Form 8453-E0

Exempt Organization Declaration and Signature for Electronic Filing

06/30

OMB No. 1545-1879

Department of the Treasury internal Revenue Service

07/01 ..., 2009, and ending For calendar year 2009, or tax year beginning For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

See instructions on back. Name of exempt organization Employer Identification number AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT CHAPTERS AND BRANCHES 53 0196605 Part I Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 3,301,803,766 1a Form 990 check here ▶ Ø b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 2a Form 990-EZ check here ▶ □ b Total revenue, if any (Form 990-EZ, line 9) 2b □ **b** Total tax (Form 1120-POL, line 22) 3a Form 1120-POL check here ▶ 3b 4a Form 990-PF check here ▶ □ b Tax based on investment income (Form 990-PF, Part VI, line 5) . 4b 5a Form 8868 check here ▶ □ b Balance due (Form 8868, line 3c) 5b Part II **Declaration of Officer** I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies). Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. Sign Here Signature of officer Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions) Part III I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge. Check if Check ERO's SSN or PTIN ERO's also paid if self-ERO's signature preparer employed Use Firm's name (or yours if self-em EIN Only var Phone no. (703) address, and ZIP code Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge. Check Preparer's SSN or PTIN Preparer's if self-Paid employed [signature

Preparer's

Use Univ

Firm's name (or yours if self-employed), address, and ZIP code

Phone no.

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

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

Open to Public

A F	or th	e 2008	3 caler	ndar	year, or ta	x year be	ginning		0.	7/01	, 2008,	and	ending			(06/3	₃₀ ,2	20 09			
B c	neck if ap	plicable:	Please	C N	ame of organiza	ation AME	RICAN	NATIO						N	D Emplo							
	Addre	ss	use IRS label or		oing Business A									1	53-	01966	605					
	7	change	print or	N	umber and stre	et (or P.O. b	ox if mail is	not delive	ered to st	reet a	ddress)		Room/suite									
	Initial	· 1	type. See	20	25 E STR	הבר אוא								-	(20	2)303	3 – 1,	102				
	Termin	- 1	Specific	_	ity or town, stat		and ZIP + 4	4						+	(20	2)300	J 45	100				
	Amen		Instruc- tions.	Ta7.7\	SHINGTON	L DC 30	2006 5	000						П	G Gross	receints	\$ 2	577	2/2	8,815.		
	return Applic	ation	F Na	me	and address	of principal of	officer: \sim 7	VTT M	CCOLI	TON					H(a) Is th				Yes			
	pendir	ng													` affilia	ites?		-	Yes	No		
_	Tay ay	empt sta			TH ST. N			ĺ			507			⊣'	H(b) Are	o," attach			_	NO		
					501(c) (3)		. no.)	4947(a	1)(I) OF		527			⊢.								
					DCROSS.O			4:	041	_		Τ.	Voor of form	_	H(c) Grou							
	**		zation:		Corporation	Trust	Associa	ation	Other			L	Year of form	ialio	л. 190	() W 3	late of	iegai u	Offficile	: DC		
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/err			RGENC																			
Governance					if the												1					
∘ర	3	Numbe	er of vo	oting	members of	the governi	ng body (F	Part VI, li	ine 1a)								3			18		
Activities					endent voting												4			18		
Ξ	5	Total r	number	of e	mployees (Pa	rt V, line 2a)										5		36,2	287		
Ac	6	Total r	number	of v	olunteers (est	imate if nec	essary)									🖳	6	6	61,7	81		
	7 a	Total o	ross u	nrela	ated business	revenue fro	m Part VII	II, line 12	2, colum	ın (C)						7	'a		-205	5,153.		
	b	Net un	related	d bus	iness taxable	income fro	m Form 9	90-T, lin	e 34 .							7	b		-205	, 153.		
															Prior `	Year		Cu	rrent Y	'ear		
Φ	8	Contri	oution	and	grants (Part V	'III, line 1h)							L	72	27,25	6,686	5 .	715	,911	,223.		
enn	9	Progra	ım serv	/ice r	evenue (Part \	VIII, line 2g)							2,	. 32	20,59	8,168	3.2	, 493	,347	,347.		
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)											92,18					,421.						
Ľ	11													43,92					3,775.			
					dd lines 8 thr																	
					r amounts pai										41 , 13					3,333.		
					r for members										, -					NONE		
S					mpensation,									. 78	37.14	5.553	3.1	.736	.562			
Expenses					raising fees (F											8 , 733				NONE		
cbe	b	Total f	undrais	sing	expenses, Pa	rt IX, columi	n (D), line	25)	126.5	579.	899.				.,	,						
ш					Part IX, colum									. 52	28 - 07	8 - 777	7 1	468	. 153	 - 724		
					dd lines 13-1																	
	19	Reven	ue less	s exp	enses. Subtra	act line 18 fr	rom line 12	2							30,21					, 905.		
or															ginning				d of Y			
Net Assets or Fund Balances	20	Total a	ssets (Part	X, line 16)								3.	90	97.28	0.210) 3	- 518	. 225	420.		
Ass I Ba					art X, line 26)												-			952.		
Net	22	Net as	sets or	r fun	d balances. S	Subtract line	21 from li	ne 20												468.		
	rt II		natur										,		33,00	7 7 120	<u> </u>	7072	, 100	7 100.		
		Under	nenaltie	es of	perjury, I decl	are that I ha	ave evamin	and this r	eturn in	cludin	a accompa	nvina	schedules a	and	statemen	te and t	to the	hest o	f my k	nowledge		
		and b	elief, it	is tru	ue, correct, and	d complete.	Declaration	of prep	parer (otl	her th	an officer) i	is bas	sed on all in	forn	nation of	which	prepar	er has	any kr	nowledge.		
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	ere		Signatu	re of	officer										Da	ite						
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For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

_	1 Section 2000) 53-0196605 1 age 2
	rt III Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission:
	SEE STATEMENT 1
_	
	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
•	
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
_	
4 a	(Code:) (Expenses \$ 2,216,730,205. including grants of \$) (Revenue \$2,213,961,353.)
	BIOMEDICAL SERVICES - SEE SCHEDULE O
4h	(Code:) (Expenses \$384,526,353including grants of \$117,763,333) (Revenue \$)
7.0	
	DOMESTIC DISASTER SERVICES - SEE SCHEDULE O
4c	(Code:) (Expenses \$ 215,490,975. including grants of \$) (Revenue \$ 149,607,864.)
	HEALTH & SAFETY SERVICES - SEE SCHEDULE O
_	
4d	Other program services. (Describe in Schedule O.) SEE STATEMENT 2
_	(Expenses \$ 326,396,504. including grants of \$ 91,100,000.) (Revenue \$)
4e	Total program service expenses ► \$ 3,143,144,037. (Must equal Part IX, Line 25, column (B).)

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Part IV Checklist of Required Schedules

Part	Checklist of Required Schedules			
	·		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4	Х	
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)		- 11	
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	-		
•		8		Х
9	complete Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			- /\
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes,"</i>			
	complete Schedule D, Part IV	9		v
10	Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Х	X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	10		
• •		11	Х	
12	Parts VI, VIII, IX, or X as applicable Did the organization receive an audited financial statement for the year for which it is completing this return		Λ	
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	Х	Λ
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	144	Λ	
-	business, and program service activities outside the U.S.? <i>If</i> "Yes," <i>complete Schedule F, Part I</i>	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	140	- 1	
. •	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance		- 1	
. •	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	Х	
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	- 1	Х
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X	
20	Did the organization operate one or more hospitals? <i>If</i> "Yes," <i>complete Schedule H</i>	20	- 21	Х
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	21
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? <i>If</i> "Yes," complete		23	
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		23	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b-24d and complete Schedule K. If "No," go to question 25	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	21	Х
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			21
-	to defease any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			- 21
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			- 21
-	person from a prior year? If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			- 21
-	disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or			- 21
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Х

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Part IV Checklist of Required Schedules (continued)

			res	NO
28 a	During the tax year, did any person who is a current or former officer, director, trustee, or key employee: Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Х
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Χ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Χ
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		37
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		X
32	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	34	X	
35	Ill, IV, and V, line 1	34	X	
33	Schedule R, Part V, line 2	35	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	- 55	Λ	
30	organization? If "Yes," complete Schedule R, Part V, line 2	36		Χ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part</i>			
	V/	37		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1 c	Χ	
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 36287			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3 a	Χ	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Χ	
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	X	
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
_	and Financial Accounts.	5a		37
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		X
b c	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	0.0		- 21
C	Prohibited Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Χ
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).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? .	7a		Χ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282? • • • • • • • • • • • • • • • • • • •	7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	_		
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Χ
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
n	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7h		
8	required?	7		
0	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	120		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	12a		
D	in res, enter the amount of tax-exempt interest received of accided during the year 120			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, discribe the circumstances, process, or changes in Schedule 0. See instructions. 1a Enter the number of voting members of the governing body b Enter the number of voting members that 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 have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person? 3 Did the organization nate any significant changes to its organizational documents since the proferom 980 was filed? 4 A V Did the organization become aware during the year of a material diversion of the organization's assets? 5 Dess the organization have members or stochholders, or other persons who may elect one or more mambers. 6 the governing body? 7a Does the organization become aware during the year of a material diversion of the organization have members, stockholders, or other persons who may elect one or more mambers. 7b D A Par any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b D A Par any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b D A Par any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b D A Par any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b D A Par any decisions of the governing body and the year persons who may elect one or more mambers. 6 the governing body? 8a D A Par any decisions of the governing body and the governing body and the year by the following: a The governing body? 5 Each committee with authority to act on behalf of the governing body fer or will also a part of the governing body? 6 D B D B D D B D D D D D D D D D D D D	Seci	tion A. Governing Body and Management		1	
a Enter the number of voting members of the governing body be Enter the number of voting members that are independent 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Yes	No
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13	С				
14 Does the organization have a written document retention and destruction policy? 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: The organization's CEO, Executive Director, or top management official? Dother officers or key employees of the organization? Describe the process in Schedule O. (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a x b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken 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 ▶ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. X Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ MARRY ELCANO 430 17TH STREET NW WASHINGTON, DC 20006			12c	Χ	
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 X Own website	10	- Section of 04 requires an organization to make its forms 1025 (or 1024 if applicable), 990, and 990-1 (501(C)(3)	o Utily	1	
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		available for public inspection. Indicate how you make these available. Check all that apply. \[\text{\tex	rest		

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. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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.

(A)	(B)			(0				(D)	(E)	(F)
Name and Title	Average hours per week	P or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
SEE SCHEDULE J-2	-									
	-									
	-									
	-									
	-									
	-									
	-									
	-									
	-									
	-									

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JSA

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Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y Em	plo	yee	es,	and F	ligl	hest Compensat	ed Employ	ees (c	continue	ed)	
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average hours per week		_		k all	that app) Former	Reportable compensation from	Reportab compensa from relat	tion	an	timate nount o other	
		Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	er	the organization (W-2/1099-MISC)	organizati (W-2/1099-N		fr orga and	pensation the anization of the anization	e ion ed
1b Total								5,216,234.		NONE			552
2 Total number of individuals (including those organization ► 1,349	e in 1a) w	/ho r	ecei	ived	l m	ore th	nan	\$100,000 in re	portable cor	npens	ation f	rom	the
3 Did the organization list any former office	er, directo	or or	tru	ste	e, I	key e	mp	oloyee, or highes	t compensa	ited		Yes	No
employee on line 1a? If "Yes," complete Schedu 4 For any individual listed on line 1a, is the											3	X	
the organization and related organizations	greater th	an \$	150	,00	0?	If "Yo	es,"				4	Х	
5 Did any person listed on line 1a receive services rendered to the organization? If "Yes,"	e or accr	ue c	omp	ens	atio	n fro	m				5		Х
Section B. Independent Contractors	oomprote c	201104	aro c	, , , ,	ou	on por	0011						
Complete this table for your five highest compensation from the organization.	compensat	ed in	dep	end	dent	cont	rac	tors that received	d more thai	n \$10	00,000	of	
(A) Name and business add	ress							(B) Description of ser	rvices		(C) Compens		
SEE STATEMENT 3													
2 Total number of independent contractors (i	ncluding th	nose	in ´	1) v	vho	rece	ive	d more than \$10	0,000 in				

Form 990 (2008)

t VII	Statement of Reven	ue			53-0196605		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from under section 512, 513, or 5
1 a	Federated campaigns	1a	129,913,248.				
b	Membership dues						
С	Fundraising events		27,424,681.				
d	Related organizations						
e	Government grants (contribu	, I	58,252,979.				
f	All other contributions, gifts, gran and similar amounts not included		500,320,315.				
g	Noncash contributions included		31,938,786.				
h	Total. Add lines 1a-1f			715,911,223.			
			Business Code				
2a	BIOMEDICAL PRODUCTS & SER	VICES	541900	2,213,961,353.	2,213,961,353.		
b	OTHER PRODUCTS & SERVICES		900099	149,607,864.	149,607,864.		
С	GOVERNMENT CONTRACTS		900099	124,556,324.	124,556,324.		
d	PRIVATE (NON-GOVERNMENT)	CONTRACTS	900099	5,221,806.	5,221,806.		
е							
f	All other program service rev		 	0 400 047 047			
<u>g</u>	Total. Add lines 2a-2f			2,493,347,347.			
3	Investment income (includin other similar amounts)	-		59,741,108.			59,741,1
4	Income from investment of t			NONE			33,741,1
5	Royalties	•	 	NONE			
Ū	rtoyanios	(i) Real	(ii) Personal				
6a	Gross Rents	4,347,415.					
b	Less: rental expenses	621,826					
С	Rental income or (loss)	3,725,589.					
d	Net rental income or (loss).			3,725,589.		-35,972.	3,761,5
7 a	Gross amount from sales of	(i) Securities	(ii) Other				
	assets other than inventory	265,339,000.	9,064,923.				
b	Less: cost or other basis	040 570 010	6 724 000				
	and sales expenses	249,578,810. 15,760,190.					
	Gain or (loss)			18,090,313.			18,090,33
		undraising		10,090,313.			10,090,3
oa	events (not including \$27	•					
	of contributions reported on						
	See Part IV, line 18.		20,684,570.				
b	Less: direct expenses		17,169,300.				
С	Net income or (loss) from fur	ndraising events .		3,515,270.			3,515,2
9 a	Gross income from gaming a						
	See Part IV, line 19.	a	1,430,018.				
b	Less: direct expenses						
С	Net income or (loss) from ga			94,705.		7,010.	87,69
10a	Gross sales of invento						
	returns and allowances						
b c	Less: cost of goods sold Net income or (loss) from sal			NONE			
	Miscellaneous Reven		Business Code	NONE			
11a	REBATES		900099	7,554,402.	7,554,402.		
11a b	PARKING GARAGE		900099	53,639.	1,001,102.	53,639.	
C	PARTNERSHIP & S-CORP INCO)ME	900099	-229,830.		-229,830.	
d	All other revenue			,			
e	Total. Add lines 11a-11d			7,378,211.			
12	Total Revenue. Add lines 1h		-				
	9c, 10c, and 11e			3,301,803,766.	2,500,901,749.	-205,153.	85,195,94

