Exempt Organization Declaration and Signature for

Electronic Filing
For calendar year 2009, or tax year beginning 07/01 , 2006, and ending

OMB No. 1545-1879

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

	enue Service			► See ins	tructions on back				
Name of e	xempt organizat		CROSS & ITS	CONSTITUENT (CHAPTERS AND	BRANCHES	Employ 53		ation number 0196605
Part I	Type of	Return	and Return	Information (W	hole Dollars Or	nly)			
If you ch was blar then ent 1a Form 2a Form 3a Form 4a Form	neck the box nk, then leaver -0- on the n 990 check n 990-EZ ch n 1120-POL n 990-PF che	on line 1a e line 1b, applicab here eck here check he eck here	a, 2a, 3a, 4a, o 2b, 3b, 4b, or de line below. I	r 5a below and the 5b, whichever is 50 not complete all revenue, if any fotal revenue, if a Total tax (Formax based on investing the state of the formax based on investing the state of the formax based on investing the state of the formax based on investing the format based on the format based o	e amount on tha applicable, blank more than one li (Form 990, Part any (Form 990-E n 1120-POL, line ment income (For	enter the applicable at line for the return for the return for the return for the in Part I. VIII, column (A), line Z, line 9)	or which you enter	you are fi ered -0- o 1b3 2b 3b 4b	ling this form
Part II	Declara	ation of	Officer		*	· ·			
to o F ir ir I If	the financia in this return, inancial Agen institutions invinquiries and re a copy of thit executed the	I institution and the fir at 1-888- olved in the esolve issues return is be electron	n account indic- nancial institution 353-4537 no late the processing of the processing of the processing of the processing of the processing of the processing the processing of the processing	ated in the tax pre n to debit the entry ter than 2 business of the electronic pa ne payment. n a state agency(ies consent containe	paration software to this account. days prior to the yment of taxes to s) regulating chari d within this re	an ACH electronic function for payment of the control for revoke a payment, payment (settlement) or receive confidential ties as part of the IRS turn allowing disclosed state agency(ies).	organization I must condate. I also information Fed/Stat	on's feder ontact the o authoriz on necess e progran	ral taxes owed U.S. Treasury te the financial cary to answer m, I certify that
organizat true, con electronic organizat	tion's 2009 el rect, and con c return. I co tion's return to	ectronic re aplete. I function onsent to the IRS a	eturn and accon urther declare the allow my interrand to receive fr	npanying schedule hat the amount in mediate service pr om the IRS (a) an a	s and statements Part I above is to ovider, transmitte acknowledgement in processing the	ganization and that I and to the best of my he amount shown on er, or electronic return to freceipt or reason to return or refund, and	knowled the copy n originat for rejection	ge and bo of the or or (ERO) on of the l	elief, they are organization's to send the transmission,
Here	Signature	of officer	NO		Z/16/10 Date	Title		*****	<i>,,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part III	Declara	ition of I	Electronic Re	eturn Originato	r (ERO) and P	aid Preparer (see	instructi	ons)	
of my kn the data forms and for Author examined	owledge. If I on the return d information orized IRS e-the above o	am only a . The orga to be filed ile Provide rganization	collector, I am anization officer with the IRS, a ers for Business of return and an	not responsible for will have signed the and have followed as Returns. If I am a accompanying sche	reviewing the re- his form before I ill other requirement also the Paid Pre- dules and statem	n Form 8453-EO are of turn and only declare submit the return. I vents in Pub. 4163, Mon parer, under penalties ents, and to the best of mation of which I have	that this f will give the demized of of perjuit of my kno	form accurate officer e-File (Me ry I decla wheelige and wheelige and wheelige and e-form accurate of the second e-form e-form accurate of the second e-form e-f	rately reflects a copy of all F) Information re that I have
Use Only	ERO's signature Firm's name (or yours if self-em address, and Z	P code	Im M	P 1660 In	6/10 also pre	cock if Check if self-employed	EIN Phone no		5 522 565207 286-800
						schedules and statemer ation of which the prepa			
Paid	Preparer signature				Date	Check if self- employed	Prep	arer's SSN	or PTIN
Prepare	er's Firm's na		a),				EIN	<u> </u>	
Use On	address,	and ZIP cod	le /				Phone no	s. ()	0.00

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

AF	or th	ie 200	8 calei	ndar year, or tax	k year beginnin	g	07/0	1 , 2008, ai	na enaing	_		6/30,2009	
B c	heck if ap		Please	C Name of organiza	tion AMERICA	N NATIONA	AL REI	CROSS	& ITS CC	N D E	nployer identi	fication number	
	Addre		use IRS label or	Doing Business As	3					5	3-01966	05	
	_	e change	print or	Number and stre	et (or P.O. box if ma	il is not delivered	to street a	ddress)	Room/suit	te E Te	elephone numl	per	_
	Initial	l return	type. See	2025 E STRI	בבת אומ					1 (202)303	_1198	
	+		Specific		e or country, and ZIF	' + 4					202/303	-4490	—
	Amen	ination nded	Instruc- tions.	, ,	• • • • • • • • • • • • • • • • • • • •								_
	returr			WASHINGTON	, DC 20006	-5009						3,577,243,81	
	pendi		F IN a	ame and address o	or principal officer.	GAIL MCG	OVERN				ls this a group re affiliates?	eturn for Yes X	No
			430	17TH ST. N	W WASHINGT	ON, DC 20	0006			H(b)	Are all affiliates	included? Yes	No
I	Tax-ex	empt sta	atus:	X 501(c)(3)	(insert no.)	4947(a)(1)	or	527			If "No," attach a	list. (see instructions)	
J	Websi	ite: 🕨	WWW.	.REDCROSS.OI	RG					H(c)	Group exemption	n number	
ĸ	Type o	of organi	ization:			ociation O	ther >		L Year of form	nation: 1	ann M Sta	te of legal domicile:	C
	rt I		nmary	<u> </u>					ı		<u> </u>	<u> </u>	<u> </u>
I C													—
	1												
9													
ä		DISA	ASTEF	R AND HELP 1	PEOPLE PRE	<u>/ENT, PRE</u>	PARE_	FOR, ANI	D_RESPON	<u>D_TO_</u>			
Governance		EME	RGENC	CIES.									
õ	2	Check	this bo	ox 🕨 🔙 if the o	rganization disco	ntinued its op	erations	or disposed o	f more than 25	5% of its	assets.		
დ	3	Numb	er of vo	oting members of t	he governing bod	y (Part VI, line	1a)				3	18	
	4	Numb	er of in	dependent voting	members of the	overnina bodv	(Part VI.	line 1b)			4		_
Activities	5			of employees (Par									_
Ę	_												—
⋖	6	Totali	iuiiibei	of volunteers (esti	mate ii necessary)					<u> •</u>		_
				nrelated business i								· ·	
	b	Net ur	related	d business taxable	income from Forr	n 990-T, line 34	4				7t		<u>3.</u>
										Pri	or Year	Current Year	_
ø	8	Contri	bution	and grants (Part VI	II, line 1h)				L	727,	256 , 686	. 715,911,223	3.
ž	9	Progra	am serv	vice revenue (Part V	/III, line 2g)				2	,320,	598,168	. 2,493,347,34	7.
Revenue	10	Invest	ment ir	ncome (Part VIII, co	olumn (A), lines 3	4, and 7d)					181,488		
œ	11	Other	revenu	e (Part VIII, colum	n (A), lines 5, 6d.	8c. 9c. 10c. an	nd 11e)				921,399		
	12											.3,301,803,76	
	13												
		Danet	: 4 : -!	imilar amounts paid	(Part IX, column	(A) lines 1-3)				341,	130 , 921		
	14			to or for members								NO:	
es	15											. 1,736,562,61	<u>4.</u>
Expenses	16a	Profes	ssional	fundraising fees (P	art IX, column (A)	, line 11e)				7,	818 , 733	. NO	ΝE
ă	b	Total f	fundrais	sing expenses, Par	t IX, column (D), I	ne 25) ▶ 12_	6 , 579	899					
ш	17	Other	expens	es (Part IX, colum	n (A), lines 11a-1	ld, 11f-24f)			1	,528,	078,777	. 1,468,153,72	4.
	18											. 3,421,579,67	
	19			s expenses. Subtra								119,775,90	
or											ning of Year	End of Year	<u> </u>
Net Assets or Fund Balances	20	Total	accete (Part X, line 16)					-		280,210		_
SS	24		,								•		
at d	21			s (Part X, line 26)					📙			. 1,845,758,952	
					ubtract line 21 fro	m line 20			<u> 2</u>	<u>,559,</u>	637 , 123	1,672,466,468	<u>8.</u>
Pa	rt II	Sig	gnatur	e Block									_
												the best of my knowled	
		and b	elief, it	is true, correct, and	complete. Declara	ition of preparer	r (other th	an officer) is	based on all it	nformatio	n of which p	reparer has any knowledg	ge.
S	ign												
	ere		Signatu	re of officer							Date		_
			Type or	print name and title									—
		<u> </u>		pt name and tide			-	Date	Check it	f	Prenaro	er's identifying number	—
Paid	ı	Prepa		•				Date	self-			tructions)	
	' oarer's	signa	,	<i>r</i>					employe	ed 🕨		P00451522	
-	Only	Firms	name (employe	or yours KPMG	LLP					EIN	•	13-5565207	
J36	Jilly	1 00	ss, and Z	,	ERNATIONAL DRIV	/E MCLEAN, VA	22102-4	1848		Phone	e no.	703-286-8000	_
Mav	the I	RS disc	cuss th	is return with the r								V Voe N	

	Statement of Program Service Accomplishments (see instructions)	gc =
1	Briefly describe the organization's mission:	
	SEE STATEMENT 1	
_	Nid the consumption undertake and significant manages comine during the year which were not listed on	
	Did the organization undertake any significant program services during the year which were not listed on	1
		No
	f "Yes" describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	No
	f "Yes," describe these changes on Schedule O.	,
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.	
-	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	
	anocations to others, the total expenses, and revenue, if any, for each program service reported.	
4 a	(Code:) (Expenses \$ 2,216,730,205. including grants of \$) (Revenue \$2,213,961,353.)	
	BIOMEDICAL SERVICES - SEE SCHEDULE O	
4b	Code:) (Expenses \$384,526,353including grants of \$117,763,333) (Revenue \$)	
	DOMESTIC DISASTER SERVICES - SEE SCHEDULE O	
4 c	(Code:) (Expenses \$ 215,490,975. including grants of \$) (Revenue \$ 149,607,864.)	
	HEALTH & SAFETY SERVICES - SEE SCHEDULE O	
	HEADIN & DATE OF SERVICES OF SCHEDULE O	
4d	Other program services. (Describe in Schedule O.) SEE STATEMENT 2	
	Expenses \$ 326,396,504. including grants of \$ 91,100,000.) (Revenue \$)	
10		
-+0	Total program service expenses ►\$ 3,143,144,037. (Must equal Part IX, Line 25, column (B).)	

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Form **990** (2008)

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Form 990 (2008) 53-0196605 Page 3

Part IV Checklist of Required Schedules

Part	V Checklist of Required Schedules			
	<u> </u>		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4	Х	
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	_	- 11	
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
	Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			21
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes,"</i>			
	complete Schedule D, Part IV	9		v
10	Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Х	X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	-10		
• •	Darte VI VIII VIII IV on V on applicable	11	v	
12	Did the organization receive an audited financial statement for the year for which it is completing this return		X	
12	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	37	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Х	37
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	3.7	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	144	Х	
b	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b	3.7	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	140	X	
13	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	3.7	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	13	X	
10	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	3.7	
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	X	
18	Did the organization report more than \$15,000 on Fart IX, column (X), lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	3.7	X
19	Did the organization report more than \$15,000 total on all VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X	
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		Х	
20 21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	20		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	21	3.7	Х
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5,? <i>If "Yes," complete</i>		X	
23	Cabadula I	23	3.7	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	X	
2 7a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> "Yes," answer questions			
	Odb Odd and anymate Cabadula IV If IINa II an to avertion OF	242	3.7	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b	Х	3.7
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		X
C	to defence any tay avainable ado	240		37
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		X
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	24d		X
2 Ja	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	250		3.7
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified	25a		X
D	5	25b		37
26	was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	230		X
-0	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		37
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or	20		X
	substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		Х
	E, I dit iii			\triangle

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Part IV Checklist of Required Schedules (continued)

			res	NO
28 a	During the tax year, did any person who is a current or former officer, director, trustee, or key employee: Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		Χ
b		28b		Х
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R. Part V. line 2	35	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .	37		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1 c	Χ	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 36287			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a	Χ	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	.		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a	X	
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
_	and Financial Accounts.	Ea		3.7
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	อม		X
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	5 c		
C -	Prohibited Tax Shelter Transaction?	6a		Х
	Did the organization solicit any contributions that were not tax deductible?	- oa		Λ
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Χ
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	.		
	required?	7h		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	0-		
a	Did the organization make any taxable distributions under section 4966?	9a 9b		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	90		
0	Section 501(c)(7) organizations. Enter:			
a	initiation lees and capital contributions included on Fart VIII, line 12			
b 14	Cross receipts, included on Form 550, Fart VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
D	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

