

Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

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

A For the 2020 calendar year, or tax year beginning 07-01-2020, and ending 06-30-2021

- B Check if applicable:
Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization
AMERICAN NATIONAL RED CROSS & ITS
CONSTITUENT CHAPTERS AND BRANCHES
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
431 18TH STREET NW
City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 200065009

D Employer identification number
53-0196605
E Telephone number
(202) 303-4498
G Gross receipts \$ 3,115,796,152

F Name and address of principal officer:
GAIL MCGOVERN
430 17TH ST NW
WASHINGTON, DC 20006

H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
H(c) Group exemption number

I Tax-exempt status:
501(c)(3)
501(c) () (insert no.)
4947(a)(1) or
527

J Website: WWW.REDCROSS.ORG

K Form of organization:
Corporation
Trust
Association
Other

L Year of formation: 1900
M State of legal domicile: DC

Part I Summary

Table with 3 main sections: Activities & Governance, Revenue, and Expenses. Includes rows for 1-22 with numerical values for Prior Year and Current Year.

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.

Sign Here Signature of officer 2022-02-24
Date

Sign Here BRIAN J RHOA CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01679255
Firm's name ▶ KPMG LLP			Firm's EIN ▶ 13-5565207	
Firm's address ▶ 8350 BROAD STREET SUITE 900 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. Cat. No. 11282Y Form **990** (2020)

Part III Statement of Program Service Accomplishments

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

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

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

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

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

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

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

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

(Code:) (Expenses \$ **69,105,319** including grants of \$ **49,269,650**) (Revenue \$)
 INTERNATIONAL RELIEF AND DEVELOPMENT SERVICES:THE ORGANIZATION HELPS VULNERABLE PEOPLE AROUND THE WORLD PREVENT, PREPARE FOR, RESPOND TO AND RECOVER FROM DISASTERS, COMPLEX HUMANITARIAN EMERGENCIES, AND LIFE-THREATENING HEALTH CONDITIONS THROUGH GLOBAL INITIATIVES AND COMMUNITY-BASED PROGRAMS. WITH A FOCUS ON MASS SCALE DISEASE PREVENTION, DISASTER MANAGEMENT, RESTORING FAMILY LINKS, AND THE DISSEMINATION OF INTERNATIONAL HUMANITARIAN LAW, THE ORGANIZATION PROVIDES RAPID, EFFECTIVE, AND LARGE-SCALE HUMANITARIAN ASSISTANCE TO THOSE IN NEED. TO ACHIEVE OUR GOALS, THE ORGANIZATION WORKS WITH OUR PARTNERS IN THE INTERNATIONAL RED CROSS AND RED CRESCENT MOVEMENT AND OTHER INTERNATIONAL RELIEF AND DEVELOPMENT AGENCIES TO BUILD LOCAL CAPACITIES, MOBILIZE AND EMPOWER COMMUNITIES, AND ESTABLISH PARTNERSHIPS.

(Code:) (Expenses \$ **48,965,511** including grants of \$ **740,323**) (Revenue \$)
 FORM 990, PART III, LINE 4D, SERVICE TO THE ARMED FORCES: THE ORGANIZATION PROVIDES MILITARY MEMBERS, VETERANS, AND THEIR FAMILIES WITH EMERGENCY COMMUNICATIONS SERVICES, PROGRAMS AND SERVICES FOR THE SICK, WOUNDED AND RECOVERING AT VETERANS AND MILITARY MEDICAL FACILITIES, JOB TRAINING AND EDUCATION, AND OTHER VITAL SERVICES FOR U.S. MILITARY FAMILIES AROUND THE WORLD.

(Code:) (Expenses \$ **22,995,075** including grants of \$ **3,286,983**) (Revenue \$)
 FORM 990, PART III, LINE 4D, COMMUNITY SERVICES:

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

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

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3	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>		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		No
7	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>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		No
10	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>	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	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>	Yes	
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>	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
f	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>	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	Yes	
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>	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, controlled entities, and contributions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	17,918		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b			No
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Yes	
b If "Yes," enter the name of the foreign country: HA , VM , KE See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Yes	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			

15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

- Own website Another's website Upon request Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
 ▶ JENNIFER HAWKINS 430 17TH STREET NW WASHINGTON, DC 20006 (202) 303-5028

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
(1) CLIFFORD HOLTZ CHIEF OPERATING OFFICER	60.00			X			752,608	0	28,512
(2) CHRIS HROUDA PRESIDENT, BIOMEDICAL SERVICES	60.00			X			723,752	0	28,037
(3) SHAUN GILMORE CHIEF TRANSFORMATION OFFICER	60.00			X			696,099	0	27,597
(4) GAIL MCGOVERN PRESIDENT & CEO	60.00	X		X			627,532	0	12,951
(5) BRIAN RHOA CHIEF FINANCIAL OFFICER	60.00			X			603,714	0	26,240
(6) PAUL SULLIVAN SVP, DONOR SERVICES	60.00				X		502,042	0	33,476
(7) PHYLLIS HARRIS GENERAL COUNSEL	60.00			X			461,236	0	30,097
(8) MELISSA HURST CHIEF HUMAN RESOURCES OFFICER	60.00			X			458,794	0	30,089
(9) DON HERRING CHIEF DEVELOPMENT OFFICER	60.00			X			455,421	0	12,758