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must compl	ete column (A) but are	e not required to com	plete columns (B), (C),	and (D).
	not include amounts reported on lines 6b, 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 governments and				
	organizations in the U.S. See Part IV, line 21	NONE			
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	117,763,333.	117,763,333.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	99,100,000.	99,100,000.		
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	3,749,270.		3,292,686.	456 , 584
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	1,375,458,406.	1,260,426,704.	63,859,678.	51,172,024.
8	Pension plan contributions (include section 401				
	(k) and section 403(b) employer contributions).	71,732,611.	68,650,497.	1,320,480.	1,761,634.
9	Other employee benefits	180,508,907.	163,616,539.	9,582,740.	7,309,628.
10	Payroll taxes	105,113,420.	95,475,606.	5,994,648.	3,643,166.
11	Fees for services (non-employees):				
	Management	910,432.	63,623.	820,550.	26,259
	Legal	10,875,570.	9,555,604.	1,304,974.	14,992
	Accounting	8,529,730.	4,021,488.	4,036,930.	471,312
	Lobbying	143,583.	95,217.	33,837.	14,529
	Professional fundraising services. See Part IV, line 17	NONE			
f	Investment management fees	330,778.	52,735.	267,078.	10,965.
g	Other	170,809,017.	139,479,185.	12,009,138.	19,320,694.
12	Advertising and promotion	21,054,273.	19,770,423.	631,572.	652,278.
13	Office expenses	158,622,387.	145,317,159.	5,113,463.	8,191,765.
14	Information technology	26,778,906.	25,816,528.	703,198.	259,180.
15	Royalties	NONE			
16	Occupancy	127,252,001.	114,215,004.	10,645,429.	2,391,568.
17	Travel	73,671,205.	69,318,945.	2,174,224.	2 , 178 , 036.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	3,912,673.	2,390,979.	724,221.	797,473
20	Interest	37,634,440.	25,093,675.	11,396,481.	1,144,284
21	Payments to affiliates	NONE	0.5.004.054		
22	Depreciation, depletion, and amortization	98,873,360.	86,981,264.	8,927,765.	2,964,331.
23	Insurance	43,316,092.	40,959,915.	1,780,763.	575,414
24	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
		F16 010 060	E14 105 005	0.104.004	50.005
	BIOMEDICAL PROGRAM SUPPLIES	516,312,868.	514,135,937.	2,104,024.	72,907.
	OTHER PROGRAM SUPPLIES AND M	80,008,170.	64,623,151.	1,790,113.	13,594,906.
	MINOR_EQUIPMENT_PURCHASES	67,566,563.	65,952,945.	1,230,111.	383,507
	AUTO_RENTAL_&_MAINTENANCE	6,133,344.	5,655,989.	345,464.	131,891.
	OTHER_ASSISTANCE	8,176,895.	4,611,592.	1,766,168.	1,799,135
	All other expenses	7,241,437.	2 1/2 1// 027	151 055 725	7,241,437
	Total functional expenses. Add lines 1 through 24f	3,421,579,671.	3,143,144,03/.	151,855,735.	126,579,899.
∠0	Joint Costs. Check here ► X If following SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a				
	combined educational campaign and fundraising	2 /01 106	1 657 240	200 000	1 604 670
ISΔ	solicitation	3,491,106.	1,657,340.	209,088.	1,624,678.

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Form **990** (2008)

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Pa	irt X	Balance Sheet					
			(A) Beginning of year			B) of year	r
	1	Cash - non-interest-bearing	125,363,740.	1	214,	606,	303.
	2	Savings and temporary cash investments	930,928,881.	2	590,	758,	674.
	3	Pledges and grants receivable, net	120,439,735.	3	98,	902,	933.
	4	Accounts receivable, net		4	130,		
	5	Receivables from current and former officers, directors, trustees, key					
		employees, or other related parties. Complete Part II of Schedule L		5			
	6	Receivables from other disqualified persons (as defined under section					
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II					
		of Schedule L		6			
S	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sales or use	153,346,922.	8	149,	896,	682.
Ą	9	Prepaid expenses and deferred charges			185,		
	10a	Land, buildings, and equipment: cost basis 10a 2002083909.				,	
	1	Less: accumulated depreciation. Complete					
		Part VI of Schedule D	1,163,805,388.	10c	1,143,	696,	565.
	11	Investments - publicly traded securities			680,		
	12	Investments - other securities. See Part IV, line 11		1	323,		
	13	Investments - program-related. See Part IV, line 11		13	0207	<u> </u>	000.
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11					NONI
	16	Total assets. Add lines 1 through 15 (must equal line 34)			3,518,		
_	17	Accounts payable and accrued expenses			323,		
	18	Grants payable		18	3237	0017	<u> </u>
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities	263,367,543.		256,	549	316
(O	21	Escrow account liability. Complete Part IV of Schedule D		21	230,	<u> </u>	<u>J10.</u>
tie	22	Payables to current and former officers, directors, trustees, key employees,					
Liabilities		highest compensated employees, and disqualified persons. Complete Part II					
Ë		of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties			1	253,	444
	24	Unsecured notes and loans payable			355,		
	25	Other liabilities. Complete Part X of Schedule D		1	908,		
	26	Total liabilities. Add lines 17 through 25			1,845,		
_		Organizations that follow SFAS 117, check here ▶	1,437,043,007.		1,043,	750,	JJZ .
Fund Balances		lines 27 through 29, and lines 33 and 34.					
lan	27	Unrestricted net assets	1,035,920,105.	27	459,	983 ,	<u> 102.</u>
Ba	28	Temporarily restricted net assets	930,160,370.	28	620,		
pu	29	Permanently restricted net assets	593,556,648.	29	592,	269,	<u> 264.</u>
or Fu		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30			
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31			
As	32	Retained earnings, endowment, accumulated income, or other funds		32			
Net	33	Total net assets or fund balances	2,559,637,123.	33	1,672,	166	168
_	34	Total liabilities and net assets/fund balances		34	3,518,		
Pa	rt XI		13,337,200,210.		13,310,	<u> </u>	120.
						Yes	No
1		unting method used to prepare the Form 990: Cash X Accrual Oth					
2a		e the organization's financial statements compiled or reviewed by an independent accour					Х
b		e the organization's financial statements audited by an independent accountant?			<u>2b</u>	X	
С		es" to lines 2a or 2b, does the organization have a committee that assumes responsibility					
		, review, or compilation of its financial statements and selection of an independent account			2c	X	
3a		result of a federal award, was the organization required to undergo an audit or audits as					
_		Single Audit Act and OMB Circular A-133?			• • • 3a	X	
b	If "Ye	es," did the organization undergo the required audit or audits?	<u> </u>		3b	Х	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

Open to Public Inspection

Name of t	he organization	n AMERICAN	NATIONAL RED C	ROSS & :	ITS CONS	STITUEN	1T	Employe	r identifica	tion number
	CRS AND B								53-01	.96605
Part I	Reason fo	or Public Chari	ty Status (All organ	izations m	ust comp	lete this _l	oart.) (se	e instru	ctions)	
The orga	ınization is no	ot a private found	dation because it is: (P	lease check	only one o	organizati	on.)			
1	A church, c	onvention of chu	rches, or association	of churches	s described	in sectio	n 170(b)(1)(A)(i).		
2	A school de	scribed in sectio	on 170(b)(1)(A)(ii). (At	tach Sched	ule E.)					
3	A hospital o	r a cooperative	hospital service organ	ization des	cribed in se	ction 170	(b)(1)(A)	(iii). (Atta	ch Sched	ule H.)
4		_	zation operated in co	njunction v	with a hos	pital des	cribed in	section	170(b)(1)	(A)(iii). Enter the
	-	ame, city, and sta								
5	An organiza	ation operated fo	or the benefit of a col	llege or un	iversity ow	ned or o	perated b	by a gove	ernmental	unit described in
	section 170	(b)(1)(A)(iv). (Co	omplete Part II.)							
6	A federal, s	tate, or local gov	vernment or governme	ental unit de	escribed in s	section 1	70(b)(1)(A)(v).		
7 X	An organiza	ation that norma	lly receives a substan	itial part of	its support	t from a 🤅	governme	ental unit	or from t	the general public
			(1)(A)(vi). (Complete F							
8	A communi	ty trust described	d in section 170(b)(1)	(A)(vi). (Co	mplete Par	t II.)				
9	An organiza	ation that norma	Ily receives: (1) more	than 331/3	% of its su	pport fro	m contrib	outions, n	nembersh	ip fees, and gross
			ted to its exempt fun		-		-			
		•	ment income and un				•		511 tax)	from businesses
		_	after June 30, 1975.					-		
10	_	_	nd operated exclusive	-	-	-				•
11	•	•	and operated exclus	•						•
			ublicly supported orga					-		
			at describes the type o							
	а Тур	_			e III - Fund	-	-			pe III - Other
e	-	-	ertify that the organiz				-			•
	-		ion managers and oth	er than on	e or more	publicly s	supported	d organiz	ations de	scribed in section
	. , . ,	r section 509(a)(•							
f	_		l a written determina	ition from	the IRS tha	at it is a	Type I,	Гуре II о	r Type III	supporting
	-	n, check this box								
g	_		the organization acce	epted any g	ift or contri	bution fro	m any of	the		
	following pe									
			or indirectly controls			ether wit	h person	s describ	ped in (ii)	
		_	erning body of the sup	-	anization?					11g(i)
			erson described in (i) a							11g(ii)
_		-	of a person described							11g(iii)
h		_	ation about the organi							
	of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) Is the o	organization		ou notify		s the tion in col.	(vii) Amount of support
orge	amzation		above or IRC section	governing	document?	col. (i)	of your	(i) organi	zed in the	зиррогі
			(see instructions))	.,			ort?		S.?	
				Yes	No	Yes	No	Yes	No	
Total										

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
membership fees received. (Do not include any "unusual grants.")	0,535,547. 0,535,547.						
benefit and either paid to or expended on its behalf	0,535,547. f) Total						
furnished by a governmental unit to the organization without charge	0,535,547. f) Total						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	0,535,547. f) Total						
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)	f) Total						
publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	f) Total						
on line 1 that exceeds 2% of the amount shown on line 11, column (f)	f) Total						
shown on line 11, column (f)	f) Total						
6 Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f)	f) Total						
Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f)	f) Total						
Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f)							
calculate year (c. access) on a significant of the control of the							
1 200 257 (40 2 001 200 254	0 535 547						
	0,000,047.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
sources	1,381,482.						
9 Net income from unrelated business activities, whether or not the business is regularly carried on	-324,658.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	5,023,196.						
	6,615,567.						
	8,346,830.						
First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here	. ▶						
Section C. Computation of Public Support Percentage							
	3.03 %						
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	3.25 %						
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check	k this box						
and stop here. The organization qualifies as a publicly supported organization							
b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more,							
box and stop here. The organization qualifies as a publicly supported organization	. ▶ 🔲						
17a 10%-facts-and-circumstances test - 2008. 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 "fact-and-circumstances" test, check this box and stop here. Explain							
in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported	t						
organization	. ▶ 🔲						
b 10%-facts-and-circumstances test - 2007. 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 IV 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 or 990-EZ) 2008

	55	010000
Part III	Support Schedule for Organizations Described in Section 509(a)(2)	
	(Complete only if you checked the box on line 9 of Part I.)	

Sec	tion A. Public Support						
Ca	alendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include						
	any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1-5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
	tion B. Total Support		T	T		T	
Ca	alendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6						
IUa	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						
С	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						
2	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part IV.)						
3	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for						
	organization, check this box and stop here.						▶
Sec	tion C. Computation of Public Sup						
5	Public support percentage for 2008 (line 8,					15	%
6	Public support percentage from 2007 Scheo					16	%
ec	tion D. Computation of Investmen						
7	Investment income percentage for 2008 (lin					17	%
8	Investment income percentage from 2007 S					18	%
9 a	33 1/3% support tests - 2008. If the orga	anization did no	t check the box	on line 14, and	line 15 is more t	han 33 1/3 %, and	d line
	17 is not more than 33 1/3 %, check this box	and stop here.	The organization	qualifies as a pub	licly supported or	ganization	▶ [
b	33 1/3% support tests - 2007. If the organ	ization did not	check a box on lii	ne 14 or line 19a	, and line 16 is m	nore than 33 1/3 %	, and
	line 18 is not more than 33 1/3 %, check this						
20	Private foundation. If the organization did n						

JSA 8E1221 1.000 Schedule A (Form 990 or 990-EZ) 2008

06583L 2502 V08-8.3 426054 **20**

Part IV Supplement Part II, line 1	tal Information. Cor 7a or 17b; or Part III	nplete this pa , line 12. Provi	rt to provide de any other a	the explanation dditional inforr	n required by mation. (see in	y Part II, line 10; structions)
SCHEDULE A, PART II - OI	THER INCOME					
_DESCRIPTION	2004	2005	2006	2007	2008	TOTAL
_PURCHASES, REBATES, REFU	UNDS ET8,193,896.	8,010,411.	16,915,587.	4,348,900.	7 <u>,554,402.</u>	<u>45,023,196.</u>
TOTALS						
						·

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

▶ To be completed by organizations described below.

