

Form **8453-EO**

Exempt Organization Declaration and Signature for

OMB No. 1545-1879

Electronic Filing

For calendar year 2009, or tax year beginning 07/01, 2009, and ending 06/30, 20 09

2009

Department of the Treasury
Internal Revenue Service

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

▶ See instructions on back.

Name of exempt organization

AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT CHAPTERS AND BRANCHES

Employer identification number

53 : 0196605

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>3,301,803,766</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____

Part II Declaration of Officer

6 I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here ▶ *Brian K. Lee* | 2/16/10 ▶ CFO
 Signature of officer Date Title

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

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature ▶ <u><i>[Signature]</i></u>	Date <u>2/16/10</u>	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN <u>P00451522</u>
	Firm's name (or yours if self-employed), address, and ZIP code ▶ <u>KPMG LLP 1660 International Drive McLean, VA 22102</u>	EIN <u>13 : 5565207</u>	Phone no. <u>(703) 286-8000</u>		

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer's Use Only	Preparer's signature ▶ _____	Date _____	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN _____
	Firm's name (or yours if self-employed), address, and ZIP code ▶ _____	EIN _____	Phone no. () _____	

Return of Organization Exempt From Income Tax

2008

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.

A For the 2008 calendar year, or tax year beginning 07/01, 2008, and ending 06/30, 2009

Header section containing organization name (AMERICAN NATIONAL RED CROSS & ITS CON), principal officer (GAIL MCGOVERN), and tax-exempt status (501(c)(3)).

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include mission statement, revenue (Total: 3,301,803,766), expenses (Total: 3,421,579,671), and net assets (Total: 1,672,466,468).

Part II Signature Block

Signature block containing declaration of preparer, signature of officer, and preparer's identifying number (P00451522).

May the IRS discuss this return with the preparer shown above? (See instructions) [X] Yes [] No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2008)

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

SEE STATEMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes" describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 2,216,730,205. including grants of \$ _____) (Revenue \$ 2,213,961,353.)

BIOMEDICAL SERVICES - SEE SCHEDULE O

4b (Code: _____) (Expenses \$ 384,526,353. including grants of \$ 117,763,333.) (Revenue \$ _____)

DOMESTIC DISASTER SERVICES - SEE SCHEDULE O

4c (Code: _____) (Expenses \$ 215,490,975. including grants of \$ _____) (Revenue \$ 149,607,864.)

HEALTH & SAFETY SERVICES - SEE SCHEDULE O

4d Other program services. (Describe in Schedule O.) SEE STATEMENT 2

(Expenses \$ 326,396,504. including grants of \$ 91,100,000.) (Revenue \$ _____)

4e Total program service expenses ► \$ 3,143,144,037. (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows include questions 1 through 27 regarding organizational requirements, lobbying activities, donor funds, conservation easements, audits, and grantmaking.

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	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)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>	X	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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>		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question ID, question text, and Yes/No columns. Includes questions 1a-12b regarding IRS filings, backup withholding, foreign accounts, and charitable trusts.

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

Section A. Governing Body and Management

Table with 11 rows of questions regarding governing body management, including voting members, family relationships, and document retention. Includes 'Yes' and 'No' columns.

Section B. Policies

Table with 12 rows of questions regarding organizational policies such as conflict of interest, whistleblower, and document retention. Includes 'Yes' and 'No' columns.

Section C. Disclosure

Table with 4 rows of disclosure questions, including states where Form 990 is required and public availability of documents. Includes 'Yes' and 'No' columns.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 7 columns: (A) Name and title, (B) Average hours per week, (C) Position (check all that apply), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

1b Total 5,216,234. NONE 964,552.

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization 1,349

Table with 3 columns: Question number, Question text, and Yes/No checkboxes. Questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Row 1 contains 'SEE STATEMENT 3'.

2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization 216

Part VIII Statement of Revenue

53-0196605

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a 129,913,248.					
	b	Membership dues	1b					
	c	Fundraising events	1c 27,424,681.					
	d	Related organizations	1d					
	e	Government grants (contributions) . .	1e 58,252,979.					
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f 500,320,315.					
	g	Noncash contributions included in lines 1a-1f: \$	31,938,786.					
	h	Total. Add lines 1a-1f ▶		715,911,223.				
	Program Service Revenue			Business Code				
		2a	BIOMEDICAL PRODUCTS & SERVICES	541900	2,213,961,353.	2,213,961,353.		
b		OTHER PRODUCTS & SERVICES	900099	149,607,864.	149,607,864.			
c		GOVERNMENT CONTRACTS	900099	124,556,324.	124,556,324.			
d		PRIVATE (NON-GOVERNMENT) CONTRACTS	900099	5,221,806.	5,221,806.			
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f ▶		2,493,347,347.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) STMT 4 ▶		59,741,108.			59,741,108.	
	4	Income from investment of tax-exempt bond proceeds . . . ▶		NONE				
	5	Royalties ▶		NONE				
	6a	Gross Rents	(i) Real	4,347,415.				
			(ii) Personal					
			b	Less: rental expenses	621,826.			
			c	Rental income or (loss)	3,725,589.			
	d	Net rental income or (loss) ▶		3,725,589.		-35,972.	3,761,561.	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	265,339,000.				
			(ii) Other	9,064,923.				
			b	Less: cost or other basis and sales expenses	249,578,810.	6,734,800.		
			c	Gain or (loss)	15,760,190.	2,330,123.		
	d	Net gain or (loss) ▶		18,090,313.			18,090,313.	
	8a	Gross income from fundraising events (not including \$ 27,424,681. of contributions reported on line 1c). See Part IV, line 18. a		20,684,570.				
			b	Less: direct expenses b	17,169,300.			
			c	Net income or (loss) from fundraising events ▶		3,515,270.		3,515,270.
	9a	Gross income from gaming activities. See Part IV, line 19. a		1,430,018.				
			b	Less: direct expenses b	1,335,313.			
			c	Net income or (loss) from gaming activities ▶		94,705.	7,010.	87,695.
	10a	Gross sales of inventory, less returns and allowances a						
b			Less: cost of goods sold b					
c			Net income or (loss) from sales of inventory. ▶		NONE			
Miscellaneous Revenue			Business Code					
11a	REBATES	900099	7,554,402.	7,554,402.				
		b	PARKING GARAGE	900099	53,639.	53,639.		
		c	PARTNERSHIP & S-CORP INCOME	900099	-229,830.	-229,830.		
		d	All other revenue					
		e	Total. Add lines 11a-11d ▶		7,378,211.			
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶		3,301,803,766.	2,500,901,749.	-205,153.	85,195,947.		