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

	ion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, process, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	Χ	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	Χ	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7 a	Χ	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		_X
8	Did the organizations contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Χ	
b	Each committee with authority to act on behalf of the governing body?	8b	Χ	
9a	Does the organization have local chapters, branches, or affiliates?	9 a	Χ	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	Χ	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Χ	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		Χ
Secti	on B. Policies			
			Yes	No
12a		12a	Χ	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	' (0' (0			
	rise to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Х	
13	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy?	12c 13	X X	
13 14	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy?	12c	Х	
13	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by	12c 13	X X	
13 14 15	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:	12c 13 14	X X X	
13 14 15	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official?	12c 13 14	X X X	
13 14 15	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization?	12c 13 14	X X X	
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13 14 15 a b	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	12c 13 14	X X X	
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13 14 15 a b	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	12c 13 14 15a 15b	X X X	
13 14 15 a b	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	12c 13 14 15a 15b	X X X	X
13 14 15 a b 16a b	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? ion C. Disclosure	12c 13 14 15a 15b	X X X	X
13 14 15 a b 16a b	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? List the states with which a copy of this Form 990 is required to be filed	12c 13 14 15a 15b	X X X X	X
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13 14 15 a b	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Ion C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3): available for public inspection. Indicate how you make these available. Check all that apply.	12c 13 14 15a 15b	X X X X	X
13 14 15 a b 16a b	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? ion C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3): available for public inspection. Indicate how you make these available. Check all that apply. ☑ Own website ☐ Another's website ☑ Upon request	12c 13 14 15a 15b 16a	X X X X	X
13 14 15 a b 16a b	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Ton C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3): available for public inspection. Indicate how you make these available. Check all that apply. We Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interesting the states.	12c 13 14 15a 15b 16a	X X X X	X
13 14 15 a b 16a b Secti	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? ion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3): available for public inspection. Indicate how you make these available. Check all that apply. ☑ Own website ☐ Another's website ☑ Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interpolicy, and financial statements available to the public.	12c 13 14 15a 15b 16a 16b	X X X X	X
13 14 15 a b 16a b	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision: The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Ton C. Disclosure List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3): available for public inspection. Indicate how you make these available. Check all that apply. We Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interesting the states.	12c 13 14 15a 15b 16a 16b	X X X X	X

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

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

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

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

Check this box if the organization did not compensate any officer, director, trustee, or key employee.												
(A) Name and Title	(B) Average hours per week	individual trustee O or director	nstitutional trustee	chec Officer	k all	ap Highest compensated the employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations		
SEE SCHEDULE J-2												

Form 990 (2008)

JSA

	art VII Section A. Officers, Directors, Tru	ictore Ka	v Em	nla			and L	امال	53-0196605		VOOC //	ontinuad)	Page 8
	(A)	(B)	y ⊑11	ipic	yet ()		anu i	ngi	(D)	(E)	/ees (C	(F)	
	Name and title	Average hours per week		_			that employe	Former	Reportable compensation from the	Reporta compens from rela organiza	ation ated	Estima amoun othe compens	t of r
			Individual trustee or director	Institutional trustee		oloyee	Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099		from to organize and rel organize	ation ated
1b 2	Total								5,216,234. \$100,000 in re	portable co	NONE		the
3	Did the organization list any former office employee on line 1a? If "Yes," complete Schedu											3 >	
4	For any individual listed on line 1a, is the the organization and related organizations individual	greater th	an \$	150	,00	0?	If "Y	itior es,"	n and other com complete Sched	pensation i	from such	4	7
5	Did any person listed on line 1a receive services rendered to the organization? If "Yes,"	e or accr	ue c	omp	ens	atio	n fro					5	X
Se	ction B. Independent Contractors		20.700				<i>p.</i> c.	-					
1	Complete this table for your five highest compensation from the organization.	compensat	ed in	dep	enc	dent	cont	rac	tors that received	d more tha	an \$10	00,000 of	
	(A) Name and business add	ress							(B) Description of se	rvices	C	(C) Compensatio	n
SI	EE STATEMENT 3												
_								-					
_													
2	Total number of independent contractors (i compensation from the organization ▶	ncluding th	nose	in '	1) v	vho	rece	ive	d more than \$10	0,000 in			

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t VII	Statement of Reven	ue			53-0196605		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from under section 512, 513, or 5
1 a	Federated campaigns	1a	129,913,248.				
b	Membership dues						
С	Fundraising events		27,424,681.				
d	Related organizations		58,252,979.				
e f	Government grants (contributions, gifts, grants)		30,232,379.				
•	and similar amounts not included		500,320,315.				
g	Noncash contributions included i						
h	Total. Add lines 1a-1f			715,911,223.			
			Business Code				
2 a	BIOMEDICAL PRODUCTS & SER		541900	2,213,961,353.	2,213,961,353.		
b	OTHER PRODUCTS & SERVICES		900099	149,607,864.	149,607,864.		
С.	GOVERNMENT CONTRACTS PRIVATE (NON-GOVERNMENT)	CONTRACTO	900099	124,556,324. 5,221,806.	124,556,324. 5,221,806.		
d	PRIVALE (NON-GOVERNMENT)	CONTRACTS	900099	J,221,000.	5,221,000.		
f	All other program service rev	enue					
g	Total. Add lines 2a-2f			2,493,347,347.			
3	Investment income (includin	g dividends, inter	est, and				
	other similar amounts)		STMT 4 ▶	59,741,108.			59,741,1
4	Income from investment of t	•		NONE			
5	Royalties		(ii) Dansanal	NONE			
		(i) Real	(ii) Personal				
6a	Gross Rents	4,347,415					
b	Less: rental expenses	621,826 3,725,589					
C d	Rental income or (loss) Net rental income or (loss)			3,725,589.		-35,972.	3,761,50
-		(i) Securities	(ii) Other	3,723,303.		30,372.	3,701,30
7 a	Gross amount from sales of assets other than inventory	265,339,000	9,064,923.				
b	Less: cost or other basis						
	and sales expenses	249,578,810	6,734,800.				
	Gain or (loss)	15,760,190.					
d	Net gain or (loss)			18,090,313.			18,090,3
8 a		undraising					
	events (not including \$27						
	of contributions reported on	•	20,684,570.				
b	See Part IV, line 18. Less: direct expenses						
C	Net income or (loss) from ful			3,515,270.			3,515,2
9a	Gross income from gaming a	•					
	See Part IV, line 19.		1,430,018.				
b	Less: direct expenses	b	1,335,313.				
С	Net income or (loss) from ga	ming activities .		94,705.		7,010.	87,69
10a	Gross sales of invento						
	returns and allowances						
b c	Less: cost of goods sold Net income or (loss) from sal			NONE			
	Miscellaneous Reven		Business Code	NONE			
11a	REBATES		900099	7,554,402.	7,554,402.		
b	PARKING GARAGE		900099	53,639.		53 , 639.	
С	PARTNERSHIP & S-CORP INCO	ME	900099	-229,830.		-229,830.	
d	All other revenue						
е	Total. Add lines 11a-11d .		-	7,378,211.			
12	Total Revenue. Add lines 1h	-					
	9c, 10c, and 11e		<u> ▶</u>	3,301,803,766.	2,500,901,749.	-205,153.	85,195,94

Part IX Statement of Functional Expenses

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

	All other organizations must comp	and 501(c)(4) organiz lete column (Δ) but a			and (D)
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundráising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21 $$	NONE	1		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	117,763,333.	117,763,333.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
_	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,	2 740 270		2 202 606	456 504
•	trustees, and key employees			3,292,686.	<u>456,584.</u>
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE	1		
7	Other salaries and wages			63,859,678.	51,172,024.
8	Pension plan contributions (include section 401	±,5,5,450,400.	1,200,320,703.	00,000,010.	O1,112,021.
•	(k) and section 403(b) employer contributions).	71,732,611.	68,650,497.	1,320,480.	1,761,634.
9	Other employee benefits	180,508,907.		9,582,740.	7,309,628.
10	Payroll taxes	105,113,420.		5,994,648.	3,643,166.
11	Fees for services (non-employees):	, -, -, -, -, -, -, -, -, -, -, -, -, -,	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,	, -, -, -, -, -, -, -, -, -, -, -, -, -,
а	Management	910,432.	63,623.	820,550.	26,259.
	Legal	10,875,570.	9,555,604.	1,304,974.	14,992.
С	Accounting	8,529,730.	4,021,488.	4,036,930.	471,312.
d	Lobbying	143,583.	95,217.	33 , 837.	14,529.
е	Professional fundraising services. See Part IV, line 17	NONE	1		
f	Investment management fees	330,778.	52,735.	267,078.	10,965.
g	Other	170,809,017.		12,009,138.	19,320,694.
12	Advertising and promotion	21,054,273.		631,572.	652 , 278.
13	Office expenses	158,622,387.		5,113,463.	8,191,765.
14	Information technology	26,778,906.		703,198.	<u>259,180.</u>
15	Royalties	NONE			
16	Occupancy	127,252,001.		10,645,429.	2,391,568.
17	Travel	73,671,205.	69,318,945.	2,174,224.	2,178,036.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
4.0	· ·	NONE		724 221	707 472
19 20	Conferences, conventions, and meetings Interest	3,912,673. 37,634,440.	2,390,979. 25,093,675.	724,221. 11,396,481.	797,473. 1,144,284.
21	Payments to affiliates	NONE		11,330,401.	1,111,201.
22	Depreciation, depletion, and amortization	98,873,360.	86,981,264.	8,927,765.	2,964,331.
23	Insurance	43,316,092.	40,959,915.	1,780,763.	575,414.
24	Other expenses. Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below.)				
а	BIOMEDICAL_PROGRAM_SUPPLIES_	516,312,868.	514,135,937.	2,104,024.	72,907.
b	OTHER_PROGRAM_SUPPLIES_AND_M	80,008,170.	64,623,151.	1,790,113.	13,594,906.
	MINOR_EQUIPMENT_PURCHASES	67,566,563.		1,230,111.	383,507.
	AUTO_RENTAL_&_MAINTENANCE	6,133,344.		345,464.	131,891.
е	OTHER_ASSISTANCE	8,176,895.	4,611,592.	1,766,168.	1,799,135.
	All other expenses	7,241,437.			7,241,437.
	Total functional expenses. Add lines 1 through 24f	3,421,579,671.	3,143,144,037.	151,855,735.	126,579,899.
26	Joint Costs. Check here ► X If following				
	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a				
	combined educational campaign and fundraising	2 401 100	1 657 240	200 000	1 604 670
JSA	solicitation	3,491,106.	1,657,340.	209,088.	1,624,678.

JSA 8E1052 1.000

Pa	irt X	Balance Sneet					
			(A) Beginning of year			B) of yea	r
	1	Cash - non-interest-bearing	125,363,740.	1	214,	606,	303.
	2	Savings and temporary cash investments	930,928,881.	2	590,	758,	674.
	3	Pledges and grants receivable, net	120,439,735.	3	98,	902,	933.
	4	Accounts receivable, net	70,149,680.	4	130,	969,	300.
	5	Receivables from current and former officers, directors, trustees, key					
		employees, or other related parties. Complete Part II of Schedule L $$		5			
	6	Receivables from other disqualified persons (as defined under section					
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II					
		of Schedule L		6			
ts	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sales or use	153,346,922.	8	149,	896 ,	682.
Ä	9	Prepaid expenses and deferred charges	123,511,957.	9	185,	433,	069.
	10a	Land, buildings, and equipment: cost basis 10a 2002083909.					
	b	Less: accumulated depreciation. Complete					
		Part VI of Schedule D	1,163,805,388.	10c	1,143,	696,	565.
	11	Investments - publicly traded securities			680,	088,	894.
	12	Investments - other securities. See Part IV, line 11	410,893,000.	12	323,	873,	000.
	13	Investments - program-related. See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	NONE	15			NONI
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,997,280,210.	16	3,518,3	225,	420.
	17	Accounts payable and accrued expenses	341,535,436.	17	323,	584,	969.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities	263,367,543.	20	256,	549,	316.
S	21	Escrow account liability. Complete Part IV of Schedule D		21			
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,					
abi		highest compensated employees, and disqualified persons. Complete Part II					
Ξ		of Schedule L		22			
	23	Secured mortgages and notes payable to unrelated third parties	2,175,225.	23	1,	253,	444.
	24	Unsecured notes and loans payable		24	355,	490,	832.
	25	Other liabilities. Complete Part X of Schedule D	491,986,800.	25	908,	880,	391.
	26	Total liabilities. Add lines 17 through 25	1,437,643,087.	26	1,845,	758,	952.
ses		Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29, and lines 33 and 34.					
auc	27	Unrestricted net assets	1,035,920,105.	27	459,	983,	102.
Bal	28	Temporarily restricted net assets	930,160,370.	28	620,	214,	102.
p	29	Permanently restricted net assets	593,556,648.	29	592,	269,	264.
or Fund Balance		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30			
Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31			
t A	32	Retained earnings, endowment, accumulated income, or other funds		32			
Net	33	Total net assets or fund balances	2,559,637,123.	33	1,672,	466,	468.
	34	Total liabilities and net assets/fund balances		34	3,518,	225,	420.
Pa	rt XI	Financial Statements and Reporting					
1	Acco	unting method used to prepare the Form 990: Cash X Accrual Oth	er			Yes	No
2a	Were	e the organization's financial statements compiled or reviewed by an independent accour	ntant?		2a		Х
b	Were	e the organization's financial statements audited by an independent accountant?			2b	Х	
С	If "Ye	es" to lines 2a or 2b, does the organization have a committee that assumes responsibility	for oversight of the				
		, review, or compilation of its financial statements and selection of an independent account	-		2c	Х	
3a	As a	result of a federal award, was the organization required to undergo an audit or audits as	set forth in				
	the S	Single Audit Act and OMB Circular A-133?			За	Х	
b	If "Ye	es," did the organization undergo the required audit or audits?			3 b	Х	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT

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

Open to Public Inspection

CHZ	APTE	RS AND BI								53-01	96605		
Pa	rt I	Reason fo	or Public Chari	ty Status (All organ	izations m	ust compl	ete this	part.) (se	e instru	ctions)			
The	orga	nization is no	ot a private found	dation because it is: (Pl	lease check	only one o	rganizati	on.)					
1		A church, co	onvention of chu	rches, or association of	of churches	described	in sectio	n 170(b)(1)(A)(i).				
2	Ш	A school de	scribed in section	on 170(b)(1)(A)(ii). (At	tach Sched	ule E.)							
3		A hospital o	r a cooperative	hospital service organ	ization desc	cribed in se	ction 170	(b)(1)(A)	(iii). (Atta	ich Schedi	ule H.)		
4		A medical i	research organiz	zation operated in co	njunction v	with a hos	pital des	cribed in	section	170(b)(1)	(A)(iii).	Enter	the
		hospital's na	ame, city, and sta	ate:									
5		An organiza	ation operated fo	or the benefit of a col	lege or un	iversity ow	ned or o	perated b	by a gove	ernmental	unit des	scribe	d in
		section 170	(b)(1)(A)(iv). (Co	omplete Part II.)									
6		A federal, s	tate, or local gov	vernment or governme	ental unit de	escribed in s	section 1	70(b)(1)(A)(v).				
7	X	An organiza	ation that norma	lly receives a substan	tial part of	its support	from a	governme	ental unit	or from t	he gene	ral pu	ıblic
		described in	section 170(b)	(1)(A)(vi). (Complete F	Part II.)								
8		A communit	ty trust described	d in section 170(b)(1) ((A)(vi). (Co	mplete Part	t II.)						
9		An organiza	ation that norma	lly receives: (1) more	than 331/3	% of its su	pport fro	m contrib	outions, n	nembersh	ip fees,	and g	ross
		receipts fro	m activities rela	ted to its exempt fun	ctions - su	bject to ce	ertain exc	eptions,	and (2) r	no more t	han 331	/3% O	f its
		support fro	m gross investr	ment income and un	related bus	siness taxa	able inco	me (less	section	511 tax)	from b	usines	ses
		acquired by	the organization	after June 30, 1975.	See sectio	n 509(a)(2). (Compl	lete Part I	II.)				
10		An organiza	tion organized a	nd operated exclusive	ly to test for	or public saf	ety. See s	section 5	09(a)(4).	(see instr	uctions)		
11		An organiza	ation organized	and operated exclusi	ively for th	ne benefit	of, to pe	erform the	e functio	ns of, or	to carr	y out	the
			•	ublicly supported orga					-	-		e sec	tion
			_	at describes the type o				-	lines 11e				
		a Typ	_	Type II		e III - Func	-	•			pe III - C		
е			-	ertify that the organiz				-					
		•		ion managers and oth	er than on	e or more	publicly s	supported	d organiz	ations de	scribed i	n sec	tion
_		` , ` ,	section 509(a)(,									
f		_		d a written determina	ition from	the IRS tha	at it is a	Type I,	Type II o	r Type III	support	ing	_
		-	n, check this box									L	
g		_		the organization acce	pted any g	itt or contri	bution fro	om any or	tne				
		following pe		or indirectly controls	aithar als	or too	athan wit	h noroom	انده ما م			Yes	No
			-	or indirectly controls		_	ether wit	ii person	is descrit	bea III (II)	11g(i)	163	
			-	erning body of the supperson described in (i) a	_	arrization:					11g(ii)		
				of a person described		abovo?					11g(iii)		
h			-	ation about the organi			on eunno	rte					
	Vlame	of supported	(ii) EIN	(iii) Type of organization	l			ou notify	(vi) l	s the	(vii) An	nount i	
(')		inization	(11) = 11	(described on lines 1-9	in col. (i) lis	sted in your	the organ	nization in	organization in col.			port	٥.
				above or IRC section (see instructions))	governing	document?		of your oort?	(i) organi U.	zed in the			
				(000)	Yes	No	Yes	No	Yes	No			
													—
Tota	ıl												

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

Schedule A (Form 990 or 990-EZ) 2008

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

Sec	tion A. Public Support										
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total				
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,362,357,642.	3,031,328,354.	653,681,642.	727,256,686.	715,911,223.	6,490,535,547.				
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf										
3	The value of services or facilities furnished by a governmental unit to the organization without charge										
4	Total. Add lines 1-3	1,362,357,642.	3,031,328,354.	653,681,642.	727,256,686.	715,911,223.	6,490,535,547.				
5	The portion of total contributions by each										
	person (other than a governmental unit or publicly supported organization) included										
	on line 1 that exceeds 2% of the amount										
e	shown on line 11, column (f)						6 400 505 547				
6	Public support. Subtract line 5 from line 4. tion B. Total Support						6,490,535,547.				
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total				
7		. ,	3,031,328,354.	653,681,642.	727,256,686.	715,911,223.	· · ·				
8	Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	81,172,924.	94,886,924.	112,694,868.	88,538,243.	64,088,523.	441,381,482.				
9	Net income from unrelated business activities, whether or not the business is regularly carried on	263,757.	-318,760.	-59,366.	-5,136.	-205,153.	-324,658.				
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	8,193,896.	8,010,411.	16,915,587.	4,348,900.	7,554,402.					
11	Total support. Add lines 7 through 10					<u> </u>	6,976,615,567.				
12	Gross receipts from related activities, etc. (,				12	12,298,346,830.				
13	First five years. If the Form 990 is for the organization, check this box and stop here tion C. Computation of Public Sup					<u> </u>	▶□				
14	•	-	_	11 column (f))		14	93.03 %				
15	Public support percentage for 2008 (li Public support percentage from 2007						93.25 %				
ıva	33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization										
h	33 1/3% support test - 2007. If the o										
~	box and stop here . The organization of										
17a	10%-facts-and-circumstances test			-							
	is 10% or more, and if the organizatio										
	in Part IV how the organization meets										
	organization			•	•						
b	10%-facts-and-circumstances test										
-	15 is 10% or more, and if the organiza	_									
	Explain in Part IV how the organization					•	licly _				
	supported organization										
18	Private foundation. If the organization										
	instructions						_				

Schedule A (Form 990 or 990-EZ) 2008

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

<u>Sec</u>	tion A. Public Support						
C	alendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include						
	any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1-5						
7 a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)						
	tion B. Total Support				<u> </u>		
C	alendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	the organizatio	n's first, second,	third, fourth, or	r fifth tax year a	as a section 501	(c)(3)
	organization, check this box and stop here.						▶
Sec	tion C. Computation of Public Supp					T T	
15	Public support percentage for 2008 (line 8,					15	<u>%</u>
16	Public support percentage from 2007 Scheo					16	%
	tion D. Computation of Investmen						
17	Investment income percentage for 2008 (lin					17	%
18	Investment income percentage from 2007 S					18	%
19a	33 1/3% support tests - 2008. If the orga						
	17 is not more than 33 1/3 %, check this box						
b	33 1/3% support tests - 2007. If the organ						
	line 18 is not more than 33 1/3 %, check this						▶
20	Private foundation If the organization did no	of check a hox	on line 14 19a c	r 19h check this	hox and see instru	ctions	▶

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

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Part II, line 17a or 1			-			
SCHEDULE A, PART II - OTHER INCO	ME					
DESCRIPTION	2004	2005	2006	2007	2008	TOTAL
PURCHASES, REBATES, REFUNDS ET	8,193,896	8,010,411.	<u> 16,915,587.</u>	4,348,900.	7 <u>,554,402.</u>	45,023,196
TOTALS						
= 						

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

▶ To be completed by organizations described below.

▶ Attach to Form 990 or Form 990-EZ.

2008
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

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

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

	e organization answered "Yes Section 501(c)(4), (5), or (6) or	s," to Form 990, Part IV, line 5 (Proxy Ta	ax), then		
Na		ICAN NATIONAL RED CROSS	& ITS CONSTI	TOENT	entification number
	rt I-A To be complete	d by all organizations exempt ons for Schedule C for details.	under section 50	1(c) and section 527	organizations.
1 2 3	Political expenditures	ne organization's direct and indirect		▶ \$	
Pa		d by all organizations exempt ons for Schedule C for details.	under section 501	I(c)(3).	
1 2 3 4a b	Enter the amount of any elements of the organization incurred Was a correction made? If "Yes," describe in Part IV tI-C To be complete	excise tax incurred by the organization of a section 4955 tax, did it file Form the control of t	managers under sec n 4720 for this year	ction 4955 • \$?	Yes No
1		expended by the filing organization			
2	Enter the amount of the fil 527 exempt function active	ing organization's funds contributed ities	d to other organizati	ions for section ►\$	
3		exempt function expenditures. Add			
5	Did the filing organization State the names, addresse were made. Enter the am contributions received and	file Form 1120-POL for this year? is and employer identification number ount paid and indicate if the amount promptly and directly delivered to ttee (PAC). If additional space is near	per (EIN) of all section bunt was paid from a separate political	on 527 political organiz the filing organization organization, such as a	zations to which payments o's funds or were political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2008

JSA 8E1264 1.000

Sch	edule C (Form 990 or 990-EZ) 2008	53-(0196605	Page 2
Pa		izations exempt under section 501(c)(3) I(h)). See the instructions for Schedule C fo		
A B		belongs to an affiliated group. checked box A and "limited control" provis	ions apply.	
		ying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a	Total lobbying expenditures to influence	public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence	a legislative body (direct lobbying)		
С	Total lobbying expenditures (add lines 1a	a and 1b)		
d				
е		I lines 1c and 1d)		
f	Lobbying nontaxable amount. Enter the			
	columns.	Ç		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f of the instructions.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

g Grassroots nontaxable amount (enter 25% of line 1f)
h Subtract line 1g from line 1a. Enter -0- if line g is more than line a
i Subtract line 1f from line 1c. Enter -0- if line f is more than line c

	Lobbying Exper	nditures During 4-Ye	ear Averaging Period	<u> </u>	
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2 a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2008

Yes

No

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details. (b) Yes Nο Amount During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers? Χ Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? b Χ Media advertisements? c Χ Mailings to members, legislators, or the public? d Χ 70,864. Publications, or published or broadcast statements? e Χ 866. Grants to other organizations for lobbying purposes? f Χ Direct contact with legislators, their staffs, government officials, or a legislative body? g Χ 700,939. Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means? 23**,**917. h Χ Other activities? If "Yes," describe in Part IV i Total lines 1c through 1i j 796,586. Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? 2 a Χ If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or **section 501(c)(6).** See the instructions for Schedule C for details. Yes Νo Were substantially all (90% or more) dues received nondeductible by members? 1 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carryover lobbying and political expenditures from the prior year? Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details. Dues, assessments and similar amounts from members 1 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year 2a Carryover from last year 2b C 2с Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4) Part IV Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5 and Part II-B, line 1i. Also, complete this part for any additional information. SEE PAGE 4