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2008
Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

- Section 501(cy)(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.

•	,	Form 990, Part IV, line 5 izations: Complete Part III.	` •	t), then					
Name of organization CHAPTERS AND D Part I-A To be	AMERICA BRANCHES completed b	N NATIONAL RED y all organizations of for Schedule C for de	CROSS 8			53-01	fication number 196605 ganizations.		
2 Political expend3 Volunteer hour	ditures	ganization's direct and							
See th 1 Enter the amou 2 Enter the amou 3 If the organizat 4a Was a correctic b If "Yes," descrit Part I-C To be	unt of any excisunt of any excisunt of any excistion incurred a son made? be in Part IV. completed b	for Schedule C for dee tax incurred by the ore tax incurred by organ section 4955 tax, did it	etails. rganizatio nization m file Form exempt	n under section 4 anagers under se 4720 for this yea	1955		Yes Yes	No No	
 Enter the amount activities Enter the amount 527 exempt furth amount 120-leading on Form 1120-leading or 5 State the name were made. Enter the amount 120-leading or 120-leading	See the instructions for Schedule C for details. 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities. 3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b 4 Did the filing organization file Form 1120-POL for this year?								
(a) Name		(b) Address	ice is fied	(c) EIN	(d) Amour filing org	nt paid from anization's ne, enter -0	(e) Amount of p contributions rece promptly and d delivered to a se political organiza none, enter -	eived and irectly eparate ation. If	

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990. JSA BE 1264 1.000

Schedule C (Form 990 or 990-EZ) 2008

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Sch	edule C (Form 990 or 990-EZ) 2008	53-(0196605	Page 2					
Pa	Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.								
Α	Check ▶ if the filing organization	belongs to an affiliated group.							
В	3 Check ▶ if the filing organization checked box A and "limited control" provisions apply.								
	Limits on Lobb (The term "expenditures" m	(a) Filing organization's totals	(b) Affiliated group totals						
1 a b c d e f	Total lobbying expenditures (add lines 1								
	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. Enter -0- ir	f line g is more than line a							
i	Subtract line 1f from line 1c. Enter -0- if	line f is more than line c							
j		either line 1h or line 1i, did the organization file							
	section 4911 tax for this year?			Yes No					
	4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.) Lobbying Expenditures During 4-Year Averaging Period								
		<u>, , , , , , , , , , , , , , , , , , , </u>							

Lobbying Expenditures During 4-Year Averaging Period											
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total						
2 a Lobbying non-taxable amount											
b Lobbying ceiling amount (150% line 2a, column(e))											
c Total lobbying expenditures											
d Grassroots non-taxable amount											
e Grassroots ceiling amount (150% of line 2d, column (e))											
f Grassroots lobbying expenditures											

Schedule C (Form 990 or 990-EZ) 2008

Pa	rt II-B To be completed by organizations exempt under section 501(c)(3) that have 5768 (election under section 501(h)). See the instructions for Schedule C for complete the complete of the	NOT letail:	filed s.	Form		
	· · · · · · · · · · · · · · · · · · ·	(a	a)		(b)	
		Yes	No		Amount	
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:					
а	Volunteers?	Χ				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Χ				
С	Media advertisements?		Χ			
d	Mailings to members, legislators, or the public?	Χ			70	,864
е	Publications, or published or broadcast statements?	Χ				866
f	Grants to other organizations for lobbying purposes?		X			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X				,939
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?	Χ			23	,917
i	Other activities? If "Yes," describe in Part IV		X			
j	Total lines 1c through 1i				796	,586
2 a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X			
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? rt III-A To be completed by all organizations exempt under section 501(c)(4), se	-4: - ··	X F04	(a)(E)		
Га	section 501(c)(4). See the instructions for Schedule C for details.	Cuon	1 50 1	(0)(5),	Oi	
					Yes	s No
1	Were substantially all (90% or more) dues received nondeductible by members?			1	1	110
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2	
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?				3	
Pa	rt III-B To be completed by all organizations exempt under section 501(c)(4), se				, or	
	section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "N	o" O	R if	Part II	I-A,	
	question 3 is answered "Yes." See Schedule C instructions for details.					
1	Dues, assessments and similar amounts from members			1		
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amou	ınts	of			
	political expenses for which the section 527(f) tax was paid).					
а	Current year			2a		
b	Carryover from last year			2b		
С	Total Aggregate amount reported in section 6033(a)(1)(A) notices of nondeductible section 162(a) due			2c		
3	Aggregate amount reported in section 6000(e)(1)(A) notices of nondeductible section 102(e) due	_		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lo	bbyir	ng			
_	and political expenditure next year? Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)			4		
5	l axable amount of lobbying and political expenditures (line 2c total minus 3 and 4)			5		
Pa	rt IV Supplemental Information					
Also	nplete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, ρ , complete this part for any additional information. E. PAGE 4	line	5 and	l Part I	I-B, line 1	li.
	·					

Schedule C (Form 990 or 990-EZ) 2008

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Schedule D (Form 990) 2008

Employer identification number Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT CHAPTERS AND BRANCHES 53-0196605 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 2a 2b b Number of conservation easements on a certified historic structure included in (a) C Number of conservation easements included in (c) acquired after 8/17/06 2d d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year > Number of states where property subject to conservation easement is located ▶ _ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ \$ _ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service. provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

JSA 8E1268 1.000

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

Schedule D (Form 990) 2008 53-0196605 Page **2**

Par	t III	Organizations Maintainin	ng Colle	ctions o	of Art, H	istor	ical	Treasures	s, or	Other Similar A	Assets (d	continue	ed)	
3	_	the organization's accession	and othe	r records	, check a	any o	of the	e following t	hat a	are a significant u	se of its o	collection	i	
	items	(check all that apply):			_		1							
a		Public exhibition			d				chan	ige programs				
b		Scholarly research			е			Other						
C		Preservation for future ger												
4		le a description of the organiz	ation's co	ollections	and exp	olain r	now	they further	r the	organization's ex	empt pur	pose in		
_	Part X													
5	_	the year, did the organizatio									_			٦
_		s to be sold to raise funds rath				<u> </u>						Yes		No
Par	t IV	Trust, Escrow and Custo Part IV, line 9, or reporte	odial Arr d an am	angeme rount on	e nts . Co Form 9	mple 90. F	ete Part	if organizat X. line 21.	tion	answered "Yes"	to Form	990,		
		· · , · · · , · · · · · · · · · · · · ·				,		, -						
1 a	Is the	organization an agent, trustee	e, custodi	ian or oth	ner intern	nedia	iry fo	or contributi	ions (or other assets no	ot			
		ed on Form 990, Part X?					-				[Yes		No
b		s," explain the arrangement in												_
		•						J		Д	Amount			
С	Begin	ning balance							1c					
d		ons during the year							1d					
е		outions during the year							1e					
f		g balance							1f					
2a	Did th	- e organization include an amo	ount on F	orm 990	, Part X,	line 2	21?					Yes		No
b	If "Yes	s," explain the arrangement in	Part XIV.											_
Par	t V	Endowment Funds. Com	plete if	organiza	ation an	swer	red	"Yes" to Fo	orm !	990, Part IV, line	∍ 10.			
			(a) Curre	ent Year	(d) Pr	rior yea	ar	(c) Two ye	ears ba	ack (d) Three ye	ars back	(e) Four	r years	back
1 a		ning of year balance	772,5	576,514.										
b	Contri	butions	30,0)57 , 268.										
С	Invest	ment earnings or losses	-125,1	198,623.										
d		s or scholarships												
е		expenditures for facilities .												
	-	rograms	32,6	527 , 120.										
f		istrative expenses												
g	End o	f year balance	644,8	308,039.										
2	Provid	le the estimated percentage of	of the yea	r end bal	lance hel	d as:								
а		designated or quasi-endowm			%									
b	Perma	anent endowment $ ightharpoonup$	000 %											
С		endowment ▶	%											
3 a		ere endowment funds not in t	the posse	ession of	the orga	anizat	tion	that are hel	d an	d administered for	the			
	_	ization by:											Yes	No
	` '	related organizations										3a(i)		X
		ated organizations										3a(ii)		X
b		s" to 3a(ii), are the related orga										3 b		
4		ibe in Part XIV the intended us							1.37	l' 40				
Par	t VI	Investments - Land, Build	dings, a						Ť	line 10.				
		Description of investment			or other ba estment)	sis	(l	b) Cost or other basis (other)	r	(c) Depreciation	(0	d) Book va	llue	
1a							10	7,117,95	52.			107,11	7,9	52.
b		ngs					1	02065173	34.	309,060,683.	-	711,59	1,0	51.
С		hold improvements					10	3,191,04	19.	60,989,556.		42,20	1,4	93.
d		ment	-				66	9,797,58	37.	488,337,105.		181,46	50,4	82.
е								1,325,58				101,32	25 , 5	87.
Tota	I. Add I	ines 1a-1e. (Column (d) shoul	ld equal l	Form 990,	, Part X,	colur	nn (B), line 10(c,).) .	<u></u>	1,1	143,69)6 , 5	65.

Schedule D (Form 990) 2008

Schedule D (Form 990) 2008 53-0196605 Page **3**

Part VII Investments - Other Securities. See F	orm 990, Part X, lin	ne 12.	r ago o
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year marke	
Financial derivatives and other financial products			
Closely-held equity interests			
Other MARKETABLE AND NONMARKETABLE	323,873,000.	FMV	
ALTERNATIVE FUNDS:			
NET ASSETS VALUE PER AUDITED			
FINANCIAL STATEMENTS			
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.)	323,873,000.		
Part VIII Investments - Program Related. See			
(a) Description of investment type	(b) Book value	(c) Method of valuati Cost or end-of-year mark	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X,	line 15		
	Description		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)			
Part X Other Liabilities. See Form 990, Part 2	X, line 25.		
(a) Description of liability	(b) Amount		
Federal income taxes			
PENSION AND POST-RETIREMENT BENEFIT	729,014,473.		
INSURANCE (LOSS RESERVES AND CLAIMS	131,401,096.		
SPLIT-INTEREST AGREEMENT LIABILITIE	22,119,104.		
ADVANCES AND OTHER MISC LIABILITIES	26,345,718.		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.)	908,880,391.	totaments that assets the same to	ianta liabilita fa

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

JSA 8E1270 1.000 06583L 2502 Schedule D (Form 990) 2008 53-01 96605 Page 4

	53-U196605		Page 4
Part			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,301,803,766.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,421,579,671.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-119,775,905.
4	Net unrealized gains (losses) on investments	4	-355,189,475.
5	Donated services and use of facilities	5	
6	Investment expenses	7	
7	Prior period adjustments Other (Pagarite in Part VIV)		410 005 075
8 9	Other (Describe in Part XIV)	9	-412,205,275.
10	Total adjustments (net). Add lines 4-8 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	<u>-767,394,750.</u>
Part			-887,170,655.
1			1 2552875007.
2	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12:	• • -	2552875007.
a		, _	
b	Net unrealized gains on investments Donated services and use of facilities 2a -355,189,47 2b 17,844,16		
C	Recoveries of prior year grants 2c)) .	
d	Other (Describe in Part XIV) 2d -412,205,27	7.5	
e	Add lines 2a through 2d	· ;	2e -749,550,585.
3	Subtract line 2e from line 1	· · -	3 3302425592.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	· ·	3302123332:
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b -621,82	6	
С	Add lines 4a and 4b		4c -621,826.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	–	5 3301803766.
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per		
1	Total expenses and losses per audited financial statements		1 3440045662.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a 17,844,16	55.	
b	Prior year adjustments 2b		
С	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	🔯	2e 17,844,165.
3	Subtract line 2e from line 1	L	3 3422201497.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV) 4b -621,82	26.	
С	Add lines 4a and 4b	—	4c −621,826.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)		<u>5</u> 3421579671.
Part	XIV Supplemental Information		
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	art IV,	lines 1b
<u>SEE</u>	PAGE 5		

SCHEDULE D SUPPLEMENTAL INFORMATION
PART V, LINE 4:
THE AMERICAN RED CROSS HAS MAINTAINED A NATIONAL ENDOWMENT FUND SINCE
1905. SINCE 1910, AS STATED IN THE BYLAWS OF THE ORGANIZATION AND
BECAUSE OF PUBLIC DECLARATIONS AS TO THEIR INTENDED USE, GIFTS TO THE
AMERICAN NATIONAL RED CROSS NATIONAL HEADQUARTERS UNDER WILLS, TRUSTS,
AND SIMILAR INSTRUMENTS WHICH DO NOT DIRECT SOME OTHER USE OF SUCH FUNDS
ARE RECORDED AS PERMANENTLY RESTRICTED ENDOWMENT FUNDS TO BE KEPT AND
INVESTED AS SUCH IN PERPETUITY. BASED UPON THE MANNER IN WHICH THE
ORGANIZATION HAS SOLICITED AND CONTINUES TO SOLICIT SUCH GIFTS, IT HAS
BEEN DETERMINED BY INDEPENDENT LEGAL COUNSEL THAT SUCH GIFTS MUST BE
PLACED IN THE ENDOWMENT FUND AND, REPORTED AS PERMANENTLY RESTRICTED NET
ASSETS. ARC MAKES DISTRIBUTIONS FROM INCOME EARNED ON THE ENDOWMENT FUND
FOR CURRENT OPERATIONS.
PART III, LINE 1A:
AS DEFINED IN SFAS 116, THE AMERICAN RED CROSS DOES NOT MAINTAIN
"COLLECTIONS OF ART, HISTORICAL TREASURES, OR OTHER SIMILAR ASSETS".
PART XI LINE 8 & PART XII LINE 2D "OTHER":
PRIMARILY, THIS AMOUNT REPRESENTS EMPLOYEE RETIREMENT SYSTEM PENSION AND
POST-RETIREMENT BENEFIT PLAN LOSSES PER PROVISIONS OF STATEMENT OF
FINANCIAL ACCOUNTING STANDARDS 87 AND 106.

Schedule F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b line 15, or line 16.

