Form **8453-EO**

Department of the Treasury
Internal Revenue Service

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2005, or tax year beginning 07/01, 2005, and ending 06/30, 20 06

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

▶ **See instructions on back.**

OMB No. 1545-1879

2005

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

Employer identification number: 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 from the return if any. 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 (i.e. do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a	Form 990 check here ▶	X	b **Total revenue,** if any (Form 990, line 12)	1b	5,861,509,376
2a	Form 990-EZ check here ▶		b **Total revenue,** if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here ▶		b **Total tax** (Form 1120-POL, line 22)	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

6 ☐ 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(s) 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(s).

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 2005 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 ▶ Robert P. McDonald — Signature of officer | Date | ▶ Chief Financial Officer — Title

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

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in **Publication 4206,** Information for Authorized IRS *e-file* Providers for Exempt Organization Filings. 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.

ERO's Use Only

ERO's signature ▶ [signature]	Date 3/8/07	Check if also paid preparer X	Check if self-employed ☐	ERO'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

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.

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ☐	Preparer's SSN or PTIN
Firm's name (or yours if self-employed), address, and ZIP code ▶			EIN
			Phone no.

For Privacy Act and Paperwork Reduction Act Notice, see back of form. Form **8453-EO** (2005)

JSA
5E1675 2.000

Form **990** Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047 **2005** **Open to Public Inspection**

A For the 2005 calendar year, or tax year beginning 07/01 **, 2005, and ending** 06/30/2006

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return ☐ Amended return ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization AMERICAN NATIONAL RED CROSS & ITS CONST CHAPTERS AND BRANCHES

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
17TH & D STREETS, N.W.

City or town, state or country, and ZIP + 4
WASHINGTON, DC 20006

D Employer identification number 53-0196605

E Telephone number (202)303-4498

F Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) ▶

● **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Website: ▶ WWW.REDCROSS.ORG

J Organization type (check only one) ▶ ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check here ▶ ☐ if the organization's gross receipts are normally not more than $25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 6,221,188,722.

H *and* **I** *are not applicable to section 527 organizations.*

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☐ No (If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Group Exemption Number ▶

M Check ▶ ☒ if the organization is **not** required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances *(See the instructions.)*

Revenue	1	Contributions, gifts, grants, and similar amounts received:					
	a	Direct public support		1a	2,821,996,376.		
	b	Indirect public support		1b	162,299,863.		
	c	Government contributions (grants)		1c	47,032,115.		
	d	Total (add lines 1a through 1c) (cash $ 2,937,900,086. noncash $ 93,428,268.)				1d	3,031,328,354.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)				2	2,618,294,736.
	3	Membership dues and assessments				3	
	4	Interest on savings and temporary cash investments				4	3,390,274.
	5	Dividends and interest from securities				5	85,720,435.
	6 a	Gross rents		6a	5,776,215.		
	b	Less: rental expenses		6b	2,200,079.		
	c	Net rental income or (loss) (subtract line 6b from line 6a)				6c	3,576,136.
	7	Other investment income (describe ▶)				7	
	8 a	Gross amount from sales of assets other than inventory	(A) Securities: 347,847,010.	8a	(B) Other: 66,067,973.		
	b	Less: cost or other basis and sales expenses	326,978,959.	8b	12,330,375.		
	c	Gain or (loss) (attach schedule)	20,868,051.	8c	53,737,598.		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))				8d	74,605,649.
	9	Special events and activities (attach schedule). If any amount is from **gaming,** check here ▶ ☐					
	a	Gross revenue (not including $ ______ of contributions reported on line 1a) STMT 12		9a	54,753,314.		
	b	Less: direct expenses other than fundraising expenses		9b	18,169,933.		
	c	Net income or (loss) from special events (subtract line 9b from line 9a)				9c	36,583,381.
	10 a	Gross sales of inventory, less returns and allowances		10a			
	b	Less: cost of goods sold		10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)				10c	
	11	Other revenue (from Part VII, line 103)				11	8,010,411.
	12	**Total revenue** (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				12	5,861,509,376.
Expenses	13	Program services (from line 44, column (B))				13	5,155,862,472.
	14	Management and general (from line 44, column (C))				14	185,048,179.
	15	Fundraising (from line 44, column (D))				15	140,082,265.
	16	Payments to affiliates (attach schedule)				16	
	17	**Total expenses** (add lines 16 and 44, column (A))				17	5,480,992,916.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)				18	380,516,460.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))				19	2,646,120,880.
	20	Other changes in net assets or fund balances (attach explanation) STMT 13				20	158,926,100.
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)				21	3,185,563,440.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. *(See the instructions.)*

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash $ ____ noncash $ ____) If this amount includes foreign grants, check here ▶ ☐	22				
23 Specific assistance to individuals (attach schedule)	23	2,092,331,717.	2,092,331,717.		
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc.	25	2,746,797.	582,025.	2,164,772.	
26 Other salaries and wages	26	1,282,324,228.	1,152,408,349.	82,442,595.	47,473,284.
27 Pension plan contributions	27	67,285,984.	63,138,880.	2,228,036.	1,919,068.
28 Other employee benefits	28	217,120,495.	190,689,826.	17,993,252.	8,437,417.
29 Payroll taxes	29	101,726,865.	93,097,173.	5,132,932.	3,496,760.
30 Professional fundraising fees	30	8,344,886.			8,344,886.
31 Accounting fees	31	8,757,170.	4,838,843.	3,560,471.	357,856.
32 Legal fees	32	6,591,509.	4,657,771.	1,872,702.	61,036.
33 Supplies	33	565,112,541.	546,523,399.	2,926,756.	15,662,386.
34 Telephone	34	35,638,153.	32,768,424.	1,678,793.	1,190,936.
35 Postage and shipping	35	92,446,278.	84,571,012.	781,160.	7,094,106.
36 Occupancy	36	116,841,592.	110,153,226.	3,985,778.	2,702,588.
37 Equipment rental and maintenance	37	65,934,812.	63,084,800.	1,950,109.	899,903.
38 Printing and publications	38	20,569,849.	13,676,191.	1,043,829.	5,849,829.
39 Travel	39	153,565,238.	147,522,201.	4,097,358.	1,945,679.
40 Conferences, conventions, and meetings	40	4,866,216.	3,197,764.	1,000,355.	668,097.
41 Interest	41	17,558,752.	13,240,028.	3,465,382.	853,342.
42 Depreciation, depletion, etc. (attach schedule)	42	93,224,914.	75,375,352.	15,267,253.	2,582,309.
43 Other expenses not covered above (itemize):					
a MINOR EQUIPMENT	43a	55,041,088.	52,026,433.	2,554,852.	459,803.
b AUTO RENTAL & MAINTENANCE	43b	27,945,629.	27,278,594.	503,618.	163,417.
c OTHER CONTRACTUAL SVCS	43c	438,615,158.	380,944,375.	28,998,898.	28,671,885.
d OTHER ASSISTANCE	43d	6,403,045.	3,756,089.	1,399,278.	1,247,678.
e	43e				
f	43f				
g	43g				
44 **Total functional expenses.** Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	5,480,992,916.	5,155,862,472.	185,048,179.	140,082,265.

Joint Costs. Check ▶ [X] if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in **(B)** Program services? ▶ [X] **Yes** [ ] **No**

If "Yes," enter **(i)** the aggregate amount of these joint costs $ 4,593,562. ; **(ii)** the amount allocated to Program services $ 1,843,532. **(iii)** the amount allocated to Management and general $ 397,448. ; and **(iv)** the amount allocated to Fundraising $ 2,352,582.

