNT OF \$58,623 WAS PAID TO THE EXECUTIVE VICE PRESIDENT IN RELATIONSHIP TO A CONTINUATION OF THE TERMS OF HIS INITIAL EMPLOYMENT AGREEMENT WITH THE

**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.

RED CROSS APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD. THIS AMOUNT WAS INCLUDED IN HIS 2011 W-2 AND IS REFLECTED IN THE AMOUNT SHOWN ON SCHEDULE J, PART II, COLUMN B(III). THE RED CROSS ALSO PROVIDED THE EXECUTIVE VICE PRESIDENT, BIOMEDICAL SERVICES WITH ALL STANDARD EMPLOYEE BENEFIT PROGRAMS AND THOSE ARE REFLECTED IN THE AMOUNTS SHOWN ON SCHEDULE J, PART II, COLUMNS B(III), C AND D.

SCHEDULE J, PART I, LINE 7

THE AMOUNTS SHOWN IN PART II, COLUMN B (II) FOR THE CHIEF INVESTMENT OFFICER AND THE EXECUTIVE VICE PRESIDENT, BIOMEDICAL SERVICES 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 SERVICES, SVP, QUALITY AND THE DIVISION VP(S), BIOMEDICAL SERVICES WERE PAID BASED ON WRITTEN VARIABLE INCENTIVE PLANS APPROVED BY MANAGEMENT AND DETERMINED UNDER THE TERMS OF THE INCENTIVE PLAN DOCUMENTS.

**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 8

THE RED CROSS HAS FOUR (4) EMPLOYEES LISTED ON PART VII WHO ARE COVERED BY REGS. SECTION 53.4958-4 (A) (3): PRESIDENT AND CEO; PRESIDENT, BIOMEDICAL SERVICES; PRESIDENT, HUMANITARIAN SERVICES; AND EXECUTIVE VICE PRESIDENT, BIOMEDICAL SERVICES. THE ORIGINAL BASE SALARY AMOUNTS PAID TO PERSONS COVERED BY THIS PROVISION AND ANY SUBSEQUENT ANNUAL INCREASES OR OTHER SALARY PAYMENTS ARE DETERMINED BY THE COMPENSATION COMMITTEE OF THE RED CROSS BOARD, AND WERE BASED ON COMPARABLE MARKET DATA AND SUPPORTED BY THE OPINION OF AN OUTSIDE INDEPENDENT COMPENSATION CONSULTANT AND WERE DOCUMENTED IN THE MINUTES OF THE COMMITTEE, ALL IN ACCORDANCE WITH THE REQUIREMENTS FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER SECTION 4958.

**SCHEDULE K  
(Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

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

▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury  
Internal Revenue Service

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

Employer identification number  
**53-0196605**

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> CONNECTICUT DEVELOPMENT AUTHORITY	06-6000799		12/05/2005	2,303,600.	CURRENT REFUNDING OF PRIOR BONDS I		X		X		X
<b>B</b> MARYLAND ECONOMIC DEVELOPMENT CORPORATION	52-1376562		12/02/2003	4,250,000.	LAND ACQUISITION & BUILDING CONSTR		X		X		X
<b>C</b> ILLINOIS DEVELOPMENT FINANCE AUTHORITY	37-0988139		02/27/2003	8,000,000.	CONSTRUCTION AND EQUIPMENT OF BUIL		X		X		X
<b>D</b> NEW YORK CITY INDUSTRIAL DEVELOPMENT	13-2906040	64971C8B3	02/28/2006	30,337,879.	ACQUISITION & RENOVATION OF BUILDI		X		X		X

