

**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

**2008**

Department of the Treasury  
Internal Revenue Service

For calendar year 2008 or other tax year beginning July 1st, 2008, and ending June 30th, 20 09 . ▶ See separate instructions.

Open to Public Inspection for 501(c)(3) Organizations Only

- A**  Check box if address changed
- B** Exempt under section
- 501(c)(3)
  - 408(e)     220(e)
  - 408A     530(a)
  - 529(a)

Name of organization ( Check box if name changed and see instructions.)  
**AMERICAN RED CROSS & ITS CONSTITUENT CHAPTERS AND BRA**

Number, street, and room or suite no. If a P.O. box, see page 9 of instructions.  
**2025 E Street, NW**

City or town, state, and ZIP code  
**Washington, DC 20006-5009**

**D** Employer identification number (Employees' trust, see instructions for Block D on page 9.)  
**53 : 0196605**

**E** Unrelated business activity codes (See instructions for Block E on page 9.)  
**812930 : 713200**

**C** Book value of all assets at end of year

**F** Group exemption number (See instructions for Block F on page 9.) ▶

**G** Check organization type ▶  501(c) corporation     501(c) trust     401(a) trust     Other trust

**H** Describe the organization's primary unrelated business activity. ▶ **Debt-Financed Real Property**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ **Brian Rhoads, CFO** Telephone number ▶ ( **202** ) **303-5707**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales <u>39,362</u>			
b	Less returns and allowances			
1c	<b>39,362</b>			
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit. Subtract line 2 from line 1c	<b>39,362</b>		<b>39,362</b>
4a	Capital gain net income (attach Schedule D)			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
4c	Capital loss deduction for trusts			
5	Income (loss) from partnerships and S corporations (attach statement)	<b>(176,191)</b>		<b>(176,191)</b>
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)	<b>359,154</b>	<b>395,126</b>	<b>(35,972)</b>
8	Interest, annuities, royalties, and rents from controlled organizations (Schedule F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See page 11 of the instructions; attach schedule.)			
13	<b>Total.</b> Combine lines 3 through 12	<b>222,325</b>	<b>395,126</b>	<b>(172,801)</b>

Part II Deductions Not Taken Elsewhere (See page 11 of the instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)			
14	Compensation of officers, directors, and trustees (Schedule K)		
15	Salaries and wages		<b>845</b>
16	Repairs and maintenance		
17	Bad debts		
18	Interest (attach schedule)		
19	Taxes and licenses		
20	Charitable contributions (See page 13 of the instructions for limitation rules.)		
21	Depreciation (attach Form 4562)		
22a	Less depreciation claimed on Schedule A and elsewhere on return		
22b			
23	Depletion		
24	Contributions to deferred compensation plans		
25	Employee benefit programs		
26	Excess exempt expenses (Schedule I)		
27	Excess readership costs (Schedule J)		
28	Other deductions (attach schedule)		<b>31,507</b>
29	<b>Total deductions.</b> Add lines 14 through 28		<b>32,352</b>
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		<b>(205,153)</b>
31	Net operating loss deduction (limited to the amount on line 30)		
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		<b>(205,153)</b>
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)		
34	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		<b>(205,153)</b>

**Part III Tax Computation**

**35 Organizations Taxable as Corporations.** See instructions for tax computation on page 15. Controlled group members (sections 1561 and 1563) check here  See instructions and:

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):  
 (1) \$ \_\_\_\_\_ (2) \$ \_\_\_\_\_ (3) \$ \_\_\_\_\_

b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ \_\_\_\_\_  
 (2) Additional 3% tax (not more than \$100,000) \$ \_\_\_\_\_

c Income tax on the amount on line 34 **35c**

**36 Trusts Taxable at Trust Rates.** See instructions for tax computation on page 16. Income tax on the amount on line 34 from:  Tax rate schedule or  Schedule D (Form 1041) **36**