Part III **Statement of Program Service Accomplishments** *(See the instructions.)*

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶SEE STATEMENT 14 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	**Program Service Expenses** (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a SEE STATEMENTS 1-3 (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	5,155,862,472.
b (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
c (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
d (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
e Other program services (attach schedule) (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) . . . . ▶	5,155,862,472.

Part IV Balance Sheets *(See the instructions.)*

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*			(A) Beginning of year		(B) End of year
Assets					
45 Cash - non-interest-bearing			138,708,916.	45	177,557,921.
46 Savings and temporary cash investments			895,353,431.	46	1,354,989,851.
47a Accounts receivable	47a	136,421,622.			
b Less: allowance for doubtful accounts	47b	2,674,000.	251,806,162.	47c	133,747,622.
48a Pledges receivable	48a	122,172,952.			
b Less: allowance for doubtful accounts	48b	1,840,785.	125,266,651.	48c	120,332,167.
49 Grants receivable				49	
50 Receivables from officers, directors, trustees, and key employees (attach schedule)				50	
51a Other notes and loans receivable (attach schedule)	51a				
b Less: allowance for doubtful accounts	51b			51c	
52 Inventories for sale or use			152,060,045.	52	121,830,730.
53 Prepaid expenses and deferred charges			87,411,942.	53	105,187,020.
54 Investments - securities (attach schedule) ▶ ☐ Cost ☐ FMV				54	
55a Investments - land, buildings, and equipment: basis	55a				
b Less: accumulated depreciation (attach schedule)	55b			55c	
56 Investments - other (attach schedule)			1,217,874,829.	56	1,333,560,060.
57a Land, buildings, and equipment: basis	57a	2,047,457,843.			
b Less: accumulated depreciation (attach schedule)	57b	881,667,874.	1,098,839,935.	57c	1,165,789,969.
58 Other assets (describe ▶)				58	
59 **Total assets** (must equal line 74). Add lines 45 through 58			3,967,321,911.	59	4,512,995,340.
Liabilities					
60 Accounts payable and accrued expenses			385,202,938.	60	416,299,011.
61 Grants payable				61	
62 Deferred revenue				62	
63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
64a Tax-exempt bond liabilities (attach schedule) STMT 15			209,629,137.	64a	297,617,555.
b Mortgages and other notes payable (attach schedule) STMT 17			217,763,337.	64b	133,532,751.
65 Other liabilities (describe ▶ STMT 18)			508,605,619.	65	479,982,583.
66 **Total liabilities.** Add lines 60 through 65			1,321,201,031.	66	1,327,431,900.
Net Assets or Fund Balances					
Organizations that follow SFAS 117, check here ▶ ☒ and complete lines 67 through 69 and lines 73 and 74.					
67 Unrestricted			1,319,460,060.	67	1,596,067,488.
68 Temporarily restricted			856,593,727.	68	1,095,221,059.
69 Permanently restricted			470,067,093.	69	494,274,893.
Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 70 through 74.					
70 Capital stock, trust principal, or current funds				70	
71 Paid-in or capital surplus, or land, building, and equipment fund				71	
72 Retained earnings, endowment, accumulated income, or other funds				72	
73 **Total net assets or fund balances** (add lines 67 through 69 **or** lines 70 through 72; column (A) **must** equal line 19; column (B) **must** equal line 21)			2,646,120,880.	73	3,185,563,440.
74 **Total liabilities and net assets/fund balances.** Add lines 66 and 73			3,967,321,911.	74	4,512,995,340.

Part IV-A **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements			a	6073077841.
b	Amounts included on line **a** but not on Part I, line 12:				
1	Net unrealized gains on investments	b1	64,456,100.		
2	Donated services and use of facilities	b2	144,912,286.		
3	Recoveries of prior year grants	b3			
4	Other (specify): SEE STATEMENT 19	b4	2,200,079.		
	Add lines **b1** through **b4**			b	211,568,465.
c	Subtract line **b** from line **a**			c	5861509376.
d	Amounts included on Part I, line 12, but not on line **a:**				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines **d1** and **d2**			d	
e	**Total revenue** (Part I, line 12). Add lines **c** and **d** ▶			e	5861509376.

Part IV-B **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

a	Total expenses and losses per audited financial statements			a	5533635281.
b	Amounts included on line **a** but not on Part I, line 17:				
1	Donated services and use of facilities	b1	144,912,286.		
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3	-94,470,000.		
4	Other (specify): SEE STATEMENT 20	b4	2,200,079.		
	Add lines **b1** through **b4**			b	52,642,365.
c	Subtract line **b** from line **a**			c	5480992916.
d	Amounts included on Part I, line 17, but not on line **a:**				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines **d1** and **d2**			d	
e	**Total expenses** (Part I, line 17). Add lines **c** and **d** ▶			e	5480992916.

Part V **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

(A) Name and address	**(B)** Title and average hours per week devoted to position	**(C)** Compensation **(If not paid, enter -0-.)**	**(D)** Contributions to employee benefit plans & deferred compensation plans	**(E)** Expense account and other allowances
SEE STATEMENT 21		2,070,381.	656,242.	20,174.

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

			Yes	No
75a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 46			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? **Note.** Related organizations include section 509(a)(3) supporting organizations.	75c		X
	If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.			
d	Does the organization have a written conflict of interest policy?	75d	X	

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
	-0-	-0-	-0-	-0-

Part VI Other Information *(See the instructions.)*

			Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77	X	
	If "Yes," attach a conformed copy of the changes.			
78a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a	X	
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	78b	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X	
b	If "Yes," enter the name of the organization ▶ PATHOGEN REMOVAL & DIAGNOSTIC TECHNOLOGIES (PRDT) and check whether it is ☐ exempt **or** ☒ nonexempt			
81a	Enter direct and indirect political expenditures. (See line 81 instructions.) 81a			
b	Did the organization file **Form 1120-POL** for this year?	81b		X

Part VI Other Information *(continued)*

			Yes	No
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		82a	X	
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b 144,912,286.			
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		83b	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		84b	N/A	
85 *501(c)(4), (5), or (6) organizations.* **a** Were substantially all dues nondeductible by members?		85a	N/A	
b Did the organization make only in-house lobbying expenditures of $2,000 or less?		85b	N/A	
If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.				
c Dues, assessments, and similar amounts from members	85c N/A			
d Section 162(e) lobbying and political expenditures	85d N/A			
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A			
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f N/A			
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		85g	N/A	
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		85h	N/A	
86 *501(c)(7) orgs.* Enter: **a** Initiation fees and capital contributions included on line 12	86a N/A			
b Gross receipts, included on line 12, for public use of club facilities	86b N/A			
87 *501(c)(12) orgs.* Enter: **a** Gross income from members or shareholders	87a N/A			
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b N/A			
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		88	X	
89 a *501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ NONE ; section 4912 ▶ NONE ; section 4955 ▶ NONE				
b *501(c)(3) and 501(c)(4) orgs.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		89b		X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ N/A				
d Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ N/A				
90 a List the states with which a copy of this return is filed ▶				
b Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)		90b	34900	

91 a The books are in care of ▶ FINANCIAL MANAGEMENT Telephone no. ▶ 202-303-4498

Located at ▶ 2025 E STREET, NW WASHINGTON, DC ZIP + 4 ▶ 20006

		Yes	No
b 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)?	91b	X	
If "Yes," enter the name of the foreign country ▶ SEE STATEMENT 9			
See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** Report of Foreign Bank and Financial Accounts.			
c At any time during the calendar year, did the organization maintain an office outside of the United States?	91c	X	
If "Yes," enter the name of the foreign country ▶ SEE STATEMENT 9			

92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* ***Form 1041*** - Check here ▶ ☐

and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A

Part VII **Analysis of Income-Producing Activities** *(See the instructions.)*

Note: *Enter gross amounts unless otherwise indicated.*	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a BIOMEDICAL SERVICE					2,165,172,456.
b COST RECOVERY					141,686,877.
c FEES & CONTRACTS					4,996,732.
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					306,438,671.
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	3,390,274.	
96 Dividends and interest from securities			14	85,720,435.	
97 Net rental income or (loss) from real estate:					
a debt-financed property	331120	-275,440.			
b not debt-financed property			16	3,851,576.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	74,605,649.	
101 Net income or (loss) from special events			01	36,583,381.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b REBATES					6,830,138.
c CHARITABLE GAMING	713200	1,105,259.			
d PARKING GARAGE	812930	69,579.			
e S-CORP. INCOME	512000	5,435.			
104 Subtotal (add columns (B), (D), and (E))		904,833.		204,151,315.	2,625,124,874.