**Part II Proceeds**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
<b>1</b> Amount of bonds retired . . . . .	757,000.		1,575,000.		800,000.		3,055,000.	
<b>2</b> Amount of bonds legally defeased . . . . .								
<b>3</b> Total proceeds of issue . . . . .	2,303,600.		4,250,000.		8,000,000.		30,337,879.	
<b>4</b> Gross proceeds in reserve funds . . . . .								
<b>5</b> Capitalized interest from proceeds . . . . .								
<b>6</b> Proceeds in refunding escrows . . . . .	2,258,451.							
<b>7</b> Issuance costs from proceeds . . . . .	45,149.		29,000.		85,000.			
<b>8</b> Credit enhancement from proceeds . . . . .					4,000.		209,491.	
<b>9</b> Working capital expenditures from proceeds . . . . .								
<b>10</b> Capital expenditures from proceeds . . . . .			4,221,000.		7,911,000.		30,128,388.	
<b>11</b> Other spent proceeds . . . . .								
<b>12</b> Other unspent proceeds . . . . .								
<b>13</b> Year of substantial completion . . . . .	2003		2004		2004		2006	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>14</b> Were the bonds issued as part of a current refunding issue? . . . . .	X			X		X		X
<b>15</b> Were the bonds issued as part of an advance refunding issue? . . . . .		X		X		X		X
<b>16</b> Has the final allocation of proceeds been made? . . . . .	X		X		X		X	
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X		X		X	

**Part III Private Business Use**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X		X		X		X
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X		X		X		X

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

Schedule K (Form 990) 2011

**SCHEDULE K  
(Form 990)**

**Supplemental Information on Tax-Exempt Bonds**

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

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

▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury  
Internal Revenue Service

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

Employer identification number  
**53-0196605**

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Deceased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> THE CAMBRIA COUNTY INDUSTR. DEVL. AUTH.	25-1334277	132047BY6	10/09/2008	20,245,000.	CURRENT REFUNDING OF PRIOR BONDS I		X		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		X		X		X
<b>C</b>											
<b>D</b>											

**Part II Proceeds**

	A		B		C		D	
<b>1</b> Amount of bonds retired . . . . .								
<b>2</b> Amount of bonds legally defeased . . . . .								
<b>3</b> Total proceeds of issue . . . . .	20,245,000.		40,325,000.					
<b>4</b> Gross proceeds in reserve funds . . . . .								
<b>5</b> Capitalized interest from proceeds . . . . .								
<b>6</b> Proceeds in refunding escrows . . . . .	20,000,000.		40,000,000.					
<b>7</b> Issuance costs from proceeds . . . . .	234,761.		325,000.					
<b>8</b> Credit enhancement from proceeds . . . . .	10,239.							
<b>9</b> Working capital expenditures from proceeds . . . . .								
<b>10</b> Capital expenditures from proceeds . . . . .								
<b>11</b> Other spent proceeds . . . . .								
<b>12</b> Other unspent proceeds . . . . .								
<b>13</b> Year of substantial completion . . . . .	2005		2005					
	Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a current refunding issue? . . . . .	X		X					
<b>15</b> Were the bonds issued as part of an advance refunding issue? . . . . .		X		X				
<b>16</b> Has the final allocation of proceeds been made? . . . . .	X		X					
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X					

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X		X				
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X		X				

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

Schedule K (Form 990) 2011

Part III Private Business Use (Continued)		PAGE 1							
		A		B		C		D	
Yes	No	Yes	No	Yes	No	Yes	No		
3a Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .			X		X		X		X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? . . . . .									
c Are there any research agreements that may result in private business use of bond-financed property? . . . . .			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? . . . . .									
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶			%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶			%		%		%		%
6 Total of lines 4 and 5 . . . . .			%		%		%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? . . . . .		X		X		X		X	

Part IV Arbitrage									
		A		B		C		D	
Yes	No	Yes	No	Yes	No	Yes	No		
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? . . . . .			X		X		X		X
2 Is the bond issue a variable rate issue? . . . . .		X		X		X		X	
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? . . . . .			X		X		X		X
b Name of provider . . . . .									
c Term of hedge . . . . .									
d Was the hedge superintegrated? . . . . .									
e Was the hedge terminated? . . . . .									
4a Were gross proceeds invested in a guaranteed investment contract (GIC)? . . . . .			X		X		X		X
b Name of provider . . . . .									
c Term of GIC . . . . .									
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .									
5 Were any gross proceeds invested beyond an available temporary period? . . . . .			X		X		X		X
6 Did the bond issue qualify for an exception to rebate? . . . . .		X		X		X			