Schedule C (Form 990 or 990-EZ) 2008

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

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

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

Schedule D (Form 990) 2008

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

Par	t III Organizations Maintaining Col	ections of Art, Histo		or Other Similar As	ssets (continued)		
•	Heim the considerations and attention		a fi klara i fa lliannia an klarak		f !k II t !		
3	, , ,						
а	items (check all that apply): Public exhibition	d [Loan or excha	inge programs			
b	Scholarly research	e	Other	inge programs			
C	Preservation for future generation		Other				
4	Provide a description of the organization's		how they further the	e organization's exe	mnt nurnose in		
•	Part XIV.	ooneonono ana explain	now they farther the	organization o exe	mpt parpood in		
5	During the year, did the organization solicit	or receive donations of	of art, historical trea	sures, or other simila	ır		
-	assets to be sold to raise funds rather than						
Par	t IV Trust, Escrow and Custodial A	•					
	Part IV, line 9, or reported an a				,		
1 a	Is the organization an agent, trustee, custo	dian or other intermedi	ary for contributions	or other assets not			
	included on Form 990, Part X?				Yes No		
b	If "Yes," explain the arrangement in Part XI	V and complete the foll	lowing table:				
				An	nount		
С	Beginning balance			;			
d	Additions during the year			i			
е	Distributions during the year						
f	Ending balance						
2 a	Did the organization include an amount on		21?		Yes No		
	If "Yes," explain the arrangement in Part XI		arad "Vaa" ta Farm	000 Dort IV line	10		
Par	t V Endowment Funds. Complete	rrent Year (b) Prior ye					
1 a	Designing of completes		(C) Two years i	dack (u) Tillee year	s back (e) Four years back		
b	Cambridantiana	,576,514.					
С	lance of the cost	,057,268. ,198,623.					
d	Grants or scholarships	,190,023.					
е	Other expenditures for facilities						
	and programs	,627,120.					
f	Administrative expenses	, , , , , , , , , , , , , , , , , , , ,					
g	End of year balance 644	,808,039.					
2	Provide the estimated percentage of the year						
а	Board designated or quasi-endowment ▶	%					
b	Permanent endowment ► 100.0000 %)					
	Term endowment ▶%						
3 a	Are there endowment funds not in the pos	session of the organiza	ation that are held a	nd administered for t			
	organization by:				Yes No		
	(i) unrelated organizations				3a(i) X		
L	(ii) related organizations				3a(ii) X		
	If "Yes" to 3a(ii), are the related organization	•			3b		
4 Dot	Describe in Part XIV the intended uses of the Investments - Land, Buildings,			(line 10			
rai	Description of investment	1			(d) Daalaaalaa		
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value		
1a	Land		107,117,952.		107,117,952.		
b	Buildings			309,060,683.	711,591,051.		
С	Leasehold improvements		103,191,049.		42,201,493.		
d	Equipment			488,337,105.	181,460,482.		
е	Other		101,325,587.		101,325,587.		
Tota	I. Add lines 1a-1e. (Column (d) should equal				1,143,696,565.		
	. , , , , , , , , , , , , , , , , , , ,	·			Schodulo D (Form 990) 2008		

Schedule D (Form 990) 2008

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

Part VII Investments - Other Securities. See F	orm 990, Part X, Iir	ne 12.	T ago C
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year marke	
Financial derivatives and other financial products			
Closely-held equity interests			
Other MARKETABLE AND NONMARKETABLE	323,873,000.	FMV	
ALTERNATIVE FUNDS:			
NET ASSETS VALUE PER AUDITED			
FINANCIAL STATEMENTS			
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. See	323,873,000.	20.12	
	(b) Book value	(c) Method of valuati	on:
(a) Description of investment type	(b) book value	Cost or end-of-year marke	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X,	line 15.		
(a)	Description		(b) Book value
Part X Other Liabilities. See Form 990, Part 2			
(a) Description of liability	(b) Amount		
Federal income taxes			
PENSION AND POST-RETIREMENT BENEFIT	729,014,473.		
INSURANCE (LOSS RESERVES AND CLAIMS	131,401,096.		
SPLIT-INTEREST AGREEMENT LIABILITIE ADVANCES AND OTHER MISC LIABILITIES	22,119,104. 26,345,718.		
THE VILLED THE OTHER PROPERTY.	20,040,110.		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.)	908,880,391.	tota and a thirt was a set of the	

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

JSA 8E1270 1.000 06583L 2502

	$\frac{16 \text{ D}}{100000000000000000000000000000000000$			Page 4
Part				
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	:	3,301,803,766.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	:	3,421,579,671.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		-119,775,905.
4	Net unrealized gains (losses) on investments	4		-355,189,475.
5	Donated services and use of facilities	5		
6	Investment expenses	6		
7	Prior period adjustments	7		
8	Other (Describe in Part XIV)	8		-412,205,275.
9	Total adjustments (net). Add lines 4-8	9		-767,394,750.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	_	-887,170,655.
Part		turr	1	
1	Total revenue, gains, and other support per audited financial statements		1	2552875007.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments 2a -355,189,47	5.		
b	Donated services and use of facilities 2b 17,844,16	5.		
С	Recoveries of prior year grants 2c			
d	Other (Describe in Part XIV) 2d -412,205,27			
е	Add lines 2a through 2d		2 e	-749 , 550 , 585.
3	Subtract line 2e from line 1	∟	3	3302425592.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	_		
b	Other (Describe in Part XIV)	6.		
С	Add lines 4a and 4b		4c	-621 , 826.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)		5	3301803766.
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per I	Retu	rn	·
1	Total expenses and losses per audited financial statements		1	3440045662.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities 2a 17,844,16	5.		
b	Prior year adjustments 2b	_		
С	Losses reported on Form 990, Part IX, line 25	_		
d	Other (Describe in Part XIV)			
е	Add lines 2a through 2d	-	2 e	17,844,165.
3	Subtract line 2e from line 1	L	3	3422201497.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	_		
b	Other (Describe in Part XIV) 4b -621,82	6.		
С	Add lines 4a and 4b		4 c	-621 , 826.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	-	5	3421579671.
Part	XIV Supplemental Information			
	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part III, li	art IV	, line	es 1b
and 2	b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.			
<u>SEE</u>	PAGE 5			
_			_	

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

Schedule F (Form 990)

Statement of Activities Outside the United States

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT

CHAPTERS AND BRANCHES

Employer identification number

53-0196605

Pa	General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.											
1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?												
 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States. Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.) 												
3	Activities per Region. (Us	e Schedule F-1	(Form 990) if	additional space is needed	.)							
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region						
CENT	TRAL AMERICA/CARIBBEAN	2	3	PROGRAM SERVICES	GENERAL HEALTH, MGMT	4,123,845.						
EAST	F ASIA AND THE PACIFIC	2	15	PROGRAM SERVICES	DISASTER RESPONSE, GEN	81,259,078.						
NORT	TH AMERICA	1	1	PROGRAM SERVICES	DISASTER RESPONSE, DIS	376,779.						
RUSS	SIA/INDEPENDENT STATES	1	1	PROGRAM SERVICES	GENERAL HEALTH	1,081,804.						
SOUT	TH AMERICA	2	1	PROGRAM SERVICES	DISASTER RESPONSE	2,246,404.						
SOUT	TH ASIA	4	8	PROGRAM SERVICES	DISASTER RECOVERY	27,237,356.						
SUB-	-SAHARAN AFRICA	2	3	PROGRAM SERVICES	DISASTER RESPONSE, DIS	5,059,192.						
MIDI	DLE EAST AND NORTH AFRICA			PROGRAM SERVICES	DISASTER RESPONSE, DIS	1,032,926.						
EURO	PPE			PROGRAM SERVICES	DISASTER RESPONSE, DIS	2,133,000.						
Tota	als ▶	14	32			124,550,384.						

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

Schedule F (Form 990) 2008

Use Schedule F-1 (Form 99	T '		Г		T			(1) Martin and
(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV appraisal, other)
		 SEE SCHEDULE F-1						
		1			1			

Schedule F (Form 990) 2008

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

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

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

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

SCHEDULE F-1 (Form 990)

Continuation Sheet for Schedule F (From 990)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Attach to Form 990 to list additional information for Part I, line 3; Part II, line 1; or Part III.

Employer identification number

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

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

Schedule F-1 (Form 990) 2008

Part I	Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F, (Form 990), Part II)								
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EUROPE/ICELAND/GREENLAND	DISASTER RES	36,315,546.	WIRE		N/A	
			EUROPE/ICELAND/GREENLAND	DISASTER RES	1,027,238.	WIRE		N/A	
			SOUTH ASIA	DISATER PREP	6,385,787.	WIRE		N/A	
			EAST ASIA/PACIFIC	DISASTER RES	199,428.	WIRE		N/A	
			SUB-SAHARAN AFRICA	DISASTER RES	540,177.	WIRE		N/A	
			EAST ASIA/PACIFIC	DISATER PREP	3,759,791.	WIRE		N/A	
			EAST ASIA/PACIFIC	DISASTER REC	439,184.	WIRE		N/A	
			SOUTH ASIA	DISASTER REC	972,795.	WIRE		N/A	
			SOUTH ASIA	DISASTER RES	374,471.	WIRE		N/A	
			EAST ASIA/PACIFIC	DISASTER RES	1,560,354.	WIRE		N/A	
			SOUTH AMERICA	DISASTER RES	53,198.	WIRE		N/A	
			MIDDLE EAST/NORTH AFRICA	DISASTER RES	250,000.	WIRE		N/A	
			SUB-SAHARAN AFRICA	GENERAL HEAL	951,255.	WIRE		N/A	
			EUROPE/ICELAND/GREENLAND	DISASTER RES	644,696.	WIRE		N/A	
			SUB-SAHARAN AFRICA	DISASTER REC	684,201.	WIRE		N/A	
			EAST ASIA/PACIFIC	GENERAL HEAL	71,645.	WIRE		N/A	
			CENT. AMERICA/CARIBBEAN	GENARAL HEAL	440,257.	WIRE		N/A	
			SOUTH AMERICA	DISASTER RES	554,462.	WIRE		N/A	
			SOUTH AMERICA	DISASTER RES	95,414.	WIRE		N/A	
								0-1	(Form 990) 2009

Part II Continuation of Grants and Other Assistance or Entities Outside the United States. (Schedule F, (Form 990), Part II)									
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			CENT. AMERICA/CARIBBEAN	DISASTER RES	96,334.	WIRE		N/A	
			SOUTH AMERICA	GENERAL HEAL	200,942.	WIRE		N/A	
			SUB-SAHARAN AFRICA	DISASTER REC	52,152.	WIRE		N/A	
			CENT. AMERICA/CARIBBEAN	MANAGEMENT	113,733.	WIRE		N/A	
			EAST ASIA/PACIFIC	GENERAL HEAL	30,736.	WIRE		N/A	
			SUB-SAHARAN AFRICA	DISASTER RES	143,800.	WIRE		N/A	
			NORTH AMERICA	DISASTER RE	269,235.	WIRE		N/A	
			MIDDLE EAST/NORTH AFRICA	DISASTER RES	360,625.	WIRE		N/A	
			RUSSIA	DISASTER PRE	348,774.	WIRE		N/A	
			SUB-SAHARAN AFRICA	DISASTER PRE	282,471.	WIRE		N/A	
			CENT. AMERICA/CARIBBEAN	DISASTER RES	245,695.	WIRE		N/A	
			CENT. AMERICA/CARIBBEAN	DISASTER RES	71,457.	WIRE		N/A	
			RUSSIA	DISASTER RES	29,181.	WIRE		N/A	
			CENT. AMERICA/CARIBBEAN	DISASTER RES	41,223.	WIRE		N/A	
			RUSSIA	MEASLES, DIS	8,979,330.	WIRE		N/A	
			EUROPE/ICELAND/GREENLAND	MEASLES	864,085.	WIRE		N/A	
			EUROPE/ICELAND/GREENLAND	MALARIA	883,212.	WIRE		N/A	
			EUROPE/ICELAND/GREENLAND	MEASLES	3,133,381.	WIRE		N/A	
			EUROPE/ICELAND/GREENLAND	DISASTER RES	27,633,735.	WIRE		N/A	(Form 990) 2009

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

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities ► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17,

18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT

Employer identification number

CHAI	PTERS AND BRANCHES					53-019660)5	
Part	Fundraising Activities. Cor	mplete if the orga	nization a	nswered '	"Yes" to Form 9	990, Part IV, line	17.	
1 a b c d 2a	Mail solicitations b							
	(i) Name of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No				
3 Li	ist all states in which the organizate egistration or licensing.	tion is registered	or license	▶ d to solic	it funds or has I	peen notified it is	exempt from	

53-0196605 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported Part II more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (c) Other Events (a) Event #1 (b) Event #2 (d) Total Events (Add col. (a) through col. (c)) ANNUAL BALL GNY ANNUAL BALL GRE 500 (event type) (event type) (total number) Revenue 1 Gross receipts 1,577,433. 1,191,892 45,339,926 48,109,251. 2 Less: Charitable contributions 1,447,233. 1,010,349 24,967,099 27,424,681. 3 Gross revenue (line 1 130,200. 181,543 20,372,827 20,684,570. 4 Cash prizes 1,260,631 1,260,631. Direct Expenses 5 Non-cash prizes 566,783 566,783. 6 Rent/facility costs 158,798. 271,879 1,687,050 2,117,727. 7 Other direct expenses 104,972 246,631 12,872,556 13,224,159. 8 Direct expense summary. Add lines 4 through 7 in column (d) 17,169,300.) 9 Net income summary. Combine lines 3 and 8 in column (d)....... 3,515,270 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (Add col. (a) through col. (c)) (b) Pull tabs/Instant bingo/progressive bingo (c) Other gaming Revenue (a) Bingo 1 Gross revenue 1,390,656 39,362 1,430,018. 2 Cash prizes 1,099,321 31,262 1,130,583. Direct Expenses 2,835 2,835. 4 Rent/facility costs 97,728 97,728. 5 Other direct expenses 103,077 1,090 104,167. Χ % Yes 100.0000 Yes X Yes 86.0000% 6 Volunteer labor Νo No 7 Direct expense summary. Add lines 2 through 5 in column (d) 1,335,313.) 8 Net gaming income summary. Combine lines 1 and 7 in column (d) 94,705. Yes Νo Enter the state(s) in which the organization operates gaming activities: MI, VA, a Is the organization licensed to operate gaming activities in each of these states? 9a Χ **b** If "No," Explain: 10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a Χ **b** If "Yes," Explain: Does the organization operate gaming activities with nonmembers?