105 **Total** (add line 104, columns (B), (D), and (E)) ▶ 2,830,181,022.

Note: *Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.*

Part VIII **Relationship of Activities to the Accomplishment of Exempt Purposes** *(See the instructions.)*

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
	STMT 28

Part IX **Information Regarding Taxable Subsidiaries and Disregarded Entities** *(See the instructions.)*

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
STMT 29	%		NONE	4,224.
	%			
	%			
	%			

Part X **Information Regarding Transfers Associated with Personal Benefit Contracts** *(See the instructions.)*

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: *If "Yes" to **(b)**, file Form 8870 **and** Form 4720 (see instructions).*

Please Sign Here

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

▶ Signature of officer Date

▶ Type or print name and title.

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's SSN or PTIN (See Gen. Inst. W) P00451522
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	KPMG LLP 1660 INTERNATIONAL DRIVE MCLEAN, VA 22102-4848	EIN ▶ 13-5565207 Phone no. ▶ 703-286-8000

SCHEDULE A
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust
Supplementary Information - (See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047
2005

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

Employer identification number 53-0196605

Part I **Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than $50,000	**(b)** Title and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans & deferred compensation	**(e)** Expense account and other allowances
SEE STATEMENT 30				
Total number of other employees paid over $50,000 . . ▶	7130			

Part II-A **Compensation of the Five Highest Paid Independent Contractors for Professional Services**
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than $50,000	**(b)** Type of service	**(c)** Compensation
SEE STATEMENT 32		
Total number of others receiving over $50,000 for professional services . . . . ▶ 198		

Part II-B **Compensation of the Five Highest Paid Independent Contractors for Other Services**
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than $50,000	**(b)** Type of service	**(c)** Compensation
SEE STATEMENT 33		
Total number of other contractors receiving over $50,000 for other services . . . . ▶ 247		

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

Part III **Statements About Activities** (See page 2 of the instructions.)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ 1,073,286. (Must equal amounts on line 38, Part VI-A, or line **i** of Part VI-B.)	1	X	
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)*			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? FORM 990, PART V	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a		X
b	Do you have a section 403(b) annuity plan for your employees?	3b	X	
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c		X
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		X

Part IV **Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).

6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)

7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).

8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).

9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

12 ☐ An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ▶ ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	**(b)** Line number from above

14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) ***Use cash method of accounting.***

Note: *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.*

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1362357642.	617696293.	651720797.	1809562971.	4441337703.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	2374227467.	2356731558.	2272786165.	2165324233.	9169069423.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	81,172,924.	69,770,838.	76,746,531.	87,597,998.	315288291.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	STMT 34 8,193,896.	18,691,238.	27,168,897.	20,731,837.	74,785,868.
23 Total of lines 15 through 22	3825951929.	3062889927.	3028422390.	4083217039.	14000481285
24 Line 23 minus line 17	1451724462.	706158369.	755636225.	1917892806.	4831411862.
25 Enter 1% of line 23	38,259,519.	30,628,899.	30,284,224.	40,832,170.	

26 Organizations described on lines 10 or 11: **a** Enter 2% of amount in column (e), line 24 ▶ **26a** 96,628,237.

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ▶ **26b**

c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶ **26c** 4831411862.

d Add: Amounts from column (e) for lines: 18 315288291. 19 ______
22 74,785,868. 26b ______ ▶ **26d** 390074159.

e Public support (line 26c minus line 26d total) ▶ **26e** 4441337703.

f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶ **26f** 91.9263 %

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year:

NOT APPLICABLE

(2004) ______ (2003) ______ (2002) ______ (2001) ______

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2),** enter the sum of these differences (the excess amounts) for each year:

(2004) ______ (2003) ______ (2002) ______ (2001) ______

c Add: Amounts from column (e) for lines: 15 ______ 16 ______
17 ______ 20 ______ 21 ______ ▶ **27c**

d Add: Line 27a total. ______ and line 27b total ______ ▶ **27d**

e Public support (line 27c total minus line 27d total) ▶ **27e**

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶ **27f**

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶ **27g** %

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶ **27h** %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

Part V **Private School Questionnaire** (See page 7 of the instructions.) NOT APPLICABLE
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A **Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768) NOT APPLICABLE

Check ▶ **a** [ ] if the organization belongs to an affiliated group. Check ▶ **b** [ ] if you checked **"a"** and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		**(a)** Affiliated group totals	**(b)** To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is - / **The lobbying nontaxable amount is -**			
Not over $500,000 — 20% of the amount on line 40			
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	41		
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			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720.*

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 45 through 50 on page 11 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ▶	**(a)** 2005	**(b)** 2004	**(c)** 2003	**(d)** 2002	**(e)** Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B **Lobbying Activity by Nonelecting Public Charities**
(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	**Yes**	**No**	**Amount**
a Volunteers	X		
b Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)	X		
c Media advertisements	X		5,889.
d Mailings to members, legislators, or the public	X		90,937.
e Publications, or published or broadcast statements	X		138,008.
f Grants to other organizations for lobbying purposes	X		50,000.
g Direct contact with legislators, their staffs, government officials, or a legislative body	X		636,779.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means	X		151,673.
i Total lobbying expenditures (Add lines **c** through **h**.)			1,073,286.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities. STMT 35

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	**51a(i)**		X
(ii) Other assets	**a(ii)**		X
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	**b(i)**		X
(ii) Purchases of assets from a noncharitable exempt organization	**b(ii)**		X
(iii) Rental of facilities, equipment, or other assets	**b(iii)**		X
(iv) Reimbursement arrangements	**b(iv)**		X
(v) Loans or loan guarantees	**b(v)**		X
(vi) Performance of services or membership or fundraising solicitations	**b(vi)**		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	**c**		X

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

FORM 990 - GENERAL EXPLANATION ATTACHMENT

PART III

AMERICAN NATIONAL RED CROSS AND ITS CONSTITUENT CHAPTERS AND BRANCHES
IRS FORM 990

JUNE 30, 2006
53-0196605

PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

(A)	DISASTER SERVICES	$ 2,485,854,361
(B)	ARMED FORCES EMERGENCY SERVICES	54,094,555
(C)	COMMUNITY SERVICES	133,466,201
(D)	HEALTH AND SAFETY SERVICES	224,593,133
(E)	BIOMEDICAL SERVICES	2,103,571,893
(F)	INTERNATIONAL SERVICES	154,282,329
	TOTAL	$ 5,155,862,472

