NOT FILED WITH IRS - IRS 990 reported as a consolidated form for entire American Red Cross organization

Form 99	'n	Retu	rn of Ora	anization Exem	nt From Inc	nme Tax		2014			
10000	•	1	_	(c), 527, or 4947(a)(1) of	-			Open to			
		012		ack lung benefit trust or				Public Inspection			
		The property		ouse a copy of this return	=	•	nte	Page 1			
A For co	londer voer 2014 o	er tax year beginning	ion may have u	July 1 ,201		and ending	June 30	,2015			
B Check		C Organization Name		American Red Cross N		<u> </u>	D Employer ID numb				
Addres		Doing Business As		American ned Gross IV	astiville Area Oriapi	E1	· · · · · · · · · · · · · · · · · · ·	196605			
☐ Name		Number & street (PO box if rr	not delivered	to street address)	···	Room/suite	E Telephone A/C	Number			
Initial		2201 Charlotte Ave	TEN THOI GOING TO G	to ottaol qualities;		Hoolivadile	E. Telephone AVO	(401:10G)			
☐ Termir		City or town, state and ZiP of	nde				G Gross receipts				
☐ Amend		Nashville, TN 37201	-				a arous roospic				
1	ation pending	F Principal officer name/address		Joel Sullivan		H(a) Is this a grou	ip return for affiliates?	L Ye☑ No			
, ,		Address Listed Above		1000.00		H(b) Are all affilia		[ Y4☑ No			
l Tax-exc	empt status:	☑ 501(c)	3	4947(a)(1 <sub>(</sub>	527		h a list (See Instruction	ıs)			
J Website		www.redcross.org/tn/nashv				H(c) Group Exem					
K Form o	f organization;					L Year of formation					
	<ul><li>Corporation</li></ul>	☐ Trust		Othe	er type	M State of legal d		TN			
Part I	5	Summary		t	1		- The state of the				
<u>.</u>	& Governance:										
1		organization's mission or most sign	ificant activities	······································	***************************************						
		A humanitarian organization, led by			s of disasters and h	elps people					
	ļ	prevent, prepare for and respond to	emergencies.	······································							
1	ľ			······································							
2	Check this box	if the organization discont	linued its opera	tions or disposed of more	than 25% of its ass	ets.					
3	Number of voting m	nembers of the governing body (Par	bers of the governing body (Part VI, line 1a)								
4	Number of indepen	dent voting members of the governi	nt voting members of the governing body (Part VI, line 1b)								
	Total number of ind	lividuals employed in calendar year	luals employed in calendar year 2013								
	Total number of vol	lunteers (estimate if necessary)	· · · · · · · · · · · · · · · · · · ·								
7a	Total unrelated bus	siness revenue from Part VIII, colum	ess revenue from Part VIII, column (C), line 12								
b	Net unrelated busin	ess taxable income from Form 990	-T, line 34								
Revenue:							Prior Year	Current Year			
8	Contributions and g	grants (Part VIII, line 1h)						2,328,449			
9	Program service re	venue (Part VIII, line 2g)						633,810			
10	Investment income	(Part VIII, column (A), lines 3, 4, and	d 7d)					6,201			
11	Other revenue (Par	rt VIII, column (A), lines 5, 6d, 8c, 9c	, 10c, and 11e)					744,419			
12		lines 8 through 11 (must equal Part	t VIII, column (A	), line 12 )			0	3,712,879			
Expenses											
I		amounts paid (Part IX, column (A), I						124,982			
14	•	for members (Part IX, column (A), lir	•				·	0			
15	•	pensation, employee benefits (Part		lines 5–10)				1,235,402			
16a		aising fees (Part IX, column (A), line	·		1	=		0			
	-	openses (Part IX, column (D), line 25	•			519,231					
17	, ,	art IX, column (A), lines 11a-11d, 1	•					2,352,495			
18	•	ld lines 13-17 (must equal Part IX, o	column (A), line	25)			0	3,712,879			
19	Hevenue less expe	enses. Subtract line 18 from line 12					0	0			
<b>.</b>		•					Beginning of	End			
	ts or Fund Balance						Current year	of Year			
	Total assets (Part X	•						N/A			
	Total liabilities (Par		00					N/A N/A			
22 Net assets or fund balances. Subtract line 21 from line 20											
Part II		Signature Block	A := = 1:	Toler en Name	Jen 5						
Name and	u atie ot signer (	Glenda Sue Ross, Senior Financial /	malaysi	Signer Name	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			i l			
			****					M			
Paid Prep 	earer information:					EIN					
Paid Pret	parer information: Preparer's name					EIN Phone No					
Paid Pret	earer information:					Phone No	scuss this return with	the granges?			