Schedule G (Form 990 or 990-EZ) 2008

11

Χ

11

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity

			Yes	No
13 a b 14	Indicate the percentage of gaming activity operated in: The organization's facility			
	Name ►BRIAN_RHOA			
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		X
	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address:			
16	Address Gaming manager information:			
	Name ► _N/A			
	Description of services provided ▶ Director/officer			
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		X
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$			Λ

Schedule G (Form 990 or 990-EZ) 2008

06583L 2502

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

OMB No. 1545-0047 2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. Employer identification number AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT

CHAPTERS AND BRANCHES						53-0196605	
Part I General Information on Grants							
 Does the organization maintain records the selection criteria used to award the goal Describe in Part IV the organization's process. 	rants or assista	nce?					X Yes No
Form 990, Part IV, line 21, for a Use Part IV and Schedule I-1 (Fo	any recipient	that received	d more than \$5,00		f no one recipient r	eceived more than	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) a	_	_					
3 Enter total number of other organizations						<u> </u>	

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

Schedule I (Form 990) 2008

Schedule I	(Form 990) 2008			53-0196605		Page 2
Part III	Grants and Other Assistance to Ir Use Schedule I-1 (Form 990) if addi	ndividuals in t tional space is	he United States needed.	s. Complete if th	e organization answered	d "Yes" on Form 990, Part IV, line 22.
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SPECIFIC	FINANCIAL ASSISTANCE		117,763,333.			
Part IV	Supplemental Information. Comple	ete this part to	provide the inf	ormation require	d in Part I, line 2, and an	y other additional information.
SCHEDU	LE I SUPPLEMENTAL INFORMATIC	<u>N</u>				
SEE SC	HEDULE O					

SCHEDULE J (Form 990)

Compensation Information

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

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

OMB No. 1545-0047

2008

Open to Public Inspection

Name of the organization

CHAPTERS AND BRANCHES

Department of the Treasury

Internal Revenue Service

AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT

Employer identification number

53-0196605

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel X Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	X Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or			
	provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	X	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the			
3	organization's CEO/Executive Director. Check all that apply.			
	X Compensation committee Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
	X / ppioral by the board of componential communities			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:			
а	Receive a severance payment or change of control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
•	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
_	compensation contingent on the net earnings of:	60		
a	The organization?	6a 6b		X
b	Any related organization? If "Yes" to line 6a or 6b, describe in Part III.	60		X
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
•	payments not described in lines 5 and 6? If "Yes," describe in Part III	7	Х	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was		Λ	
•	subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe			
	in Deat III			

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

Schedule J (Form 990) 2008

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

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

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

	(B) Breakdown	of W-2 and/or 1099-MIS	C compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation		
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ	
	(i)	317 , 946.	110 , 000.	52 , 934.	63 , 523.	5 , 786.	550 , 189.	247 , 594.	
MARY ELCANO	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
	(i)	271 <u>,</u> 208.	15 , 000.	39 , 983.	60 , 257.	17 , 706.	404,154.	168 , 575.	
BRIAN RHOA	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
	(i)	249 , 740.	NONENONE	1,733.	34 , 813.	4 <u>,674.</u>	<u>290,960.</u>	121,017.	
DALE BATEMAN	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
	(i)	220 , 000.	65 , 000.	161,867.	6 , 154.	2 <u>,669.</u>	455 <u>,</u> 690.	<u>47,005.</u>	
GAIL MCGOVERN	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
	(i)	298 , 472 .	15 , 000.	<u>46,208.</u>	10 , 880.	10,469.	<u>381,029.</u>	179 , 838.	
KEVIN BROWN	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
	(i)	<u>104,041.</u>	NONE NONE	16 , 933.	9 , 289.	4 <u>,</u> 727.	<u> 134,990.</u>	120 , 974.	
ROBERT MCDONALD	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
	(i)	<u>241,704.</u>	34 , 155.	15 , 403.	83 , 545.	12 <u>,</u> 143.	<u>386,950.</u>	NONE	
CHRISTINA SAMSON	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
	(i)	<u>280,140.</u>	15 , 000.	18 , 021.	45 , 759.	12,034.	<u>370,954.</u>	NONE	
MELISSA HURST	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
	(i)	212 , 179.	52 , 500.	<u>32,448.</u>	1 , 625.	10 , 729.	<u>309,481.</u>	NONE_	
JEFFREY TOWERS	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
	(i)	377 , 313.	41,400.	147 , 916.	63 , 031.	. 12 , 626.	642 <u>,</u> 286.	262 , 332.	
JAMES HROUDA	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
	(i)	221 , 364.	134 , 089.	19 , 752.	168 , 881.	1 <u>,796.</u>	<u>545,882.</u>	NONE_	
MARY-ALICE FRANK	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
	(i)	<u>346,054.</u>	41 , 250.	17 , 664.	59 , 323.	7 , 126.	471,417.	209 , 771.	
THERESA BISCHOFF	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
	(i)	289 , 911.	NONENONE	<u>30,736.</u>	109 , 604.	13 <u>,</u> 772.	<u>444</u> ,023.	NONE_	
ELIZABETH O'NEILL	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
	(i)	312 <u>,</u> 224.	24 , 058.	16 , 653.	39 , 239.	16,800.	<u>408,974.</u>	<u> 198,442.</u>	
WILLIAM MOORE	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
	(i)	284 <u>,</u> 928.	NONE NONE	23 , 307.	73 , 102.	2 <u>,470</u> .	<u>383,807.</u>	<u> 191,853.</u>	
ROSEMARY MACKEY	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
	(i)								
	(ii)								

Schedule J (Form 990) 2008	53-0196605	Page \$
Part III Supplemental Information Complete this part to provide the information, effor any additional information.	explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5l	b, 6a, 6b, 7, and 8. Also complete this par
SCHEDULE J, LINES 1B, 7, 8		
1B. ALL PAYMENTS OR REIMBURSEMENTS	S OR PROVISION OF EXPENSES TO THE	
PRESIDENT & CEO WERE MADE PURSUANT	TO STANDARD WRITTEN POLICIES. ANY	
_HOUSING_ALLOWANCES, RELOCATION_ASSI	ISTANCE, TAX INDEMNIFICATION AND	
_GROSS-UP_PAYMENTS_FOR_THE_PRESIDENT	I & CEO WERE MADE AS PART OF THE RED	
_CROSS'S STANDARD EXECUTIVE RELOCATI	ION POLICY AND INCLUDED CLOSING COST	
_ASSISTANCE, TEMPORARY HOUSING, AND	OTHER MISCELLANEOUS RELOCATION	
ASSISTANCE. THE PRESIDENT & CEO RE	ECEIVED \$136,615 IN CLOSING COST AND	
_RELOCATION_ASSISTANCE_WHICH_IS_REPO	ORTED IN SCHEDULE J, PART II, SECTION B	
_(III).		
_HOUSING_ALLOWANCES_AND_RELATED_TAX-	-GROSS UP PAYMENTS WERE PAID TO THE	
_CHIEF_DEVELOPMENT_OFFICER_AND_EXECU	JTIVE VICE PRESIDENT, BIOMEDICAL	
_SERVICES IN RELATIONSHIP TO THEIR I	INITIAL EMPLOYMENT AGREEMENTS WITH THE	
RED CROSS FOR THESE POSITIONS IN 20	008 AND WERE APPROVED BY THE	

COMPENSATION COMMITTEE OF THE BOARD.

Schedule J (Form 990) 2008	53-0196605	Page 3
Part III Supplemental Information Complete this part to provide the information for any additional information.	on, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a,	5b, 6a, 6b, 7, and 8. Also complete this part
7: THE AMOUNT SHOWN IN PART II	, COLUMN B (II) FOR THE PRESIDENT AND CEO	
WAS PAID AT THE START OF HER EM	PLOYMENT IN ACCORDANCE WITH THE TERMS OF	
HER INITIAL EMPLOYMENT AGREEMEN	T. THE AMOUNT WAS A SIGN-ON BONUS TO	
COVER MISCELLANEOUS COSTS RELATI	ED TO THE PRESIDENT AND CEO'S RELOCATION	
TO WASHINGTON, DC AND WAS APPRO	VED BY THE BOARD.	
ALL AMOUNTS SHOWN IN PART II, CO	OLUMN B (II) FOR THE GENERAL COUNSEL,	
CHIEF FINANCIAL OFFICER, SENIOR	VICE PRESIDENT, HUMAN RESOURCES, CHIEF	
OPERATING OFFICER, AND THE CHAP	TER EXECUTIVE OF THE ARC OF GREATER NEW	
YORK WERE PAID AT THE DISCRETION	N OF THE BOARD AND, IN THE CASE OF THE	
_CHAPTER_EXECUTIVE, THE LOCAL_CH	APTER BOARD. THE AMOUNT FOR THE GENERAL	
COUNSEL WAS A BONUS PAYMENT PAI	D AT THE END OF HER ASSIGNMENT AS INTERIM	
PRESIDENT AND CEO FROM NOVEMBER	2007 UNTIL JUNE 2008.	
THE REMAINDER OF FIGURES REPORT	ED WERE PAID BASED ON EITHER INITIAL	
_EMPLOYMENT_AGREEMENT_TERMS_OR_TI	HE TERMS/FORMULAS OF WRITTEN VARIABLE	

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

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.
DEVELOPMENT OFFICER, AND EXECUTIVE VICE PRESIDENT, BIOMEDICAL SERVICES
WERE APPROVED BY THE BOARD. THE AMOUNTS FOR THE CHAPTER EXECUTIVE, ARC
OF CLEVELAND WERE APPROVED BY THE LOCAL CHAPTER BOARD.
8: THE RED CROSS HAS FIVE EMPLOYEES WHO RECEIVED COMPENSATION PAID
PURSUANT TO A CONTRACT SUBJECT TO THE INITIAL CONTRACT EXCEPTION. THE
PRESIDENT AND CEO HAS A CONTRACT THAT PROVIDES FOR ANNUAL BASE SALARY
(\$500,000), SIGN-ON BONUS (\$65,000) AND ENTITLEMENT TO STANDARD RED CROSS
BENEFITS, INCLUDING THE RELOCATION PROGRAM. THE CHIEF DEVELOPMENT
OFFICER HAS A CONTRACT THAT PROVIDES FOR ANNUAL BASE SALARY (\$350,000),
SIGN-ON BONUS (\$52,500), STANDARD BENEFITS, AND A COMMUTING STIPEND IN
LIEU OF RELOCATION ASSISTANCE (WHICH WOULD HAVE BEEN A GREATER BENEFIT).
THE CHIEF FINANCIAL OFFICER HAS A CONTRACT THAT PROVIDES FOR ANNUAL BASE
SALARY (\$325,000) AND STANDARD BENEFITS. THE CHIEF INVESTMENT OFFICE HAS
A CONTRACT THAT PROVIDES FOR ANNUAL BASE SALARY (\$270,000) AND STANDARD
BENEFITS. THE EXECUTIVE VICE PRESIDENT, BIOMEDICAL SERVICES HAS A
CONTRACT THAT PROVIDES FOR ANNUAL BASE SALARY (\$400,000), STANDARD

Schedule J (Form 990) 2008	53-0196605	Page 3
Part III Supplemental Information		
Complete this part to provide the information, explanation for any additional information.	on, or descriptions required for Part I, lines 1a, 1b	, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part
BENEFITS AND A RELOCATION BONUS (\$41,400)	. IN EACH CASE THE COMPENSATION	
_WAS_REVIEWED_AND_APPROVED_BY_THE_COMPENSA	ATION AND MANAGEMENT DEVELOPMENT	
COMMITTEE OF THE BOARD.		