DESCRIPTION OF SERVICES PROVIDED

(A) DISASTER SERVICES: THE ORGANIZATION RESPONDED TO 46 LARGE-SCALE DISASTERS IN FISCAL YEAR 2006, INCLUDING HURRICANES KATRINA, RITA AND WILMA AS WELL AS TROPICAL STORMS, FLOODS AND TORNADOES. THROUGH ITS NETWORK OF MORE THAN 800 LOCAL CHAPTERS IN ALL 50 STATES, AS WELL AS OFFSHORE U.S. TERRITORIES AND POSSESSIONS IN THE CARIBBEAN AND THE PACIFIC, THE RED CROSS RESPONDED TO A TOTAL OF OVER 74,000 DISASTERS LARGE AND SMALL. THE ORGANIZATION PROVIDED FOOD, LODGING, HEALTH SERVICES, CRISIS INTERVENTIONS AND COMMUNITY MENTAL-HEALTH DEBRIEFINGS AND/OR OTHER RELATED EMERGENCY CARE TO PERSONS IN NEED. THE SERVICES OF THE AMERICAN RED CROSS BEGAN WITH SAFE SHELTERS FOR EVACUEES AND CONTINUED AS FAMILIES MAPPED AND TRAVELED THEIR ROAD TO RECOVERY. THE NUMBER OF TRAINED DISASTER STAFF THAT PROVIDED THESE SERVICES IN THE NATIONAL DISASTER SERVICES HUMAN RESOURCES SYSTEM WAS APPROXIMATELY 56,000 IN FY 2006. CHAPTERS THROUGHOUT THE COUNTRY TRAINED THOUSANDS MORE TO RESPOND TO DISASTERS WITHIN THE BOUNDARIES OF THEIR OWN COMMUNITIES.

DISASTER SERVICES INCLUDES SERVICES PROVIDED THROUGH THE LIBERTY DISASTER RELIEF FUND. ON SEPTEMBER 11, 2001, TERRORIST ATTACKS ON THE UNITED STATES CONSIDERABLY INCREASED THE NUMBER AND SCOPE OF SERVICES PROVIDED BY THE AMERICAN RED CROSS TO RELIEF WORKERS, FAMILIES OF VICTIMS AND OTHERS DIRECTLY IMPACTED BY THE ATTACKS. DUE TO THE SIGNIFICANT RESPONSE BY THE AMERICAN RED CROSS, AND TO HELP ENSURE GREATER PUBLIC ACCOUNTABILITY, A SEPARATE LIBERTY DISASTER RELIEF FUND WAS ESTABLISHED

FORM 990 - GENERAL EXPLANATION ATTACHMENT
===

FOR THE MONETARY AND IN-KIND CONTRIBUTIONS PROVIDED TO SUPPORT AMERICAN RED CROSS SERVICES TO TERRORISM VICTIMS. THE SERVICES PROVIDED TO DATE HAVE BEEN DETERMINED BY THE IMMEDIATE AND LONG TERM NEEDS OF THOSE DIRECTLY AFFECTED. THE LIBERTY DISASTER RELIEF FUND CONTINUES TO PROVIDE LONG TERM SERVICES SUCH AS FINANCIAL ASSISTANCE, MENTAL HEALTH AND HEALTH SERVICES, CASH MANAGEMENT AND OTHER SPECIALIZED PROGRAMS.

(B) ARMED FORCES EMERGENCY SERVICES: THE ORGANIZATION PROVIDES MILITARY MEMBERS, VETERANS, AND THEIR FAMILIES WITH EMERGENCY COMMUNICATIONS, ASSISTANCE IN OBTAINING FINANCIAL ASSISTANCE FOR EXPENSES RELATED TO EMERGENCY TRAVEL OR PERSONAL CRISIS AND OTHER VITAL SERVICES AT U.S. MILITARY INSTALLATIONS WORLDWIDE.

(C) COMMUNITY SERVICES: AMERICAN RED CROSS CHAPTERS OFFER COMMUNITY SERVICES THAT HELP PEOPLE LEAD SAFER, HEALTHIER LIVES AND ALLOW FOR GREATER SELF-RELIANCE. THESE SERVICES INCLUDE MEAL DELIVERY TO HOUSEBOUND RESIDENTS, FOOD PANTRIES, RIDES TO MEDICAL APPOINTMENTS, HOMELESS SHELTERS, TRANSITIONAL HOUSING, CAREGIVER EDUCATION AND SUPPORT GROUPS, FRIENDLY VISITORS, LIFELINE ®, HOSPITAL / NURSING HOME VOLUNTEERS, FUEL ASSISTANCE, LATCHKEY PROGRAMS AND LANGUAGE BANKS.

(D) HEALTH AND SAFETY SERVICES: THE ORGANIZATION TRAINS PEOPLE TO PREVENT, PREPARE FOR AND RESPOND TO EMERGENCIES. COURSES INCLUDE FIRST AID, CPR/AED TRAINING, HIV/AIDS PREVENTION EDUCATION, AQUATICS AND WATER SAFETY, AND CAREGIVING COURSES SUCH AS BABYSITTER'S TRAINING.

(E) BIOMEDICAL SERVICES: THE ORGANIZATION COLLECTS, TESTS, AND DISTRIBUTES NEARLY HALF OF THE NATION'S BLOOD AND BLOOD COMPONENTS AND OPERATES 35 REGIONAL BLOOD SERVICE CENTERS THROUGHOUT THE COUNTRY. IN FISCAL YEAR 2006, THE ORGANIZATION COLLECTED OVER 6 MILLION PRODUCTIVE UNITS OF BLOOD FROM OVER 4 MILLION DONORS AND SUPPLIED 2,900 HOSPITALS AND OTHER FACILITIES WITH BLOOD AND BLOOD PRODUCTS FOR TRANSFUSION.

(F) INTERNATIONAL SERVICES: THE ORGANIZATION HELPS AT RISK PEOPLE AROUND THE WORLD, PREVENT, PREPARE FOR, AND RESPONSE TO DISASTERS, COMPLEX HUMANITARIAN EMERGENCIES, AND LIFE-THREATENING HEALTH CONDITIONS THROUGH GLOBAL INITIATIVES AND COMMUNITY-BASED PROGRAMS. WITH A FOCUS ON GLOBAL HEALTH, DISASTER PREPAREDNESS AND RESPONSE, RESTORING FAMILY LINKS, AND THE DISSEMINATION OF INTERNATIONAL HUMANITARIAN LAW, THE ORGANIZATION PROVIDES RAPID, EFFECTIVE, AND LARGE-SCALE HUMANITARIAN ASSISTANCE TO THOSE IN NEED. TO ACHIEVE OUR GOALS, THE ORGANIZATION WORKS WITH OUR PARTNERS IN THE INTERNATIONAL RED CROSS AND RED CRESCENT MOVEMENT AND OTHER INTERNATIONAL RELIEF AND DEVELOPMENT AGENCIES TO BUILD LOCAL CAPACITIES, MOBILIZE AND EMPOWER COMMUNITIES, AND ESTABLISH

FORM 990 - GENERAL EXPLANATION ATTACHMENT

PARTNERSHIPS. OUR LARGEST PROGRAM IS CURRENTLY THE TSUNAMI RECOVERY PROGRAM WHICH IS IMPROVING COMMUNITY HEALTH AND PREVENTING DISEASE OUTBREAKS, SUPPORTING COMMUNITIES AS THEY REBUILD THEIR LIVES AND REESTABLISH THEIR LIVELIHOODS, AND HELPING AFFECTED RED CROSS AND RED CRESCENT SOCIETIES AND THEIR COMMUNITIES DEVELOP DISASTER PREPAREDNESS CAPABILITIES.