Form 990 (2014)	Page 7

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

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

.. ...

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization	nor any relate	d org	aniz			ompe	nsa	ted any currer	t officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per	box,	ot ch unles	Pos eck s pe	rson	e than of the thick that the thick t	an	(D) Reportable compensation	<b>(E)</b> Reportable compensation from	<b>(F)</b> Estimated amount of
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Roland Lundy, Board of Directors  Chair	2	<b>4</b>						0	o	o
(2) Susan Lanigan, Board of Directors	2	1						0	0	0
(3) Nickolas Andersen, Board of Directors	2	/						0	0	0
(4) Barbara Bovender, Board of Directors	2	1						0	0	0
(5) Greg Burns, Board of Directors	2	1						o	0	0
(6) Harold Carpenter, Board of Directors	2	1						0	0	0
(7) Julian Collier, Board of Directors	2	1						0	0	0
(8) Joe Crace, Board of Directors	2	/						0	0	o
(9) Father Fred Dettwiller, Board of Directors	2	1						0	0	0
(10) Jim Fiechtl, MD, Board of Directors	2	1						0	0	0
(11) Leisa M. Gill, Board of Directors	2	1						0	0	0
(12) Robert Gordon, Board of Directors	2	1						0	0	0
(13) Christi Griffin, Board of Directors	2	1						0	0	0
(14) David Griswold, Board of Directors	2	1						0	0	0

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	Page /

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization not	any relate	d org	aniz			ompe	ensa	ted any curren	t officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any hours for	box, office	unles er and	Pos neck ss pe	rson lirect	than or/trus	an	(D) Reportable compensation from the	(E)  Reportable compensation from related organizations	<b>(F)</b> Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	cer	Key employee	Highest compensated employee	mer	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
11) 15. Tony Grubbs, Board of Directors	2	1						О	o	0
(2) 16. Mark Gunning, Board of Directors	2	1						0	0	0
(3) 17. Jeffrey Guy MD, MSC, MMHC, Board of Directors	2	1						0	0	0
(4) 18. Charlie Hannon, Board of Directors	2	<b>√</b>						0	0	0
(5) 19. Terry Hardesty, Board of Directors	2	1						0	0	0
(6) 20. Cynthia Howard, Board of Directors	2	1						О	0	0
(7) 21. Laura Hutfless, Board of Directors	2	1						0	0	0
(8) 22. Kari Johnson, Board of Directors	2	1						0	0	0
(9) 23. Kelvin Jones, Ill, Board of Directors	2	1				}   		0	0	0
(10) 24. Bill Krueger, Board of Directors	2	1						0	0	0
(11) 25. Tal Lefler, Board of Directors	2	· /						0	0	0
(12) 26. Sam E. Lynch, DMD, Board of Directors	2	<b>✓</b>						0	0	0
(13) 27. Michael Lynd, Board of Directors	2	·					<u> </u>	0	0	0
(14) 28. Dan Mohnke, Board of Directors	2	· /						0	0	0