(10) JACK MCMASTER PRESIDENT, TRAINING SERVICES	60.00					X			419,172	0	31,949
(11) PETER GIAMALVA SVP, BIOMEDICAL SALES & MARKETING	60.00					X			416,502	0	28,190
(12) PAMPEE YOUNG CHIEF MEDICAL OFFICER	60.00					X			394,160	0	15,274
(13) RONNIE STRICKLAND CHIEF INFORMATION OFFICER	60.00					X			378,045	0	30,875
(14) HARVEY JOHNSON PRESIDENT, HUMANITARIAN SERVICES	60.00				X				397,952	0	9,168
(15) JENNIFER HAWKINS CORP SEC & CHIEF OF STAFF	60.00			X					309,100	0	17,531
(16) JENNIFER BAILEY BOARD MEMBER	3.00	X							0	0	0
(17) AFSANEH M BESCHLOSS BOARD MEMBER	2.00	X							0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) M BRETT BIGGS BOARD MEMBER	2.00	X						0	0	0
(19) DAVID A BRANDON BOARD MEMBER	3.00	X						0	0	0
(20) CAROLE L BROWN BOARD MEMBER	2.00	X						0	0	0
(21) HERMAN E BULLS BOARD MEMBER	2.00	X						0	0	0
(22) DAVID H CLARK BOARD MEMBER	2.00	X						0	0	0
(23) STEVEN H COLLIS BOARD MEMBER	2.00	X						0	0	0
(24) ENRIQUE A CONTERNO BOARD MEMBER	3.00	X						0	0	0
(25) Y MICHELE KANG BOARD MEMBER	2.00	X						0	0	0
(26) JOSEPH E MADISON BOARD MEMBER	2.00	X						0	0	0
(27) BONNIE MCELVEEN-HUNTER BOARD MEMBER	10.00	X						0	0	0
(28) JOHNNY C TAYLOR JR BOARD MEMBER	2.00	X						0	0	0

(29) DAVID A THOMAS BOARD MEMBER	2.00	X								0	0	0
(30) KIRT A WALKER BOARD MEMBER	3.00	X								0	0	0
(31) DENNIS M WOODSIDE BOARD MEMBER	3.00	X								0	0	0

1b Sub-Total												
c Total from continuation sheets to Part VII, Section A												
d Total (add lines 1b and 1c)										7,596,129	0	362,744

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

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

Section B. Independent Contractors

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

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

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

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Coordinated campaigns	1a 23,719,002			
Membership dues	1b			
Fundraising events	1c 8,545,657			
Related organizations	1d			
Government grants (contributions)	1e 170,199,595			
All other contributions, gifts, grants, and similar amounts not included				

and similar amounts not included above **1f**
 760,478,659
g Noncash contributions included in lines 1a - 1f:\$ **1g**
 14,635,347
h Total. Add lines 1a-1f **962,942,913**

		Business Code				
Program Service Revenue	2a BIOMEDICAL PRODUCTS AND SERVICES	541900	1,883,814,638	1,883,814,638		
	2b OTHER PRODUCTS AND SERVICES	900099	115,803,118	115,803,118		
	f All other program service revenue.					
9 Total. Add lines 2a-2f.			1,999,617,756			
3 Investment income (including dividends, interest, and other similar amounts)			63,790,894	211,627	63,579,267	
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross rents		(i) Real				
	6a	25,607,891				
	b Less: rental expenses		0			
	c Rental income or (loss)		25,607,891			
	d Net rental income or (loss)			25,607,891		25,607,891
7a Gross amount from sales of assets other than inventory		(i) Securities		(ii) Other		
	7a	16,666,627		17,172,347		
	b Less: cost or other basis and sales expenses		16,533,951		8,081,092	
	c Gain or (loss)		132,676		9,091,255	
	d Net gain or (loss)			9,223,931		9,223,931
8a Gross income from fundraising events (not including \$ 8,545,657 of contributions reported on line 1c). See Part IV, line 18						
	8a			3,241,475		
	b Less: direct expenses			997,549		
c Net income or (loss) from fundraising events			2,243,926		2,243,926	
9a Gross income from gaming activities. See Part IV, line 19						
	9a					
	b Less: direct expenses					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances						
	10a					
	b Less: cost of goods sold					
c Net income or (loss) from sales of inventory						
11a OTHER MISCELLANEOUS REVENUE		900099	26,756,249	19,540,009	7,216,240	

b					
c					
d All other revenue					
e Total. Add lines 11a–11d ▶		26,756,249			
12 Total revenue. See instructions ▶		3,090,183,560	2,019,157,765	7,427,867	100,655,015

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Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	214,737,747	214,737,747		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	49,269,650	49,269,650		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,750,681	1,893,851	3,389,801	467,029
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,071,857,732	949,824,674	38,678,156	83,354,902
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	43,691,523	38,714,909	1,672,733	3,303,881
9 Other employee benefits	149,554,038	132,519,322	5,725,686	11,309,030
10 Payroll taxes	81,193,947	71,945,679	3,108,515	6,139,753
11 Fees for services (non-employees):				
a Management				
b Legal	2,492,602	1,795,888	486,391	210,323
c Accounting	1,503,500	1,112,378	332,230	58,892
d Lobbying	277,727	113,985	116,257	47,485
e Professional fundraising services. See Part IV, line 17	216,781			216,781
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	197,318,308	145,924,135	10,389,639	41,004,534
12 Advertising and promotion	16,076,738	14,557,114	371,846	1,147,778
13 Office expenses	93,828,171	89,634,110	2,944,281	1,249,780
14 Information technology	50,091,160	43,042,864	5,392,181	1,656,115
15 Royalties				
16 Occupancy	63,508,615	54,130,502	5,659,857	3,718,256
17 Travel	34,833,356	34,715,127	45,040	73,189
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	280,429	208,789	8,654	62,986
20 Interest	61,249,995	56,833,959	1,406,810	3,009,226
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	82,072,218	75,571,177	1,085,553	5,415,488
23 Insurance	35,259,056	32,125,505	1,047,885	2,085,666
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	BIOMED SUP/BLOOD TESTS	515,047,686	515,047,686		
b	OTHER PROGRAM SUPPLIES	23,045,422	21,656,989	820,616	567,817
c	OTHER ASSISTANCE	2,868,227	2,160,253	414,616	293,358
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,796,025,309	2,547,536,293	83,096,747	165,392,269
26	Joint costs. 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).				