Part IX Statement of Functional Expenses

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	NONE			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	117,763,333.	117,763,333.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	99,100,000.	99,100,000.		
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors, trustees, and key employees	3,749,270.		3,292,686.	456,584.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages	1,375,458,406.	1,260,426,704.	63,859,678.	51,172,024.
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	71,732,611.	68,650,497.	1,320,480.	1,761,634.
9 Other employee benefits	180,508,907.	163,616,539.	9,582,740.	7,309,628.
10 Payroll taxes	105,113,420.	95,475,606.	5,994,648.	3,643,166.
11 Fees for services (non-employees):				
a Management	910,432.	63,623.	820,550.	26,259.
b Legal	10,875,570.	9,555,604.	1,304,974.	14,992.
c Accounting	8,529,730.	4,021,488.	4,036,930.	471,312.
d Lobbying	143,583.	95,217.	33,837.	14,529.
e Professional fundraising services. See Part IV, line 17	NONE			
f Investment management fees	330,778.	52,735.	267,078.	10,965.
g Other	170,809,017.	139,479,185.	12,009,138.	19,320,694.
12 Advertising and promotion	21,054,273.	19,770,423.	631,572.	652,278.
13 Office expenses	158,622,387.	145,317,159.	5,113,463.	8,191,765.
14 Information technology	26,778,906.	25,816,528.	703,198.	259,180.
15 Royalties	NONE			
16 Occupancy	127,252,001.	114,215,004.	10,645,429.	2,391,568.
17 Travel	73,671,205.	69,318,945.	2,174,224.	2,178,036.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	3,912,673.	2,390,979.	724,221.	797,473.
20 Interest	37,634,440.	25,093,675.	11,396,481.	1,144,284.
21 Payments to affiliates	NONE			
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.)				
a 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.
c MINOR_EQUIPMENT_PURCHASES_	67,566,563.	65,952,945.	1,230,111.	383,507.
d AUTO_RENTAL_&_MAINTENANCE_	6,133,344.	5,655,989.	345,464.	131,891.
e OTHER_ASSISTANCE_	8,176,895.	4,611,592.	1,766,168.	1,799,135.
f All other expenses_	7,241,437.			7,241,437.
25 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 <input checked="" type="checkbox"/> 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 solicitation	3,491,106.	1,657,340.	209,088.	1,624,678.

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	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	
	7 Notes and loans receivable, net		7	
	8 Inventories for sales or use	153,346,922.	8	149,896,682.
	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.	10b 858,387,344.	1,163,805,388.	10c 1,143,696,565.
	11 Investments - publicly traded securities	898,840,907.	11	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	NONE
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,997,280,210.	16	3,518,225,420.	
Liabilities	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.
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 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	338,578,083.	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.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,035,920,105.	27	459,983,102.
	28 Temporarily restricted net assets	930,160,370.	28	620,214,102.
	29 Permanently restricted net assets	593,556,648.	29	592,269,264.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	2,559,637,123.	33	1,672,466,468.
	34 Total liabilities and net assets/fund balances	3,997,280,210.	34	3,518,225,420.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits?	X	

Public Charity Status and Public Support

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

Employer identification number 53-0196605

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.)
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
a Type I b Type II c Type III - Functionally Integrated d Type III - Other
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box.
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
(ii) A family member of a person described in (i) above?
(iii) A 35% controlled entity of a person described in (i) or (ii) above?
h Provide the following information about the organizations the organization supports.

Table with 7 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col. (i) listed in your governing document?, (v) Did you notify the organization in col. (i) of your support?, (vi) Is the organization in col. (i) organized in the U.S., (vii) Amount of support. Sub-columns for Yes/No are provided for (iv), (v), and (vi).

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

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1-3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (See instructions.); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 93.03%; 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 93.25%; 16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]; 16b 33 1/3% support test - 2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "fact-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization; 17b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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.)

Section A. Public Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Rows include: 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)); 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Rows include: 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)); 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h.

19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
19b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2004	2005	2006	2007	2008	TOTAL
PURCHASES, REBATES, REFUNDS ET	8,193,896.	8,010,411.	16,915,587.	4,348,900.	7,554,402.	45,023,196.
TOTALS	8,193,896.	8,010,411.	16,915,587.	4,348,900.	7,554,402.	45,023,196.

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

OMB No. 1545-0047
2008
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **To be completed by organizations described below.**
▶ **Attach to Form 990 or Form 990-EZ.**

- 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.
- If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then**
- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT	Employer identification number 53-0196605
---	--

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.
See the instructions for Schedule C for details.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B To be completed by all organizations exempt under section 501(c)(3).
See the instructions for Schedule C for details.

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).
See the instructions for Schedule C for details.

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(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-.

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

- A** Check if the filing organization belongs to an affiliated group.
B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means 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)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		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.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. Enter -0- 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														
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
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				

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.

Table with columns (a) Yes/No and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members, legislators, or the public?; e Publications, or published or broadcast statements?; f Grants to other organizations for lobbying purposes?; g Direct contact with legislators, their staffs, government officials, or a legislative body?; h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?; i Other activities?; j Total lines 1c through 1i; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

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.