FORM 990 - GENERAL EXPLANATION ATTACHMENT
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PART I - LINE 8

AMERICAN NATIONAL RED CROSS AND JUNE 30, 2006
ITS CONSTITUENT CHAPTERS AND BRANCHES 53-0196605
IRS FORM 990

PART I - LINE 8: SALE OF SECURITIES AND OTHER ASSETS

SECURITIES NET GAIN $20,868,051

THE GAIN OR LOSS FROM SALE OF SECURITIES WAS SHOWN ON A NET BASIS IN THE CONSOLIDATED FINANCIAL STATEMENTS.

OTHER ASSETS NET GAIN $53,737,598

PART I, LINE 8 UNDER "OTHER" DETAILS THE PROCEEDS FROM SALE OF FIXED ASSETS (LESS NOMINAL EXPENSES) AND THE NET BOOK VALUE OF ASSETS SOLD.

THE AMERICAN NATIONAL RED CROSS FISCAL POLICY PROVIDES FOR CAPITALIZATION OF LAND, BUILDINGS AND MAJOR EQUIPMENT AND RECOGNITION OF DEPRECIATION, EXCEPT ON LAND, AS A CURRENT COST OF OPERATION. ACCORDINGLY, LAND, BUILDINGS, LAND AND BUILDING IMPROVEMENTS, AND MAJOR EQUIPMENT ARE CARRIED SEPARATELY ON THE BALANCE SHEET OF THE NATIONAL SECTOR AND OF EACH AFFECTED CHAPTER HAVING CUSTODY OF THESE FIXED ASSETS. GENERALLY, FIXED ASSETS ARE DEFINED AS ANY ITEM WITH A USEFUL LIFE OF THREE OR MORE YEARS THAT COSTS MORE THAN $2,500. THESE FIXED ASSETS (EXCLUDING LAND) ARE DEPRECIATED MONTHLY ON A STRAIGHT LINE BASIS OVER THEIR ESTIMATED USEFUL LIVES. THE USEFUL LIVES ESTABLISHED AS A CORPORATE STANDARD FOR FIXED ASSETS PROVIDE 10 YEARS FOR LAND IMPROVEMENTS AND GENERALLY 45 YEARS FOR BUILDINGS. FOR MAJOR EQUIPMENT, THE USEFUL LIFE IS GENERALLY 3 TO 15 YEARS. FIXED ASSETS ARE RECORDED AT COST, OR, IF DONATED, AT THEIR FAIR MARKET VALUE AT TIME OF ACQUISITION.

TITLE TO ALL REAL PROPERTY OWNED BY THE ORGANIZATION IS VESTED IN "THE AMERICAN NATIONAL RED CROSS," BUT THE PROPERTY UNDER THE CUSTODY OF EACH CHAPTER IS CARRIED ON ITS BOOKS AND ANNUAL DEPRECIATION IS RECORDED TOGETHER WITH ANY LIABILITIES AGAINST THE PROPERTY. PRIOR APPROVAL BY NATIONAL HEADQUARTERS IS REQUIRED FOR THE PURCHASE, SALE OR MAJOR IMPROVEMENT OF THE PROPERTY. THE FINANCIAL POSITION AND RESULTS OF OPERATIONS OF CHAPTERS AND REGIONAL BLOOD SERVICES ARE INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF THE AMERICAN RED CROSS WHICH ARE AUDITED BY KPMG LLP, INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS, AND BY THE U.S. ARMY AUDIT AGENCY. THE CONSOLIDATED FINANCIAL STATEMENTS ARE USED AS THE BASIS FOR THE PREPARATION OF FORM 990 FOR THE ORGANIZATION. IN

FORM 990 - GENERAL EXPLANATION ATTACHMENT
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VIEW OF THE SIZE OF THE ORGANIZATION AND DECENTRALIZATION OF THE FINANCIAL RECORDS OF THE NATIONAL SECTOR AND SOME ONE THOUSAND CHAPTERS WITH FIXED ASSETS, IT IS NOT FEASIBLE TO PRESENT THE DETAIL CALLED FOR IN THE SCHEDULES DESIGNATED IN PART II, LINE 42, AND PART IV, LINE 57.

STATEMENT 5

FORM 990 - GENERAL EXPLANATION ATTACHMENT

SCHEDULE A, PART III - LINE 1

AMERICAN NATIONAL RED CROSS AND JUNE 30, 2006
ITS CONSTITUENT CHAPTERS AND BRANCHES 53-0196605
IRS FORM 990

SCHEDULE A, PART III - LINE 1: STATEMENT ABOUT ACTIVITIES

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.

THE AMERICAN NATIONAL RED CROSS DOES, FROM TIME TO TIME, PRESENT WRITTEN AND ORAL TESTIMONY AT LEGISLATIVE HEARINGS, COMMUNICATE WITH LEGISLATORS AND THEIR STAFFS, AND ISSUE PUBLIC STATEMENTS RELATED TO PENDING LEGISLATION. THESE ACTIVITIES ARE GENERALLY LIMITED TO AREAS IN WHICH IT HAS A RECOGNIZED EXPERTISE (SUCH AS BLOOD BANKING, PUBLIC HEALTH, DISASTER MITIGATION, AND NON-PROFIT TAX EXEMPTION).

STATEMENT 6

FORM 990 - GENERAL EXPLANATION ATTACHMENT

SCHEDULE A, PART III - LINE 3

AMERICAN NATIONAL RED CROSS AND JUNE 30, 2006
ITS CONSTITUENT CHAPTERS AND AUXILIARIES 53-0196605
IRS FORM 990

SCHEDULE A, PART III - LINE 3: DISBURSEMENT IN FURTHERANCE OF CHARITABLE PROGRAMS AND GRANTS

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

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

PURSUANT TO ITS CONGRESSIONAL CHARTER (36 U.S.C. 3 FOURTH), THE AMERICAN NATIONAL RED CROSS ALSO ACTS IN MATTERS OF VOLUNTARY RELIEF AND IN ACCORD WITH THE MILITARY AUTHORITIES TO PROVIDE COMMUNICATIONS AND WELFARE ASSISTANCE TO MEMBERS OF THE ARMED FORCES OF THE UNITED STATES, THEIR FAMILIES AND VETERANS. ASSISTANCE TO THIS GROUP IS DETERMINED GENERALLY ON THE BASIS OF THEIR MILITARY, VETERAN OR DEPENDENT STATUS AND THE PARTICULAR NEEDS RELATED THERETO AS REVEALED THROUGH CASEWORK AND SIMILAR MEANS.

NO MEMBER OF, OR CONTRIBUTOR TO, THE RED CROSS IS ELIGIBLE FOR ANY OF THE ABOVE TYPES OF ASSISTANCE NOT AVAILABLE TO PERSONS WHO ARE NOT MEMBERS OF, OR CONTRIBUTORS TO, THE RED CROSS, AND NO ACCOUNT IS TAKEN OR RECORDS MAINTAINED AS TO WHETHER RECIPIENTS ARE MEMBERS OF, OR CONTRIBUTORS TO, THE RED CROSS OR RELATED TO CORPORATE DIRECTORS, OFFICERS, EMPLOYEES OR DONORS.