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Part X **Balance Sheet**

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash-non-interest-bearing	235,415,378	1	205,148,336
	2 Savings and temporary cash investments	348,443,185	2	562,450,227
	3 Pledges and grants receivable, net	48,558,920	3	40,027,953
	4 Accounts receivable, net	286,464,352	4	226,657,385
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	46,998,213	8	47,393,623
	9 Prepaid expenses and deferred charges	312,588,241	9	373,149,168
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,684,979,202		
	b Less: accumulated depreciation	10b 922,519,178	786,479,442	10c 762,460,024
	11 Investments—publicly traded securities	411,966,318	11	524,677,342
	12 Investments—other securities. See Part IV, line 11	675,511,000	12	804,771,002
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	114,474,332	15	121,764,925
16 Total assets. Add lines 1 through 15 (must equal line 33)	3,266,899,381	16	3,668,499,985	
Liabilities	17 Accounts payable and accrued expenses	253,123,187	17	299,797,629
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	47,390,000	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	7,906,901	23	3,489,207
	24 Unsecured notes and loans payable to unrelated third parties	708,884,329	24	534,284,657
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	437,379,855	25	462,541,181
	26 Total liabilities. Add lines 17 through 25	1,454,684,272	26	1,300,112,674
Net Assets	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	390,796,728	27	710,028,627
	28 Net assets with donor restrictions	1,421,418,381	28	1,658,358,684

Net Assets or Fund	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds	29	
	30	Paid-in or capital surplus, or land, building or equipment fund	30	
	31	Retained earnings, endowment, accumulated income, or other funds	31	
	32	Total net assets or fund balances	1,812,215,109	32
33	Total liabilities and net assets/fund balances	3,266,899,381	33	3,668,499,985

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Part XI **Reconciliation of Net Assets**

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

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

Part XII **Financial Statements and Reporting**

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

		Yes	No
1	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.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	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.	Yes	
3a	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?	Yes	
3b	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.	Yes	

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Additional Data

[Return to Form](#)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
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).
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).
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).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university.
10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and other activities related to its exempt functions...
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization.
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having management of the supporting organization vested in the same persons that control or manage the supported organization.
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, one or more supported organization(s) (see instructions).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) functionally integrated.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 5 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support. Includes a Total row.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat. No. 11285F Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

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

Section A. Public Support

Calendar year

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	700,040,441	1,508,477,297	817,365,759	887,785,755	962,942,913
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					
3 The value of services or facilities furnished by a governmental unit to the organization without charge.. . . .					
4 Total. Add lines 1 through 3	700,040,441	1,508,477,297	817,365,759	887,785,755	962,942,913
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).					
6 Public support. Subtract line 5 from line 4.					

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020
7 Amounts from line 4.	700,040,441	1,508,477,297	817,365,759	887,785,755	962,942,913
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	58,953,690	171,118,839	77,336,123	69,704,977	89,187,158
9 Net income from unrelated business activities, whether or not the business is regularly carried on					
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	5,372,243	4,953,228	4,572,337	2,092,433	3,241,475
11 Total support. Add lines 7 through 10					
12 Gross receipts from related activities, etc. (see instructions)					12
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organ this box and stop here					<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2019 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this t and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test—2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check box and stop here. The organization qualifies as a publicly supported organization		
17a 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		

Schedule A (Form 990 o

Schedule A (Form 990 or 990-EZ) 2020

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify und 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose					

3	organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513				
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.				
5	The value of services or facilities furnished by a governmental unit to the organization without charge				
6	Total. Add lines 1 through 5				
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons				
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.				
c	Add lines 7a and 7b.				
8	Public support. (Subtract line 7c from line 6.)				

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020
9 Amounts from line 6.					
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.					
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.					
c Add lines 10a and 10b.					
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.					
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					
13 Total support. (Add lines 9, 10c, 11, and 12.)					
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) orga check this box and stop here.					

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 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		

Schedule A (Form 990 o

Schedule A (Form 990 or 990-EZ) 2020

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1** Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2** Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.

- d** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in **Part VI** when and how the organization made the determination.*
- c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.*
- 4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a** Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*
- b** **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c** **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6** Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in **Part VI**.*
- 7** Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*
- 8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in **Part VI**.*
- b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in **Part VI**.*
- c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in **Part VI**.*
- 10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*
- b** Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*

Schedule A (Form 990 o

Schedule A (Form 990 or 990-EZ) 2020

Part IV Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
 - a** A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?
 - b** A family member of a person described in 11a above?
 - c** A 35% controlled entity of a person described in line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in **Part VI**.*

Section B. Type I Supporting Organizations

- 1** Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*

Section C. Type II Supporting Organizations

- 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instruction**)
 - a The organization satisfied the Activities Test. Complete **line 2** below.
 - b The organization is the parent of each of its supported organizations. Complete **line 3** below.
 - c The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see in
- 2 Activities Test. **Answer lines 2a and 2b below.**
 - a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
 - b Did the activities described in line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**
 - a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No", provide details in **Part VI**.
 - b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

Schedule A (Form 990 o

Schedule A (Form 990 or 990-EZ) 2020

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	

b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			C
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Schedule A (Form 990 o

Schedule A (Form 990 or 990-EZ) 2020

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

Section D - Distributions			Cur
1 Amounts paid to supported organizations to accomplish exempt purposes	1		
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2		
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3		
4 Amounts paid to acquire exempt-use assets	4		
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5		
6 Other distributions (describe in Part VI). See instructions	6		
7 Total annual distributions. Add lines 1 through 6.	7		
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8		
9 Distributable amount for 2020 from Section C, line 6	9		
10 Line 8 amount divided by Line 9 amount	10		
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	Distri Amount
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			

4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

Schedule A (Form 990 or

Schedule A (Form 990 or 990-EZ) 2020

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

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	FUNDRAISING AND MISC - 2016 AMOUNT: \$ 5,372,243. 2017 AMOUNT: \$ 4,953,228. 2018 AMOUNT: \$ 4,572,337. 2019 AMOUNT: \$ 2,092,433. 2020 AMOUNT: \$ 3,241,475.

Schedule A (Form 990 or

Additional Data

Return

Software ID:
Software Version:

efile Public Visual Render		ObjectID: 202230559349300913 - Submission: 2022-02-24	
Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information.	

Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT CHAPTERS AND BRANCHES	Employer identi 53-0196605
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Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- 501(c)() (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the a 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any on during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or edi purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any on during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled r If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religio purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Part I

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	Type
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> I
			<input type="checkbox"/> I
			<input type="checkbox"/> I
			(Complete if contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	Type
-		\$	<input type="checkbox"/> I
			<input type="checkbox"/> I
			<input type="checkbox"/> I
			(Complete if contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	Type
-		\$	<input type="checkbox"/> I
			<input type="checkbox"/> I
			<input type="checkbox"/> I
			(Complete if contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	Type
-		\$	<input type="checkbox"/> I
			<input type="checkbox"/> I
			<input type="checkbox"/> I
			(Complete if contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	Type
-		\$	<input type="checkbox"/> I
			<input type="checkbox"/> I
			<input type="checkbox"/> I
			(Complete if contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	Type
-		\$	<input type="checkbox"/> I
			<input type="checkbox"/> I
			<input type="checkbox"/> I
			(Complete if contribution)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT CHAPTERS AND BRANCHES	Employer identification number 53-0196605
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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

Schedule B (Form 990, 990-E, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT CHAPTERS AND BRANCHES	Employer identification 53-0196605
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line end organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 year. (Enter this information once. See instructions.) \$ _____
Use duplicate copies of Part III if additional space is needed.

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

No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of I
-	<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transfer	
<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>		<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of I
-	<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>	<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transfer	
<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>		<div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div> <div style="border-bottom: 1px solid black; height: 15px; width: 100%;"></div>	

Schedule B (Form 990, 990-EZ,

Additional Data

Ret

Software ID:
Software Version:

efile Public Visual Render	ObjectID: 202230559349300913 - Submission: 2022-02-24	TIN:
SCHEDULE C (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Political Campaign and Lobbying Activities For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.	OME Op 1

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

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

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

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

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part III (Proxy Tax) (see separate instructions), then

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

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

- Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for defining "political campaign activities")
- Political campaign activity expenditures (see instructions) ▶ \$ _____
- Volunteer hours for political campaign activities (see instructions)

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

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

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

- Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____
- Did the filing organization file **Form 1120-POL** for this year?
- 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 political 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 directly delivered to a separate political organization.
1				
2				
3				
4				
5				
6				

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

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, an expenses, and share of excess lobbying expenditures).
- B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b)												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j 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"/>												

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 fi columns below. See the separate instructions for lines 2a through 2f.)

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

Schedule C (Form 990 o

Schedule C (Form 990 or 990-EZ) 2020

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)).

	(a)	
	Yes	No
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:		
a Volunteers?	Yes	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes	
c Media advertisements?		No
d Mailings to members, legislators, or the public?		No
e Publications, or published or broadcast statements?		No

f	Grants to other organizations for lobbying purposes?		No
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No
i	Other activities?		No
j	Total. Add lines 1c through 1i		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No
b	If "Yes," enter the amount of any tax incurred under section 4912		
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		

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

1	Were substantially all (90% or more) dues received nondeductible by members?	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1:	THE AMERICAN NATIONAL RED CROSS DOES NOT CONTRIBUTE TO OR PARTICIPATE IN ELECTORAL CAMPAIGNS. IT DOES NOT ENDORSE CANDIDATES FOR ELECTIVE OFFICE, NOR DOES IT PURCHASE OR DISTRIBUTE INFORMATION THAT DIRECTLY OR INDIRECTLY ENDORSES OR OPPOSES A CANDIDATE. THE AMERICAN NATIONAL RED CROSS PARTICIPATES IN LOBBYING AND OTHER PUBLIC POLICY ACTIVITIES AT THE FEDERAL AND STATE LEVELS (WITHIN THE LIMITS SET BY IRS REGULATIONS) THAT ARE RELATED TO THE ORGANIZATION'S MISSION INCLUDING: BIOMEDICAL RESEARCH; HAZARD PREPAREDNESS AND RESPONSE; PUBLIC HEALTH EMERGENCY COMMUNICATION SERVICES TO THE ARMED FORCES; INTERNATIONAL SERVICE REGULATION OF NONPROFIT ORGANIZATIONS. THESE ACTIVITIES INCLUDE PREPARING ANNUAL REPORTS; WRITTEN AND ORAL TESTIMONY AT LEGISLATIVE HEARINGS AT THE FEDERAL AND STATE LEVELS; COMMUNICATING WITH POLICYMAKERS AND THEIR STAFFS THROUGH MEETINGS AND BRIEFINGS; AND ISSUING PUBLIC STATEMENTS RELATED TO PENDING LEGISLATION AND REGULATION.

Schedule C (Form 990)

Additional Data

Return

Software ID:
Software Version:

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 20 Open t Insp

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

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

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

Table with 3 columns: Description, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor advisement and grant fund usage.

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

Table with 3 columns: Description, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring details.

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

Table with 3 columns: Description, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures, and amounts reported under FASB ASC 958.

Schedule D (Form 990) 2020

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collectible 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 XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? **Yes**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶ 100.000 %
 - c** Term endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | |
|--|---------------|
| (i) Unrelated organizations | 3a(i) |
| (ii) Related organizations | 3a(ii) |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		99,286,741		
b Buildings		1,001,728,175	519,386,842	
c Leasehold improvements		92,869,361	71,206,299	
d Equipment		477,387,641	331,926,037	
e Other		13,707,284		
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				

Schedule D (Form 990) 2020

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book
(1) Federal income taxes	

(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	

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

Schedule D (Form 990) 2020

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

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

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

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

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

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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 XIII.)	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	

Part XIII Supplemental Information

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

Return Reference	Explanation
PART III, LINE 1A:	THE AMERICAN NATIONAL RED CROSS ELECTED NOT TO INCLUDE THE VALUE BALANCE SHEET UNDER FASB 116.
PART V, LINE 4:	ENDOWMENT FUNDS IN ACCORDANCE WITH ITS CONGRESSIONAL CHARTER, NATIONAL RED CROSS HAS MAINTAINED AN ENDOWMENT FUND SINCE 1905 INVESTED UNDER THE MANAGEMENT AND CONTROL OF A BOARD OF TRUSTEES DESIGNATED BY THE DONOR TO BE PERMANENTLY RETAINED, THE GIFT SHALL BE HELD IN THE ENDOWMENT FUND. THE AMERICAN NATIONAL RED CROSS MAKES INVESTMENTS FROM INCOME EARNED ON THE ENDOWMENT FUND FOR CURRENT OPERATIONS.
PART X, LINE 2:	OTHER LIABILITIES ASC 740 (FORMER FIN 48) THE AMERICAN NATIONAL RED CROSS IS A NOT-FOR-PROFIT ORGANIZATION INCORPORATED BY THE U.S. CONGRESS THROUGH A FEDERAL CHARTER. THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT ON NET INCOME FROM UNRELATED BUSINESS ACTIVITIES. AT JUNE 30, 2021 AND 2020, THE ORGANIZATION DETERMINED THAT NO INCOME TAXES ARE DUE FOR SUCH ACTIVITIES. AN ACCRUAL PROVISION FOR INCOME TAXES HAS BEEN RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