Employer identification number

AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT

CHAPTERS AND BRANCHES

General Information on Activities Outside the United States. Complete if the organization answered

"Yes" to Form 990, Part IV, line 14b.

1	For grantmakers. Does t assistance, the grantees' the grants or assistance?	eligibility for the	ne grants or a	ssistance, and the select	_	
2	For grantmakers. Describ United States.	s outside the				
3	Activities per Region. (Use	e Schedule F-1	(Form 990) if	additional space is needed	.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
CENT	RAL AMERICA/CARIBBEAN	2	3	PROGRAM SERVICES	GENERAL HEALTH, MGMT	4,123,845.
EAST	ASIA AND THE PACIFIC	2	15	PROGRAM SERVICES	DISASTER RESPONSE, GEN	81,259,078.
NORT	'H AMERICA	1	1	PROGRAM SERVICES	DISASTER RESPONSE, DIS	376,779.
RUSS	IA/INDEPENDENT STATES	1	1	PROGRAM SERVICES	GENERAL HEALTH	1,081,804.
SOUT	'H AMERICA	2	1	PROGRAM SERVICES	DISASTER RESPONSE	2,246,404.
SOUT	'H ASIA	4	8	PROGRAM SERVICES	DISASTER RECOVERY	27,237,356.
SUB-	SAHARAN AFRICA	2	3	PROGRAM SERVICES	DISASTER RESPONSE, DIS	5,059,192.
MIDE	LE EAST AND NORTH AFRICA			PROGRAM SERVICES	DISASTER RESPONSE, DIS	1,032,926.
EURO	PE			PROGRAM SERVICES	DISASTER RESPONSE, DIS	2,133,000.
Tota	ale •	1./	32			124 550 384

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

Schedule F (Form 990) 2008

Schedule F (Form 990) 2008

Page 2

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990. Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Use Schedule F-1 (Form 990) if additional space is needed. Part II

(I) Method of valuation (book, FMV, appraisal, other)									
(h) Description of non-cash assistance appraisal, other)									
(g) Amount of non-cash assistance									
(f) Manner of cash disbursement									
(e) Amount of cash grant									
(d) Purpose of grant									
(c) Region	SEE SCHEDULE F-1								
(b) IRS code section and EIN (if applicable)									
(a) Name of organization									
_									

Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has Enter total number of other organizations or entities . Schedule F (Form 990) 2008

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Page 3

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. Schedule F (Form 990) 2008

Part III Grants and

(h) Method of valuation (book, FMV, appraisal, other)										Schedule F (Form 990) 2008
(g) Description of non-cash assistance										Sche
(f) Amount of non-cash assistance										
(e) Manner of cash disbursement										
(d) Amount of cash grant										
(c) Number of recipients										
(b) Region										
(a) Type of grant or assistance										

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<u>Schedule F (Form 990) 2008</u> 53-0196605 Page **4**

Part IV Supplemental Information Complete this part to provide the information required in Part I, line 2, and any other additional information.
PART I, LINE 2
THE INTERNATIONAL SERVICES DEPARTMENT OF THE AMERICAN RED CROSS HAS AN
ESTABLISHED STANDARD OPERATING PROCEDURE REQUIRING THE USE OF A
SUB-RECIPIENT MONITORING CHECKLIST TO MONITOR SUB-RECIPIENTS UNDER
FEDERALLY, PUBLICLY, AND PRIVATELY FUNDED PROJECT AGREEMENTS ON A MONTHLY
BASIS. GENERALLY, COUNTRY OR REGIONAL REPRESENTATIVES (CR/RRS) ARE
RESPONSIBLE FOR MONITORING SUB-RECIPIENT COMPLIANCE WITH THE TERMS AND
CONDITIONS OF THE SUB-RECIPIENT PROJECT AGREEMENT, FOR ADDRESSING
INSTANCES OF NON-COMPLIANCE, AND FOR DOCUMENTING THIS MONITORING AND
RELATED CORRECTIVE ACTIONS IN THE MONITORING CHECKLIST. IN LOCATIONS OF
SUB-RECIPIENT ACTIVITY WHERE THERE IS NO CR/RR, THE REGIONAL DIRECTOR
(RD) WILL DESIGNATE AN APPROPRIATE STAFF PERSON (E.G. DELEGATE OR PROGRAM
OFFICER) TO FULFILL THESE RESPONSIBILITIES.
PRIOR TO INCEPTION OF PROJECT ACTIVITIES, THE CR/RR CREATES A CHECKLIST
OF ALL SUB-RECIPIENT CONTRACTUAL OBLIGATIONS STIPULATED IN THE PROJECT
AGREEMENT, TO INCLUDE FINANCIAL AND PROGRAMMATIC REPORTING, AS WELL AS
OTHER MONITORING AND NON-CONTRACTUAL ACTIVITIES. THE CR/RR IS RESPONSIBLE
FOR COMPLETING THE CHECKLIST ON A MONTHLY BASIS, ON TIME, WITH CLEAR AND
TIMELY COMMUNICATIONS TO THE PROGRAM OFFICER (PO) ON ISSUES AND ACTION
PLANS.

SCHEDULE F-1 (Form 990)

Continuation Sheet for Schedule F (From 990)

OMB No. 1545-0047

2008

Department of the Treasury Internal Revenue Service ► Attach to Form 990 to list additional information for Part I, line 3; Part II, line 1; or Part III.

Open to Public Inspection

Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT Employer identification number CHAPTERS AND BRANCHES 53-0196605 Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3) (d) Activities conducted in (a) Region (b) Number of (c) Number of (e) If activity listed in (d) is (f) Total region (by type) (i.e., fundraising, program services, grants to recipients located in the region) offices in the expenditures in employees or a program service, agents in region describe specific type of region service(s) in region region

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

Schedule F-1 (Form 990) 2008

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53-0196605	000000000000000000000000000000000000000	

Schedule F-1 (Form 990) 2008 S3-0196605 Part II Continuation of Grants and Other Assistance or Entities Outside the United States.	d Other Assistan	ce or Entities Outside t	53-0196605 the United Sta	(Schedule	F. (Form 990)	Part II)		Page 2
	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant		(f) Manner of cash disbursement	(g) A no no ass	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE/ICELAND/GREENLAND	DISASTER RES	36,315,546.	WIRE		N/A	
		EUROPE/ICELAND/GREENLAND	DISASTER RES	1,027,238.	WIRE		N/A	
		SOUTH ASIA	DISATER PREP	6,385,787.	WIRE		N/A	
		EAST ASIA/PACIFIC	DISASTER RES	199,428.	WIRE		N/A	
		SUB-SAHARAN AFRICA	DISASTER RES	540,177.	WIRE		N/A	
		EAST ASIA/PACIFIC	DISATER PREP	3,759,791.	WIRE		N/A	
		EAST ASIA/PACIFIC	DISASTER REC	439,184.	WIRE		N/A	
		SOUTH ASIA	DISASTER REC	972,795.	WIRE		N/A	
		SOUTH ASIA	DISASTER RES	374,471.	WIRE		N/A	
		EAST ASIA/PACIFIC	DISASTER RES	1,560,354.	WIRE		N/A	
		SOUTH AMERICA	DISASTER RES	53,198.	WIRE		N/A	
		MIDDLE EAST/NORTH AFRICA DISASTER	DISASTER RES	250,000.	WIRE		N/A	
		SUB-SAHARAN AFRICA	GENERAL HEAL	951,255.	WIRE		N/A	
		EUROPE/ICELAND/GREENLAND	DISASTER RES	644,696.	WIRE		N/A	
		SUB-SAHARAN AFRICA	DISASTER REC	684,201.	WIRE		N/A	
		EAST ASIA/PACIFIC	GENERAL HEAL	71,645.	WIRE		N/A	
		CENT. AMERICA/CARIBBEAN	GENARAL HEAL	440,257.	WIRE		N/A	
		SOUTH AMERICA	DISASTER RES	554,462.	WIRE		N/A	
		SOUTH AMERICA	DISASTER RES	95,414.	WIRE		N/A	
							Schedule F-1 (Form 990) 2008	orm 990) 2008

Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule	and Otner Assistan	ce or Entities Outside ti	ne United Sta		1, (1 01111 330)	/, ا طال ۱۱		
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		CENT. AMERICA/CARIBBEAN	DISASTER RES	96,334.	WIRE		N/A	
		SOUTH AMERICA	GENERAL HEAL	200,942.	WIRE		N/A	
		SUB-SAHARAN AFRICA	DISASTER REC	52,152.	WIRE		N/A	
		CENT. AMERICA/CARIBBEAN	MANAGEMENT	113,733.	WIRE		N/A	
		EAST ASIA/PACIFIC	GENERAL HEAL	30,736.	WIRE		N/A	
		SUB-SAHARAN AFRICA	DISASTER RES	143,800.	WIRE		N/A	
		NORTH AMERICA	DISASTER RE	269,235.	WIRE		N/A	
		MIDDLE EAST/NORTH AFRICA	DISASTER RES	360,625.	WIRE		N/A	
		RUSSIA	DISASTER PRE	348,774.	WIRE		N/A	
		SUB-SAHARAN AFRICA	DISASTER PRE	282,471.	WIRE		N/A	
		CENT. AMERICA/CARIBBEAN	DISASTER RES	245,695.	WIRE		N/A	
		CENT. AMERICA/CARIBBEAN	DISASTER RES	71,457.	WIRE		N/A	
		RUSSIA	DISASTER RES	29,181.	WIRE		N/A	
		CENT. AMERICA/CARIBBEAN	DISASTER RES	41,223.	WIRE		N/A	
		RUSSIA	MEASLES, DIS	8,979,330.	WIRE		N/A	
		EUROPE/ICELAND/GREENLAND	MEASLES	864,085.	WIRE		N/A	
		EUROPE/ICELAND/GREENLAND	MALARIA	883,212.	WIRE		N/A	
		EUROPE/ICELAND/GREENLAND	MEASLES	3,133,381.	WIRE		N/A	
		RIPODE / TORT AND / CREENT AND	DISASTER RES	72 633 735	MTPP		K/ N	

	L/ L
53-0196605	
ule F-1 (Form 990) 2008	., ., .
D D	F

SCHEDULE G

(Form 990 or 990-EZ)
Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

2008

Open To Public Inspection

Internal Revenue Service

Name of the organization

AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT

Employer identification number

CHA	PTERS AND BRANCHES					53-019660)5
Par	Fundraising Activities. Com	plete if the organ	nization a	nswered	"Yes" to Form 9	90, Part IV, line	17.
1 a b c d 2a	Indicate whether the organization rais Mail solicitations Email solicitations Phone solicitations In-person solicitations Did the organization have a written o or key employees listed in Form 990 If "Yes," list the ten highest paid individual to be compensated at least \$5,000 be	e f g r oral agreement w , Part VII) or entity riduals or entities (f	Solid Solid Spec with any ind in connec	itation of ritation of ritation of gital fundralitividual (intion with properties) pursuar	non-government g government grants ising events acluding officers, d professional fundra nt to agreements u	irants s lirectors, trustees aising activities?	
(i) Name of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity or retained fundraiser have custody or control of contributions?							(vi) Amount paid to (or retained by) organization
			Yes	No		coi. (i)	
3 L	al				it funds or has t	peen notified it is	exempt from
 				·			

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported Part II more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (c) Other Events (a) Event #1 (b) Event #2 (d) Total Events (Add col. (a) through col. (c)) ANNUAL BALL GNYANNUAL BALL GRE 500 (event type) (event type) (total number) Revenue 1 Gross receipts 1,577,433. 1,191,892 45,339,926. 48,109,251. 2 Less: Charitable contributions 1,447,233. 1,010,349 24,967,099 27,424,681. 3 Gross revenue (line 1 130,200. 181,543 20,372,827. 20,684,570. 4 Cash prizes 1,260,631 1,260,631. Expenses 5 Non-cash prizes 566,783 566,783. 6 Rent/facility costs 158,798. 271,879 1,687,050 2,117,727. Direct 7 Other direct expenses 104,972. 246,631 12,872,556 13,224,159. 8 Direct expense summary. Add lines 4 through 7 in column (d) 17,169,300.) 3,515,270 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (Add (b) Pull tabs/Instant (c) Other gaming Revenue (a) Bingo bingo/progressive bingo col. (a) through col. (c)) 1,390,656. 39,362 1,430,018. 2 Cash prizes 1,099,321 31,262 1,130,583. Direct Expenses 2,835 2,835. 4 Rent/facility costs 97,728 97,728. 5 Other direct expenses 1,090 103,077 104,167. Χ % Yes X Yes 86.0000 % Yes 100.0000 6 Volunteer labor No Nο 7 Direct expense summary. Add lines 2 through 5 in column (d) 1,335,313.) 94,705. Yes Νo Enter the state(s) in which the organization operates gaming activities: MI, VA, a Is the organization licensed to operate gaming activities in each of these states? 9a Χ b If "No," Explain: 10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a Χ **b** If "Yes," Explain: Does the organization operate gaming activities with nonmembers? 11 11 Χ

Schedule G (Form 990 or 990-EZ) 2008

			Yes	No
13 a b 14	Indicate the percentage of gaming activity operated in: The organization's facility			
	Name ► _BRIAN_RHOA			
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		Х
	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address: Name ▶			
a	retain the state gaming license?	17a		Х
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 ▶ \$			

Schedule G (Form 990 or 990-EZ) 2008

SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations,

▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.▶ Attach to Form 990. Governments, and Individuals in the U.S.

AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT

OMB No. 1545-0047	2008
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Open to Public Inspection

Employer identification number

CHAPTERS AND BRANCHES						53-0196605	
Part General Information on Grants and Assistance	and Assistar	ıce					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	o substantiate	the amount of	the grants or assista	ince, the grantees' e	eligibility for the grants	or assistance, and	[
	rants or assista	nce?					⊠ Yes
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	cedures for m	onitoring the u	se of grant funds in th	e United States.			
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on	to Governme	nts and Orga	inizations in the Un	ited States. Comp	lete if the organiza	ation answered "Ye	s" on
Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	any recipient orm 990) if ac	that receive Iditional spac	d more than \$5,000 e is needed	\$5,000. Check this box if	no one recipient r	eceived more than	\$5,000.
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	1 8	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) and government organizations	ind governmer	t organizations					
3 Enter total number of other organizations						•	
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	Act Notice, see	the Instruction	ins for Form 990.			Schec	Schedule I (Form 990) 200

8E1288 2.000

Schedule I (Form 990) 2008

Use Schedule I-1 (Form 990) if additional space is needed.	itional space is	needed.		o organization answered	. co oil oil ooo, I airiv, iiie 22.
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SPECIFIC FINANCIAL ASSISTANCE		117,763,333.			
Part IV Supplemental Information. Complete this part		provide the info	ormation required	I in Part I, line 2, and any o	to provide the information required in Part I, line 2, and any other additional information.
SCHEDULE I SUPPLEMENTAL INFORMATION	NC				
SEE SCHEDULE O					
					Schedule I (Form 990) 2008

SCHEDULE J (Form 990)

Compensation Information

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

CHAPTERS AND BRANCHES

Department of the Treasury Internal Revenue Service

AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT

Employer identification number

53-0196605

Part	Ⅲ 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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Travel for companions Tax indemnification and gross-up payments Discretionary spending account The following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. Payments for business use of personal residence Health or social club dues or initiation fees Personal services (e.g., maid, chauffeur, chef)			
b	If line 1a is 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	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	X	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. X Compensation committee X Independent compensation consultant X Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:			
а	Receive a severance payment or change of control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4c		X
5	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
c	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization? If "Yes" to line 6a or 6b, describe in Part III.	6b		X
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8	X	

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

Schedule J (Form 990) 2008

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of W-2 and		or 1099-MISC compensation	borroto ()	oldoxotack (a)	Complete to the total of the to	(E) Componention
(A) Name	1	(i) Base compensation		(iii) Other reportable	compensation	benefits	(E) (i)-(D)	r) compensation reported in prior Form 990 or Form 990-EZ
				compensation				
	Ξ	317,946.	110,000.	52,934.	63,523.	5,786.	550,189.	247,594.
MARY ELCANO	(ii)	NONE	NONE	NONE	NONE	NONE	NON	NONE
	(i)	271,208.	15,000.	39,983.	60,257.	17,706.	404,154.	168,575.
BRIAN RHOA	Œ	NONE	NONE		NONE	NONE	NONE	NONE
	Ξ	249,740.	NON	1,733.	34,813.	4.674.	290,960.	121,017.
DALE BATEMAN	(ii)	NONE	NONE		NONE	NONE	NONE	NONE
	(i)	220,000.	65,000.	161,867.	6,154.	2,669.	455,690.	47,005.
GAIL MCGOVERN	(ii)	NONE	NONE		NONE	NONE		NONE
	(i)	298,472.	15,000.	46,208.	10,880.	10,469.	381,029.	179,838.
KEVIN BROWN	(ii)		NONE		NONE	NONE	NONE	
	Ξ	1041041.	NON	16,933	.64.2.89.	4_7 <u>2</u> 7	134,990.	120,974.
ROBERT MCDONALD	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	(i)	241,704.	34,155.	15,403.	83,545.	12,143.	386,950.	NONE
CHRISTINA SAMSON	(ii)	NONE			NONE	NONE		
	(i)	280,140.	15,000.	18,021.	45,759.	12,034.	370,054.	NONE
MELISSA HURST	(ii)	NONE	NONE		NONE			NONE
	Ξ	212_179.	52,500.	32,448	1,625.	101_29_1	309,481.	HONE
JEFFREY TOWERS	Œ.	NONE		NONE	NONE		NONE	NONE
	Ξ	<u>377</u> 4313.	41,400.	147,916.	63,031.	12 <u>,</u> 626.	642 , 286.	262,332.
JAMES HROUDA	(ii)	NONE	NONE	NONE	NONE			NONE
	Ξ	2211364.	134,089.	19,752.	168,881.	1 <u></u>	545,882.	HONE
MARY-ALICE FRANK	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	Ξ	346,054.	41,250.	17,664.	59,323.		471.417.	209,771.
THERESA BISCHOFF	Œ.	NONE			NONE	NONE	NONE	NONE
	Ξ	289,911.	HONON	30,736	109,604.	13172.	444,023.	NONE
ELIZABETH O'NEILL	Œ	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	Ξ	3121224-	24,058.	16,653.	39,239.	-16_{4800}	408,674.	<u>198,442</u> .
WILLIAM MOORE	Œ	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	Ξ	284,928-	NONE	23,307.	73,102.	2_470-	383,807.	<u>191,853.</u>
ROSEMARY MACKEY	(ii)	NONE		NONE	NONE	NONE		NONE
	Ξ							
	(ii)							
							Sche	Schedule 1 (Form 990) 2008

Schedule J (Form 990) 2008

Part III Supplemental Information

Schedule J (Form 990) 2008

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

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Schedule J (Form 990) 2008

Part III Supplemental Information Schedule J (Form 990) 2008

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

7: THE AMOUNT SHOWN IN PART II, COLUMN B (II) FOR THE PRESIDENT AND CEO	IN ACCORDANCE WITH THE TERMS OF	HER INITIAL EMPLOYMENT AGREEMENT. THE AMOUNT WAS A SIGN-ON BONUS TO	
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COVER MISCELLANEOUS COSTS RELATED TO THE PRESIDENT AND CEO'S RELOCATION

TO WASHINGTON, DC AND WAS APPROVED BY THE BOARD.

EOR_THE_GENERAL_COUNSEL6	I, HUMAN RESOURCES, CHIEF
L. COLUMN B (II)	FFICER, SENIOR VICE PRESIDEN
- ALL. AMOUNTS. SHOWN. IN. PART. I	CHIEF FINANCIAL OFFICER, SENIOR

 OPERATING OFFICER, AND THE CHAPTER EXECUTIVE OF THE ARC OF GREATER NEW

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INCENTIVE PLANS. THE AMOUNTS FOR THE CHIEF INVESTMENT OFFICER, CHIEF

Schedule J (Form 990) 2008

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

WERE APPROVED BY THE BOARD. THE AMOUNTS FOR THE CHAPTER EXECUTIVE, ARC. DEVELOPMENT OFFICER, AND EXECUTIVE VICE PRESIDENT, BIOMEDICAL SERVICES.

OF CLEVELAND WERE APPROVED BY THE LOCAL CHAPTER BOARD.

8: THE RED CROSS HAS FIVE EMPLOYEES WHO RECEIVED COMPENSATION PAID PURSUANT_IO_A_CONTRACT_SUBJECT_TO_THE_INITIAL_CONTRACT_EXCEPTION.

PRESIDENT AND CEO HAS A CONTRACT THAT PROVIDES FOR ANNUAL BASE SALARY

(\$500,000), SIGN-ON BONUS (\$65,000) AND ENTITLEMENT TO STANDARD RED CROSS

BENEFITS. INCLUDING THE RELOCATION PROGRAM. . THE CHIEF DEVELOPMENT

OFFICER HAS A CONTRACT THAT PROVIDES FOR ANNUAL BASE SALARY (\$350,000). SIGN-ON BONUS (\$52,500), STANDARD BENEFITS, AND A COMMUTING STIPEND IN

LIEU OF RELOCATION ASSISTANCE (WHICH WOULD HAVE BEEN A GREATER BENEFIT)

THE CHIEF FINANCIAL OFFICER HAS A CONTRACT THAT PROVIDES FOR ANNUAL BASE

THE CHIEF INVESTMENT OFFICE HAS SALARY (\$325,000) AND STANDARD BENEFITS.

THE EXECUTIVE VICE PRESIDENT, BIOMEDICAL SERVICES HAS A BENEFITS.

A CONTRACT THAT PROVIDES FOR ANNUAL BASE SALARY (\$270,000) AND STANDARD

CONTRACT THAT PROVIDES FOR ANNUAL BASE SALARY (\$400,000), STANDARD

Schedule J (Form 990) 2008

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Open to Public Inspection

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

Employer Identification number 53-0196605

Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Part I **Employees**

Name and Tife	(A)	(B)	Position (ch		()	tlant -	m ls A	(D)	(E)	(F)
CHAITMAN	Name and little							compensation from the organization	compensation from related organizations	amount of other compensation from the organization and related
SUZANNE_NORA_JOHNSON										
BOARD MEMBER		25.	X					NONE	NONE	NONE
DR. CESAR A ARISTEIGUIETA BOARD MEMBER DO. SANEORD A BELDEN BOARD MEMBER BOARD MEMB										
DOARD MEMBER		6.	X					NONE	NONE	NONE
DR. SANFORD A BELDEN BOARD MEMBER 6. X NONE NONE NONE BOARD MEMBER 7. X NONE NONE NONE BOARD MEMBER 8. X NONE NONE NONE BOARD MEMBER 9. X NONE NONE BOARD MEMBER 9. X NONE 9. X NONE 9. X NONE 9. X NONE 9. X NONE 9. X NONE 9. X NONE 9. X N			l							
BOARD MEMBER		5.	X					NONE	NONE	NONE
JAMES W KEYES										
BOARD MEMBER		6.	X				-	NONE	NONE	NONE
RICHARD PATTON BOARD MEMBER 5. X NONE NONE NONE NONE NONE NONE NONE NONE BOARD MEMBER 4. X NONE NONE NONE NONE NONE BRAD_BOSTON BOARD MEMBER 6. X NONE NONE NONE NONE NONE BRIAN_L_DERKSEN BOARD MEMBER 4. X NONE NON			1,.							
BOARD MEMBER		5.	X					NONE	NONE	NONE
DR WEI-TIH_CHENG BOARD MEMBER 4.			l							
BOARD MEMBER			X					NONE	NONE	NONE
BRAD_BOSTON BOARD MEMBER 6. X			1,,					11011	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
BOARD MEMBER 6. X		4.	X					NONE	NONE	NONE
BRIAN_L_DERKSEN BOARD MEMBER 4. X NONE NONE NONE NONE RICHARD_M_FOUNTAIN BOARD MEMBER 4. X NONE NONE NONE NONE NONE DR. ALLAN_I_GOLDBERG BOARD MEMBER 7. X NONE			1,,					11011	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	11011
BOARD MEMBER	DD TANK T DEDUCENT		X					NONE	NONE	NONE
RICHARD M FOUNTAIN								NONE	NONE	NONE
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DR_ALLAN_I_GOLDBERG								NONE	NONE	NONE
BOARD MEMBER 7.			X					NONE	NONE	NONE
JAMES								NONE	NONE	NONE
BOARD MEMBER 5.		/ •	X					NONE	NONE	NONE
ANN_F_KAPLAN BOARD MEMBER 7. X NONE NONE NONE LAURENCE_E_PAUL BOARD MEMBER 8. X NONE NONE NONE R_BRUCE_LABOON BOARD MEMBER 4. X NONE NONE NONE ANNA_MARIA_LARSEN BOARD MEMBER 6. X NONE NONE NONE MODE NONE NONE NONE MODE NONE NONE NONE NONE MELANIE_R_SABELHAUS BOARD MEMBER 9. X NONE NONE NONE MELANIE_R_SABELHAUS BOARD MEMBER 9. X NONE NONE NONE MELANIE_R_SABELHAUS BOARD MEMBER 4. X NONE NONE NONE MODE NON			37					NONE	NONE	NONE
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LAURENCE E PAUL BOARD MEMBER 8. X NONE NO			37					NONE	NONE	NONE
BOARD MEMBER 8. X NONE NONE NONE R BRUCE LABOON BOARD MEMBER 4. X NONE NONE NONE NONE NONE NONE ANNA MARIA LARSEN BOARD MEMBER 6. X NONE NONE NONE NONE NONE NONE NONE NO		/ •	X					NONE	NONE	NONE
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ANNA MARIA LARSEN BOARD MEMBER JOSEPH B PERELES BOARD MEMBER 6. X NONE			V					NONE	NONE	NONE
BOARD MEMBER 6. X NONE NONE NONE NONE NONE NONE NONE NO		4.	Λ_					NONE	NONE	NONE
JOSEPH B PERELES BOARD MEMBER 6. X NONE NONE MELANIE R SABELHAUS BOARD MEMBER 9. X NONE			V					NONE	NONE	NONE
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H_MARSHALL_SCHWARZ		a	l v					NONE	NONE	NONE
BOARD MEMBER 4. X NONE NONE NONE GLENN_A_SIEBER BOARD MEMBER 4. X NONE NONE NONE FRANCINE_STOKES_MCELVEEN NONE			21					NONE	IVOIVE	IVOIVE
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BOARD MEMBER 4. X NONE NONE NONE FRANCINE STOKES MCELVEEN		7.	1 2 2					110111	110111	110111
FRANCINE_STOKES_MCELVEEN		₄	X					NONE	NONE	NONE
		7.	1 2 2					110111	110111	110111
			X					NONE	NONE	NONE