FORM 990 - GENERAL EXPLANATION ATTACHMENT

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

STATEMENT 8

FORM 990 - GENERAL EXPLANATION ATTACHMENT

PART VI
FORM 990, PART VI, QUESTIONS 91B AND 91C

QUESTION 91B - COUNTRIES WHERE ORGANIZATION HAS AN INTEREST IN OR SIGNATURE OR OTHER AUTHORITY OVER A FINANCIAL ACCOUNT IN A FOREIGN COUNTRY:

ALBANIA, BULGARIA, ECUADOR, COLOMBIA, HONDURAS, EL SALVADOR, DOMINICAN REPUBLIC, MEXICO, CAMBODIA, INDIA, VIETNAM, KENYA, SOUTH AFRICA, NIGERIA, SRI-LANKA, INDONESIA, AND MALDIVES

QUESTION 91C - COUNTRIES OUTSIDE THE UNITED STATES WHERE ORGANIZATION MAINTAINED AN OFFICE:

THAILAND, INDONESIA, SRI LANKA, INDIA, VIETNAM, CAMBODIA, RUSSIA, ALBANIA, CHINA, KENYA, TANZANIA, ECUADOR, DOMINICAN REPUBLIC, HAITI, EL SALVADOR, COLUMBIA, MEXICO, AND MALDIVES

FORM 990 - GENERAL EXPLANATION ATTACHMENT

OFFICER COMPENSATION SCHEDULE
FORM 990, PART II, LINE 25 - OFFICER COMPENSATION SCHEDULE

THE FOLLOWING SCHEDULE BREAKS OUT OFFICER COMPENSATION BY FUNCTIONAL EXPENSE CATEGORY. SEE STATEMENTS 21-27 FOR FURTHER INFORMATION ON COMPENSATION OF THE OFFICERS.

OFFICER NAME AND TYPE OF COMPENSATION	PROGRAM SERVICE	MANAGEMENT AND GENERAL
MARSHA EVANS, PRESIDENT AND CEO		
COLUMN C COMPENSATION		640,488
COLUMN D EMPLOYEE BENEFITS AND SEVERANCE		539,719
COLUMN E EXPENSE ACCOUNT		3,604

MS. EVANS' TERM AS PRESIDENT & CEO ENDED ON DECEMBER 12, 2005. COLUMN C INCLUDES $247,500 OF SEVERANCE RECEIVED PRIOR TO JUNE 30, 2006, COLUMN D INCLUDES $514,038 OF SEVERANCE TO BE RECEIVED AFTER JUNE 30, 2006.

OFFICER NAME AND TYPE OF COMPENSATION	PROGRAM SERVICE	MANAGEMENT AND GENERAL
JOHN F. MCGUIRE, EVP & INTERIM CEO		
COLUMN C COMPENSATION	220,011	220,011
COLUMN D EMPLOYEE BENEFITS	16,417	16,417
COLUMN E EXPENSE ACCOUNT	1,755	1,755

EXECUTIVE VP & CEO, BIOMEDICAL SERVICES FROM 07/01/05 - 12/12/05, INTERIM PRESIDENT & CEO FROM 12/13/05 - 06/30/06.

OFFICER NAME AND TYPE OF COMPENSATION	PROGRAM SERVICE	MANAGEMENT AND GENERAL
MARY ELCANO, GENERAL COUNSEL & SECRETARY		
COLUMN C COMPENSATION		341,355
COLUMN D EMPLOYEE BENEFITS		19,106
COLUMN E EXPENSE ACCOUNT		4,185
ALAN MCCURRY, EVP CHAPTER & INTL		
COLUMN C COMPENSATION	341,355	
COLUMN D EMPLOYEE BENEFITS	19,106	
COLUMN E EXPENSE ACCOUNT	4,185	
ROBERT P. MCDONALD, CFO		
COLUMN C COMPENSATION		339,503
COLUMN D EMPLOYEE BENEFITS		32,755

FORM 990 - GENERAL EXPLANATION ATTACHMENT

COLUMN E EXPENSE ACCOUNT		5,875
TOTALS	582,025	2,164,772

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
OTHER SPECIAL EVENTS	49,180,558.	15,115,835.	34,064,723.
ARC IN GREATER NEW YORK	2,292,961.	489,783.	1,803,178.
ARC OF GREATER PALM BEACH AREA	1,705,598.	1,139,606.	565,992.
ARC OF SOUTHEASTERN VIRGINIA	1,574,197.	1,424,709.	149,488.
TOTALS	54,753,314.	18,169,933.	36,583,381.

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

DESCRIPTION	AMOUNT
NET UNREALIZED GAINS ON INVESTMENTS	64,456,100.
CHANGE IN MINIMUM PENSION LIABILIY	94,470,000.
TOTAL	158,926,100.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
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HELP PEOPLE PREVENT, PREPARE FOR, AND RESPOND TO EMERGENCIES

STATEMENT 14

FORM 990, PART IV - TAX-EXEMPT BOND LIABILITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
REAL ESTATE - NHQ JEFF. PARK	24,200,000.	24,100,000.
REAL ESTATE - NHQ HOLLAND LAB	7,750,000.	7,000,000.
REAL ESTATE - PENN-JERSEY RBS	7,600,000.	7,200,000.
REAL ESTATE - GREATER CHESAPEA	4,430,000.	4,225,000.
REAL ESTATE - NHQ PENN JERSEY	5,250,000.	4,950,000.
REAL ESTATE - NEW ENGLAND RBS	2,684,000.	2,349,000.
REAL ESTATE - SOUTH CAROLINA R	2,035,000.	1,891,680.
REAL ESTATE - HEART OF AMERICA	2,000,000.	1,900,000.
REAL ESTATE - FORT WAYNE RBS	1,900,000.	1,788,363.
REAL ESTATE - SE PENNSYLVANIA	1,255,000.	1,200,000.
REAL ESTATE - ROCHESTER MONROE	1,915,000.	1,780,000.
REAL ESTATE - NE PENNSYLVANIA	1,391,000.	1,286,000.
REAL ESTATE - ARKANSAS RBS & P	1,254,000.	1,164,000.
REAL ESTATE - MIDWEST RBS	900,000.	800,000.
REAL ESTATE - WESTCHESTER COUN	1,240,000.	1,200,000.
REAL ESTATE - LEHIGH VALLEY CH	900,000.	845,000.
REAL ESTATE - JOHNSTOWN RBS	531,000.	501,000.
REAL ESTATE - CENTRAL ILLINOIS	335,000.	300,000.
REAL ESTATE - CENTRAL SOUTH CA	387,520.	360,320.
REAL ESTATE - ALLEN WELLS CHAP	36,917.	34,637.
REAL ESTATE - NHQ LEASING	5,305,000.	4,100,000.
REAL ESTATE - MISSOURI-ILLINOI		3,125,000.

STATEMENT 15

FORM 990, PART IV - TAX-EXEMPT BOND LIABILITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE
	3,465,000.	
REAL ESTATE - HEART OF AMERICA	94,000.	57,701.
REAL ESTATE - PUERTO RICO RBS	117,000.	108,000.
REAL ESTATE - PUERTO RICO CHAP	53,700.	36,254.
REAL ESTATE - NASSAU COUNTY		1,387,000.
REAL ESTATE - SEATTLE-KING COU	360,000.	240,000.
REAL ESTATE - SOUTH CENTRAL AL	1,540,000.	1,430,000.
REAL ESTATE - ROCHESTER MONROE	12,500,000.	12,000,000.
REAL ESTATE - MINNEAPOLIS CHAP	3,250,000.	3,175,000.
REAL ESTATE - NHQ WASHINGTON D	93,500,000.	93,500,000.
REAL ESTATE - JERSEY COAST CHA	1,850,000.	1,780,000.
REAL ESTATE - GREATER CHICAGO	8,000,000.	8,000,000.
NHQ WASHINGTON DC	11,500,000.	11,500,000.
GREENWICH CONNECTICUT CHAPTER		2,303,600.
REAL ESTATE - NHQ CALIFORNIA B		40,000,000.
REAL ESTATE - NHQ CAMBRIA BLOO		20,000,000.
REAL ESTATE - GREATER NEW YORK		30,000,000.
REAL ESTATE - CAROLINAS RBS	100,000.	
TOTALS	209,629,137.	297,617,555.