PROVISION FOR INCOME TAXES HAS BEEN RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS. MANAGEMENT ANNUALLY REVIEWS ITS TAX POSITIONS AND HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS.

Schedule D (Form 990)

Additional Data

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Additional Data

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efile Public Visual Render	ObjectID: 202230559349300913 - Submission: 2022-02-24	TI
SCHEDULE G (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information Regarding Fundraising or Gaming Activities <small>Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.</small> <small>▶ Attach to Form 990 or Form 990-EZ.</small> <small>▶ Go to www.irs.gov/Form990 for instructions and the latest information.</small>	TI Of In

Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT CHAPTERS AND BRANCHES	Employer identific 53-0196605
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Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|--|---|
| <p>a <input checked="" type="checkbox"/> Mail solicitations</p> <p>b <input checked="" type="checkbox"/> Internet and email solicitations</p> <p>c <input checked="" type="checkbox"/> Phone solicitations</p> <p>d <input type="checkbox"/> In-person solicitations</p> | <p>e <input type="checkbox"/> Solicitation of non-government grants</p> <p>f <input type="checkbox"/> Solicitation of government grants</p> <p>g <input type="checkbox"/> Special fundraising events</p> |
|--|---|
- 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**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi)
		Yes	No			
TELEFUND INC 186 LINCOLN STREET BOSTON, MA 02111	PHONE/EMAIL		No	13,753,143	216,781	
Total ▶				13,753,143	216,781	

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

.....

than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. Li gross receipts greater than \$5,000.

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

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states?

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain: _____

Schedule G (Form 990 or 990-EZ) 2020

11 Does the organization conduct gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

13 Indicate the percentage of gaming activity conducted in:
a The organization's facility 13a
b An outside facility 13b

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

Table with 2 columns: Return Reference, Explanation. Row 1: PART I, LINE 3; THE AMERICAN NATIONAL RED CROSS WAS CHARTERED BY SPECIAL ACT OF CONG 5, 1905, AND IS A FEDERAL INSTRUMENTALITY OF THE UNITED STATES. SEE 36 U. 300101-300111. AS A FEDERAL INSTRUMENTALITY, IT IS EXEMPT FROM STATE LAW REGISTRATION AND LICENSING REQUIREMENTS. SEE DEPARTMENT OF EMPLOYMEI STATES, 385 U.S. 355 (1966).

Schedule G (Form 990)

Additional Data

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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

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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 General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

Table with 7 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance. Rows 1-12.

- 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. Cat. No. 50055P Schedu

Schedule I (Form 990) 2020

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

Table with 6 columns: (a) Type of grant or assistance, (b) Number of recipients, (c) Amount of cash grant, (d) Amount of noncash assistance, (e) Method of valuation (book, FMV, appraisal, other), (f) Description of r. Row 1: (1) DISASTER RELIEF PAYMENTS AND EMERGENCIES, 214,737,747.

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

Table with 2 columns: Return Reference, Explanation. Rows include: PART I, LINE 2; SCHEDULE I, PART II; SCHEDULE I, PART IV.

DURING DOMESTIC AND INTERNATIONAL DISASTERS, THE AMERICAN NATIONAL RED CROSS WORKS CLOSELY WITH OTHER ORGANIZATIONS NON-GOVERNMENT NON-PROFIT ORGANIZATIONS, AND CORPORATIONS. THE AMERICAN NATIONAL RED CROSS MAY WRITE GRANTS TO NON-DURING LARGE DISASTERS THROUGH A SYSTEMATIC PROCESS. PURSUANT TO ITS CONGRESSIONAL CHARTER (36 U.S.C. 3 FOURTH), THE AM CROSS ALSO ACTS IN MATTERS OF VOLUNTARY RELIEF AND IN ACCORD WITH THE MILITARY AUTHORITIES TO PROVIDE COMMUNICATIONS AT MEMBERS OF THE ARMED FORCES OF THE UNITED STATES, THEIR FAMILIES AND VETERANS. ASSISTANCE TO THIS GROUP IS DETERMINED GE THEIR MILITARY, VETERAN OR DEPENDENT STATUS AND THE PARTICULAR NEEDS RELATED THERETO AS REVEALED THROUGH CASEWORK AND

Schedule 1

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Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

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

2020

Open to Public Inspection

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
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Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel	<input 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 type="checkbox"/> Tax idemnification 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	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2	
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, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee	<input checked="" 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 on 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?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	No
b Any related organization?	5b	No
If "Yes," on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	No
b Any related organization?	6b	No
If "Yes," on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Yes
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	Yes
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	Yes

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) 2020

Schedule J (Form 990) 2020

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) co (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation			
1 CLIFFORD HOLTZ CHIEF OPERATING OFFICER	(i)	583,938	165,050	3,620	11,400	17,112	78
	(ii)	0	0	0	0	0	--
2 CHRIS HROUDA PRESIDENT, BIOMEDICAL SERVICES	(i)	560,202	162,207	1,343	11,400	16,637	75
	(ii)	0	0	0	0	0	--
3 SHAUN GILMORE CHIEF TRANSFORMATION OFFICER	(i)	538,350	152,784	4,965	11,400	16,197	72
	(ii)	0	0	0	0	0	--
4 GAIL MCGOVERN PRESIDENT & CEO	(i)	622,442	0	5,090	11,400	1,551	64
	(ii)	0	0	0	0	0	--