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Position (A) (B) (D) (E) (F) (do not check more than one Reportable Reportable Name and Title Estimated Average box, unless person is both an hours per compensation compensation from amount of officer and a director/trustee) veek (list an from related other Highest compensated employee ndividual Institutional hours for (ey employee organizations compensation the related organization (W-2/1099-MISC) from the rganization (W-2/1099-MISC) organization below dotted and related trustee organizations (1) 29. Laura Morris, Board of Directors 0 0 (2) 30. William Penny, , Board of Directors 2 0 (3) 31. Craig Philip, Board of Directors 2 0 0 0 (4) 32. Ramiro Pineda, Board of Directors 2 0 O 0 (5) 33. Ted Pins, Board of Directors 2 0 0 0 2 (6) 34. Tom Rodgers, Board of Directors 0 0 (7) 35. Peter Rousos, Board of Directors 0 0 0 (8) 36. Barbara Schaetz, Board of Directors 2 O o 0 (9) 37. Greg Sparks, Board of Directors 2 0 0 0 (10) 38. Kim Thornton, Board of Directors 2 0 0 0 (11) 39. Christi Turner, Board of Directors 2 0 0 0 (12) 40. Bishop Joseph W. Walker, III, Board of Directors 2 0 0 0 (13) 41. Tim Warnock, Board of Directors 2 0 0 0 (14) 42. Colleen Welch 2 0

Form 9	90 (2014)												Page 8
Par	VII Section A. Officers, Directors, Trust	ees, Key E	mplo	/ees	s, aı	nd H	lighe	st C	ompensated E	mployees (co	ontinu	ed)	
(A) Name and title		(B) Average hours per						an an	(D) Reportable compensation	(E) Reportable compensation from	1	(F) Estimated amount of other	
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organization (W-2/1099-Mis	related organizations co (W-2/1099-MISC)		ation e tion ted ions
(15) 4	3. Spencer Wiggins, Board of Directors	2	1						0		0		c
(16) 44	4. Gary Wilson, Board of Directors	2	1						0	***************************************	0	***************************************	
(17) 45	5. Jennifer Wolcott, Board of Directors	2	1						0		0		
(18)									<u> </u>		Ť	······································	
(19)												<del></del>	
(20)													
(21)	**************************************											······································	
(22)													
(23)													<del></del>
(24)													
(25)													
1b	Sub-total	L	<u> </u>	L!	<u> </u>	<u> </u>	<u> </u>	<u> </u>	0		0		C
c d	Total from continuation sheets to Part	VII, Sectio						<b>&gt;</b>	0		0		0
2	Total number of individuals (including but reportable compensation from the organic	not limited						e) w	<u> </u>	ore than \$10		of	
3	Did the organization list any former of		tor c	or tr	ust	96	kev é	emr	ployee or high	est compen	sated	Ye	s No
4	employee on line 1a? If "Yes," complete a For any individual listed on line 1a, is the	Schedule J	for su	ıch	indi	ivid	ual					3	✓
4	organization and related organizations individual	greater th	an \$1	50,	000	? [	f "Ye	s,"	complete Scr	nedule J for			1
5	Did any person listed on line 1a receive of for services rendered to the organization											5	1
Section	on B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization. Repyear.												s tax
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compensatio	n
								_					
2	Total number of independent contractor	rs (includir	ng bu	it n	ot I	limit	ed to	th	ose listed ab	ove) who			
	received more than \$100,000 of compens												

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Form 990 (2							Page 9
Part VIII	Statement of Revenue Check if Schedule O c	ontains a response to	any question in this	Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or	Unrelated	Revenue
				rotariovendo			1
					exempt	business	excluded from tax
					function	revenue	under sections
					revenue		512, 513, or 514
Contribut	ons, gifts, grants and other similar amounts:						
1a	Federated campaigns		245,774				
b	Membership dues						
l	•						
C	Fundraising events						
d	Related organizations		0				
е	Government grants (contributions)						
f	All other contributions, gifts, grants,						
	and similar amounts not included above		2,082,675				
g	Noncash contributions included in lines 1a-1f:		575,720				
h	Total. Add lines 1a-1f	'		2,328,449			
	Service Revenue:		Business Code				
			Business Code	000.040			
2a	Products and services			633,810			
b					***************************************		
С							
d							
e						***************************************	
f	All other program service revenue						
ŀ	Total. Add lines 2a–2f	İ		622.040		L .	
g				633,810			
Other Rev							
3	Investment income (including dividends, interest, ar	nd					
	other similar amounts)			6,201			
4	Income from investment of tax-exempt bond proceed	ds					
5	Royalties						
	,	(i) Real	(ii) Personal				
C-	O	(I) Tibai	(ii) 1 Croonar				
6a	Gross rents						
p	Less: rental expenses						
С	Rental income or (loss)	0	0				
d	Net rental income or (loss)			0		:	
		(i) Securities	(ii) Other				
7a	Gross amount from sales of						
	assets other than inventory		:				
	•						
b	Less: cost or other basis and sales						
	expenses.						
С	Gain or (loss)	0	0				
d	Net gain or (loss)			0			
8a	Gross income from fundraising events (not						
	including \$ of contributions reported						
	on line 1c). See Part IV, line 19		687,076				
h							
b	Less: direct expenses		(81,037)	600.000			
С	Net income or (loss) from fundraising events	I		606,039			
9a	Gross income from gaming activities.						
	See Part IV, line 19						
þ	Less: direct expenses						
С	Net income or (loss) from garning activities			0			
10a	Gross sales of inventory, less						
	returns and allowances						
L							
b	Less: cost of goods sold						
C	Net income/(loss) from sales of inventory			0	AMERICAN CONTRACTOR AND ADMINISTRATION OF THE PARTY OF TH	MANIAN KANGARAN MANIAN	#2004-000-000-000-000-000-000-000-000-000
	Miscellaneous Revenue		Business Code				
11a	Contracts			133,775			
b	Other Revenues			1,835			
С	Non Contribution Inter Red Cross Revenue			2,770			
d	All other revenue				<u> </u>	<b></b>	
e	Total. Add lines 11a–11d			100 000			
				138,380			
12	Total revenue. See instructions.			3,712,879	L	L	<u> </u>