**Part V Procedures To Undertake Corrective Action**  
 Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . .  Yes  No

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

Part III Private Business Use (Continued)		PAGE 2							
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X		X				
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? . . . . .								
c	Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X				
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? . . . . .								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶		%		%		%		%
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶		%		%		%		%
6	Total of lines 4 and 5 . . . . .		%		%		%		%
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? . . . . .	X		X					

Part IV Arbitrage									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? . . . . .		X		X				
2	Is the bond issue a variable rate issue? . . . . .	X		X					
3a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? . . . . .		X		X				
b	Name of provider . . . . .								
c	Term of hedge . . . . .								
d	Was the hedge superintegrated? . . . . .								
e	Was the hedge terminated? . . . . .								
4a	Were gross proceeds invested in a guaranteed investment contract (GIC)? . . . . .		X		X				
b	Name of provider . . . . .								
c	Term of GIC . . . . .								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
5	Were any gross proceeds invested beyond an available temporary period? . . . . .		X		X				
6	Did the bond issue qualify for an exception to rebate? . . . . .	X		X					

**Part V Procedures To Undertake Corrective Action**  
 Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . .  Yes  No

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



**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
▶ **Attach to Form 990.**

OMB No. 1545-0047

**2011**

**Open To Public  
Inspection**

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

Employer identification number  
**53-0196605**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art . . . . .				
2 Art - Historical treasures . . . . .				
3 Art - Fractional interests . . . . .				
4 Books and publications . . . . .	X		24,770.	FMV
5 Clothing and household goods . . . . .	X		2,334,245.	FMV
6 Cars and other vehicles . . . . .	X		655,329.	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 . . . . .	X		613,472.	FMV
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .	X		15,213,870.	FMV
20 Drugs and medical supplies . . . . .	X		2,690,055.	FMV
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( VARIOUS ) . . . . .	X		5,504,537.	FMV
26 Other ▶ ( ) . . . . .				
27 Other ▶ ( ) . . . . .				
28 Other ▶ ( ) . . . . .				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . . **29** 6.

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .	X	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	X	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2011)

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE M, PART I, LINE 32B

SOME AMERICAN RED CROSS CHAPTERS USE THIRD PARTY VENDORS FOR CLOTHING ITEMS AND VEHICLE DONATION PROGRAMS. THE VENDORS SOLICIT, PROCESS AND SELL THE DONATED CLOTHING ITEMS AND VEHICLES.

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

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

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

Employer identification number  
53-0196605

FORM 990, PART III, STATEMENT OF PROGRAM SERVICE

4A. BIOMEDICAL SERVICES: THE ORGANIZATION COLLECTS, TESTS, AND  
DISTRIBUTES NEARLY HALF OF THE NATION'S BLOOD AND BLOOD COMPONENTS AND  
OPERATES 36 REGIONAL BLOOD SERVICE CENTERS THROUGHOUT THE COUNTRY. IN  
FISCAL YEAR 2012, THE ORGANIZATION COLLECTED OVER 6 MILLION PRODUCTIVE  
UNITS OF BLOOD FROM ROUGHLY 3.5 MILLION DONORS AND SUPPLIED 3,000  
HOSPITALS AND OTHER FACILITIES WITH BLOOD AND BLOOD PRODUCTS FOR  
TRANSFUSION.

