

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

2008

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

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

C Book value of all assets at end of year

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

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

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

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

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

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

Part II Deductions Not Taken Elsewhere (See page 11 of the instructions for limitations on deductions.)
(Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)			
15	Salaries and wages			845
16	Repairs and maintenance			
17	Bad debts			
18	Interest (attach schedule)			
19	Taxes and licenses			
20	Charitable contributions (See page 13 of the instructions for limitation rules.)			
21	Depreciation (attach Form 4562)			
22	Less depreciation claimed on Schedule A and elsewhere on return			
22a				
22b				
23	Depletion			
24	Contributions to deferred compensation plans			
25	Employee benefit programs			
26	Excess exempt expenses (Schedule I)			
27	Excess readership costs (Schedule J)			
28	Other deductions (attach schedule)			31,507
29	Total deductions. Add lines 14 through 28			32,352
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			(205,153)
31	Net operating loss deduction (limited to the amount on line 30)			
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30			(205,153)
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions.)			
34	Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32			(205,153)

Part III Tax Computation

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

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

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

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

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

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

38 Alternative minimum tax ▶ 38

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

Part IV Tax and Payments

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

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

c General business credit. Attach Form 3800 40c

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

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

41 Subtract line 40e from line 39 41

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

43 Total tax. Add lines 41 and 42 43

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

b 2008 estimated tax payments 44b

c Tax deposited with Form 8868 44c

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

e Backup withholding (see instructions) 44e

f Other credits and payments: Form 2439 _____ 44f
 Form 4136 _____ Other _____ Total ▶

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

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

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

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

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

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

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

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

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

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

Sign Here Date 2/14/10 Title Chief Financial Officer

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

Paid Preparer's Use Only

Preparer's signature	Date <u>2/26/10</u>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN <u>P00451522</u>
Firm's name (or yours if self-employed), address, and ZIP code <u>KPMG LLP</u> <u>1660 International Drive, McLean, VA 22102-4848</u>	EIN 13 <u>5565207</u>	Phone no. (<u>703</u>) <u>286-8000</u>	

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

(see instructions on page 19)

1 Description of property

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

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

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

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

Totals ▶

Total dividends-received deductions included in column 8 ▶

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

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

Nonexempt Controlled Organizations

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

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

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

Totals ▶

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

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

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

Part 1

Income:

	S Corp K-1*	Partnerships K-1	TOTAL
1. Ordinary Income from trade or business	48,578	61,276	109,854
2. Net income from other rental activities	2,581	(1,595)	986
3. Portfolio income - Interest	1,729	1,241,956	1,243,685
4. Portfolio income - dividends	540	41,524	42,064
5. Royalties	211	28,361	28,572
6. net Short-term capital gain (loss)	-	(138,172)	(138,172)
7. net Long-term capital gain (loss)	-	(7,538)	(7,538)
8. Net Section 1231 gain (loss)	-	570	570
9. Other income (loss)	-	153,658	153,658

Deductions

1. Section 179 deduction	-	(1,972)	(1,972)
2. Other deductions	-	(1,502,040)	(1,502,040)
3. Credits	-	-	-
4. Other Information (line 20, K-1)	-	(105,859)	(105,859)

Income from partnerships

	53,639	(229,830)	(176,191)
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Form 990-T, line 5

5a. Net short term capital gain (loss) (entire year)

5b. Net long term capital gain (loss) (entire year)

	-	-	-
	-	-	-

Capital gain net income

	-	-	-
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Form 990-T, line 4a and Schedule D

7. Charitable contributions

	-	-	-
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Form 990-T, line 20

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

Form 990-T

53-0196605

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

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

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

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

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

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

Attachment A-3

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

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

53-0196605

Year Ended June 30, 2009

S Corporation Income

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

Attachment A-4

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

* File a separate application for each return.

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

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

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

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

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

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

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

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

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

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

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

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

▶ calendar year 20**_____** or

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

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

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

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

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

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

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

- Check type of return to be filed (File a separate application for each return):
- | | | | |
|--------------------------------------|---|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 5227 | |

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

- The books are in the care of _____
Telephone No. _____ FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until _____, 20____.
- For calendar year _____, or other tax year beginning _____, 20____, and ending _____, 20____.
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension _____

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

Signature and Verification

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

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