#### NOT FILED WITH IRS - IRS 990 reported as a consolidated form for entire American Red Cross organization

Form 990	0 (2014)				Page 10
Part IX	Statement of Functional Expenses				
Section	501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must	complete column	(A)	*****	
	Check if Schedule O contains a response to any question in this Part IX				
Do Not	include amounts reported on line 6b, 7b, 8b, 9b,	(A)	(B)	(C)	(D)
and 10t	o of Part VIII	Total	Program services	Management and	Fundraising
		expenses	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	0			
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	124,982	124,982		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16	o			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,	·			
	trustees, and key employees	0			
6	Compensation not included above, to disqualified	`	*****	· · · · · · · · · · · · · · · · · · ·	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	o			
7	Other salaries and wages	927,691	593,419	76,486	257,786
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	.		]	
9	Other employee benefits	307,711	199,170	24,976	83,565
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				
b	Legal	0		***************************************	······································
С	Accounting	0			
d	Lobbying	0	0	0	0
ě	Professional fundraising services. See Part IV, line 7	0		-	0
í	Investment management fees	0	0	0	0
l '		H			<u>~</u>
	Other. (If fine 11g amount exceeds 10% of fine 25, column (A) amount, list line 11g expenses on				
g	Schedule O.)	164,479	130,854	38	33,587
12	Advertising and promotion	95	37	0	58
13	Office expenses	72,770	59,327	21	13,422
14	Information technology	3,326	3,130	0	196
15	Royalties	0	,		
16	Occupancy	97,967	77,910	10,150	9,907
17	Travel	69,410	52,125	4,086	13,199
18	Payments of travel or entertainment expenses			.,	,
	for any federal, state, or local public officials	0			i
19	Conferences, conventions, and meetings	7,608	5,656	559	1,393
20	Interest	547	542	0	5
21	Payments to affiliates	1,703,213	1,448,848	169,560	84,805
22	Depreciation, depletion, and amortization	61,173	48,701	6,400	6,072
23	Insurance	22,995	19,891	0,400	3,104
24	Other expenses. Itemize expenses not covered	22,000	10,001	· ·	0,10-3
24	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.)				
	Other financial assistance	25,014	23,567	1/1	1 206
a		85,039		94	1,306
b	Supplies and materials		77,628 35,055	295	7,317
C	Equip. purchase, rental and maintenance	38,859	33,033	790	3,509
ď	All other evenence	0			
e	All other expenses  Total functional expenses. Add lines 1 thru 24e	0 3,712,879	2,900,842	292,806	519,231
25 26		0,712,079	ج,ع00,042	292,000	317,231
20	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined educational				
	campaign and fundraising solicitation.				
L	Check here if following SOP 98-2 (ASC 958-720).	1		<u> </u>	<u> </u>