Table with columns Yes/No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 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.

Table with columns 1-5. Rows include: 1 Dues, assessments and similar amounts from members; 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; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 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?; 5 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

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.**

Name of the organization **AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT**

Employer identification number

CHAPTERS AND BRANCHES

53-0196605

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if 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		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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 impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

2 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
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d 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 ▶ _____

4 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 enforcement of the conservation easements it holds? Yes No

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 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No

9 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.

1a 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.

b 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:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 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:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIV and complete the following table:
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21?
b If "Yes," explain the arrangement in Part XIV.

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current Year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a Beginning of year balance, b Contributions, c Investment earnings or losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the year end balance held as:
a Board designated or quasi-endowment %
b Permanent endowment 100.0000 %
c Term endowment %
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations
(ii) related organizations
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIV the intended uses of the organization's endowment funds.

Table with 2 columns: Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 3b If "Yes" to 3a(ii)...

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Table with 10 rows and 3 columns: Line number, Description, and Amount. Includes items like Total revenue, Total expenses, Excess or (deficit) for the year, Net unrealized gains, Donated services, Investment expenses, Prior period adjustments, Other, Total adjustments, and Excess or (deficit) for the year per financial statements.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Table with 5 main rows and sub-rows (a-e) and 3 columns: Line number, Description, and Amount. Includes items like Total revenue, Amounts included on line 1 but not on Form 990, Amounts included on Form 990 but not on line 1, and Total revenue.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows and sub-rows (a-e) and 3 columns: Line number, Description, and Amount. Includes items like Total expenses and losses, Amounts included on line 1 but not on Form 990, Amounts included on Form 990 but not on line 1, and Total expenses.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

SEE PAGE 5

Series of horizontal dashed lines provided for entering supplemental information.

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.

Part XIV Supplemental Information (continued)

PART XII AND XIII LINE 4B "OTHER":

AMOUNT PRIMARILY REPRESENTS RENTAL REAL ESTATE-RELATED EXPENSES

PART X "OTHER LIABILITIES" FIN 48 TEXT:

ON JULY 1, 2007, THE AMERICAN NATIONAL RED CROSS ADOPTED THE PROVISIONS
 OF FASB INTERPRETATION NO. 48, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES
 (FIN 48). FIN 48 REQUIRES THAT A TAX POSITION BE RECOGNIZED ON A
 'MORE-LIKELY-THAN-NOT' THRESHOLD. THIS APPLIES TO POSITIONS TAKEN OR
 EXPECTED TO BE TAKEN IN A TAX RETURN. THE IMPLEMENTATION OF FIN 48 HAD NO
 IMPACT ON THE RED CROSS'S AUDITED STATEMENT OF FINANCIAL POSITION OR
 STATEMENT OF ACTIVITIES. THE RED CROSS DOES NOT BELIEVE ITS FINANCIAL
 STATEMENTS INCLUDE (OR REFLECT) ANY UNCERTAIN TAX POSITIONS.

Statement of Activities Outside the United States

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

Part I **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? **Yes** **No**

2 For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use 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
CENTRAL AMERICA/CARIBBEAN	2	3	PROGRAM SERVICES	GENERAL HEALTH, MGMT	4,123,845.
EAST ASIA AND THE PACIFIC	2	15	PROGRAM SERVICES	DISASTER RESPONSE, GEN	81,259,078.
NORTH AMERICA	1	1	PROGRAM SERVICES	DISASTER RESPONSE, DIS	376,779.
RUSSIA/INDEPENDENT STATES	1	1	PROGRAM SERVICES	GENERAL HEALTH	1,081,804.
SOUTH AMERICA	2	1	PROGRAM SERVICES	DISASTER RESPONSE	2,246,404.
SOUTH ASIA	4	8	PROGRAM SERVICES	DISASTER RECOVERY	27,237,356.
SUB-SAHARAN AFRICA	2	3	PROGRAM SERVICES	DISASTER RESPONSE, DIS	5,059,192.
MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	DISASTER RESPONSE, DIS	1,032,926.
EUROPE			PROGRAM SERVICES	DISASTER RESPONSE, DIS	2,133,000.
Totals	14	32			124,550,384.

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

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)
			SEE SCHEDULE F-1						

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

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.

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	

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	

Part III Continuation of Grants and Other Assistance to Individuals Outside the United States. (Schedule F (Form 990), Part III.)

(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)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

OMB No. 1545-0047

2008

**Open To Public
Inspection**

Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT

Employer identification number

CHAPTERS AND BRANCHES

53-0196605

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | | | | | |
|---|--------------------------|-------------------------|---|--------------------------|---------------------------------------|
| a | <input type="checkbox"/> | Mail solicitations | e | <input type="checkbox"/> | Solicitation of non-government grants |
| b | <input type="checkbox"/> | Email solicitations | f | <input type="checkbox"/> | Solicitation of government grants |
| c | <input type="checkbox"/> | Phone solicitations | g | <input type="checkbox"/> | Special fundraising events |
| d | <input type="checkbox"/> | In-person solicitations | | | |
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? Yes No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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			
Total				▶		

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events (Add col. (a) through col. (c))
		ANNUAL BALL GNY (event type)	ANNUAL BALL GRE (event type)	500 (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 minus line 2)	130,200.	181,543.	20,372,827.	20,684,570.
Direct Expenses	4 Cash prizes			1,260,631.	1,260,631.
	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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
		1 Gross revenue	1,390,656.		
Direct Expenses	2 Cash prizes	1,099,321.		31,262.	1,130,583.
	3 Non-cash prizes	2,835.			2,835.
	4 Rent/facility costs	97,728.			97,728.
	5 Other direct expenses	103,077.		1,090.	104,167.
	6 Volunteer labor	<input checked="" type="checkbox"/> Yes 100.0000 % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 86.0000 % <input type="checkbox"/> 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	No
9 Enter the state(s) in which the organization operates gaming activities: <u>MI, VA,</u>		
a Is the organization licensed to operate gaming activities in each of these states?	<input checked="" type="checkbox"/>	
b If "No," Explain: ----- -----		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," Explain: ----- -----		<input checked="" type="checkbox"/>
11 Does the organization operate gaming activities with nonmembers?		<input checked="" type="checkbox"/>
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		<input checked="" type="checkbox"/>