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

LENDER: VARIOUS

BEGINNING BALANCE DUE	217,763,337.
ENDING BALANCE DUE	133,532,751.
TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	217,763,337.
TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	133,532,751.

STATEMENT 17

FORM 990, PART IV - OTHER LIABILITIES

DESCRIPTION		BEGINNING BOOK VALUE	ENDING BOOK VALUE
POSTRETIREMENT BENEFITS		388,910,000.	337,750,000.
OTHER LIABILITIES		119,695,619.	142,232,583.
	TOTALS	508,605,619.	479,982,583.

STATEMENT 18

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

DESCRIPTION		AMOUNT
RENTAL EXPENSE		2,200,079.
	TOTAL	2,200,079.

STATEMENT 19

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

DESCRIPTION	AMOUNT
RENTAL EXPENSE	2,200,079.
TOTAL	2,200,079.

STATEMENT 20

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
BONNIE MCELVEEN-HUNTER 2025 E ST NW WASHINGTON, DC 20006	CHAIRMAN 25			
MARSHA EVANS 2025 E ST NW WASHINGTON, DC 20006	PRESIDENT AND CEO 60	640,488.	539,719.	3,604.
MS. EVANS' TERM AS PRESIDENT & CEO ENDED ON DECEMBER 12, 2005. COLUMN C INCLUDES $247,500 OF SEVERANCE RECEIVED PRIOR TO JUNE 30, 2006, COLUMN D INCLUDES $514,038 OF SEVERANCE TO BE RECEIVED AFTER JUNE 30, 2006.				
JOHN F. MCGUIRE 2025 E ST NW WASHINGTON, DC 20006	EVP & INTERIM CEO 60	440,022.	32,833.	3,510.
EXECUTIVE VP & CEO, BIOMEDICAL SERVICES FROM 07/01/05 - 12/12/05, INTERIM PRESIDENT & CEO FROM 12/13/05 - 06/30/06.				
MARY ELCANO 2025 E ST NW WASHINGTON, DC 20006	GNRL COUNSEL/SECRETA 60	341,355.	19,106.	4,185.
KATHRYN A. FORBES 2025 E ST NW WASHINGTON, DC 20006	NAT. CHAIR OF VOLUNT 60			
ALAN MCCURRY 2025 E ST NW	EVP, CHAPTER & INTL 60	309,013.	31,829.	3,000.

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
WASHINGTON, DC 20006				
ROBERT P. MCDONALD 2025 E ST NW WASHINGTON, DC 20006	CFO 60	339,503.	32,755.	5,875.
GINA F. ADAMS 2025 E ST NW WASHINGTON, DC 20006	BOARD MEMBER 8			
CESAR A. ARISTEIGUIETA 2025 E ST NW WASHINGTON, DC 20006	BOARD MEMBER 8			
SANFORD A. BELDEN 2025 E ST NW WASHINGTON, DC 20006	BOARD MEMBER 8			
JOHN L. BRAXTON 2025 E ST NW WASHINGTON, DC 20006	BOARD MEMBER 8			
JULIE BURGER 2025 E ST NW WASHINGTON, DC 20006	BOARD MEMBER 8			
STEVEN E. CARR 2025 E ST NW WASHINGTON, DC 20006	BOARD MEMBER 8			
WEI-TIH CHENG 2025 E ST NW	BOARD MEMBER 8			

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
WASHINGTON, DC 20006				
MICHAEL CHERTOFF 2025 E ST NW WASHINGTON, DC 20006	BOARD MEMBER 1			
M. VICTORIA CUMMOCK 2025 E ST NW WASHINGTON, DC 20006	BOARD MEMBER 8			
BRIAN L. DERKSEN 2025 E ST NW WASHINGTON, DC 20006	BOARD MEMBER 8			
DOUGLAS H. DITTRICK 2025 E ST NW WASHINGTON, DC 20006	BOARD MEMBER 8			
RICHARD M. FOUNTAIN 2025 E ST NW WASHINGTON, DC 20006	BOARD MEMBER 8			
ALLAN I. GOLDBERG 2025 E ST NW WASHINGTON, DC 20006	BOARD MEMBER 8			
JAMES G. GOODWIN 2025 E ST NW WASHINGTON, DC 20006	BOARD MEMBER 8			
CARLOS M. GUTIERREZ 2025 E ST NW	BOARD MEMBER 1			

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
WASHINGTON, DC 20006				
SUSAN B. HASSMILLER 2025 E ST NW WASHINGTON, DC 20006	BOARD MEMBER 8			
MICHAEL W. HAWKINS 2025 E ST NW WASHINGTON, DC 20006	BOARD MEMBER 8			
JOYCE N. HOFFMAN 2025 E ST NW WASHINGTON, DC 20006	BOARD MEMBER 8			
JAMES F. HOLMES 2025 E ST NW WASHINGTON, DC 20006	BOARD MEMBER 8			
JUDITH RICHARDS HOPE 2025 E ST NW WASHINGTON, DC 20006	BOARD MEMBER 8			
ANN F. KAPLAN 2025 E ST NW WASHINGTON, DC 20006	BOARD MEMBER 8			
R. BRUCE LABOON 2025 E ST NW WASHINGTON, DC 20006	BOARD MEMBER 8			
SHERRY LANSING 2025 E ST NW	BOARD MEMBER 8			

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
WASHINGTON, DC 20006				
ANNA MARIA LARSEN 2025 E ST NW WASHINGTON, DC 20006	BOARD MEMBER 8			
WILLIAM LUCY 2025 E ST NW WASHINGTON, DC 20006	BOARD MEMBER 8			
ALLEN W. MATHIES 2025 E ST NW WASINGTON, DC 20006	BOARD MEMBER 8			
WILLIAM F. MCCONNELL 2025 E ST NW WASHINGTON, DC 20006	BOARD MEMBER 8			
R. JAMES NICHOLSON 2025 E ST NW WASHINGTON, DC 20006	BOARD MEMBER 1			
RICHARD M. NIEMIEC 2025 E ST NW WASHINGTON, DC 20006	BOARD MEMBER 8			
ROSS H. OGDEN 2025 E ST NW WASHINGTON, DC 20006	BOARD MEMBER 8			
PETER PACE 2025 E ST NW	BOARD MEMBER 1			

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
WASHINGTON, DC 20006				
THEODORE R. PARRISH 2025 E ST NW WASHINGTON, DC 20006	BOARD MEMBER 8			
LAURENCE E. PAUL 2025 E ST NW WASHINGTON, DC 20006	BOARD MEMBER 8			
JOSEPH B. PERELES 2025 E ST NW WASHINGTON, DC 20006	BOARD MEMBER 8			
CONDOLEEZZA RICE 2025 E ST NW WASHINGTON, DC 20006	BOARD MEMBER 1			
MELANIE R. SABELHAUS 2025 E ST NW WASHINGTON, DC 20006	BOARD MEMBER 8			
H. MARSHALL SCHWARZ 2025 E ST NW WASHINGTON, DC 20006	BOARD MEMBER 8			
GLENN A. SIEBER 2025 E ST NW WASHINGTON, DC 20006	BOARD MEMBER 8			
BRIAN G. SKOTKO 2025 E ST NW	BOARD MEMBER 8			

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
WASHINGTON, DC 20006				
ROBERT L. SMOLEN 2025 E ST NW WASHINGTON, DC 20006	BOARD MEMBER 8			
MARGARET SPELLINGS 2025 E ST NW WASHINGTON, DC 20006	BOARD MEMBER 1			
E. FRANCINE STOKES 2025 E ST NW WASHINGTON, DC 20006	BOARD MEMBER 8			
WALTER E. THORNTON 2025 E ST NW WASHINGTON, DC 20006	BOARD MEMBER 8			
CHRISTINE K. WILKINSON 2025 E ST NW WASHINGTON, DC 20006	BOARD MEMBER 8			
STEVEN H. WUNNING 2025 E ST NW WASHINGTON, DC 20006	BOARD MEMBER 8			
	GRAND TOTALS	2,070,381.	656,242.	20,174.