4B. DOMESTIC DISASTER SERVICES: THE ORGANIZATION RESPONDED TO 15  
LARGE-SCALE (LEVELS 4 AND 5) DISASTERS IN FISCAL YEAR 2012 INCLUDING:  
HURRICANE IRENE, WHICH IMPACTED THE EAST COAST FROM NORTH CAROLINA TO  
MAINE, AN ACTIVE WILDFIRE SEASON INCLUDING SIGNIFICANT RESPONSES IN TEXAS  
AND MONTANA, AND TORNADOS IMPACTING KENTUCKY, INDIANA, OHIO AND TEXAS.  
THROUGH ITS NETWORK CHAPTERS IN ALL 50 STATES, AS WELL AS OFFSHORE U.S.  
TERRITORIES IN THE CARIBBEAN AND PACIFIC, THE RED CROSS RESPONDED TO OVER  
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 DISASTER SERVICES HUMAN  
RESOURCES SYSTEM IS USED TO MANAGE ITS TRAINED WORKFORCE. IN FISCAL YEAR  
2012 THE NUMBER OF TRAINED DISASTER WORKERS WAS APPROXIMATELY 71,000.

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

Employer identification number  
53-0196605

CHAPTERS THROUGHOUT THE COUNTRY TRAINED THOUSANDS MORE TO PREPARE FOR AND RESPOND TO DISASTERS WITHIN THEIR COMMUNITIES.

IN ADDITION, IN TODAY'S CLIMATE, IT'S MORE IMPORTANT THAN EVER THAT ALL OF US BE PREPARED FOR POSSIBLE EMERGENCIES. NATURAL OR OTHER DISASTERS CAN STRIKE SUDDENLY, AT ANYTIME AND ANYWHERE. THE GOAL OF THE AMERICAN RED CROSS IS TO BUILD A "CULTURE OF PREPAREDNESS" BY ENCOURAGING AMERICANS TO UNDERSTAND THEIR INDIVIDUAL RISK AND GEOGRAPHICAL THREATS AND THEN TAKE ACTION TO ADOPT SPECIFIC PREPAREDNESS BEHAVIORS. THE CALL TO ACTION INCLUDES BOTH LONG TERM PLANNING SERVICES AND JUST-IN-TIME SERVICES TO ENABLE CITIZENS TO IMPROVE THEIR PREPAREDNESS. A SIMPLE THREE--STEP MESSAGE, "GET A KIT, MAKE A PLAN, AND BE INFORMED," IS OUR PUBLIC CALL TO ACTION FOR PREPAREDNESS: GET A KIT: WHAT YOU HAVE ON HAND WHEN A DISASTER HAPPENS CAN MAKE A BIG DIFFERENCE. HAVE AT LEAST THREE-DAYS OF SUPPLIES, FOR EVERYONE IN YOUR HOUSEHOLD, IN AN EASY-TO-CARRY EVACUATION KIT, WITH ADDITIONAL SUPPLIES AT HOME IN CASE YOU CANNOT LEAVE; MAKE A PLAN: PLANNING AHEAD IS THE FIRST STEP TO A CALMER AND MORE ASSURED DISASTER RESPONSE. DISCUSS WITH YOUR FAMILY THE DISASTERS THAT CAN HAPPEN WHERE YOU LIVE. ESTABLISH RESPONSIBILITIES FOR EACH MEMBER OF YOUR HOUSEHOLD AND PLAN TO WORK TOGETHER AS A TEAM; BE INFORMED: KNOWING WHAT MAY HAPPEN AND HOW YOU CAN HELP MAY MAKE ALL THE DIFFERENCE WHEN AN EMERGENCY HAPPENS. LEARN WHAT DISASTERS OR EMERGENCIES MAY OCCUR WHERE YOU LIVE, WORK AND PLAY. THESE EVENTS CAN VARY FROM ONLY IMPACTING YOU AND YOUR FAMILY - LIKE A HOME FIRE OR MEDICAL EMERGENCY - OR YOUR ENTIRE COMMUNITY - LIKE AN EARTHQUAKE OR FLOOD.