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	100.0000 %

14 Provide the name and address of the person who prepares the organization's gaming/special event books and records:

Name ▶ BRIAN RHOA

Address ▶ 430 17TH STREET NW WASHINGTON, DC 20006

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

15a		X
------------	--	---

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ N/A

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a 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 ▶ \$ _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**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.
► Attach to Form 990.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization **AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT**

Employer identification number

CHAPTERS AND BRANCHES

53-0196605

Part I General Information on Grants and Assistance

- 1 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? **Yes** **No**
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

1 (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) and government organizations
- 3 Enter total number of other organizations

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SPECIFIC FINANCIAL ASSISTANCE		117,763,333.			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I SUPPLEMENTAL INFORMATION

SEE SCHEDULE O

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

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 **AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT
CHAPTERS AND BRANCHES**

Employer identification number
53-0196605

Part I Questions Regarding Compensation

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.

- | | |
|---|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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

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?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

a Receive a severance payment or change of control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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?

b Any related organization?

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:

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

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

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8	X	

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

Schedule J (Form 990) 2008

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

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

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

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

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.

SCHEDULE J, LINES 1B, 7, 8

1B. ALL PAYMENTS OR REIMBURSEMENTS OR PROVISION OF EXPENSES TO THE PRESIDENT & CEO WERE MADE PURSUANT TO STANDARD WRITTEN POLICIES. ANY HOUSING ALLOWANCES, RELOCATION ASSISTANCE, TAX INDEMNIFICATION AND GROSS-UP PAYMENTS FOR THE PRESIDENT & CEO WERE MADE AS PART OF THE RED CROSS'S STANDARD EXECUTIVE RELOCATION POLICY AND INCLUDED CLOSING COST ASSISTANCE, TEMPORARY HOUSING, AND OTHER MISCELLANEOUS RELOCATION ASSISTANCE. THE PRESIDENT & CEO RECEIVED \$136,615 IN CLOSING COST AND RELOCATION ASSISTANCE WHICH IS REPORTED IN SCHEDULE J, PART II, SECTION B (III).

HOUSING ALLOWANCES AND RELATED TAX-GROSS UP PAYMENTS WERE PAID TO THE CHIEF DEVELOPMENT OFFICER AND EXECUTIVE VICE PRESIDENT, BIOMEDICAL SERVICES IN RELATIONSHIP TO THEIR INITIAL EMPLOYMENT AGREEMENTS WITH THE RED CROSS FOR THESE POSITIONS IN 2008 AND WERE APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD.

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.

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

ALL AMOUNTS SHOWN IN PART II, COLUMN B (II) FOR THE GENERAL COUNSEL, CHIEF FINANCIAL OFFICER, SENIOR VICE PRESIDENT, HUMAN RESOURCES, CHIEF OPERATING OFFICER, AND THE CHAPTER EXECUTIVE OF THE ARC OF GREATER NEW YORK WERE PAID AT THE DISCRETION OF THE BOARD AND, IN THE CASE OF THE CHAPTER EXECUTIVE, THE LOCAL CHAPTER BOARD. THE AMOUNT FOR THE GENERAL COUNSEL WAS A BONUS PAYMENT PAID AT THE END OF HER ASSIGNMENT AS INTERIM PRESIDENT AND CEO FROM NOVEMBER 2007 UNTIL JUNE 2008.

THE REMAINDER OF FIGURES REPORTED WERE PAID BASED ON EITHER INITIAL EMPLOYMENT AGREEMENT TERMS OR THE 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

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.

BENEFITS AND A RELOCATION BONUS (\$41,400). IN EACH CASE THE COMPENSATION
WAS REVIEWED AND APPROVED BY THE COMPENSATION AND MANAGEMENT DEVELOPMENT
COMMITTEE OF THE BOARD.

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

**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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BONNIE MCELVEEN-HUNTER CHAIRMAN	25.	X					NONE	NONE	NONE	
SUZANNE NORA JOHNSON BOARD MEMBER	6.	X					NONE	NONE	NONE	
DR CESAR A ARISTEIGUIETA BOARD MEMBER	5.	X					NONE	NONE	NONE	
DR SANFORD A BELDEN 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 BOARD MEMBER	4.	X					NONE	NONE	NONE	
ANNA MARIA LARSEN BOARD MEMBER	6.	X					NONE	NONE	NONE	
JOSEPH B PERELES BOARD MEMBER	6.	X					NONE	NONE	NONE	
MELANIE R SABELHAUS BOARD MEMBER	9.	X					NONE	NONE	NONE	
H MARSHALL SCHWARZ BOARD MEMBER	4.	X					NONE	NONE	NONE	
GLENN A SIEBER BOARD MEMBER	4.	X					NONE	NONE	NONE	
FRANCINE STOKES MCELVEEN BOARD MEMBER	3.	X					NONE	NONE	NONE	