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the Organization

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

Open to Public Inspection

AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT CHAPTERS AND BRANCHES 53-0196605

Employer Identification number

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

(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average hours	Posit	ion (chec	k all	that ap		Reportable	Reportable	Estimated
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
BONNIE_MCELVEEN-HUNTER	_									
CHAIRMAN	25.	X						NONE	NONE	NONE
SUZANNE_NORA_JOHNSON	4									
BOARD MEMBER	6.	X						NONE	NONE	NONE
DR_CESAR_A_ARISTEIGUIETA	-									
BOARD MEMBER	5.	X						NONE	NONE	NONE
DR_SANFORD_A_BELDEN	4									
BOARD MEMBER	6.	X						NONE	NONE	NONE
JAMES_W_KEYES	-									
BOARD MEMBER	5.	X						NONE	NONE	NONE
RICHARD_PATTON	-									
BOARD MEMBER	5.	X						NONE	NONE	NONE
DR_WEI-TIH_CHENG	-									
BOARD MEMBER	4.	X						NONE	NONE	NONE
BRAD BOSTON	-									
BOARD MEMBER	6.	X						NONE	NONE	NONE
BRIAN L DERKSEN	-									
BOARD MEMBER	4.	X						NONE	NONE	NONE
RICHARD_M_FOUNTAIN	-									
BOARD MEMBER	4.	X						NONE	NONE	NONE
DR_ALLAN_I_GOLDBERG	-									
BOARD MEMBER	7.	X						NONE	NONE	NONE
JAMES G GOODWIN	_									
BOARD MEMBER	5.	X						NONE	NONE	NONE
ANN F KAPLAN	_									
BOARD MEMBER	7.	X						NONE	NONE	NONE
LAURENCE E PAUL	-									
BOARD MEMBER	8.	X						NONE	NONE	NONE
R BRUCE LABOON	+	l								
BOARD MEMBER	4.	X						NONE	NONE	NONE
ANNA MARIA LARSEN	-	l								
BOARD MEMBER	6.	X						NONE	NONE	<u>NONE</u>
JOSEPH B PERELES	1	l							17017	11017
BOARD MEMBER	6.	X						NONE	NONE	<u>NONE</u>
MELANIE R SABELHAUS	1	١,,								
BOARD MEMBER	9.	X						NONE	NONE	<u>NONE</u>
H_MARSHALL_SCHWARZ	1	١,,								
BOARD MEMBER	4.	X						NONE	NONE	<u>NONE</u>
GLENN A SIEBER	1									
BOARD MEMBER	4.	X						NONE	NONE	<u>NONE</u>
FRANCINE STOKES MCELVEEN	-	,.							,,,,_	
BOARD MEMBER For Privacy Act and Panerwork Poduction	3.	X	<u> </u>			<u> </u>		NONE	NONE	NONE

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

Schedule J-2 (Form 990) 2008

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Employer Identification number 53-0196605

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

Employees							<u> </u>			
(A)	(B) (C) Average hours Position (check all that apply)							(D)	(E)	(F)
Name and Title	Average hours per week			 			1 2 /	Reportable	Reportable	Estimated amount of
	Highest compensated employee Key employee Officer Institutional trustee Individual trustee or director		Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations				
WALTER E THORNTON										
BOARD MEMBER	3.	Х						NONE	NONE	NONE
STEVEN H WUNNING										
BOARD MEMBER	4.	Х						NONE	NONE	NONE
PAULA E BOGGS										
BOARD MEMBER	5.	X						NONE	NONE	NONE
YOUNGME E MOON										
BOARD MEMBER	7.	Х						NONE	NONE	NONE
MARY ELCANO										
GENERAL COUNSEL & SECRETARY	60.			Х				480,880.	NONE	69 , 309.
BRIAN RHOA										
CHIEF FINANCIAL OFFICER	60.			Х				326,191.	NONE	77,963.
DALE BATEMAN										
SVP & CHIEF AUDIT EXECUTIVE	60.			Х				251,473.	NONE	39,487.
GAIL MCGOVERN										
PRESIDENT AND CEO	60.			Х				446,867.	NONE	8,823.
KEVIN BROWN										
CHIEF OPERATING OFFICER	40.				Х			359,680.	NONE	21,349.
CHRISTINA SAMSON										
CHIEF INVESTMENT OFFICER	60.				Х			291,262.	NONE	95 , 688.
MELISSA HURST										
SVP HUMAN RESOURCES	60.				Х			313,161.	NONE	57 , 793.
JEFFREY TOWERS										
CHIEF DEVELOPMENT OFFICER	60.				Х			297,127.	NONE	12,354.
JAMES_HROUDA										
EVP, BIOMEDICAL SERVICES	60.				Х			566,629.	NONE	75 , 657.
MARY-ALICE_FRANK										
CEO, ARC OF CLEVELAND	60.					X		375,205.	NONE	170 , 677.
THERESA_BISCHOFF										
CEO, ARC OF GREATER NEW YORK	60.					X		404,968.	NONE	66,449.
ELIZABETH_O'NEILL										
DIV VICE PRESIDENT, BIOMEDICAL	60.					X		320,647.	NONE	123 , 376.
WILLIAM_MOORE										
SVP, BIOMEDICAL OPERATIONS	60.					X		352 , 935.	NONE	56 , 039.
ROSEMARY MACKEY										
CHIEF EXT. AFF OFF, GNY	60.					X	_	308,235.	NONE	75 , 572.
ROBERT_MCDONALD										
FORMER CHIEF FINANCIAL OFFICER							X	120,974.	NONE	14,016.
							_			

SCHEDULE K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2008
Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization ▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT

Employer identification number

CHAPTERS AND BRANCHES 53-0196605 Part I Bond Issues (Required for 2008) (h) On (b) Issuer EIN (c) CUSIP# (d) Date issued (g) Defeased (a) Issuer name (e) Issue price (f) Description of purpose behalf of issuer Yes No Yes No A CONNECTICUT DEVELOPMENT AUTHORITY 06-6000799 12/05/2005 CURRENT REFUNDING OF PRIOR BONDS I 2,303,600 B MARYLAND ECONOMIC DEVELOPMENT CORPORATION 12/02/2003 52-1376562 4,250,000. LAND ACOUISITION AND BUILDING CONS Χ C ILLINOIS DEVELOPMENT FINANCE AUTHORITY IND. DEVEL. 37-0988139 02/27/2003 8,000,000. CONSTRUCTION AND EQUIPPING OF BUIL Χ D NYC INDUSTRIAL DEVELOPMENT AUTHORITY 13-2906040 64971C8B3 02/28/2006 30,337,879. ACOUISITION & RENOVATION OF BUILDI Χ E CAMBRIA COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY 25-1334277 132047BY6 10/09/2008 20,245,000. CURRENT REFUNDING OF PRIOR BONDS 1 Proceeds (Optional for 2008) Part II R C D Ε 4 Other unspent proceeds Yes Yes Yes Yes Yes No Nο Nο Nο No **9** Were the bonds issued as part of a current refunding issue? 10 Were the bonds issued as part of an advance 11 Has the final allocation of proceeds been made? 12 Does the organization maintain adequate books and records to support the final allocation of proceeds? Private Business Use (Optional for 2008) Part III В С D Ε Α 1 Was the organization a partner in a partnership, or a Yes No Yes No Yes Nο Yes No Yes No member of an LLC, which owned property financed by tax-exempt bonds?..... 2 Are there any lease arrangements with respect to the financed property which may result in private business use?

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

Schedule K (Form 990) 2008

SCHEDULE K (Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2008

Open to Public
Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).

Part I Bond Issues (Required for 2008) (h) On (b) Issuer EIN (c) CUSIP# (d) Date issued (g) Defeased (a) Issuer name (e) Issue price (f) Description of purpose behalf of issuer Yes No Yes No A CALI INFRASTRUCTURE AND ECON DEVELOPMENT BANK 63-0304653 13033WV2 10/09/2008 CURRENT REFUNDING OF PRIOR BONDS I 40,325,000. В С D Ε Proceeds (Optional for 2008) Part II R C D Ε Yes Yes Yes Yes Yes No Nο Nο Nο No **9** Were the bonds issued as part of a current refunding issue? **10** Were the bonds issued as part of an advance 12 Does the organization maintain adequate books and records to support the final allocation of proceeds? Private Business Use (Optional for 2008) Part III В С D Ε Α 1 Was the organization a partner in a partnership, or a Yes No Yes No Yes Nο Yes No Yes No member of an LLC, which owned property financed by tax-exempt bonds?..... 2 Are there any lease arrangements with respect to the financed property which may result in private business use?

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

Schedule K (Form 990) 2008

Part III Private Business Use (Continued)

A B C D E The sepacet to the financed property which may result in private business use? C Does the organization routinely engage bond coursel or other ordinates of every any management or service coverage to the financed property which may result in private business (se?) C Does the organization routinely engage bond coursel or other ordinates or other outside coursels to review any management or service or other outside coursels to review any management or service or other outside coursels to review any management or service or other outside coursels to review any management or service or other outside coursels to review any management or service or other outside coursels to review any management or service or other outside coursels to review any management or service or other outside coursels to review any management or service or other outside coursels to review any management or service or other outside coursels to review any management or service or other outside coursels to review any management or service or other outside coursels to review any management or service or other outside coursels to review any management or service or other outside coursels or other outside coursels or other outside outside or other outside outside or other outsides of the outsides of outsides or other outsides or other outsides of outsides of outsides of outsides of outsides of outsides outsides or other outsides outsides or other outsides outsides outside										1	
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private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government. **No** **No** **No** **No** **No** **No** **Part IV* **Arbitrage (Optional for 2008) **I has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, Penaltide **I has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, Penaltide **I has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, Penaltide **I has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, Penaltide **I has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, Deen filed with respect to the bond issue? **I has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, Yes No **Yes											<u> </u>
section 501(c)(3) organization, or a state or local government. 6 Total of lines 4 and 5	private business use as a result of unrelated trade or										
6 Total of lines 4 and 5	business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%		0,
7 Has the organization acopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? A Tribitrage (Optional for 2008) 1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? 2 Is the bond issue a variable rate issue? 3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records? b Name of provider c Term of hedge 4a Were gross proceeds invested in a GIC? b Name of provider. c Term of GIC d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? 5 Were any gross proceeds invested beyond an available temporary period?											0,
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5 Were any gross proceeds invested beyond an available temporary period?	d Was the regulatory safe harbor for establishing the fair										
available temporary period?	market value of the GIC satisfied?										
	5 Were any gross proceeds invested beyond an										
6 Did the bond issue qualify for an exception to rebate?	available temporary period?										
6 Did the bond issue qualify for an exception to rebate?											
	6 Did the bond issue qualify for an exception to rebate?										

Schedule K (Form 990) 2008

SCHEDULE M (Form 990)

Non-Cash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection Employer identification number

Name of the organization CHAPTERS AND BRANCHES

AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT

53-0196605

Columbia Check if applicable Check if	Par	Types of Property							
2 Art-Historical treasures			Check if		Revenues reported on		f deterr	mining	9
2 Art-Historical treasures	1	Art-Works of art							
3 Art-Fractional interests	2								
Social publications Social and household goods Cars and other vehicles Boats and planes Intellectual property Securities-Publicly traded Social securities-Publicly traded Social securities-Partnership, LLC or trust interests Social securities-Partnership, LLC or trust interests Collection on the state Control tunine Control tunine	3								
Securities-Publicity traded S	4		Х		5,147.	FMV			
goods	5				,				
6 Cars and other vehicles			X		4,514,220.	FMV			
8 Intellectual property	6				, ,				
8 Intellectual property	7								
9 Securities-Publicly traded	8								
10 Securities-Closely held stock	9								
11 Securities-Partnership, LLC, or trust interests. 12 Securities-Miscellaneous	10	-							
Securities-Miscellaneous 13 Qualified conservation contribution (historic structures) 14 Qualified conservation contribution (other) 15 Real estate-Commercial 16 Real estate-Commercial 17 Real estate-Cother 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ►(11								
12 Securities-Miscellaneous									
contribution (historic structures)	12								
structures)	13	Qualified conservation							
structures)		contribution (historic							
14 Qualified conservation contribution (other)		structures)							
15 Real estate-Commercial	14	•							
15 Real estate-Commercial		contribution (other)							
17 Real estate-Other Collectibles Collectibles Say State Sta	15								
18 Collectibles	16	Real estate-Commercial							
19 Food inventory	17	Real estate-Other							
19 Food inventory	18	Collectibles							
Drugs and medical supplies	19		X		3,824,356.	FMV			
Historical artifacts	20		X						
Historical artifacts	21								
23 Scientific specimens	22								
24 Archeological artifacts	23								
25 Other ►() 26 Other ►() 27 Other ►() 28 Other ►() 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 30 a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	24								
Other ►() Other ►() Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	25								
Other ►() 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	26								
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	27								
Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No Jes No During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? Jes No Yes No 30a	28								
which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	Number of Forms 8283 received by	y the organiz	zation during the tax year for	or contributions for				
30a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? b If "Yes," describe in Part II. 33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,						29			
it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? b If "Yes," describe in Part II. 33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,				•				Yes	No
used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 32 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? b If "Yes," describe in Part II. 33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,	30 a	During the year, did the organiza	tion receive	by contribution any prop	erty reported in Part I, Iir	ie 1-28 that			
b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		it must hold for at least three yea	rs from the	date of the initial contribu	ution, and which is not re	quired to be			
b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		used for exempt purposes for the e	ntire holding	period?			30a		Χ
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32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?							31	Х	
contributions?	32 a								
 b If "Yes," describe in Part II. 33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, 		=	-	_			32a		Χ
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,	b		_			·			
			evenues in c	olumn (c) for a type of pro	perty for which column (a) is checked,			
		_							