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

Schedule J-2 (Form 990) 2008

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Part I

Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Open to Public Inspection

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

Employer Identification number 53-0196605

Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated

Employees		T								
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	ion (k all	that ap		Reportable	Reportable	Estimated
			Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
WALTER E THORNTON										
BOARD MEMBER	3.	X						NONE	NONE	NONE
STEVEN H WUNNING										
BOARD MEMBER	4.	X						NONE	NONE	NONE
PAULA E BOGGS										
BOARD MEMBER	5.	X						NONE	NONE	NONE
YOUNGME E MOON										
BOARD MEMBER	7.	X						NONE	NONE	NONE
MARY ELCANO										
GENERAL COUNSEL & SECRETARY	60.			Х				480,880.	NONE	69,309.
BRIAN RHOA										
CHIEF FINANCIAL OFFICER	60.			Х				326,191.	NONE	77,963.
DALE BATEMAN										
SVP & CHIEF AUDIT EXECUTIVE	60.			X				251,473.	NONE	39,487.
GAIL MCGOVERN										
PRESIDENT AND CEO	60.			X				446,867.	NONE	8,823.
KEVIN BROWN										
CHIEF OPERATING OFFICER	40.				X			359,680.	NONE	21,349.
CHRISTINA SAMSON										
CHIEF INVESTMENT OFFICER	60.				X			291,262.	NONE	95 , 688.
MELISSA_HURST										
SVP HUMAN RESOURCES	60.				Х			313,161.	NONE	57 , 793.
JEFFREY TOWERS										
CHIEF DEVELOPMENT OFFICER	60.				Х			297,127.	NONE	12 , 354.
JAMES_HROUDA										
EVP, BIOMEDICAL SERVICES	60.				X			566,629.	NONE	75 , 657.
MARY-ALICE_FRANK										
CEO, ARC OF CLEVELAND	60.					X		375 , 205.	NONE	170 , 677.
THERESA_BISCHOFF										
CEO, ARC OF GREATER NEW YORK	60.					X		404,968.	NONE	66,449.
ELIZABETH O'NEILL										
DIV VICE PRESIDENT, BIOMEDICAL	60.					X		320,647.	NONE	123,376.
WILLIAM_MOORE										
SVP, BIOMEDICAL OPERATIONS	60.					X		352,935.	NONE	56,039.
ROSEMARY MACKEY										
CHIEF EXT. AFF OFF, GNY	60.	-				X		308,235.	NONE	75,572.
ROBERT MCDONALD										
FORMER CHIEF FINANCIAL OFFICER							X	120,974.	NONE	14,016.
		-				-	-			

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization CHAPTERS AND

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047 2008 Open to Public

Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990)

CONSTITUENT

& ITS

AMERICAN NATIONAL RED CROSS

BRANCHES

Employer identification number Inspection

53-0196605

(h) On behalf of issuer Yes No å å (g) Defeased ш ш ŝ \times \bowtie \bowtie Yes Yes LAND ACQUISITION AND BUILDING CONS CONSTRUCTION AND EQUIPPING OF BUIL ACQUISITION & RENOVATION OF BUILDI BONDS CURRENT REFUNDING OF PRIOR BONDS å å (f) Description of purpose CURRENT REFUNDING OF PRIOR Ω ۵ Yes Yes ŝ ŝ ပ ပ 30,337,879. Yes Yes 4,250,000. 8,000,000. 20,245,000. 2,303,600 (e) Issue price å å ш Ω (d) Date issued 64971C8B3 02/28/2006 10/09/2008 12/05/2005 12/02/2003 02/27/2003 Yes Yes 132047BY6 (c) CUSIP # ŝ ŝ 4 Yes Yes (p) Issuer EIN 06-6000799 37-0988139 13-2906040 25-1334277 52-1376562 Year of substantial completion..... Total proceeds of issue 9 Were the bonds issued as part of a current refunding issue? 11 Has the final allocation of proceeds been made? Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by Private Business Use (Optional for 2008) tax-exempt bonds? Does the organization maintain adequate books and records to support the final allocation of proceeds? DEVEL. CAMBRIA COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY Proceeds in refunding or defeasance escrows 10 Were the bonds issued as part of an advance **Bond Issues** (Required for 2008) C ILLINOIS DEVELOPMENT FINANCE AUTHORITY IND. B MARYLAND ECONOMIC DEVELOPMENT CORPORATION Proceeds (Optional for 2008) D NYC INDUSTRIAL DEVELOPMENT AUTHORITY (a) Issuer name CONNECTICUT DEVELOPMENT AUTHORITY refunding issue? Part III Part II Part I 9 œ 12 2 ⋖ ш

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

financed property which may result in private business use?

Are there any lease arrangements with respect to the

Schedule K (Form 990) 2008

53

8E1295 3.000

SCHEDULE K (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information on Tax-Exempt Bonds

2008 Open to Public

OMB No. 1545-0047

Employer identification number Inspection

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

Part Bond Issues (Required for 2008)									
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price		(f) Description of purpose	nrpose	(g) Defeased	(h) On behalf of issuer
								Yes No	Yes No
A CALI INFRASTRUCTURE AND ECON DEVELOPMENT BANK	63-0304653	13033WV2	10/09/2008	40,325,000		CURRENT REFUNDING OF P	PRIOR BONDS I	×	
œ									
C									
а ш									
Part II Proceeds (Optional for 2008)									
		4	8		ပ		٥	Ш	
1 Total proceeds of issue									
2 Gross proceeds in reserve funds									
3 Proceeds in refunding or defeasance escrows									
4 Other unspent proceeds									
5 Issuance costs from proceeds									
6 Working capital expenditures from proceeds									
7 Capital expenditures from proceeds									
8 Year of substantial completion		-			_			-	
	Yes	No	Yes	No	Yes No	Yes	٥N	Yes	No
9 Were the bonds issued as part of a current refunding issue?									
10 Were the bonds issued as part of an advance									
retunding issue?									
11 Has the final allocation of proceeds been made?									
12 Does the organization maintain adequate books and									
records to support the final allocation of proceeds?									
:		⋖	8		ပ		٥	Ш	
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by	Yes	o _N	Yes	No	Yes No	Yes	No	Yes	N
tax-exempt bonds?									
2 Are there any lease arrangements with respect to the financed property which may result in private business use?									
						_		!	

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

Schedule K (Form 990) 2008

54

JSA 8E1295 3.000

Schedule K (Form 990) 2008

Part III Private Business Use (Continued)

	1	٨		В		ပ	۵	0	Ш	
3a Are there any management or service contracts with	Yes	No	Yes	o _N	Yes	No	Yes	No	Yes	No
private business use?										
b Are there any research agreements with respect to the financed property which may result in private business use?										
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		%		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		%		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										
Part IV Arbitrage (Optional for 2008)										
	1	A		В		ပ	٥		ш	
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction	Yes	No	Yes	N _o	Yes	No	Yes	No	Yes	No
with respect to the bond issue?										
Is the bond issue a variable rate issue?										
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?										
b Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?										
b Name of provider.										
c Term of GIC			•							
d Was the regulatory safe harbor for establishing the fair										
market value of the GIC satisfied?										
5 Were any gross proceeds invested beyond an										
available temporary period?										
6 Did the hand issue quelify for an excention to rehate?										
1								3	Schodule K (Form 990) 2008	m 990) 2008
								3	, .\ o.mpg	2204 (200

SCHEDULE M (Form 990)

Non-Cash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. ►Attach to Form 990.

Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT

Inspection Employer identification number

CHADTEDS AND BDANCHES

53-0196605

Par	Types of Property				3-0196603			
Pai	Types of Property				T			
		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	Method of	(d) f deter enues	mining	9
1	Art-Works of art							
2	Art-Historical treasures							
3	Art-Fractional interests							
4	Books and publications	X		5,147.	FMV			
5	Clothing and household							
	goods	Х		4,514,220.	FMV			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities-Publicly traded							
10	Securities-Closely held stock							
11	Securities-Partnership, LLC,							
	or trust interests							
12	Securities-Miscellaneous							
13	Qualified conservation							
	contribution (historic							
	structures)							
14	Qualified conservation							
	contribution (other)							
15	Real estate-Residential							
16	Real estate-Commercial							
17	Real estate-Other							
18	Collectibles							
19	Food inventory	Х		3,824,356.	FMV			
20	Drugs and medical supplies	Х		258,728.				
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()							
26	Other ►()							
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received by	the organiz	zation during the tax year f	or contributions for				
	which the organization completed F	orm 8283, I	Part IV, Donee Acknowled	gement	29			
							Yes	No
30 a	During the year, did the organiza	tion receive	by contribution any prop	erty reported in Part I, lir	ie 1-28 that			
	it must hold for at least three year	rs from the	date of the initial contribu	ution, and which is not re	quired to be			
	used for exempt purposes for the e	ntire holding	period?			30a		Χ
b	If "Yes," describe the arrangement i	n Part II.						
31	Does the organization have a	-						
	contributions?					31	Χ	
32 a	Does the organization hire or use							
	contributions?					32a		Χ
b	If "Yes," describe in Part II.							
33	If the organization did not report re	venues in c	olumn (c) for a type of pro	perty for which column (a)) is checked,			
	describe in Part II.							

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Schedule M (Form 990) 2008

<u>Schedule M (Form 990) 2008</u> 53-0196605 Page **2**

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.
SCHEDULE M, PART II
PART I, LINES 19 AND 20: COLUMN (B): THE ORGANIZATION DOES NOT MAINTAIN
RECORDS OF COUNTS OF CONTRIBUTIONS OF FOOD INVENTORY OR
DRUG AND MEDICAL SUPPLIES

Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT	Employer identification number
CHAPTERS AND BRANCHES	53-0196605
FORM 990, PART III, STATEMENT OF PROGRAM SERVICE	
4A_BIOMEDICAL_SERVICES:	
THE ORGANIZATION COLLECTS, TESTS, AND DISTRIBUTES NEARLY HALF OF	
NATION'S BLOOD AND BLOOD COMPONENTS AND OPERATES 36 REGIONAL BLOO	<u>D</u>
SERVICE CENTERS THROUGHOUT THE COUNTRY. IN FISCAL YEAR 2009, THE	
ORGANIZATION COLLECTED OVER 6 MILLION PRODUCTIVE UNITS OF BLOOD F	ROM_OVER
4 MILLION DONORS AND SUPPLIED 2,900 HOSPITALS AND OTHER FACILITIE	S_WITH
BLOOD AND BLOOD PRODUCTS FOR TRANSFUSION.	
BIGOD AND BIGOD INCDUCIS FOR INANSPOSION:	
4B DOMESTIC DISASTER SERVICES:	
THE ORGANIZATION RESPONDED TO 15 LARGE-SCALE (LEVELS 4S AND 5S) D	
IN FISCAL YEAR 2009, INCLUDING: EIGHT NAMED STORMS - DOLLY, EDOU	<u>ARD,</u>
FAY, GUSTAV, HANNA, IKE, LOWELL AND OMAR, CALIFORNIA WILDFIRES, M	IDWEST
ICE STORMS, FLOODING IN THE MID- AND NORTHWEST, AND TORNADOES. T	HROUGH
ITS NETWORK OF MORE NEARLY 700 LOCAL CHAPTERS IN ALL 50 STATES, A	S WELL
AS OFFSHORE U.S. TERRITORIES AND POSSESSIONS IN THE CARIBBEAN AND	
PACIFIC, THE RED CROSS RESPONDED TO OVER 67,000 DISASTERS LARGE A	ND
SMALL. THE ORGANIZATION PROVIDED FOOD, LODGING, BULK DISTRIBUTION	_ITEMS,
EMERGENCY ASSISTANCE, HEALTH SERVICES, CRISIS INTERVENTIONS AND C	OMMUNITY
MENTAL-HEALTH DEBRIEFINGS AND/OR OTHER RELATED EMERGENCY CARE TO	PERSONS
IN NEED. FOR INDIVIDUALS AND COMMUNITIES AFFECTED BY DISASTERS,	1115
SERVICES OF THE AMERICAN RED CROSS BEGAN WITH SAFE SHELTERS FOR E	VACUEES
AND CONTINUED WITH SUPPORT FOR INDIVIDUALS AND FAMILIES RECOVERING	G_FROM

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Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT	Employer identification number					
CHAPTERS AND BRANCHES	53-0196605					
DISASTERS. THE NUMBER OF TRAINED DISASTER STAFF THAT PROVIDED THE	SE					
SERVICES IN THE NATIONAL DISASTER SERVICES HUMAN RESOURCES SYSTEM	_WAS					
APPROXIMATELY 86,000 IN FY09. CHAPTERS THROUGHOUT THE COUNTRY TRA	INED					
THOUSANDS MORE TO RESPOND TO DISASTERS WITHIN THEIR COMMUNITIES.	THE					
AMERICAN RED CROSS OVERALL GOAL IS TO BUILD A "CULTURE OF PREPAREI	DNESS"					
BY ENCOURAGING AMERICANS TO UNDERSTAND THEIR INDIVIDUAL RISK AND						
GEOGRAPHICAL THREATS AND THEN TAKE ACTION TO ADOPT SPECIFIC PREPAR	REDNESS					
BEHAVIORS. A SIMPLE 3-STEP MESSAGE, "GET A KIT, MAKE A PLAN, AND	_BE					
INFORMED," IS OUR PUBLIC CALL TO ACTION FOR CITIZEN PREPAREDNESS.						
4C HEALTH & SAFETY SERVICES:						
AMERICAN RED CROSS HEALTH AND SAFETY SERVICES HELPS SAVE LIVES AND	D					
STRENGTHEN COMMUNITIES-IMPARTING HOPE AND CONFIDENCE ALONG WITH PH	RACTICAL					
SKILLS. IT IS THE PREMIER PROVIDER OF EDUCATION, TRAINING, AND PROVIDED OF EDUCATION OF ED	RODUCTS					
_ THAT_ENABLE_PEOPLE_TO_PREVENT, PREPARE_FOR_AND_RESPOND_TO_DISASTER	RS_AND					
OTHER LIFE-THREATENING EMERGENCIES. AMERICAN RED CROSS EMPLOYEES A	AND					
REGISTERED VOLUNTEERS HELP SUSTAIN AND DELIVER HEALTH AND SAFETY I	PROGRAMS					
_AND_SERVICES_INCLUDING: FIRST_AID/CPR/AED_(WITH_AUTOMATED_EXTERNAL	<u>L</u>					
_DEFIBRILLATION "AED" INFORMATION AND SKILLS); AQUATICS (LIFEGUARD)	ING,					
_ WATER SAFETY); CAREGIVING (BABYSITTER'S TRAINING, FAMILY CAREGIVIN	NG,					
NURSE ASSISTANT TRAINING); AND HIV/AIDS PREVENTION EDUCATION						
(MULTI-CULTURAL, CULTURALLY SPECIFIC AFRICAN-AMERICAN AND HISPANIC	<u> </u>					
WORKPLACE).						