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

Schedule J-2 (Form 990) 2008

**SCHEDULE J-2
(Form 990)**

Continuation Sheet for Form 990

OMB No. 1545-0047

2008

**Open to Public
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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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
WALTER E THORNTON BOARD MEMBER	3.	X					NONE	NONE	NONE	
STEVEN H WUNNING BOARD MEMBER	4.	X					NONE	NONE	NONE	
PAULA E BOGGS BOARD MEMBER	5.	X					NONE	NONE	NONE	
YOUNGME E MOON BOARD MEMBER	7.	X					NONE	NONE	NONE	
MARY ELCANO GENERAL COUNSEL & SECRETARY	60.			X			480,880.	NONE	69,309.	
BRIAN RHOA CHIEF FINANCIAL OFFICER	60.			X			326,191.	NONE	77,963.	
DALE BATEMAN SVP & CHIEF AUDIT EXECUTIVE	60.			X			251,473.	NONE	39,487.	
GAIL MCGOVERN PRESIDENT AND CEO	60.			X			446,867.	NONE	8,823.	
KEVIN BROWN CHIEF OPERATING OFFICER	40.				X		359,680.	NONE	21,349.	
CHRISTINA SAMSON CHIEF INVESTMENT OFFICER	60.				X		291,262.	NONE	95,688.	
MELISSA HURST SVP HUMAN RESOURCES	60.				X		313,161.	NONE	57,793.	
JEFFREY TOWERS CHIEF DEVELOPMENT OFFICER	60.				X		297,127.	NONE	12,354.	
JAMES HROUDA EVP, BIOMEDICAL SERVICES	60.				X		566,629.	NONE	75,657.	
MARY-ALICE FRANK CEO, ARC OF CLEVELAND	60.					X	375,205.	NONE	170,677.	
THERESA BISCHOFF CEO, ARC OF GREATER NEW YORK	60.					X	404,968.	NONE	66,449.	
ELIZABETH O'NEILL DIV VICE PRESIDENT, BIOMEDICAL	60.					X	320,647.	NONE	123,376.	
WILLIAM MOORE SVP, BIOMEDICAL OPERATIONS	60.					X	352,935.	NONE	56,039.	
ROSEMARY MACKEY CHIEF EXT. AFF OFF, GNY	60.					X	308,235.	NONE	75,572.	
ROBERT MCDONALD FORMER CHIEF FINANCIAL OFFICER							120,974.	NONE	14,016.	

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

Schedule J-2 (Form 990) 2008

Supplemental Information on Tax-Exempt Bonds

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 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).**

Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT CHAPTERS AND BRANCHES	Employer identification number 53-0196605
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Part I Bond Issues (Required for 2008)

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
						Yes	No	Yes	No
A CONNECTICUT DEVELOPMENT AUTHORITY	06-6000799		12/05/2005	2,303,600.	CURRENT REFUNDING OF PRIOR BONDS I		X		X
B MARYLAND ECONOMIC DEVELOPMENT CORPORATION	52-1376562		12/02/2003	4,250,000.	LAND ACQUISITION AND BUILDING CONS		X		X
C ILLINOIS DEVELOPMENT FINANCE AUTHORITY IND. DEVEL.	37-0988139		02/27/2003	8,000,000.	CONSTRUCTION AND EQUIPPING OF BUIL		X		X
D NYC INDUSTRIAL DEVELOPMENT AUTHORITY	13-2906040	64971C8B3	02/28/2006	30,337,879.	ACQUISITION & RENOVATION OF BUILDI		X		X
E CAMBRIA COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY	25-1334277	132047BY6	10/09/2008	20,245,000.	CURRENT REFUNDING OF PRIOR BONDS I		X		X

Part II Proceeds (Optional for 2008)

1 Total proceeds of issue	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
2 Gross proceeds in reserve funds										
3 Proceeds in refunding or defeasance escrows										
4 Other unspent proceeds										
5 Issuance costs from proceeds										
6 Working capital expenditures from proceeds										
7 Capital expenditures from proceeds										
8 Year of substantial completion										
9 Were the bonds issued as part of a current refunding issue?										
10 Were the bonds issued as part of an advance refunding issue?										
11 Has the final allocation of proceeds been made?										
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use (Optional for 2008)

1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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.

Supplemental Information on Tax-Exempt Bonds

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 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).**

Name of the organization

Employer identification number

Part I Bond Issues (Required for 2008)

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer	
						Yes	No	Yes	No
A CALI INFRASTRUCTURE AND ECON DEVELOPMENT BANK	63-0304653	13033WV2	10/09/2008	40,325,000.	CURRENT REFUNDING OF PRIOR BONDS I		X		X
B									
C									
D									
E									

Part II Proceeds (Optional for 2008)

1 Total proceeds of issue	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
2 Gross proceeds in reserve funds										
3 Proceeds in refunding or defeasance escrows										
4 Other unspent proceeds										
5 Issuance costs from proceeds										
6 Working capital expenditures from proceeds										
7 Capital expenditures from proceeds										
8 Year of substantial completion										
9 Were the bonds issued as part of a current refunding issue?										
10 Were the bonds issued as part of an advance refunding issue?										
11 Has the final allocation of proceeds been made?										
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use (Optional for 2008)

1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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.

Part III Private Business Use (Continued)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts with respect to the financed property which may result in private business use?										
b Are there any research agreements with respect to the financed property which may result in private business use?										
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		%		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶		%		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%		%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage (Optional for 2008)

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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?										
6 Did the bond issue qualify for an exception to rebate?										

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

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

OMB No. 1545-0047

2008

**Open To Public
Inspection**

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

Employer identification number
53-0196605

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art-Works of art				
2 Art-Historical treasures				
3 Art-Fractional interests				
4 Books and publications	X		5,147.	FMV
5 Clothing and household goods	X		4,514,220.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities-Publicly traded				
10 Securities-Closely held stock				
11 Securities-Partnership, LLC, or trust interests				
12 Securities-Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate-Residential				
16 Real estate-Commercial				
17 Real estate-Other				
18 Collectibles				
19 Food inventory	X		3,824,356.	FMV
20 Drugs and medical supplies	X		258,728.	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
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?		X
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?	X	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
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, describe in Part II.		