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

Schedule M (Form 990) 2008

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

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

Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT	Employer identification number
CHAPTERS AND BRANCHES	53-0196605
FORM 990, PART III, STATEMENT OF PROGRAM SERVICE	
4A BIOMEDICAL SERVICES:	
THE ORGANIZATION COLLECTS, TESTS, AND DISTRIBUTES NEARLY HALF OF	
NATION'S BLOOD AND BLOOD COMPONENTS AND OPERATES 36 REGIONAL BLOO	D
SERVICE CENTERS THROUGHOUT THE COUNTRY. IN FISCAL YEAR 2009, THE	
ORGANIZATION COLLECTED OVER 6 MILLION PRODUCTIVE UNITS OF BLOOD F	ROM OVER
4 MILLION DONORS AND SUPPLIED 2,900 HOSPITALS AND OTHER FACILITIE	S WITH
BLOOD AND BLOOD PRODUCTS FOR TRANSFUSION.	
4B DOMESTIC DISASTER SERVICES:	
THE ORGANIZATION RESPONDED TO 15 LARGE-SCALE (LEVELS 4S AND 5S) D	ISASTERS
_ IN_FISCAL_YEAR_2009, INCLUDING: _ EIGHT_NAMED_STORMS - DOLLY, EDOU	ARD,
_FAY,_GUSTAV,_HANNA,_IKE,_LOWELL_AND_OMAR,_CALIFORNIA_WILDFIRES,_M	IIDWEST
ICE STORMS, FLOODING IN THE MID- AND NORTHWEST, AND TORNADOES. T	HROUGH
ITS NETWORK OF MORE NEARLY 700 LOCAL CHAPTERS IN ALL 50 STATES, A	S WELL
AS OFFSHORE U.S. TERRITORIES AND POSSESSIONS IN THE CARIBBEAN AND)_THE
PACIFIC, THE RED CROSS RESPONDED TO OVER 67,000 DISASTERS LARGE A	ND
SMALL. THE ORGANIZATION PROVIDED FOOD, LODGING, BULK DISTRIBUTION	_ITEMS,
EMERGENCY ASSISTANCE, HEALTH SERVICES, CRISIS INTERVENTIONS AND C	OMMUNITY
MENTAL-HEALTH DEBRIEFINGS AND/OR OTHER RELATED EMERGENCY CARE TO	PERSONS
IN NEED. FOR INDIVIDUALS AND COMMUNITIES AFFECTED BY DISASTERS,	THE
SERVICES OF THE AMERICAN RED CROSS BEGAN WITH SAFE SHELTERS FOR E	VACUEES
AND CONTINUED WITH SUPPORT FOR INDIVIDUALS AND FAMILIES RECOVERIN	G FROM

06583L 2502 V08-8.3 426054 **58**

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

Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT CHAPTERS AND BRANCHES	Employer identification number 53-0196605
4D INTERNATIONAL RELIEF AND DEVELOPMENT SERVICES:	
THE ORGANIZATION HELPS VULNERABLE PEOPLE AROUND THE WORLD, PREVEN	
PREPARE FOR, AND RESPOND TO DISASTERS, COMPLEX HUMANITARIAN EMERG	GENCIES,
AND LIFE-THREATENING HEALTH CONDITIONS THROUGH GLOBAL INITIATIVES	S_AND
COMMUNITY-BASED PROGRAMS. WITH A FOCUS ON DISEASE PREVENTION ON	_ <u>A</u>
MASS-SCALE, DISASTER PREPAREDNESS AND RESPONSE, RESTORING FAMILY	_LINKS,
AND THE DISSEMINATION OF INTERNATIONAL HUMANITARIAN LAW, THE ORGA	ANIZATION
PROVIDES RAPID, EFFECTIVE, AND LARGE-SCALE HUMANITARIAN ASSISTANCE	CE_TO
THOSE IN NEED. TO ACHIEVE OUR GOALS, THE ORGANIZATION WORKS WITH	H_OUR
PARTNERS IN THE INTERNATIONAL RED CROSS AND RED CRESCENT MOVEMEN	I_AND
OTHER INTERNATIONAL RELIEF AND DEVELOPMENT AGENCIES TO BUILD LOCA	<u>AL</u>
CAPACITIES, MOBILIZE AND EMPOWER COMMUNITIES, AND ESTABLISH PARTI	NERSHIPS.
4D COMMUNITY SERVICES:	
AMERICAN RED CROSS CHAPTERS OFFER COMMUNITY SERVICES THAT HELP PR	EOPLE
LEAD SAFER, HEALTHIER LIVES; ALLOW FOR GREATER SELF-RELIANCE; AND	D_IMPROVE
THE QUALITY OF LIFE FOR SOCIETY'S MOST VULNERABLE. COUNTLESS LIV	VES ARE
TOUCHED EACH DAY BY THESE SERVICES THAT INCLUDE: TRANSPORTATION I	FOR THE
DISABLED; SHELTERS FOR THE HOMELESS; NUTRITION FOR THE ELDERLY;	
HOSPITAL/NURSING HOME VOLUNTEERS; AND LATCHKEY PROGRAMS.	
4D SERVICE TO ARMED FORCES:	

Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT CHAPTERS AND BRANCHES	Employer identification number 53-0196605
_ FORM_ 990, PART_V, LINE_4B - FOREIGN_COUNTRY_FINANCIAL_ACCOUNTS	
COMPLETE LIST OF COUNTRIES	
ALBANIA, CAMBODIA, COLOMBIA, ECUADOR, EL SALVADOR, HAITI, HONDURA	4S,
_ INDIA, _ INDONESIA, _ KENYA, _ MALDIVES, _ MEXICO, _ PAKISTAN, _ PERU, _ SRI _ LA	<u> ANKA,</u>
TANZANIA, THAILAND, VIETNAM, BERMUDA, BRAZIL AND SOUTH KOREA.	

Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT	Employer identification number
CHAPTERS AND BRANCHES	53-0196605
FORM 990, PART VI, SECTION A, LINES 4, 6, 7A & 10	
LINE 4	
_ IN_FY09_THE_AMERICAN_RED_CROSS_BOARD_OF_GOVERNORS_APPROVED_CHANGE:	S TO THE
_ IN_FIGO_THE_AMBRICAN_NED_CROSS_BOAND_OF_GOVERNORS_AFINOVED_CHANGE.	5_10_1115
_AMENDED AND RESTATED BYLAWS OF THE AMERICAN NATIONAL RED CROSS (T	<u>HE</u>
BYLAWS) THREE TIMES: (1) OCTOBER 24, 2008 TO REVISE CERTAIN SENIO	R
EXECUTIVE POSITIONS AND TITLES; (2) NOVEMBER 19, 2008 TO DELEGATE	TO THE
PRESIDENT AND CEO THE POWER AND AUTHORITY FOR CHAPTER GOVERNANCE;	AND (3)
JANUARY 30, 2009: (A) TO ELIMINATE THE FINANCE COMMITTEE AS A ST	ANDING
BOARD COMMITTEE AND RETURN ALL OF THE DUTIES AND RESPONSIBILITIES	
DELECATED TO THE EINANCE COMMITTEE DACK TO THE EILL DOADD OF COVE	DNODC
_ DELEGATED TO THE FINANCE COMMITTEE BACK TO THE FULL BOARD OF GOVE	KNOK5,
_(B) TO REVISE TERM LIMITS FOR BOARD MEMBERS TO THREE, THREE-YEAR	TERMS,
_(C) TO REVISE THE SIZE OF THE AUDIT AND RISK MANAGEMENT COMMITTE	E, AND
(D) TO CORRECT MINOR TYPOGRAPHICAL ERRORS AND CONFORMING EDITS.	
LINE 6	
AS DEFINED IN THE CONGRESSIONAL CHARTER: "MEMBERSHIP IN THE CORPO	RATION
IS OPEN TO ALL THE PEOPLE OF THE UNITED STATES AND ITS TERRITORIE:	S AND
POSSESSIONS, ON PAYMENT OF AN AMOUNT SPECIFIED, OR AS OTHERWISE P	ROVIDED
IN THE BYLAWS."	
SECTION 7 OF THE AMENDED AND RESTATED BYLAWS OF THE AMERICAN NATIO	ONAL RED
CROSS DESCRIBES MEMBERSHIP IN THE CORPORATION AND DEFINES MEMBERS	HTP AND
- CLOSS PESCHIPES PERPENSITE IN THE CONFORMITON AND DEFINES MEMBERS	מונה דודו
THE TERMINATION OF MEMBERSHIP.	

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Name of the organization	Employer identification number
CHAPTERS AND BRANCHES	53-0196605
ITME 75	
LINE 7A	
_ DELEGATES OF THE CHAPTERS ELECT ALL MEMBERS OF THE GOVERNING BODY	_EXCEPT
THE CHAIRMAN OF THE BOARD OF GOVERNORS WHO IS APPOINTED BY THE PR	ESIDENT
OF THE UNITED STATES.	
AS MANDATED IN THE CONGRESSIONAL CHARTER, SECTION 4(A)(3)(B)(I):	"MEMBERS
OF THE DOLD OF COMPINED OF THE THAN THE CHATDWAY CHAIL DE FIECTE	5 A
OF THE BOARD OF GOVERNORS OTHER THAN THE CHAIRMAN SHALL BE ELECTE	D_AT_THE
ANNUAL MEETING OF THE CORPORATION IN ACCORDANCE WITH SUCH PROCEDU	RES_AS
MAY BE PROVIDED IN THE BYLAWS."	
SECTION 7(A): "IN GENERAL THE ANNUAL MEETING OF THE CORPORATIO	N_IS_THE
ANNUAL MEETING OF DELEGATES OF THE CHAPTERS."	
- INVOINE INDITING OF BUILDING OF THE CHARTERY	
TIME 10	
LINE 10	
THE COMPENSATION AND MANAGEMENT DEVELOPMENT COMMITTEE REVIEWED TH	E_IRS
FORM 990 DURING A MEETING HELD ON FEBRUARY 8, 2010. A COPY OF THE	FINAL
FORM 990 WAS SUBMITTED TO EACH MEMBER OF THE BOARD OF GOVERNORS B	EFORE_IT
WAS FILED WITH THE IRS.	
THE MANAGEMENT REVIEW PROCESS ENTAILS THE CHIEF FINANCIAL OFFICER	
_ IND INMAODEDING INVIOUS ENTATIO THE CHIEF FINANCIAL OFFICER	
COORDINATING THE COMPLETION OF THE IRS FORM 990 WITH ACCOUNTING F	IRM
KPMG, THE GENERAL COUNSEL AND THE SENIOR VICE PRESIDENT, HUMAN RE	SOURCES
WITH FINAL REVIEW BY KPMG AND THE PRESIDENT AND CEO.	
	

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Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT	Employer identification number
CHAPTERS AND BRANCHES	53-0196605
EODM 000 DADE VI CECHION D. LINES 12C 15 (16D	
FORM 990, PART VI, SECTION B, LINES 12C, 15 & 16B	
LINE 12C	
AS REQUIRED BY SECTION 2.3 OF THE AMENDED AND RESTATED BYLAWS OF	<u>THE</u>
AMERICAN NATIONAL RED CROSS, ALL MEMBERS OF THE BOARD OF GOVERNO	RS_MUST
MEET INDEPENDENCE STANDARDS OUTLINED IN THE BYLAWS AND ANNUALLY	EXECUTE
THE CODE OF BUSINESS ETHICS AND CONDUCT. ADDITIONALLY, TO DISCL	OSE AND
REMEDY ACTUAL OR PERCEIVED BUSINESS, FINANCIAL OR PERSONAL CONFL	ICTS OF
INTEREST, EVERY MEMBER OF THE BOARD OF GOVERNORS MUST ALSO COMPL	ETE_A
CONFLICT OF INTEREST QUESTIONNAIRE (THE QUESTIONNAIRE) ANNUALLY.	OTHER
OFFICERS AND KEY EMPLOYEES ARE ALSO REQUIRED TO EXECUTE THE CODE	<u> </u>
BUSINESS ETHICS AND CONDUCT AND THE QUESTIONNAIRE ANNUALLY.	
UNDER THE DIRECTION OF THE GENERAL COUNSEL, THE INVESTIGATIONS,	
COMPLIANCE AND ETHICS DEPARTMENT STAFF COLLECT THE EXECUTED QUES	TIONNAIRE
FORMS FROM THE BOARD OF GOVERNORS AND OTHER OFFICERS AND KEY EMP	LOYEES.
THE INFORMATION DISCLOSED IN THE QUESTIONNAIRE IS REVIEWED AND A	CTUAL OR
PERCEIVED CONFLICTS OF INTEREST IDENTIFIED. THEY ARE DISCUSSED	WITH THE
GENERAL COUNSEL WHO DETERMINES ANY NECESSARY REMEDIATION OPTIONS	·
DEPENDING ON THE MATTER, THE GENERAL COUNSEL OR A STAFF MEMBER F	ROM THE
INVESTIGATIONS, COMPLIANCE AND ETHICS DEPARTMENT DISCUSS THE CON	FLICT AND
REMEDIATION WITH THE MEMBER OF THE BOARD OR THE OTHER OFFICER OR	KEY
EMPLOYEE. A MEMORANDUM CONFIRMING THE CONFLICT OF INTEREST AND	<u>THE</u>
REMEDIATION IS SENT AND FOLLOW-UP OCCURS TO ASSURE THE REMEDIATI	ON ACTION
WAS TAKEN. WHERE APPROPRIATE, THE CONFLICT OF INTEREST AND REME	DIATION
REGARDING A MEMBER OF THE BOARD ARE INCLUDED IN THE MINUTES OF T	'HE