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Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT	Employer identification number
CHAPTERS AND BRANCHES	53-0196605
4D INTERNATIONAL RELIEF AND DEVELOPMENT SERVICES:	
THE ORGANIZATION HELPS VULNERABLE PEOPLE AROUND THE WORLD, PREVEN	Τ
PREPARE FOR, AND RESPOND TO DISASTERS, COMPLEX HUMANITARIAN EMERGENCIES,	
AND LIFE-THREATENING HEALTH CONDITIONS THROUGH GLOBAL INITIATIVES	AND
COMMUNITY-BASED PROGRAMS. WITH A FOCUS ON DISEASE PREVENTION ON A	<u>A</u>
MASS-SCALE, DISASTER PREPAREDNESS AND RESPONSE, RESTORING FAMILY	LINKS,
AND THE DISSEMINATION OF INTERNATIONAL HUMANITARIAN LAW, THE ORGA	NIZATION
PROVIDES RAPID, EFFECTIVE, AND LARGE-SCALE HUMANITARIAN ASSISTANC	E TO
THOSE IN NEED. TO ACHIEVE OUR GOALS, THE ORGANIZATION WORKS WITH OUR	
PARTNERS IN THE INTERNATIONAL RED CROSS AND RED CRESCENT MOVEMENT	
OTHER INTERNATIONAL RELIEF AND DEVELOPMENT AGENCIES TO BUILD LOCAL	
CAPACITIES, MOBILIZE AND EMPOWER COMMUNITIES, AND ESTABLISH PARTN	ERSHIPS.
4D_COMMUNITY_SERVICES:	
AMERICAN RED CROSS CHAPTERS OFFER COMMUNITY SERVICES THAT HELP PE	OPLE
LEAD SAFER, HEALTHIER LIVES; ALLOW FOR GREATER SELF-RELIANCE; AND	
THE QUALITY OF LIFE FOR SOCIETY'S MOST VULNERABLE. COUNTLESS LIV	ES_ARE
TOUCHED EACH DAY BY THESE SERVICES THAT INCLUDE: TRANSPORTATION FO	OR THE
DISABLED; SHELTERS FOR THE HOMELESS; NUTRITION FOR THE ELDERLY;	
HOSPITAL/NURSING HOME VOLUNTEERS; AND LATCHKEY PROGRAMS.	
4D SERVICE TO ARMED FORCES:	

06583L 2502

Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT	Employer identification number
CHAPTERS AND BRANCHES	53-0196605
FORM 990, PART V, LINE 4B - FOREIGN COUNTRY FINANCIAL ACCOUNTS	
COMPLETE LIST OF COUNTRIES	
ALBANIA, CAMBODIA, COLOMBIA, ECUADOR, EL SALVADOR, HAITI, HONDURA	S,
INDIA, INDONESIA, KENYA, MALDIVES, MEXICO, PAKISTAN, PERU, SRI LA	NKA
INDIN, INDONEDIA, KENIA, IMEDIVEO, MEXICO, INKIDIAN, IERO, OKI EK	111111
TANZANIA, THAILAND, VIETNAM, BERMUDA, BRAZIL AND SOUTH KOREA.	

Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT	Employer identification number
CHAPTERS AND BRANCHES	53-0196605
FORM 990, PART VI, SECTION A, LINES 4, 6, 7A & 10	
LINE 4	
IN FY09 THE AMERICAN RED CROSS BOARD OF GOVERNORS APPROVED CHANGE	
AMENDED AND RESTATED BYLAWS OF THE AMERICAN NATIONAL RED CROSS (T	НЕ
BYLAWS) THREE TIMES: (1) OCTOBER 24, 2008 TO REVISE CERTAIN SENIO	R
EXECUTIVE POSITIONS AND TITLES; (2) NOVEMBER 19, 2008 TO DELEGATE	TO THE
PRESIDENT AND CEO THE POWER AND AUTHORITY FOR CHAPTER GOVERNANCE;	_AND_ (3)
JANUARY 30, 2009: (A) TO ELIMINATE THE FINANCE COMMITTEE AS A STANDING	
BOARD COMMITTEE AND RETURN ALL OF THE DUTIES AND RESPONSIBILITIES	
DELEGATED TO THE FINANCE COMMITTEE BACK TO THE FULL BOARD OF GOVE	RNORS,
(B) TO REVISE TERM LIMITS FOR BOARD MEMBERS TO THREE, THREE-YEAR	TERMS,
(C) TO REVISE THE SIZE OF THE AUDIT AND RISK MANAGEMENT COMMITTE	E,_AND
(D) TO CORRECT MINOR TYPOGRAPHICAL ERRORS AND CONFORMING EDITS.	
LINE 6	
AS DEFINED IN THE CONGRESSIONAL CHARTER: "MEMBERSHIP IN THE CORPO	RATION
IS OPEN TO ALL THE PEOPLE OF THE UNITED STATES AND ITS TERRITORIE	S_AND
POSSESSIONS, ON PAYMENT OF AN AMOUNT SPECIFIED, OR AS OTHERWISE P	ROVIDED
IN THE BYLAWS."	
SECTION 7 OF THE AMENDED AND RESTATED BYLAWS OF THE AMERICAN NATIO	ONAI. RED
- ABOTTOM 1 AE THE WHENDED WND VESTWIED DIDWNS AE THE WHEKTOWN WHIT	סמע תמע רמער
CROSS DESCRIBES MEMBERSHIP IN THE CORPORATION AND DEFINES MEMBERS	HIP_AND
THE TERMINATION OF MEMBERSHIP.	

06583L 2502

Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT	Employer identification number
CHAPTERS AND BRANCHES	53-0196605
LINE 7A	
DELEGATES OF THE CHAPTERS ELECT ALL MEMBERS OF THE GOVERNING BODY	EXCEPT
THE CHAIRMAN OF THE BOARD OF GOVERNORS WHO IS APPOINTED BY THE PR	
OF THE UNITED STATES.	
AS MANDATED IN THE CONGRESSIONAL CHARTER, SECTION 4(A)(3)(B)(I):	
OF THE BOARD OF GOVERNORS OTHER THAN THE CHAIRMAN SHALL BE ELECTE	D_AT_THE
ANNUAL MEETING OF THE CORPORATION IN ACCORDANCE WITH SUCH PROCEDU	RES AS
MAY BE PROVIDED IN THE BYLAWS."	
SECTION 7(A): "IN GENERAL THE ANNUAL MEETING OF THE CORPORATION	N_IS_THE
ANNUAL MEETING OF DELEGATES OF THE CHAPTERS."	
LINE 10	
THE COMPENSATION AND MANAGEMENT DEVELOPMENT COMMITTEE REVIEWED TH	E_IRS
FORM 990 DURING A MEETING HELD ON FEBRUARY 8, 2010. A COPY OF THE	FINAL
FORM 990 WAS SUBMITTED TO EACH MEMBER OF THE BOARD OF GOVERNORS B	EEOKE IT
WAS FILED WITH THE IRS.	
THE MANAGEMENT REVIEW PROCESS ENTAILS THE CHIEF FINANCIAL OFFICER	
COORDINATING THE COMPLETION OF THE IRS FORM 990 WITH ACCOUNTING F	<u> </u>
KPMG, THE GENERAL COUNSEL AND THE SENIOR VICE PRESIDENT, HUMAN RE	SOURCES
WITH FINAL REVIEW BY KPMG AND THE PRESIDENT AND CEO.	

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Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT Employer identification number	
CHAPTERS AND BRANCHES 53-0196605	
FORM 990, PART VI, SECTION B, LINES 12C, 15 & 16B	
LINE 12C	
AS REQUIRED BY SECTION 2.3 OF THE AMENDED AND RESTATED BYLAWS OF THE	
AMERICAN NATIONAL RED CROSS, ALL MEMBERS OF THE BOARD OF GOVERNORS MUST	
MEET INDEPENDENCE STANDARDS OUTLINED IN THE BYLAWS AND ANNUALLY EXECUTE	
THE CODE OF BUSINESS ETHICS AND CONDUCT. ADDITIONALLY, TO DISCLOSE AND	
REMEDY ACTUAL OR PERCEIVED BUSINESS, FINANCIAL OR PERSONAL CONFLICTS OF	
_ INTEREST, EVERY MEMBER OF THE BOARD OF GOVERNORS MUST ALSO COMPLETE A	
CONFLICT OF INTEREST QUESTIONNAIRE (THE QUESTIONNAIRE) ANNUALLY. OTHER	
OFFICERS AND KEY EMPLOYEES ARE ALSO REQUIRED TO EXECUTE THE CODE OF	
BUSINESS ETHICS AND CONDUCT AND THE QUESTIONNAIRE ANNUALLY.	
UNDER THE DIRECTION OF THE GENERAL COUNSEL, THE INVESTIGATIONS,	
COMPLIANCE AND ETHICS DEPARTMENT STAFF COLLECT THE EXECUTED QUESTIONNAIRE	
FORMS FROM THE BOARD OF GOVERNORS AND OTHER OFFICERS AND KEY EMPLOYEES.	
THE INFORMATION DISCLOSED IN THE QUESTIONNAIRE IS REVIEWED AND ACTUAL OR	
PERCEIVED CONFLICTS OF INTEREST IDENTIFIED. THEY ARE DISCUSSED WITH THE	
GENERAL COUNSEL WHO DETERMINES ANY NECESSARY REMEDIATION OPTIONS.	
DEPENDING ON THE MATTER, THE GENERAL COUNSEL OR A STAFF MEMBER FROM THE	
INVESTIGATIONS, COMPLIANCE AND ETHICS DEPARTMENT DISCUSS THE CONFLICT AND	
REMEDIATION WITH THE MEMBER OF THE BOARD OR THE OTHER OFFICER OR KEY	
EMPLOYEE. A MEMORANDUM CONFIRMING THE CONFLICT OF INTEREST AND THE	
REMEDIATION IS SENT AND FOLLOW-UP OCCURS TO ASSURE THE REMEDIATION ACTION	
WAS TAKEN. WHERE APPROPRIATE, THE CONFLICT OF INTEREST AND REMEDIATION	
REGARDING A MEMBER OF THE BOARD ARE INCLUDED IN THE MINUTES OF THE	
WAS TAKEN. WHERE APPROPRIATE, THE CONFLICT OF INTEREST AND REMEDIATION	

06583L 2502 V08-8.3 426054 **65**

Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT	Employer identification number
CHAPTERS AND BRANCHES	53-0196605
RELEVANT BOARD COMMITTEE OR FULL BOARD MEETING.	
THE QUESTIONNAIRE IS ALSO INTENDED TO MONITOR CONFLICTS OF INTERE	ST_ON_AN
ONGOING BASIS. MEMBERS OF THE BOARD AND OTHER OFFICERS AND KEY E	MPLOYEES
ARE EXPLICITLY INSTRUCTED THAT THEY HAVE A CONTINUING DUTY TO UPD	ATE THE
QUESTIONNAIRE DURING THE COURSE OF THE YEAR TO REFLECT CHANGES IN	_ANY
BUSINESS, FINANCIAL OR PERSONAL CONFLICTS OF INTEREST. THE SAME	PROCESS
OF REVIEW, DISCUSSION AND FOLLOW-UP ON CONFLICTS OF INTEREST AND	
REMEDIATION WITH THE BOARD MEMBER OR OTHER OFFICER OR KEY EMPLOYE	E_OCCURS
WITH INTERIM DISCLOSURES	
<u>LINE 15</u>	
THE BOARD OF GOVERNORS OF THE AMERICAN RED CROSS HAS DELEGATED AU	IHORITY
TO THE COMPENSATION AND MANAGEMENT DEVELOPMENT COMMITTEE (THE	
"COMMITTEE") OF THE BOARD TO REVIEW AND MAKE DETERMINATIONS REGAR	DING THE
COMPENSATION, BENEFITS, AND INCENTIVE PROGRAMS FOR THE CEO AND OT	HER
SENIOR OFFICERS AND EXECUTIVES OF THE AMERICAN RED CROSS. THE COMMITTEE	
IS COMPOSED ENTIRELY OF BOARD MEMBERS WHO DO NOT HAVE A CONFLICT OF	
INTEREST. ANNUALLY, THE COMMITTEE REVIEWS AND APPROVES A LIST OF	
EXECUTIVES WHO ARE OR MIGHT BE CONSIDERED "DISQUALIFIED PERSONS" PURSUANT	
TO IRC SECTION 4958. WITH RESPECT TO THOSE PERSONS, THE COMMITTEE	
CONDUCTS AN ANNUAL REVIEW OF THEIR TOTAL COMPENSATION AND BENEFIT	S_BASED
ON COMPARABLE MARKET DATA. THE COMMITTEE RETAINS AN OUTSIDE, IND	EPENDENT
COMPENSATION CONSULTANT TO PROVIDE MARKET DATA AND REASONABLENESS	
OPINIONS FOR THE DESIGNATED EXECUTIVES AND IT RELIES ON SUCH MARK	ET_DATA
_AND_REASONABLENESS_OPINIONS_IN_APPROVING_NEW_SALARIES, BENEFITS_A	ND

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Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT	Employer identification number
CHAPTERS AND BRANCHES	53-0196605
PAYMENT OF BONUSES OR INCENTIVES FOR THE DESIGNATED PERSONS. THE	
COMMITTEE ALSO THEN DOCUMENTS ITS DECISIONS AS TO ANY CHANGES TO	BE
IMPLEMENTED IN COMPENSATION OR BENEFITS FOR THE DESIGNATED PERSON	S. THE
COMMITTEE LAST UNDERTOOK THIS PROCESS IN OCTOBER 2008 FOR EXECUTIVES	
HOLDING THE FOLLOWING POSITIONS: CHIEF FINANCIAL OFFICER, CHIEF	
OPERATING OFFICER, GENERAL COUNSEL AND CORPORATE SECRETARY, CHIEF	
DEVELOPMENT OFFICER, CHIEF INVESTMENT OFFICER, SENIOR VICE PRESID	ENT
HUMAN RESOURCES.	
LINE 16B	
THE AMERICAN RED CROSS MAY USE COLLOBORATIONS, PARTNERSHIPS, JOIN	<u> </u>
VENTURES AND SIMILAR ARRANGEMENTS WITH OTHER NON PROFIT ORGANIZAT	ION_OR
FOR PROFIT ENTITIES TO CARRY OUT ITS MISSION. THE AMERICAN RED CROSS IS	
COMMITTED TO ENSURING THAT ALL SUCH ARRANGEMENTS ARE CONSISTENT WITH THE	
ORGANIZATION'S TAX EXEMPT STATUS UNDER SECTION 501(C)(3). AS A R	ESULT,
MANAGEMENT REVIEWS ARRANGEMENTS FOR, AMONG OTHER THINGS, POTENTIAL	
CONFLICTS OF INTEREST, ENSURING OR ARM'S LENGTH TRANSACTIONS AND	
FURTHERING THE AMERICAN RED CROSS MISSION. MANAGEMENT IS IN THE	PROCESS
OF DEVELOPING A JOINT VENTURE POLICY TO DOCUMENT ITS PROCESSES.	