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

Schedule M (Form 990) 2008

Part II **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 CHAPTERS AND BRANCHES	Employer identification number 53-0196605
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FORM 990, PART III, STATEMENT OF PROGRAM SERVICE

4A BIOMEDICAL SERVICES:

THE ORGANIZATION COLLECTS, TESTS, AND DISTRIBUTES NEARLY HALF OF THE NATION'S BLOOD AND BLOOD COMPONENTS AND OPERATES 36 REGIONAL BLOOD SERVICE CENTERS THROUGHOUT THE COUNTRY. IN FISCAL YEAR 2009, THE ORGANIZATION COLLECTED OVER 6 MILLION PRODUCTIVE UNITS OF BLOOD FROM OVER 4 MILLION DONORS AND SUPPLIED 2,900 HOSPITALS AND OTHER FACILITIES WITH BLOOD AND BLOOD PRODUCTS FOR TRANSFUSION.

4B DOMESTIC DISASTER SERVICES:

THE ORGANIZATION RESPONDED TO 15 LARGE-SCALE (LEVELS 4S AND 5S) DISASTERS IN FISCAL YEAR 2009, INCLUDING: EIGHT NAMED STORMS - DOLLY, EDOUARD, FAY, GUSTAV, HANNA, IKE, LOWELL AND OMAR, CALIFORNIA WILDFIRES, MIDWEST ICE STORMS, FLOODING IN THE MID- AND NORTHWEST, AND TORNADOES. THROUGH ITS NETWORK OF MORE NEARLY 700 LOCAL CHAPTERS IN ALL 50 STATES, AS WELL AS OFFSHORE U.S. TERRITORIES AND POSSESSIONS IN THE CARIBBEAN AND THE PACIFIC, THE RED CROSS RESPONDED TO OVER 67,000 DISASTERS LARGE AND SMALL. THE ORGANIZATION PROVIDED FOOD, LODGING, BULK DISTRIBUTION ITEMS, EMERGENCY ASSISTANCE, HEALTH SERVICES, CRISIS INTERVENTIONS AND COMMUNITY 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 EVACUEES AND CONTINUED WITH SUPPORT FOR INDIVIDUALS AND FAMILIES RECOVERING FROM

Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT CHAPTERS AND BRANCHES	Employer identification number 53-0196605
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DISASTERS. THE NUMBER OF TRAINED DISASTER STAFF THAT PROVIDED THESE SERVICES IN THE NATIONAL DISASTER SERVICES HUMAN RESOURCES SYSTEM WAS APPROXIMATELY 86,000 IN FY09. CHAPTERS THROUGHOUT THE COUNTRY TRAINED THOUSANDS MORE TO RESPOND TO DISASTERS WITHIN THEIR COMMUNITIES. THE AMERICAN RED CROSS OVERALL GOAL IS TO BUILD A "CULTURE OF PREPAREDNESS" BY ENCOURAGING AMERICANS TO UNDERSTAND THEIR INDIVIDUAL RISK AND GEOGRAPHICAL THREATS AND THEN TAKE ACTION TO ADOPT SPECIFIC PREPAREDNESS 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 STRENGTHEN COMMUNITIES-IMPARTING HOPE AND CONFIDENCE ALONG WITH PRACTICAL SKILLS. IT IS THE PREMIER PROVIDER OF EDUCATION, TRAINING, AND PRODUCTS THAT ENABLE PEOPLE TO PREVENT, PREPARE FOR AND RESPOND TO DISASTERS AND OTHER LIFE-THREATENING EMERGENCIES. AMERICAN RED CROSS EMPLOYEES AND REGISTERED VOLUNTEERS HELP SUSTAIN AND DELIVER HEALTH AND SAFETY PROGRAMS AND SERVICES INCLUDING: FIRST AID/CPR/AED (WITH AUTOMATED EXTERNAL DEFIBRILLATION "AED" INFORMATION AND SKILLS); AQUATICS (LIFEGUARDING, WATER SAFETY); CAREGIVING (BABYSITTER'S TRAINING, FAMILY CAREGIVING, NURSE ASSISTANT TRAINING); AND HIV/AIDS PREVENTION EDUCATION (MULTI-CULTURAL, CULTURALLY SPECIFIC AFRICAN-AMERICAN AND HISPANIC, WORKPLACE).

Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT CHAPTERS AND BRANCHES	Employer identification number 53-0196605
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4D INTERNATIONAL RELIEF AND DEVELOPMENT SERVICES:

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

4D COMMUNITY SERVICES:

AMERICAN RED CROSS CHAPTERS OFFER COMMUNITY SERVICES THAT HELP PEOPLE LEAD SAFER, HEALTHIER LIVES; ALLOW FOR GREATER SELF-RELIANCE; AND IMPROVE THE QUALITY OF LIFE FOR SOCIETY'S MOST VULNERABLE. COUNTLESS LIVES ARE TOUCHED EACH DAY BY THESE SERVICES THAT INCLUDE: TRANSPORTATION 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
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 _THE ORGANIZATION PROVIDES MILITARY MEMBERS, VETERANS, AND THEIR FAMILIES
 _WITH EMERGENCY COMMUNICATIONS SERVICES, ASSISTANCE IN OBTAINING EMERGENCY
 _FINANCIAL SUPPORT, SUPPORT FOR THE SICK AND WOUNDED AT VETERANS AND
 _MILITARY HOSPITALS, AND OTHER VITAL SERVICES AT U.S. MILITARY
 _INSTALLATIONS WORLDWIDE.

Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT CHAPTERS AND BRANCHES	Employer identification number 53-0196605
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FORM 990, PART V, LINE 4B - FOREIGN COUNTRY FINANCIAL ACCOUNTS

COMPLETE LIST OF COUNTRIES

ALBANIA, CAMBODIA, COLOMBIA, ECUADOR, EL SALVADOR, HAITI, HONDURAS,

INDIA, INDONESIA, KENYA, MALDIVES, MEXICO, PAKISTAN, PERU, SRI LANKA,

TANZANIA, THAILAND, VIETNAM, BERMUDA, BRAZIL AND SOUTH KOREA.

Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT CHAPTERS AND BRANCHES	Employer identification number 53-0196605
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FORM 990, PART VI, SECTION A, LINES 4, 6, 7A & 10

LINE 4

IN FY09 THE AMERICAN RED CROSS BOARD OF GOVERNORS APPROVED CHANGES TO THE AMENDED AND RESTATED BYLAWS OF THE AMERICAN NATIONAL RED CROSS (THE BYLAWS) THREE TIMES: (1) OCTOBER 24, 2008 TO REVISE CERTAIN SENIOR EXECUTIVE POSITIONS AND TITLES; (2) NOVEMBER 19, 2008 TO DELEGATE TO THE PRESIDENT AND CEO THE POWER AND AUTHORITY FOR CHAPTER GOVERNANCE; AND (3) JANUARY 30, 2009: (A) TO ELIMINATE THE FINANCE COMMITTEE AS A STANDING BOARD COMMITTEE AND RETURN ALL OF THE DUTIES AND RESPONSIBILITIES DELEGATED TO THE FINANCE COMMITTEE BACK TO THE FULL BOARD OF GOVERNORS, (B) TO REVISE TERM LIMITS FOR BOARD MEMBERS TO THREE, THREE-YEAR TERMS, (C) TO REVISE THE SIZE OF THE AUDIT AND RISK MANAGEMENT COMMITTEE, AND (D) TO CORRECT MINOR TYPOGRAPHICAL ERRORS AND CONFORMING EDITS.

LINE 6

AS DEFINED IN THE CONGRESSIONAL CHARTER: "MEMBERSHIP IN THE CORPORATION IS OPEN TO ALL THE PEOPLE OF THE UNITED STATES AND ITS TERRITORIES AND POSSESSIONS, ON PAYMENT OF AN AMOUNT SPECIFIED, OR AS OTHERWISE PROVIDED IN THE BYLAWS."

SECTION 7 OF THE AMENDED AND RESTATED BYLAWS OF THE AMERICAN NATIONAL RED CROSS DESCRIBES MEMBERSHIP IN THE CORPORATION AND DEFINES MEMBERSHIP AND THE TERMINATION OF MEMBERSHIP.

Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT CHAPTERS AND BRANCHES	Employer identification number 53-0196605
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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 PRESIDENT OF THE UNITED STATES.

AS MANDATED IN THE CONGRESSIONAL CHARTER, SECTION 4(A)(3)(B)(I): "MEMBERS OF THE BOARD OF GOVERNORS OTHER THAN THE CHAIRMAN SHALL BE ELECTED AT THE ANNUAL MEETING OF THE CORPORATION IN ACCORDANCE WITH SUCH PROCEDURES AS MAY BE PROVIDED IN THE BYLAWS."

SECTION 7(A): "IN GENERAL. - THE ANNUAL MEETING OF THE CORPORATION IS THE ANNUAL MEETING OF DELEGATES OF THE CHAPTERS."

LINE 10

THE COMPENSATION AND MANAGEMENT DEVELOPMENT COMMITTEE REVIEWED THE 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 BEFORE IT WAS FILED WITH THE IRS.

THE MANAGEMENT REVIEW PROCESS ENTAILS THE CHIEF FINANCIAL OFFICER COORDINATING THE COMPLETION OF THE IRS FORM 990 WITH ACCOUNTING FIRM KPMG, THE GENERAL COUNSEL AND THE SENIOR VICE PRESIDENT, HUMAN RESOURCES WITH FINAL REVIEW BY KPMG AND THE PRESIDENT AND CEO.

Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT CHAPTERS AND BRANCHES	Employer identification number 53-0196605
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FORM 990, PART VI, SECTION B, LINES 12C, 15 & 16B

LINE 12C

AS REQUIRED BY SECTION 2.3 OF THE AMENDED AND RESTATED BYLAWS OF THE AMERICAN NATIONAL RED CROSS, ALL MEMBERS OF THE BOARD OF GOVERNORS MUST MEET INDEPENDENCE STANDARDS OUTLINED IN THE BYLAWS AND ANNUALLY EXECUTE THE CODE OF BUSINESS ETHICS AND CONDUCT. ADDITIONALLY, TO DISCLOSE AND REMEDY ACTUAL OR PERCEIVED BUSINESS, FINANCIAL OR PERSONAL CONFLICTS OF INTEREST, EVERY MEMBER OF THE BOARD OF GOVERNORS MUST ALSO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE (THE QUESTIONNAIRE) ANNUALLY. OTHER OFFICERS AND KEY EMPLOYEES ARE ALSO REQUIRED TO EXECUTE THE CODE OF BUSINESS ETHICS AND CONDUCT AND THE QUESTIONNAIRE ANNUALLY.

UNDER THE DIRECTION OF THE GENERAL COUNSEL, THE INVESTIGATIONS, COMPLIANCE AND ETHICS DEPARTMENT STAFF COLLECT THE EXECUTED QUESTIONNAIRE FORMS FROM THE BOARD OF GOVERNORS AND OTHER OFFICERS AND KEY EMPLOYEES. THE INFORMATION DISCLOSED IN THE QUESTIONNAIRE IS REVIEWED AND ACTUAL OR PERCEIVED CONFLICTS OF INTEREST IDENTIFIED. THEY ARE DISCUSSED WITH THE GENERAL COUNSEL WHO DETERMINES ANY NECESSARY REMEDIATION OPTIONS. DEPENDING ON THE MATTER, THE GENERAL COUNSEL OR A STAFF MEMBER FROM THE INVESTIGATIONS, COMPLIANCE AND ETHICS DEPARTMENT DISCUSS THE CONFLICT AND REMEDIATION WITH THE MEMBER OF THE BOARD OR THE OTHER OFFICER OR KEY EMPLOYEE. A MEMORANDUM CONFIRMING THE CONFLICT OF INTEREST AND THE REMEDIATION IS SENT AND FOLLOW-UP OCCURS TO ASSURE THE REMEDIATION ACTION WAS TAKEN. WHERE APPROPRIATE, THE CONFLICT OF INTEREST AND REMEDIATION REGARDING A MEMBER OF THE BOARD ARE INCLUDED IN THE MINUTES OF THE

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RELEVANT BOARD COMMITTEE OR FULL BOARD MEETING.