**37 Proxy tax.** See page 16 of the instructions **37**

**38 Alternative minimum tax** **38**

**39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies **39**

**Part IV Tax and Payments**

**40a Foreign tax credit** (corporations attach Form 1118; trusts attach Form 1116) **40a**

**b Other credits** (see page 17 of the instructions) **40b**

**c General business credit.** Attach Form 3800 **40c**

**d Credit for prior year minimum tax** (attach Form 8801 or 8827) **40d**

**e Total credits.** Add lines 40a through 40d **40e**

**41 Subtract line 40e from line 39** **41**

**42 Other taxes.** Check if from:  Form 4255  Form 8611  Form 8697  Form 8866  Other (attach schedule) **42**

**43 Total tax.** Add lines 41 and 42 **43**

**44a Payments:** A 2007 overpayment credited to 2008 **44a**

**b 2008 estimated tax payments** **44b**

**c Tax deposited with Form 8868** **44c**

**d Foreign organizations: Tax paid or withheld at source** (see instructions) **44d**

**e Backup withholding** (see instructions) **44e**

**f Other credits and payments:**  Form 2439 \_\_\_\_\_  
 Form 4136 \_\_\_\_\_  Other \_\_\_\_\_ **Total** **44f**

**45 Total payments.** Add lines 44a through 44f **45**

**46 Estimated tax penalty** (see page 4 of the instructions). Check if Form 2220 is attached  **46**

**47 Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed **47**

**48 Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **48**

**49 Enter the amount of line 48 you want:** Credited to 2009 estimated tax  Refunded  **49**

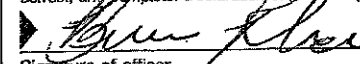
**Part V Statements Regarding Certain Activities and Other Information** (see instructions on page 18)

	Yes	No
<b>1</b> At any time during the 2008 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here <b>SEE ATTACHED STATEMENT</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>2</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year <b>\$</b>		

**Schedule A—Cost of Goods Sold.** Enter method of inventory valuation **▶**

<b>1</b> Inventory at beginning of year	<b>1</b>			<b>6</b> Inventory at end of year	<b>6</b>		
<b>2</b> Purchases	<b>2</b>			<b>7</b> Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	<b>7</b>		<b>0</b>
<b>3</b> Cost of labor	<b>3</b>			<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes	No
<b>4a</b> Additional section 263A costs (attach schedule)	<b>4a</b>					<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> Other costs (attach schedule)	<b>4b</b>						
<b>5</b> Total. Add lines 1 through 4b	<b>5</b>						


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

**Sign Here**  **2/14/10** **Chief Financial Officer**

Signature of officer Date Title

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

**Paid Preparer's Use Only**

Preparer's signature  **2/26/10** Check if self-employed  Preparer's SSN or PTIN **P00451522**

Firm's name (or yours if self-employed), address, and ZIP code **KPMG LLP** EIN 13 **5565207**

**1660 International Drive, McLean, VA 22102-4848** Phone no. ( 703 ) **286-8000**

**Schedule C—Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions on page 19)

**1 Description of property**

(1)			
(2)			
(3)			
(4)			
<b>2 Rent received or accrued</b>		<b>3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)</b>	
<b>(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)</b>	<b>(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)</b>		
(1)			
(2)			
(3)			
(4)			
<b>Total</b>	<b>Total</b>	<b>(b) Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) ▶	

**(c) Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) . . . ▶

**Schedule E—Unrelated Debt-Financed Income (see instructions on page 19)**

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)	<b>VARIOUS CHAPTER BUILDINGS</b>	<b>915,926</b>	<b>238,349</b>	<b>845,013</b>
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 × column 6)	8 Allocable deductions (column 6 × total of columns 3(a) and 3(b))
(1)	<b>2,709,214</b>	<b>7,506,708</b>	<b>36.09 %</b>	<b>359,154</b>
(2)			%	
(3)			%	
(4)			%	
			<b>359,154</b>	<b>395,126</b>

**Totals** . . . . . ▶

**Total dividends-received deductions included in column 8** . . . . . ▶

**Schedule F—Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions on page 20)**

1 Name of controlled organization	2 Employer identification number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7 Taxable income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). . . . . ▶

Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). . . . . ▶

**Totals** . . . . . ▶

American Red Cross  
Summary Sheet for UBI  
Year Ended June 30, 2009

		Charitable Gaming	TOTALS
Part I			
Line 1	Gross Receipts	39,362	39,362
Line 2	Cost of Goods Sold	-	-
Part II			
Line 15	Salaries & Wages	845	845
Line 16	Repairs & Maint.	-	-
Line 18	Interest	-	-
Line 19	Taxes & Licenses	-	-
Line 21	Depreciation	-	-
Line 25	Employee Benefit Prog.	-	-
Other Deductions:			
	Supplies/Office Equipment	-	-
	Program Materials	-	-
	Gaming Ins., Bond, License	-	-
	Professional Fees	-	-
	Training Fees	-	-
	Rent/Utilities	-	-
	Lodging	-	-
	Communication/Telephone	-	-
	Profits required to be distributed		
	Cash Payouts	31,262	31,262
	Cash Shortage	-	-
	Reimbursement for Excess Cash Short	-	-
	Postage and Handling	-	-
	Insurance	-	-
	Misc. Other	245	245
Line 28	Total Other Deductions	31,507	31,507