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Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT CHAPTERS AND BRANCHES	Employer identification number 53-0196605
RELEVANT BOARD COMMITTEE OR FULL BOARD MEETING.	
THE QUESTIONNAIRE IS ALSO INTENDED TO MONITOR CONFLICTS OF INTER	
ONGOING BASIS. MEMBERS OF THE BOARD AND OTHER OFFICERS AND KEY I	EMPLOYEES
ARE EXPLICITLY INSTRUCTED THAT THEY HAVE A CONTINUING DUTY TO UP	DATE THE
QUESTIONNAIRE DURING THE COURSE OF THE YEAR TO REFLECT CHANGES IN	N_ANY
BUSINESS, FINANCIAL OR PERSONAL CONFLICTS OF INTEREST. THE SAME	PROCESS
OF REVIEW, DISCUSSION AND FOLLOW-UP ON CONFLICTS OF INTEREST AND	
REMEDIATION WITH THE BOARD MEMBER OR OTHER OFFICER OR KEY EMPLOYED	EE_OCCURS
WITH INTERIM DISCLOSURES	
LINE 15	
THE BOARD OF GOVERNORS OF THE AMERICAN RED CROSS HAS DELEGATED AT	
TO THE COMPENSATION AND MANAGEMENT DEVELOPMENT COMMITTEE (THE	
"COMMITTEE") OF THE BOARD TO REVIEW AND MAKE DETERMINATIONS REGAR	RDING THE
COMPENSATION, BENEFITS, AND INCENTIVE PROGRAMS FOR THE CEO AND O	IHER
SENIOR OFFICERS AND EXECUTIVES OF THE AMERICAN RED CROSS. THE CO	OMMITTEE
IS COMPOSED ENTIRELY OF BOARD MEMBERS WHO DO NOT HAVE A CONFLICT	_OF
INTEREST. ANNUALLY, THE COMMITTEE REVIEWS AND APPROVES A LIST OF	
EXECUTIVES WHO ARE OR MIGHT BE CONSIDERED "DISQUALIFIED PERSONS"	
TO IRC SECTION 4958. WITH RESPECT TO THOSE PERSONS, THE COMMITTE	
CONDUCTS AN ANNUAL REVIEW OF THEIR TOTAL COMPENSATION AND BENEFI	IS BASED
ON COMPARABLE MARKET DATA. THE COMMITTEE RETAINS AN OUTSIDE, IN	
COMPENSATION CONSULTANT TO PROVIDE MARKET DATA AND REASONABLENESS	
OPINIONS FOR THE DESIGNATED EXECUTIVES AND IT RELIES ON SUCH MARK	
AND REASONABLENESS OPINIONS IN APPROVING NEW SALARIES, BENEFITS A	AND

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Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT	Employer identification number		
CHAPTERS AND BRANCHES	53-0196605		
PAYMENT OF BONUSES OR INCENTIVES FOR THE DESIGNATED PERSONS. THE			
COMMITTEE ALSO THEN DOCUMENTS ITS DECISIONS AS TO ANY CHANGES TO	BE		
IMPLEMENTED IN COMPENSATION OR BENEFITS FOR THE DESIGNATED PERSON	S. THE		
COMMITTEE LAST UNDERTOOK THIS PROCESS IN OCTOBER 2008 FOR EXECUTI	VES		
HOLDING THE FOLLOWING POSITIONS: CHIEF FINANCIAL OFFICER, CHIEF			
OPERATING OFFICER, GENERAL COUNSEL AND CORPORATE SECRETARY, CHIEF			
DEVELOPMENT OFFICER, CHIEF INVESTMENT OFFICER, SENIOR VICE PRESID	ENT		
HUMAN RESOURCES.			
LINE 16B			
THE AMERICAN RED CROSS MAY USE COLLOBORATIONS, PARTNERSHIPS, JOIN	T		
VENTURES AND SIMILAR ARRANGEMENTS WITH OTHER NON PROFIT ORGANIZAT	ION_OR		
FOR PROFIT ENTITIES TO CARRY OUT ITS MISSION. THE AMERICAN RED C	ROSS IS		
COMMITTED TO ENSURING THAT ALL SUCH ARRANGEMENTS ARE CONSISTENT W	ITH THE		
ORGANIZATION'S TAX EXEMPT STATUS UNDER SECTION 501(C)(3). AS A R	ESULT,		
MANAGEMENT REVIEWS ARRANGEMENTS FOR, AMONG OTHER THINGS, POTENTIA	<u>L</u>		
CONFLICTS OF INTEREST, ENSURING OR ARM'S LENGTH TRANSACTIONS AND			
FURTHERING THE AMERICAN RED CROSS MISSION. MANAGEMENT IS IN THE	PROCESS		
OF DEVELOPING A JOINT VENTURE POLICY TO DOCUMENT ITS PROCESSES.			

Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT	Employer identification number
CHAPTERS AND BRANCHES	53-0196605
SCHEDULE I SUPPLEMENTAL INFORMATION	
SCHEDULE I PART 1, LINE 2	
MONITORING GRANTS	
TTHE AMERICAN NATIONAL RED CROSS DID NOT MAKE SPECIFIC FINANCIAL	
ASSISTANCE TO ANY ONE INDIVIDUAL DURING FISCAL YEAR 2009 EXCEEDING	IG
\$5,000.	
PART I, LINE 2	
THE DOMESTIC DISASTER SERVICES DEPARTMENT AT THE AMERICAN RED CRO	SS_HAS
ESTABLISHED PROCEDURES FOR PROVIDING FINANCIAL ASSISTANCE TO CLIE	NTS.
DURING THE EMERGENCY PHASE, THE RED CROSS PROVIDES ASSISTANCE IN	THE FORM
OF MASS CARE (E.G. FEEDING AND SHELTERING) BASED ON STATED NEEDS.	AS_WE
MOVE TOWARDS THE RECOVERY PHASE, THE RED CROSS PROVIDES INDIVIDUA	<u>L</u>
ASSISTANCE BASED ON VERIFIED NEED AND IDENTIFICATION THROUGH CASE	·
MANAGEMENT. THE AMERICAN RED CROSS PLACED THE PROPER CONTROL PROC	EDURES
AROUND MONITORING THE USE OF FINANCIAL ASSISTANCE IN THE UNITED S	STATES.
EMPLOYEES OF THE AMERICAN NATIONAL RED CROSS ARE ELIGIBLE FOR LIM	IITED
FINANCIAL ASSISTANCE TO FURTHER THEIR EDUCATIONS; AND ITS EMPLOYE	ES
SERVING OVERSEAS ARE ELIGIBLE FOR LIMITED FINANCIAL ASSISTANCE TO)
DEFRAY THE COSTS OF SCHOOLING OF THEIR DEPENDENTS AT OVERSEAS LOC	CATIONS.
FORMER EMPLOYEES WHO RETIRE WITH LOW BENEFITS MAY BE ASSISTED FRO	M_A
SPECIAL FUND. IN ALL INSTANCES, ELIGIBILITY FOR THE ASSISTANCE I	S_BASED
ON THE NEEDS OF THE INDIVIDUAL EMPLOYEE CONCERNED.	
ON THE MILES OF THE TRAINTAINSH PARTICIPE CONCEVIAD.	

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Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT	Employer identification number
CHAPTERS AND BRANCHES	53-0196605
SCHEDULE I SUPPLEMENTAL INFORMATION	
SCHEDULE I, PART III, LINE 3	
DISBURSEMENT IN FURTHERANCE OF CHARITABLE PROGRAMS AND GRANTS	
PURSUANT TO THE CONGRESSIONAL CHARTER OF THE AMERICAN NATIONAL F	RED_CROSS
_(36_U.S.C3_FIFTH), THE ORGANIZATION CARRIES OUT A SYSTEM OF NA	ATIONAL
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, CI	OTHING 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 LI	GHT OF
OTHER AVAILABLE RESOURCES AND THE ABILITY OF THE VICTIMS TO ASSI	
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 C	OTHER
COUNTRIES. CONTRIBUTIONS MAY BE MADE FOR A VARIETY OF PURPOSES,	
INCLUDING REGULAR FINANCIAL SUPPORT AND DISASTER RELIEF ASSISTAN	ICE. THE
AMERICAN RED CROSS HAS ONGOING RELATIONSHIPS WITH ALL SUCH RED C	
ORGANIZATIONS WHICH ARE GOVERNED BY HUMANITARIAN PRINCIPLES AND	
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 WELF	TARE
ASSISTANCE TO MEMBERS OF THE ARMED FORCES OF THE UNITED STATES,	THEIR

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

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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047
2008

Department of the Treasury Internal Revenue Service ▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► See separate instructions.

Open to Public Inspection

Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT

CHAPTERS AND BRANCHES

Employer identification number
53-0196605

Part I **Identification of Disregarded Entities** (C) Legal domicile (state (D) (B) Name, address, and EIN of disregarded entity Total income End-of-year assets Direct controlling Primary activity or foreign country) entity 14-1934462 ARC RECEIVABLES COMPANY, LLC SECURITIZE AR DE 1730 E STREET NW SUITE 330 WASHINGTON, DC 20006 NONE 20,698,285. N/A **Identification of Related Tax-Exempt Organizations** Part II (E) Public charity status (B) (D) (F) Name, address, and EIN of related organization Legal domicile (state Exempt Code section Direct controlling Primary activity or foreign country) (if section 501(c)(3)) entity

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

Schedule R (Form 990) 2008

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

Part III Identification of Related Organizations Taxable as a Partnership

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

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
PATHOGEN REMOVAL & DIAGNOSTIC TECH 01-0587732							
17TH AND D STREETS NW WASHINGTON, DC 20006	MEDICAL RESEARCH	DC	N/A	C CORP	NONE	NONE	66.0000
BOARDMAN INDEMNITY, LTD							
CUMBERLAND HOUSE HMHX HAMILTON,	INSURANCE	BD	N/A	C CORP	39,965,323.	148,272,181.	100.0000

Schedule R (Form 990) 2009 53-0196605 Page **3**

Part V Transactions With Related Organizations

Not	te. Complete line 1 if any entity is listed in Parts II, III, or IV.	in Doute II IVO		Ye	s No
1 a	During the tax year did the organization engage in any of the following transactions with one or more related organizations listed Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a	X
b	Gift, grant, or capital contribution to other organization(s)			1b	Х
С	Gift, grant, or capital contribution from other organization(s)			1c	X
d	Loans or loan guarantees to or for other organization(s)			1d	X
е	Loans or loan guarantees by other organization(s)			1e	X
	Sale of accets to other arganization/o			1f	Х
f a	Sale of assets to other organization(s)			1g	X
9 h	Exchange of assets			1h	X
i	Lease of facilities, equipment, or other assets to other organization(s)			1i	Х
j	Lease of facilities, equipment, or other assets from other organization(s)			1j	X
k	Performance of services or membership or fundraising solicitations for other organization(s)			1k 1l	X
I	Performance of services or membership or fundraising solicitations by other organization(s)			1 m	X
	Sharing of facilities, equipment, mailing lists, or other assets			1n	X
"	Straining of paid employees				
0	Reimbursement paid to other organization for expenses			10 X	
р	Reimbursement paid by other organization for expenses			1p X	
q	Other transfer of cash or property to other organization(s)			1q X	
2	Other transfer of cash or property from other organization(s)				<u> </u>
_	·	(B) Transaction		C) involved	
	(A) Name of other organization(s)	type (a-r)	Amoun	ilivoiveu	
<u>(1)</u>	BOARDMAN INDEMNITY, LTD	Q	39,9	65,32	3.
(2)	BOARDMAN INDEMNITY, LTD	R	36.7	47,00	2
	DOINDIAN INDUNITITY DID	10	307	17700	
(3)	PATHOGEN REMOVAL & DIAGNOSTIC TECH	0		43,80	0.
(4)	PATHOGEN REMOVAL & DIAGNOSTIC TECH	P	1	53,80	0.
(5)					
(*)					
(6)					

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

Part VI Unrelated Organizations Taxable as a Partnership

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	Are all sec	D)	n end-of-year 3) assets		(F) portionate ations?	(G) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gen mar par	(H) neral or naging rtner?
			Yes	No		Yes	No	(1 01111 1000)	Yes	No

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

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

STATEMENT 1

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

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

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

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

FORM 990, PART VIII - INVESTMENT INCOME

	==========	==========	=========	==========
TOTALS	59,741,108.			59,741,108.
INCOME FROM PERM RESTRICTED ENDOWMENT FUNDS	33,635,248.			33,635,248.
DIVIDENDS	8,867,597.			8,867,597.
INTEREST ON SAVINGS & TEMP CASH INVESTMENTS	17,238,263.			17,238,263.
DESCRIPTION	REVENUE	EXEMPT REVENUE	BUSINESS REV.	REVENUE
	TOTAL	RELATED OR	UNRELATED	EXCLUDED
	(A)	(B)	(C)	(D)

06583L 2502 V08-8.3 426054 **79** STATEMENT 4