4C. INTERNATIONAL RELIEF AND DEVELOPMENT SERVICES: THE ORGANIZATION HELPS

Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT CHAPTERS AND BRANCHES	Employer identification number 53-0196605
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VULNERABLE PEOPLE AROUND THE WORLD, PREVENT, PREPARE FOR, AND RESPOND TO 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 PREPAREDNESS AND RESPONSE, RESTORING FAMILY LINKS, AND THE DISSEMINATION OF INTERNATIONAL HUMANITARIAN LAW, THE ORGANIZATION PROVIDES RAPID, EFFECTIVE, AND LARGE-SCALE HUMANITARIAN ASSISTANCE TO THOSE IN NEED. TO ACHIEVE OUR GOALS, THE ORGANIZATION WORKS WITH OUR PARTNERS IN THE INTERNATIONAL RED CROSS AND RED CRESCENT MOVEMENT AND OTHER INTERNATIONAL RELIEF AND DEVELOPMENT AGENCIES TO BUILD LOCAL CAPACITIES, MOBILIZE AND EMPOWER COMMUNITIES, AND ESTABLISH PARTNERSHIPS.

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 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

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

HAITI, PANAMA, BAHAMAS, TRINIDAD, ST-LUCIA, KAZAKHSTAN, COLOMBIA, PERU, CHILE, THAILAND, INDONESIA, VIETNAM, KENYA, TANZANIA, THE BERMUDAS.

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

LINE 4 - IN FISCAL YEAR 2012, THE AMERICAN RED CROSS BOARD OF GOVERNORS APPROVED CHANGES TO THE AMENDED AND RESTATED BYLAWS OF THE AMERICAN NATIONAL RED CROSS (THE BYLAWS) ON JUNE 7, 2012 TO (1) MORE CLEARLY DISTINGUISH BETWEEN THE PURPOSES AND ACTIVITIES OF THE ANNUAL MEETING, THE NATIONAL CONVENTION, AND THE ORGANIZATIONAL MEETING OF THE BOARD, (2) CONFORM THE SECTION ON CHARTERED UNITS TO REFLECT CHANGES TO THE FINANCE FUNCTION AS A RESULT OF THE CONSOLIDATION OF CHAPTER BACK OFFICE FUNCTIONS; AND (3) REVISE THE INDEMNIFICATION PROVISION TO BETTER REFLECT

Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT CHAPTERS AND BRANCHES	Employer identification number 53-0196605
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THE PROCESS FOR DETERMINING WHETHER AN EMPLOYEE OR VOLUNTEER IS ENTITLED TO INDEMNIFICATION AND HOW EXPENSES ARE PAID.

LINE 5 - IN SEPTEMBER 2011, THE RED CROSS DISCOVERED THAT A FORMER EMPLOYEE OF AN AMERICAN RED CROSS CHAPTER IN CONNECTICUT EMBEZZLED APPROXIMATELY \$420,000 BY TAKING EXCESSIVE PAYROLL PAYMENTS. THE EMPLOYEE CONFESSED TO THE CONNECTICUT STATE POLICE, WAS ARRESTED IN NOVEMBER 2011 AND CHARGED WITH EMBEZZLEMENT. THE DISTRICT ATTORNEY OFFERED A PLEA AGREEMENT BUT THE SUSPECT REJECTED THE AGREEMENT AND IS AWAITING TRIAL AS OF FEBRUARY, 2014. THE CHAPTER REMOVED THE EXECUTIVE DIRECTOR AND FINANCES ARE MONITORED BY THE DIVISION VICE PRESIDENT AND NATIONAL HEADQUARTERS. THE AMERICAN RED CROSS HAS RECEIVED RESTITUTION.

LATER IN THE FALL OF 2011, AN AMERICAN RED CROSS CHAPTER IN TENNESSEE DISCOVERED APPROXIMATELY \$220,000 WAS MISSING FROM ITS BANK ACCOUNT. AFTER A PRELIMINARY INTERNAL INVESTIGATION, THE AMERICAN RED CROSS CONTACTED THE FBI, WHICH TRACKED THE FUNDS BEING USED IN RUSSIA. JUST OVER \$88,000 HAS BEEN RECOVERED TO DATE, AND THE RED CROSS CONTINUES TO WORK WITH THE FBI TO RECOVER THE REMAINING \$130,000. THE RED CROSS ALSO CONTINUES TO WORK WITH ITS VENDORS TO ENSURE THAT THE BEST AND MOST CURRENT SECURITY PROTECTIONS ARE ON ALL FINANCIAL TRANSACTION SYSTEMS.