5 BRIAN RHOA CHIEF FINANCIAL OFFICER	(i)	448,288	133,796	21,630	11,400	14,840	62
	(ii)	0	0	0	0	0	--
6 PAUL SULLIVAN SVP, DONOR SERVICES	(i)	386,737	114,326	979	9,994	23,482	53
	(ii)	0	0	0	0	0	--
7 PHYLLIS HARRIS GENERAL COUNSEL	(i)	356,024	102,711	2,501	11,400	18,697	49
	(ii)	0	0	0	0	0	--
8 MELISSA HURST CHIEF HUMAN RESOURCES OFFICER	(i)	336,854	101,855	20,085	11,400	18,689	48
	(ii)	0	0	0	0	0	--
9 DON HERRING CHIEF DEVELOPMENT OFFICER	(i)	362,253	91,677	1,491	11,266	1,492	46
	(ii)	0	0	0	0	0	--
10 JACK MCMASTER PRESIDENT, TRAINING SERVICES	(i)	372,919	43,739	2,514	8,851	23,098	45
	(ii)	0	0	0	0	0	--
11 PETER GIAMALVA SVP, BIOMEDICAL SALES & MARKETING	(i)	320,339	93,850	2,313	11,400	16,790	44
	(ii)	0	0	0	0	0	--
12 PAMPEE YOUNG CHIEF MEDICAL OFFICER	(i)	393,260	0	900	8,082	7,192	40
	(ii)	0	0	0	0	0	--
13 RONNIE STRICKLAND CHIEF INFORMATION OFFICER	(i)	328,776	47,804	1,465	11,400	19,475	40
	(ii)	0	0	0	0	0	--
14 HARVEY JOHNSON PRESIDENT, HUMANITARIAN SERVICES	(i)	316,751	79,083	2,118	7,906	1,262	40
	(ii)	0	0	0	0	0	--
15 JENNIFER HAWKINS CORP SEC & CHIEF OF STAFF	(i)	223,423	67,741	17,936	10,046	7,485	32
	(ii)	0	0	0	0	0	--

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Schedule J (Form 990) 2020

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 7	MS. MCGOVERN ELECTED TO NOT TAKE INCENTIVE BONUS FOR CALENDAR YEAR 2020 TO ENABLE THE RED CROSS TO PUT ADDITIONA OTHER CHARITABLE PURPOSES IN LIGHT OF THE GLOBAL PANDEMIC AND ITS IMPACT ON THE COUNTRY AND WORLD. THE AMOUNTS S B (II) FOR THE CHIEF OPERATING OFFICER, THE PRESIDENT BIOMEDICAL SERVICES, THE CHIEF TRANSFORMATION OFFICER, THE CHIEF GENERAL COUNSEL, THE CHIEF HUMAN RESOURCES OFFICER, THE CHIEF DEVELOPMENT OFFICER AND THE PRESIDENT HUMANITARIAN SERVICES BASED ON WRITTEN VARIABLE INCENTIVE PLANS, PRIOR FISCAL YEAR PERFORMANCE AND WERE APPROVED BY THE COMPENSATION AND DEVELOPMENT COMMITTEE OF THE BOARD. THE AMOUNT SHOWN IN PART II, COLUMN B (II) FOR THE PRESIDENT, TRAINING SERVICES; WRITTEN INCENTIVE PLAN, PRIOR FISCAL YEAR PERFORMANCE AND WAS APPROVED BY THE CHIEF OPERATING OFFICER. THE AMOUNT COLUMN B(I) FOR THE SVP DONOR SERVICES AND THE SVP BIOMEDICAL SALES & MARKETING WERE BASED ON A WRITTEN INCENTIVE PL PERFORMANCE AND WAS APPROVED BY THE PRESIDENT BIOMEDICAL SERVICES. THE AMOUNTS SHOWN IN PART II, COLUMN B(II) FOR OFFICER AND THE CORPORATE SECRETARY & CHIEF OF STAFF WERE PAID BASED ON A WRITTEN VARIABLE INCENTIVE PLAN, PRIOR FI AND WERE APPROVED BY THE PRESIDENT AND CEO. ALL VARIABLE INCENTIVE PLAN PAYOUTS WERE REVIEWED BY AN OUTSIDE INDEF CONSULTANT AND WERE DOCUMENTED IN THE MINUTES OF THE COMMITTEE, ALL IN ACCORDANCE WITH THE REQUIREMENTS FOR TH PRESUMPTION OF REASONABLENESS UNDER IRC SECTION 4958.
PART I, LINE 8	THE AMERICAN NATIONAL RED CROSS HAS ONE (1) EMPLOYEE LISTED ON PART VII WHO IS COVERED BY REG. SECTION 53.4958-4 (A). CEO. THE ORIGINAL BASE SALARY AMOUNT PAID TO THE PRESIDENT & CEO IS COVERED BY THIS PROVISION AND ANY SUBSEQUENT / OTHER SALARY PAYMENTS ARE DETERMINED BY THE BOARD OF GOVERNORS FOLLOWING A REVIEW BY THE COMPENSATION AND MAN COMMITTEE OF THE BOARD, AND WERE BASED ON COMPARABLE MARKET DATA AND SUPPORTED BY THE OPINION OF AN OUTSIDE INC COMPENSATION CONSULTANT AND WERE DOCUMENTED IN THE MINUTES OF THE COMMITTEE, ALL IN ACCORDANCE WITH THE REQUIR REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER IRC SECTION 4958.

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Additional Data

Software ID:
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SCHEDULE M (Form 990)

Noncash Contributions

OMB I 2 Open It

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

Department of the Treasury Internal Revenue Service

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

Employer identification number 53-0196605

Part I Types of Property

Table with 4 columns: (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. Rows include Art, Books, Clothing, Cars, Boats, Intellectual property, Securities, Real estate, Collectibles, Food, Drugs, Taxidermy, Historical artifacts, Scientific specimens, Archeological artifacts, and Other (VARIOUS).