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE NO.	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
93A	DISTRIB OF TESTED BLOOD PRODUCTS TO HOSPITALS CONTRIBUTED TO THE SAFETY & AVAILABILITY OF THE US BLOOD SUPPLY IN EMERGENCY SITUATIONS
93B	MATERIALS & TEXTBOOKS FOR FIRST AID, HEALTH, AND ACCIDENT PREVENTION TO HELP PEOPLE PREVENT, PREPARE FOR AND HANDLE EMERGENCIES.
93C	AIDS EDUCATION AND RESEARCH AND RELATED DISASTER AND HEALTH SERVICES PROGRAMS
93G	FEMA REIMBURSEMENTS, AIDS EDUCATION AND RESEARCH, AND RELATED DISASTER HEALTH SERVICES PROGRAMS.
103B	REBATES ON MATERIALS AND TEXTBOOKS FOR FIRST AID, HEALTH, AND ACCIDENT PREVENTION TO HELP PEOPLE PREVENT, PREPARE FOR, AND HANDLE EMERGENCIES

FORM 990, PART IX - INFORMATION REGARDING TAXABLE SUBSIDIARIES

NAME AND ADDRESS EMPLOYER IDENTIFICATION NUMBER	PERCENTAGE OWNERSHIP INTEREST	NATURE OF BUSINESS ACTIVITIES	TOTAL INCOME	ENDING ASSETS
PATHOGEN REMOVAL & DIAGNOSTIC TECHNOLOGIES (PRDT) WASHINGTON, DC 20006 01-0587732	51.000000	RESEARCH&DEVE	NONE	4,224.
TOTAL INCOME			NONE	4,224.

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
D. ERIC POGUE 2025 E ST NW WASHINGTON, DC 20006	SVP, HUMAN RESOURCES 60	287,424.	24,452.	150,388.

COLUMN E INCLUDES CLOSING COSTS OF $146,798.

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
DOUGLAS LOOCK 2025 E ST NW WASHINGTON, DC 20006	VP, SALES & MKTG 60	387,430.	44,213.	7,925.

PERIOD OF SERVICE WITH THE AMERICAN RED CROSS ENDED 2/10/06, COLUMN C INCLUDES AN INCENTIVE BONUS OF $106,527, COLUMN C INCLUDES $72,489 OF SEVERANCE RECEIVED PRIOR TO 6/30/06, COLUMN D INCLUDES $8,055 OF SEVERANCE TO BE RECEIVED AFTER 6/30/06.

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
THERESA BISCHOFF 150 AMSTERDAM AVE, NEW YORK, NY 10023	CEO, ARC-GNY 60	378,159.	28,281.	3,994.

COLUMN C INCLUDES A PERFORMANCE BONUS OF $60,000.

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
C. WILLIAM CHERRY 2025 E ST NW WASHINGTON, DC 20006	SVP, QUALITY & REGUL 60	337,948.	32,333.	4,935.
ROSEMARY MACKEY 150 AMSTERDAM AVE, NEW YORK, NY 10023	GNY-CHF BUS & FR OFF 60	325,170.	21,348.	NONE

COLUMN C INCLUDES A PERFORMANCE BONUS OF $53,000.

TOTAL COMPENSATION	1,716,131.	150,627.	167,242.

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.

NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
CHIMES, INC. 5455 CORPORATE DRIVE, SUITE 303 TROY, MI 48098	TEMP STAFF FOR IT	12,888,611.
KELLY, SCOTT & MADISON 35 EAST WACKER DR, 14TH FLOOR CHICAGO, IL 60601	BRAND ADVERTISING	4,722,317.
NATIONAL GENETICS INSTITUTE 2311 PONTIUS AVE LOS ANGELES, CA 90064	PLASMA TESTING	6,242,576.
NORTHROP GRUMMAN 8110 GATEHOUSE RD FALLS CHURCH, VA 22042	BIOMED COMPUTER SYST	3,369,812.
JP MORGAN SECURITIES 277 PARK AVE, 15TH FLOOR NEW YORK, NY 10172	INVESTMENT ADVISORY	2,454,868.
TOTAL COMPENSATION		29,678,184.

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SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV.

NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
SATELLITE SPECIALIZED TRANSPORTAION 102 NW NEWPORT AVE BEND, OR 97701	KATRINA LOGISTICS	30,542,160.
ACS EDUCATION SERVICES 1 WORLD TRADE CNTR, STE 2200 LONG BEACH, CA 90831	KATRINA CALL CENTER	6,187,417.
PATRIOT COMMUNICATIONS, LLC 8544 SUNSET BLVD LOS ANGELES, CA 90069	DONATION LINE SUPP.	6,183,600.
GRIZZARD COMMUNICATIONS GROUP 229 PEACHTREE ST NE, SUITE 900 ATLANTA, GA 30303	DIRECT MAIL CAMPAIGN	5,492,110.
QUICK NTERNATIONAL COURIER P.O.BOX 35417 NEWARK, NJ 07193	BLOOD TRANSPORTATION	4,212,544.
TOTAL COMPENSATION		52,617,831.

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SCHEDULE A, PART IV-A - OTHER INCOME

DESCRIPTION	2004	2003	2002	2001	TOTAL
PURCHASES, REFUNDS, ETC.	6,568,547.	16,445,523.	14,778,912.	8,920,269.	46,713,251.
CHARITABLE GAMING	1,347,127.	1,904,858.	12,111,669.	11,578,081.	26,941,735.
PARKING GARAGE	220,381.	278,878.	240,091.	233,487.	972,837.
S-CORPORATION INCOME	57,841.	61,979.	38,225.		158,045.
TOTALS	8,193,896.	18,691,238.	27,168,897.	20,731,837.	74,785,868.

SCHEDULE A, PART VI-B - LOBBYING ACTIVITY EXPLANATION

THE AMERICAN NATIONAL RED CROSS PARTICIPATES IN LOBBYING AND OTHER PUBLIC POLICY ADVOCACY ACTIVITIES AT THE FEDERAL AND STATE LEVEL (WITHIN THE LIMITS SET BY IRS REGULATIONS) ON ISSUES THAT ARE RELATED TO THE ORGANIZATION'S MISSION INCLUDING: BIOMEDICAL SERVICES AND RESEARCH; HOMELAND SECURITY, PREPAREDNESS, RESPONSE AND DISASTER MITIGATION; PUBLIC HEALTH AND SAFETY; EMERGENCY COMMUNICATIONS 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 AND EXECUTIVE BRANCH ADVISORY COMMITTEE MEETINGS; COMMUNICATING WITH POLICYMAKERS AND THEIR STAFFS AT MEETINGS AND BRIEFINGS; AND ISSUING PUBLIC STATEMETNS 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.