THE TWO SIGNIFICANT DIVERSIONS OCCURRING IN FISCAL YEAR 2012, WHICH TOTAL APPROXIMATELY \$640,000, ARE LESS THAN 0.00017 OF TOTAL AMERICAN RED CROSS ASSETS.

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

Employer identification number  
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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 31, 2013. 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.

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THE INFORMATION DISCLOSED IN THE QUESTIONNAIRE IS REVIEWED AND ACTUAL OR PERCEIVED CONFLICTS OF INTEREST ARE IDENTIFIED. THEY ARE DISCUSSED WITH THE GENERAL COUNSEL WHO DETERMINES 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 SENIOR OFFICERS AND EXECUTIVES OF THE AMERICAN RED CROSS. THE COMMITTEE

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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 IRC SECTION 4958. WITH RESPECT TO THOSE PERSONS, THE COMMITTEE CONDUCTS ITS ANNUAL REVIEW OF THEIR TOTAL COMPENSATION AND BENEFITS BASED ON COMPARABLE MARKET DATA. THE COMMITTEE RETAINS AN OUTSIDE, INDEPENDENT COMPENSATION CONSULTANT TO PROVIDE MARKET DATA AND REASONABLENESS OPINIONS FOR THE DESIGNATED EXECUTIVES AND IT RELIES ON SUCH MARKET DATA AND REASONABLENESS OPINIONS IN APPROVING NEW SALARIES, BENEFITS AND PAYMENT OF BONUSES OR INCENTIVES FOR THE DESIGNATED PERSONS. THE COMMITTEE ALSO THEN DOCUMENTS ITS DECISIONS AS TO ANY CHANGES TO BE IMPLEMENTED IN COMPENSATION OR BENEFITS FOR THE DESIGNATED PERSONS, WHICH INCLUDES ALL OF THE OFFICERS AND KEY EMPLOYEES REPORTED 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 5

OTHER CHANGES IN NET ASSETS  
 PRIMARILY, THIS AMOUNT REPRESENTS NET UNREALIZED LOSSES ON INVESTMENTS OF (36,513,544) AND EMPLOYEE RETIREMENT PENSION AND POST-RETIREMENT BENEFIT PLAN LOSSES PER PROVISION OF ASC 715 (FORMER FASB 87 AND 106) IN AMOUNT OF (385,572,627).

Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT  
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ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE AMERICAN NATIONAL RED CROSS, THROUGH ITS STRONG NETWORK OF  
VOLUNTEERS, DONORS, AND PARTNERS, IS ALWAYS THERE IN TIMES OF NEED.  
WE ASPIRE TO TURN COMPASSION INTO ACTION SO THAT...

...ALL PEOPLE AFFECTED BY DISASTER ACROSS THE COUNTRY AND AROUND THE  
WORLD RECEIVE CARE, SHELTER, AND HOPE;

...OUR COMMUNITIES ARE READY AND PREPARED FOR DISASTERS;

...EVERYONE IN OUR COUNTRY HAS ACCESS TO SAFE, LIFESAVING BLOOD AND  
BLOOD PRODUCTS;

...ALL MEMBERS OF OUR ARMED SERVICES AND THEIR FAMILIES FIND SUPPORT  
AND COMFORT WHENEVER NEEDED; AND

...IN AN EMERGENCY, THERE ARE ALWAYS TRAINED INDIVIDUALS NEARBY,  
READY TO USE THEIR RED CROSS SKILLS TO SAVE LIVES.