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

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

is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 32B:	THE AMERICAN NATIONAL RED CROSS USES THIRD-PARTY VENDORS FOR ITS VEHICLE DONATION, CLOTHING DONATION, AND HOUSEHOLD ITEM DONATION PROGRAMS. THE VENDORS SOLICIT AND SELL THE DONATED GOODS.

Schedule M (Form 990)

Additional Data

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Software Version:

	TREATMENT FACILITIES AND VETERANS' HOSPITALS AROUND THE GLOBE. TO CONTINUE DELIVERING LIFESAVING TRAINING, THE AMERICAN NATIONAL RED CROSS CREATED VIRTUAL SOLUTIONS TO MEE WHERE THEY WERE. WHILE COMMUNITIES CONTINUE TO FACE THIS PANDEMIC AROUND THE WORL NATIONAL RED CROSS REMAINS STEADFAST IN DELIVERING ITS LIFESAVING MISSION TO MAKE SURE RECEIVE HELP AND HOPE AMID THIS PUBLIC HEALTH CRISIS.
FORM 990, PART V, LINE 3B	THE AMERICAN NATIONAL RED CROSS COMPLIES WITH ITS UNRELATED BUSINESS INCOME FORM 990 FILING BY THE INTERNAL REVENUE CODE PERMITTED EXTENDED DUE DATE OF MAY 16, 2022. PER TH INSTRUCTIONS FOR PART V, LINE 3B, THE AMERICAN NATIONAL RED CROSS IS REQUIRED TO ANSWE A FORM 990-T BECAUSE IT WILL NOT FILE ITS FORM 990-T BY THE TIME IT FILES ITS FORM 990 ON FEE THE AMERICAN NATIONAL RED CROSS IS ANNUALLY AND TIMELY COMPLIANT WITH ITS FORM 990-T R
FORM 990, PART VI, SECTION A, LINE 2	DAVID BRANDON, GAIL MCGOVERN, AND DAVID THOMAS HAVE A BUSINESS RELATIONSHIP AS ALL TH BOARD DIRECTORS AT THE SAME PUBLIC COMPANY.
FORM 990, PART VI, SECTION A, LINE 6	AS DEFINED IN THE CONGRESSIONAL CHARTER: "MEMBERSHIP IN THE CORPORATION IS OPEN TO AL OF THE UNITED STATES AND ITS TERRITORIES AND POSSESSIONS, ON PAYMENT OF AN AMOUNT SPE OTHERWISE PROVIDED IN THE BYLAWS." SECTION 7 OF THE AMENDED AND RESTATED BYLAWS OF T NATIONAL RED CROSS DESCRIBES MEMBERSHIP IN THE CORPORATION AND DEFINES MEMBERSHIP, TERMINATION OF MEMBERSHIP.
FORM 990, PART VI, SECTION A, LINE 7A	DELEGATES OF THE CHAPTERS ELECT ALL MEMBERS OF THE GOVERNING BODY EXCEPT THE CHAIR BOARD OF GOVERNORS, WHO IS APPOINTED BY THE PRESIDENT OF THE UNITED STATES. AS MANDA CONGRESSIONAL CHARTER, SECTION 4(A)(3)(B)(I): "MEMBERS OF THE BOARD OF GOVERNORS OTHE CHAIRMAN SHALL BE ELECTED AT THE ANNUAL MEETING OF THE CORPORATION IN ACCORDANCE WI PROCEDURES AS MAY BE PROVIDED IN THE BYLAWS."
FORM 990, PART VI, SECTION B, LINE 11B	THE COMPENSATION AND MANAGEMENT DEVELOPMENT COMMITTEE REVIEWED THE COMPENSATIO THE IRS FORM 990 (PART VII AND SCHEDULE J) DURING A MEETING HELD ON OCTOBER 27, 2021. A CC FORM 990 WAS SUBMITTED TO EACH MEMBER OF THE BOARD OF GOVERNORS BEFORE IT WAS FILEI THE MANAGEMENT REVIEW PROCESS ENTAILS THE CHIEF FINANCIAL OFFICER COORDINATING THE (THE IRS FORM 990 WITH THE GENERAL COUNSEL AND THE CHIEF HUMAN RESOURCES OFFICER FOR BY THE PRESIDENT AND CEO.
FORM 990, PART VI, SECTION B, LINE 12C	AS REQUIRED BY SECTION 2.3(A) OF THE AMENDED AND RESTATED BYLAWS OF THE AMERICAN NATI CROSS, ALL MEMBERS OF THE BOARD OF GOVERNORS MUST ANNUALLY REVIEW AND CERTIFY THE (BUSINESS ETHICS AND CONDUCT ("THE CODE"). ADDITIONALLY, TO DISCLOSE AND REMEDY ACTUAL (BUSINESS, FINANCIAL OR PERSONAL CONFLICTS OF INTEREST, EVERY MEMBER OF THE BOARD OF (MUST ALSO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE (THE "QUESTIONNAIRE") ANNUAL OFFICERS AND KEY EMPLOYEES ARE ALSO REQUIRED TO ACKNOWLEDGE RECEIPT OF THE CODE AN THE QUESTIONNAIRE ANNUALLY. UNDER THE DIRECTION OF THE GENERAL COUNSEL, THE INVESTIG COMPLIANCE AND ETHICS DEPARTMENT STAFF COLLECT THE EXECUTED QUESTIONNAIRE FORMS F MEMBERS OF THE BOARD OF GOVERNORS AND OTHER OFFICERS AND KEY EMPLOYEES. THE INFOR DISCLOSED IN THE QUESTIONNAIRE IS REVIEWED, ACTUAL OR PERCEIVED CONFLICTS OF INTEREST AND ANY NECESSARY REMEDIATION OPTIONS ARE DEVELOPED. DEPENDING ON THE MATTER, THE C COUNSEL OR A STAFF MEMBER FROM THE INVESTIGATIONS, COMPLIANCE AND ETHICS DEPARTMENT THE CONFLICT AND REMEDIATION WITH THE MEMBER OF THE BOARD OR THE OTHER OFFICER OR KI AND IF NECESSARY, THE PRESIDENT AND CEO OR CHAIRMAN OF THE BOARD. WHERE APPROPRIATE OF INTEREST AND REMEDIATION REGARDING A MEMBER OF THE BOARD ARE INCLUDED IN THE MINU RELEVANT BOARD COMMITTEE OR FULL BOARD MEETING. THE QUESTIONNAIRE IS ALSO INTENDED T CONFLICTS OF INTEREST ON AN ONGOING BASIS. MEMBERS OF THE BOARD AND OTHER OFFICERS / EMPLOYEES ARE EXPLICITLY INSTRUCTED THAT THEY HAVE A CONTINUING DUTY TO UPDATE THE QL DURING THE COURSE OF THE YEAR TO REFLECT CHANGES IN ANY BUSINESS, FINANCIAL OR PERSO OF INTEREST. THE SAME PROCESS OF REVIEW, DISCUSSION AND FOLLOW-UP ON CONFLICTS OF INT REMEDIATION WITH THE BOARD MEMBER OR OTHER OFFICER OR KEY EMPLOYEE WOULD OCCUR W DISCLOSURES.
FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF GOVERNORS OF THE AMERICAN NATIONAL RED CROSS HAS DELEGATED AUTHORITY COMPENSATION AND MANAGEMENT DEVELOPMENT COMMITTEE (THE "COMMITTEE") OF THE BOARD THE COMPENSATION, BENEFITS, AND INCENTIVE PROGRAM FOR THE CEO; (2) MAKE RECOMMENDAT BOARD FOR THE CEO'S ANNUAL SALARY, BENEFITS AND INCENTIVE PROGRAM; AND (3) REVIEW AND DETERMINATIONS REGARDING THE COMPENSATION, BENEFITS, AND INCENTIVE PROGRAMS FOR OT OFFICERS AND EXECUTIVES OF THE AMERICAN NATIONAL RED CROSS. THE COMMITTEE IS COMPOS BOARD MEMBERS WHO DO NOT HAVE ANY CONFLICTS OF INTEREST. ANNUALLY, THE COMMITTEE RE APPROVES A LIST OF EXECUTIVES WHO ARE OR MIGHT BE CONSIDERED "DISQUALIFIED PERSONS" F INTERNAL REVENUE CODE ("IRC") SECTION 4958. WITH RESPECT TO THOSE PERSONS, THE COMMITI ITS ANNUAL REVIEW OF THEIR TOTAL COMPENSATION AND BENEFITS BASED ON COMPARABLE MARK COMMITTEE RETAINS AN OUTSIDE, INDEPENDENT COMPENSATION CONSULTANT TO PROVIDE MARKI REASONABLENESS OPINIONS FOR THE DESIGNATED EXECUTIVES AND IT RELIES ON SUCH MARKET REASONABLENESS OPINIONS IN APPROVING NEW SALARIES, BENEFITS AND PAYMENT OF BONUSES FOR THE DESIGNATED PERSONS. THE COMMITTEE ALSO THEN DOCUMENTS ITS DECISIONS AS TO AI BE IMPLEMENTED IN COMPENSATION OR BENEFITS FOR THE DESIGNATED PERSONS. THE COMMITTI THIS PROCESS FOR ALL OF THE OFFICERS AND KEY EMPLOYEES REPORTED IN SCHEDULE J WHO AF "DISQUALIFIED PERSONS" PURSUANT TO IRC SECTION 4958.
FORM 990, PART VI, SECTION C, LINE 19	THE AMERICAN NATIONAL RED CROSS MAKES ITS GOVERNING DOCUMENTS INCLUDING THE CODE C ETHICS AND CONDUCT, CONFLICT OF INTEREST QUESTIONNAIRE, AND THE CONSOLIDATED FINANCI/ AVAILABLE TO THE PUBLIC ON THE GOVERNANCE PAGE OF ITS WEBSITE, WWW.REDCROSS.ORG.