CHAPTERS AND BRANCHES	53-0196605
FORM 990, PART VI, SECTION C, LINE 19	
THE AMERICAN RED CROSS MAKES ITS GOVERNING DOCUMENTS AND THE CODE	 _OF
BUSINESS AND ETHICS, CONFLICT OF INTEREST QUESTIONNAIRE, AND THE	
CONSOLIDATED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON THE	
GOVERNANCE PAGE OF ITS WEBSITE, WWW.REDCROSS.ORG	

Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT CHAPTERS AND BRANCHES	Employer identification number 53-0196605
SCHEDULE I SUPPLEMENTAL INFORMATION	
SCHEDULE I PART 1, LINE 2	
TTHE AMERICAN NATIONAL RED CROSS DID NOT MAKE SPECIFIC FINANCIAL	
ASSISTANCE TO ANY ONE INDIVIDUAL DURING FISCAL YEAR 2009 EXCEEDI	
DADE T TIME 2	
PART I, LINE 2	
THE DOMESTIC DISAGED CEDATORS DEDARMENT AT THE AMEDICAN DED CD	
THE DOMESTIC DISASTER SERVICES DEPARTMENT AT THE AMERICAN RED CR	
ESTABLISHED PROCEDURES FOR PROVIDING FINANCIAL ASSISTANCE TO CLI	
DURING THE EMERGENCY PHASE, THE RED CROSS PROVIDES ASSISTANCE IN	
OF MASS CARE (E.G. FEEDING AND SHELTERING) BASED ON STATED NEEDS	
MOVE TOWARDS THE RECOVERY PHASE, THE RED CROSS PROVIDES INDIVIDU	<u>AL</u>
ASSISTANCE BASED ON VERIFIED NEED AND IDENTIFICATION THROUGH CAS	E
MANAGEMENT. THE AMERICAN RED CROSS PLACED THE PROPER CONTROL PRO	CEDURES
AROUND MONITORING THE USE OF FINANCIAL ASSISTANCE IN THE UNITED	STATES.
EMPLOYEES OF THE AMERICAN NATIONAL RED CROSS ARE ELIGIBLE FOR LI	MITED
FINANCIAL ASSISTANCE TO FURTHER THEIR EDUCATIONS; AND ITS EMPLOY	EES
SERVING OVERSEAS ARE ELIGIBLE FOR LIMITED FINANCIAL ASSISTANCE T	O_HELP
DEFRAY THE COSTS OF SCHOOLING OF THEIR DEPENDENTS AT OVERSEAS LO	CATIONS.
FORMER EMPLOYEES WHO RETIRE WITH LOW BENEFITS MAY BE ASSISTED FR	OM_A
SPECIAL FUND. IN ALL INSTANCES, ELIGIBILITY FOR THE ASSISTANCE	IS_BASED
ON THE NEEDS OF THE INDIVIDUAL EMPLOYEE CONCERNED.	

06583L 2502 V08-8.3 426054 **69**

Page 2 Schedule O (Form 990) 2008

Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT	Employer identification number
CHAPTERS AND BRANCHES	53-0196605
SCHEDULE I SUPPLEMENTAL INFORMATION	
SCHEDULE I, PART III, LINE 3	
DISBURSEMENT IN FURTHERANCE OF CHARITABLE PROGRAMS AND GRANTS	
PURSUANT TO THE CONGRESSIONAL CHARTER OF THE AMERICAN NATIONAL I	
(36 U.S.C. 3 FIFTH), THE ORGANIZATION CARRIES OUT A SYSTEM OF NA	ATIONAL
AND INTERNATIONAL RELIEF TO MITIGATE OR PREVENT SUFFERING CAUSES	O BY
DISASTERS. DISASTER VICTIMS QUALIFY TO RECEIVE SUCH ASSISTANCE	
EITHER OBVIOUS CIRCUMSTANCES, SUCH AS APPARENT NEED FOR FOOD, CI	
SHELTER, OR A CASEWORK PROCESS IN WHICH THE NATURE AND EXTENT OF	
DISASTER-CAUSED NEEDS FOR RED CROSS AID ARE DETERMINED IN THE L	IGHT_OF
OTHER AVAILABLE RESOURCES AND THE ABILITY OF THE VICTIMS TO ASS	IST
THEMSELVES.	
CONTRIBUTIONS TO OTHER ORGANIZATIONS CONSIST PRIMARILY OF THOSE	MADE TO
THE INTERNATIONAL COMMITTEE OF THE RED CROSS, THE FEDERATION OF	RED CROSS
AND RED CRESCENT SOCIETIES AND NATIONAL RED CROSS SOCIETIES OF (OTHER
COUNTRIES. CONTRIBUTIONS MAY BE MADE FOR A VARIETY OF PURPOSES,	L
INCLUDING REGULAR FINANCIAL SUPPORT AND DISASTER RELIEF ASSISTAN	NCE. THE
AMERICAN RED CROSS HAS ONGOING RELATIONSHIPS WITH ALL SUCH RED (
ORGANIZATIONS WHICH ARE GOVERNED BY HUMANITARIAN PRINCIPLES AND	
DUDGUANE EO TEG GONGDEGGTONAL GUADEED (26 H G G 2 FOUDEU) EUE	
PURSUANT TO ITS CONGRESSIONAL CHARTER (36 U.S.C. 3 FOURTH), THE	
NATIONAL RED CROSS ALSO ACTS IN MATTERS OF VOLUNTARY RELIEF AND	
WITH THE MILITARY AUTHORITIES TO PROVIDE COMMUNICATIONS AND WELL	FARE
ASSISTANCE TO MEMBERS OF THE ARMED FORCES OF THE UNITED STATES,	THEIR

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Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT	Employer identification number
CHAPTERS AND BRANCHES	53-0196605
FAMILIES AND VETERANS. ASSISTANCE TO THIS GROUP IS DETERMINED GEN	ERALLY
ON THE BASIS OF THEIR MILITARY, VETERAN OR DEPENDENT STATUS AND T	HE
PARTICULAR NEEDS RELATED THERETO AS REVEALED THROUGH CASEWORK AND	SIMILAR
MEANS.	
NO MEMBER OF, OR CONTRIBUTOR TO, THE RED CROSS IS ELIGIBLE FOR AN	Y OF THE
ABOVE TYPES OF ASSISTANCE NOT AVAILABLE TO PERSONS WHO ARE NOT ME	MBERS
OF, OR CONTRIBUTORS TO, THE RED CROSS, AND NO ACCOUNT IS TAKEN OR	RECORDS
MAINTAINED AS TO WHETHER RECIPIENTS ARE MEMBERS OF, OR CONTRIBUTO	RS_TO,
THE RED CROSS OR RELATED TO CORPORATE DIRECTORS, OFFICERS, EMPLOY	EES_OR
DONORS.	
EMPLOYEES OF THE AMERICAN NATIONAL RED CROSS ARE ELIGIBLE FOR LIM	ITED
FINANCIAL ASSISTANCE TO FURTHER THEIR EDUCATIONS; AND ITS EMPLOYE	ES
SERVING OVERSEAS ARE ELIGIBLE FOR LIMITED FINANCIAL ASSISTANCE TO	HELP
DEFRAY THE COSTS OF SCHOOLING OF THEIR DEPENDENTS AT OVERSEAS LOC	ATIONS.
FORMER EMPLOYEES WHO RETIRE WITH LOW BENEFITS MAY BE ASSISTED FROM	<u>M_A</u>
SPECIAL FUND. IN ALL INSTANCES, ELIGIBILITY FOR THE ASSISTANCE I	S_BASED
ON THE NEEDS OF THE INDIVIDUAL EMPLOYEE CONCERNED.	

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or

Employer identification number 53-0196605 ▶ See separate instructions. AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT CHAPTERS AND BRANCHES Name of the organization Department of the Treasury Internal Revenue Service

Identification of Disregarded Entities

Part I

80	pen to Public
200	Open to
	.37.

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
ARC_RECEIVABLES_COMPANY, LLC14-19344621730 E STREET NW SUITE 330 WASHINGTON, DC 20006	SECURITIZE AR	DE	NONE	20,698,285.	N/A
Part II Identification of Related Tax-Exempt Organizations					
(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))	(F) Direct controlling entity
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.				Sched	Schedule R (Form 990) 2008

53-0196605 Schedule R (Form 990) 2008

Page 2

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations?	Code V-UBI Gen amount in box 20 of mar Schedule K-1 par (Form 1065)	(J) General or managing partner?
		country)					Yes No		Yes No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp., S corp., or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
PATHOGEN REMOVAL & DIAGNOSTIC TECH 01-0587732 17TH AND D STREETS NW WASHINGTON, DC 20006	MEDICAL RESEARCH	DC	N/A	C CORP	NONE	NONE	0000.99
BOARDMAN INDEMNITY, LTD	INSURANCE	BD	N/A	C CORP	39,965,323.	148,272,181.	100.0000

Schedule R (Form 990) 2008

Part V Transactions With Related Organizations

			Yes
NO .	Note. Complete line i il any entity is listed in Parts II, III, or IV. I During the textical relation energy in one of the following transcotions with one or more related engaginar listed in Date II IV.)	2/1 = 1/2	
- "	Duning the tax year ond the organization engage in any of the following transactions with one of more related organizations listed in Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	במונס ==וֹיִי יִּי	1a
2	Giff arant or capital contribution to other organization(s)		1b ×
2 (Giff arant or capital contribution from other organization(s)		1c ×
7	Loans or loan quarantees to or for other organization(s)		1d ×
5 Œ	Loans or loan guarantees to of 191 outlet organization(s)		
•			
4-	Sale of assets to other organization(s)		1f ×
ō	Purchase of assets from other organization(s)		1g ×
2 د	Exchange of assets		1h
-	Lease of facilities, equipment, or other assets to other organization(s)		:-
-	Lease of facilities, equipment, or other assets from other organization(s)		1
¥	Performance of services or membership or fundraising solicitations for other organization(s)		1k
-	Performance of services or membership or fundraising solicitations by other organization(s)		1
Ε	•		æ.
_	Sharing of paid employees		- N
0	Reimbursement paid to other organization for expenses		_
ď	Reimbursement paid by other organization for expenses		1р ×
5	Other transfer of cash or property to other organization(s)		×
.	Other transfer of cash or property from other organization(s).		_
7	for information on who must complete this line, including covered	relationships and transaction thresholds.	sholds.
	(A) Name of other organization(s)	(B) Transaction Amou	(C) Amount involved
		iype (a-r)	
5	BOARDMAN INDEMNITY, LTD	39,	965,323.
(2)	BOARDMAN INDEMNITY, LTD	36,	747,002.
(3)	PATHOGEN REMOVAL & DIAGNOSTIC TECH		43,800.
4)	PATHOGEN REMOVAL & DIAGNOSTIC TECH		153,800.
(
(c)			
(9)			
		Schedule	Schedule R (Form 990) 2008

Page 4 53-0196605 Schedule R (Form 990) 2008

Part VI Unrelated Organizations Taxable as a Partnership

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

(B) (C) (C) (D) Name, address, and EIN of entity (state or foreign section (state or foreign section (state or foreign section (state)	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?	(E) Share of end-of-year assets	(F) Disproportionate allocations?	(G) Code V-UBI amount in box 20 of Schedule K-1	(H) General or managing partner?
			Yes No		Yes No	(Form 1065)	Yes No
						Schedule R (Form 990) 2008	990) 2008

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

THE AMERICAN NATIONAL RED CROSS, A HUMANITARIAN ORGANIZATION LED BY VOLUNTEERS AND GUIDED BY ITS CONGRESSIONAL CHARTER AND THE FUNDAMENTAL PRINCIPLES OF THE INTERNATIONAL RED CROSS MOVEMENT, WILL PROVIDE RELIEF TO VICTIMS OF DISASTER AND HELP PEOPLE PREVENT, PREPARE FOR, AND RESPOND TO EMERGENCIES.

STATEMENT 1

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

CONSTITUENT
IIS
Ø
CROSS
RED
IONAL

REVENUE 	 8 	4
EXPENSES	156,041,320. 113,845,286. 56,509,898.	91,100,000. 326,396,504.
GRANTS	91,100,000.	91,100,000.
DESCRIPTION	INTERNATIONAL RELIEF AND DEVELOPMENT SERVICES COMMUNITY SERVICES SERVICE TO THE ARMED FORCES SEE SCHEDULE O	TOTALS

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
COMPUTER SCIENCE CORPORATION PO BOX 8500-S-4610 PHILADELPHIA, PA 19178-4610	NETWORK IT OUTSOURCI	43,311,286.
BEARINGPOINT DEPT. AT 40297 ATLANTA, GA 31192-0297	IT CONSULTING	9,832,802.
CAPITAL BUILDING SERVICES INC 6083 ARLINGTON BLVD FALLS CHURCH, VA 22044	JANITORIAL SERVICES	6,987,662.
IDM 400 WOOD RD BRAINTREE, MA 02184	IT SUPPORT	6,740,903.
BCD TRAVEL 321 N. CLARK ST. #400 CHICAGO, IL 60610	TRAVEL SERVICES	6,119,939.
TOTAL COMPENS	SATION	72,992,592.

=========

DESCRIPTION INTEREST ON SAVINGS & TEMP CASH INVESTMENTS	(A) TOTAL REVENUE 	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE 17,238,263.
DIVIDENDS INCOME FROM PERM RESTRICTED ENDOWMENT FUNDS TOTALS	8,867,597. 33,635,248. 			8,867,597. 33,635,248.