ATTACHMENT 2

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

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
HEALTH & SAFETY SERVICES		195,594,754.	136,876,439.
COMMUNITY SERVICES		77,537,081.	
SERVICE TO THE ARMED FORCES		53,046,665.	
SEE SCHEDULE O FOR DESCRIPTIONS			

Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT CHAPTERS AND BRANCHES	Employer identification number 53-0196605
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ATTACHMENT 2 (CONT'D)

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

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
TOTALS		<u>326,178,500.</u>	<u>136,876,439.</u>

ATTACHMENT 3

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
NOVARTIS VACCINES AND DIAGNOSTICS INCORP PO BOX 822746 PHILADELPHIA, PA 19182	BLOOD REAGENTS	105,836,741.
FENWAL INCORPORATED 3 CORPORATE DR #3 LAKE ZURICH, IL 60047	BLOOD BAGS	104,193,094.
ABBOTT DIAGNOSTICS PO BOX 100997 ATLANTA, GA 30384	BIOMEDICAL SUPPLIES	55,719,139.
RX CROSSROADS PO BOX 116195 ATLANTA, GA 30368	BLOOD BAGS & FILTERS	45,204,771.
JOHNSON & JOHNSON HEALTHCARE SYSTEMS 5972 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	BLOOD REAGENTS	34,766,049.
TOTAL COMPENSATION		<u>345,719,794.</u>

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Employer identification number 53-0196605

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

Table with 6 columns: (a) Name, address, and EIN of disregarded entity; (b) Primary activity; (c) Legal domicile; (d) Total income; (e) End-of-year assets; (f) Direct controlling entity. Includes entries for ARC RECEIVABLES COMPANY LLC and ARC COMMERCIAL REAL ESTATE, LLC.

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.)

Table with 7 columns: (a) Name, address, and EIN of related organization; (b) Primary activity; (c) Legal domicile; (d) Exempt Code section; (e) Public charity status; (f) Direct controlling entity; (g) Section 512(b)(13) controlled entity? (Yes/No).

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

Schedule R (Form 990) 2011

**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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) AMERIGIVES INC ----- 06-1595387 850 NW FEDERAL HWY, SUITE 210 STUART, FL 34994	WORK PLACE GIVING	FL	N/A	S CORP	554,205.	135,795.	100.0000
(2) BOARDMAN INDEMNITY, LTD ----- CUMBERLAND HOUSE, PO BOX HM 2280 HAMILTON, HMHX, BD	INSURANCE	BD	N/A	C CORP	42,447,544.	177,199,133.	100.0000
(3) POOLED INCOME FUND(2) ----- 00-0000000 2025 E STREET NW WASHINGTON, DC 20006	SPLIT INTR AGRM	DC	N/A	TRUST			
(4) CHARITABLE REMAINDER TRUST(23) ----- 00-0000000 2025 E STREET NW WASHINGTON, DC 20006	SPLIT INTR AGRM	DC	N/A	TRUST			
(5) PERPETUAL TRUST(44) ----- 00-0000000 2025 E STREET NW WASHINGTON, DC 20006	SPLIT INTR AGRM	DC	N/A	TRUST			
(6) -----							
(7) -----							

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

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

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	X
<b>f</b> Sale of assets to related organization(s) . . . . .	<b>1f</b>	X
<b>g</b> Purchase of assets from related organization(s) . . . . .	<b>1g</b>	X
<b>h</b> Exchange of assets with related organization(s) . . . . .	<b>1h</b>	X
<b>i</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1j</b>	X
<b>k</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1l</b>	X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1m</b>	X
<b>n</b> Sharing of paid employees with related organization(s) . . . . .	<b>1n</b>	X
<b>o</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1o</b>	X
<b>p</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1p</b>	X
<b>q</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1q</b>	X
<b>r</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1r</b>	X

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
<b>(1)</b> BOARDMAN INDEMNITY, LTD	Q	42,447,544.	CASH
<b>(2)</b> BOARDMAN INDEMNITY, LTD	R	34,212,450.	CASH
<b>(3)</b> AMERIGIVES, INC	O	1,500,322.	CASH
<b>(4)</b>			
<b>(5)</b>			
<b>(6)</b>			



**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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													
(9) -----													
(10) -----													
(11) -----													
(12) -----													
(13) -----													
(14) -----													
(15) -----													
(16) -----													

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

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

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