American National Red Cross  
Year Ended June 30, 2009  
S Corp & Partnership Income

## Part 1

## Income:

	S Corp K-1*	Partnerships K-1	TOTAL	
1. Ordinary Income from trade or business	48,578	61,276	109,854	
2. Net income from other rental activities	2,581	(1,595)	986	
3. Portfolio income - Interest	1,729	1,241,956	1,243,685	
4. Portfolio income - dividends	540	41,524	42,064	
5. Royalties	211	28,361	28,572	
6. net Short-term capital gain (loss)	-	(138,172)	(138,172)	
7. net Long-term capital gain (loss)	-	(7,538)	(7,538)	
8. Net Section 1231 gain (loss)	-	570	570	
9. Other income (loss)	-	153,658	153,658	
	53,639	1,380,041	1,433,680	
Deductions				
1. Section 179 deduction	-	(1,972)	(1,972)	
2. Other deductions	-	(1,502,040)	(1,502,040)	
3. Credits	-	-	-	
4. Other Information (line 20, K-1)	-	(105,859)	(105,859)	
Income from partnerships	53,639	(229,830)	(176,191)	Form 990-T, line 5
5a. Net short term capital gain (loss) (entire year)	-	-	-	
5b. Net long term capital gain (loss) (entire year)	-	-	-	
Capital gain net income	-	-	-	Form 990-T, line 4a and Schedule D
7. Charitable contributions	-	-	-	Form 990-T, line 20

\*The West Palm Beach chapter's shareholders percentage of stock ownership in KTBS, Inc. for the tax year is 4.166945%.

Form 990-T

53-0196605

American Red Cross  
Year Ended June 30, 2009  
S Corporation and Partnership Income

Form 990-T, Part V, Line 1 - INTEREST IN FOREIGN COUNTRIES

COUNTRIES WHERE ORGANIZATION HAS AN INTEREST IN OR SIGNATURE OR OTHER AUTHORITY  
OVER A FINANCIAL ACCOUNT IN A FOREIGN COUNTRY:

ALBANIA, PAKISTAN, BERMUDA, BRAZIL, CAMBODIA, INDIA, VIETNAM, INDONESIA, MALDIVES, SRI LANKA, THAILAND,  
COLOMBIA, EL SALVADOR, ECUADOR, HAITI, HONDURAS, MEXICO, PERU, KENYA, SOUTH KOREA, TANZANIA

COUNTRIES OUTSIDE THE UNITED STATES WHERE THE ORGANIZATION MAINTAINED AN OFFICE:

COLOMBIA, HAITI, MEXICO, PERU, PAKISTAN, PANAMA, KAZAKHSTAN  
INDIA, KENYA, SRI LANKA, INDONESIA, MALDIVES, THAILAND, AND TANZANIA.

**Attachment A-3**

**Form 990-T  
Part 1, line 5**

**American Red Cross  
West Palm Beach Chapter  
West Palm Beach Chapter, Florida**

**53-0196605**

**Year Ended June 30, 2009**

**S Corporation Income**

**The West Palm Beach chapter's shareholders percentage of stock ownership in  
KTBS, Inc. for the tax year is 4.166945%.**

**Attachment A-4**

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

OMB No. 1545-1709

\* File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print  File by the due date for filing your return. See instructions.	Name of Exempt Organization <b>American National Red Cross &amp; Its Constituent Chapters and Branches</b>	Employer identification number 53 0136605
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>2025 E STREET, NW</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WASHINGTON, DC 20006-5095</b>	

Check type of return to be filed (file a separate application for each return):

- |                                      |   |                                    |
|--------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Form 990    | <input checked="" type="checkbox"/> Form 990-T (corporation)      | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

• The books are in the care of **FINANCIAL MANAGEMENT**

Telephone No. ( 202 ) 303-5972 FAX No. ( )

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . . . . If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **May 15**, 20**10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year 20 . . . . . or

▶  tax year beginning **July 1**, 20**09**, and ending **June 30**, 20**09**.

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.



- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box  **Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.**
- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).**

Type or print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	

Check type of return to be filed (File a separate application for each return):

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

• The books are in the care of \_\_\_\_\_  
Telephone No. \_\_\_\_\_ FAX No. \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until \_\_\_\_\_, 20\_\_\_\_.

5 For calendar year \_\_\_\_\_, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

7 State in detail why you need the extension \_\_\_\_\_

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
8c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Brian J. Kern Title CFO Date 10/16/2009