LINE 9	
PART XI, LINE 9:	PRIMARILY, THIS AMOUNT REPRESENTS EMPLOYEE RETIREMENT PENSION AND POST-RETIREMENT E LOSS PER PROVISION OF ASC 715 (FORMER FASB 87 AND 106) IN THE AMOUNT OF (\$15,695,702).

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

Cat. No. 51056K

Schedule O

Additional Data

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Software ID:
Software Version:

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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

Employer identification n
53-0196605

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	Direct

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50135Y Sched

Schedule R (Form 990) 2020

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 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)
							Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Pa 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
(1)BOARDMAN INDEMNITY LTD	INSURANCE	BD	N/A	C		1

CUMBERLAND HOUSE PO BOX HM 2280 HAMILTON BD						
(2) POOLED INCOME FUND (2) 431 18TH STREET NW WASHINGTON, DC 20006	SPLIT INTR AG	DC	N/A	T		
(3) CHARITABLE REMAINDER TRUST (18) 431 18TH STREET NW WASHINGTON, DC 20006	SPLIT INTR AG	DC	N/A	T		
(4) PERPETUAL TRUST (53) 431 18TH STREET NW WASHINGTON, DC 20006	SPLIT INTR AG	DC	N/A	T		

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Schedule R (Form 990) 2020

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

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

- 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
 - a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
 - b Gift, grant, or capital contribution to related organization(s)
 - c Gift, grant, or capital contribution from related organization(s)
 - d Loans or loan guarantees to or for related organization(s)
 - e Loans or loan guarantees by related organization(s)
 - f Dividends from related organization(s)
 - g Sale of assets to related organization(s)
 - h Purchase of assets from related organization(s)
 - i Exchange of assets with related organization(s)
 - j Lease of facilities, equipment, or other assets to related organization(s)
 - k Lease of facilities, equipment, or other assets from related organization(s)
 - l Performance of services or membership or fundraising solicitations for related organization(s)
 - m Performance of services or membership or fundraising solicitations by related organization(s)
 - n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
 - o Sharing of paid employees with related organization(s)
 - p Reimbursement paid to related organization(s) for expenses
 - q Reimbursement paid by related organization(s) for expenses
 - r Other transfer of cash or property to related organization(s)
 - s Other transfer of cash or property from related organization(s)

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

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

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Schedule R (Form 990) 2020

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) 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 sections 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)
				Yes	No			Yes	No	