THE QUESTIONNAIRE IS ALSO INTENDED TO MONITOR CONFLICTS OF INTEREST ON AN ONGOING BASIS. MEMBERS OF THE BOARD AND OTHER OFFICERS AND KEY EMPLOYEES ARE EXPLICITLY INSTRUCTED THAT THEY HAVE A CONTINUING DUTY TO UPDATE THE QUESTIONNAIRE DURING THE COURSE OF THE YEAR TO REFLECT CHANGES IN ANY BUSINESS, FINANCIAL OR PERSONAL CONFLICTS OF INTEREST. THE SAME PROCESS OF REVIEW, DISCUSSION AND FOLLOW-UP ON CONFLICTS OF INTEREST AND REMEDIATION WITH THE BOARD MEMBER OR OTHER OFFICER OR KEY EMPLOYEE OCCURS WITH INTERIM DISCLOSURES

LINE 15

THE BOARD OF GOVERNORS OF THE AMERICAN RED CROSS HAS DELEGATED AUTHORITY TO THE COMPENSATION AND MANAGEMENT DEVELOPMENT COMMITTEE (THE "COMMITTEE") OF THE BOARD TO REVIEW AND MAKE DETERMINATIONS REGARDING THE COMPENSATION, BENEFITS, AND INCENTIVE PROGRAMS FOR THE CEO AND OTHER SENIOR OFFICERS AND EXECUTIVES OF THE AMERICAN RED CROSS. THE COMMITTEE IS COMPOSED ENTIRELY OF BOARD MEMBERS WHO DO NOT HAVE A CONFLICT OF INTEREST. ANNUALLY, THE COMMITTEE REVIEWS AND APPROVES A LIST OF EXECUTIVES WHO ARE OR MIGHT BE CONSIDERED "DISQUALIFIED PERSONS" PURSUANT TO IRC SECTION 4958. WITH RESPECT TO THOSE PERSONS, THE COMMITTEE CONDUCTS AN ANNUAL REVIEW OF THEIR TOTAL COMPENSATION AND BENEFITS BASED ON COMPARABLE MARKET DATA. THE COMMITTEE RETAINS AN OUTSIDE, INDEPENDENT COMPENSATION CONSULTANT TO PROVIDE MARKET DATA AND REASONABLENESS OPINIONS FOR THE DESIGNATED EXECUTIVES AND IT RELIES ON SUCH MARKET DATA AND REASONABLENESS OPINIONS IN APPROVING NEW SALARIES, BENEFITS AND

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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 PERSONS. THE
 COMMITTEE LAST UNDERTOOK THIS PROCESS IN OCTOBER 2008 FOR EXECUTIVES
 HOLDING THE FOLLOWING POSITIONS: CHIEF FINANCIAL OFFICER, CHIEF
 OPERATING OFFICER, GENERAL COUNSEL AND CORPORATE SECRETARY, CHIEF
 DEVELOPMENT OFFICER, CHIEF INVESTMENT OFFICER, SENIOR VICE PRESIDENT
 HUMAN RESOURCES.

LINE 16B

THE AMERICAN RED CROSS MAY USE COLLOBORATIONS, PARTNERSHIPS, JOINT
 VENTURES AND SIMILAR ARRANGEMENTS WITH OTHER NON PROFIT ORGANIZATION OR
 FOR PROFIT ENTITIES TO CARRY OUT ITS MISSION. THE AMERICAN RED CROSS IS
 COMMITTED TO ENSURING THAT ALL SUCH ARRANGEMENTS ARE CONSISTENT WITH THE
 ORGANIZATION'S TAX EXEMPT STATUS UNDER SECTION 501(C)(3). AS A RESULT,
 MANAGEMENT REVIEWS ARRANGEMENTS FOR, AMONG OTHER THINGS, POTENTIAL
 CONFLICTS OF INTEREST, ENSURING OR ARM'S LENGTH TRANSACTIONS AND
 FURTHERING THE AMERICAN RED CROSS MISSION. MANAGEMENT IS IN THE PROCESS
 OF DEVELOPING A JOINT VENTURE POLICY TO DOCUMENT ITS PROCESSES.

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FORM 990, PART VI, SECTION C, LINE 19

THE AMERICAN RED CROSS MAKES ITS GOVERNING DOCUMENTS AND THE CODE OF
BUSINESS AND ETHICS, CONFLICT OF INTEREST QUESTIONNAIRE, AND THE
CONSOLIDATED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON THE
GOVERNANCE PAGE OF ITS WEBSITE, WWW.REDCROSS.ORG

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SCHEDULE I SUPPLEMENTAL INFORMATION

SCHEDULE I PART 1, LINE 2

MONITORING GRANTS

THE AMERICAN NATIONAL RED CROSS DID NOT MAKE SPECIFIC FINANCIAL ASSISTANCE TO ANY ONE INDIVIDUAL DURING FISCAL YEAR 2009 EXCEEDING \$5,000.

PART I, LINE 2

THE DOMESTIC DISASTER SERVICES DEPARTMENT AT THE AMERICAN RED CROSS HAS ESTABLISHED PROCEDURES FOR PROVIDING FINANCIAL ASSISTANCE TO CLIENTS. 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 INDIVIDUAL ASSISTANCE BASED ON VERIFIED NEED AND IDENTIFICATION THROUGH CASE MANAGEMENT. THE AMERICAN RED CROSS PLACED THE PROPER CONTROL PROCEDURES AROUND MONITORING THE USE OF FINANCIAL ASSISTANCE IN THE UNITED STATES.

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

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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 RED CROSS

(36 U.S.C. 3 FIFTH), THE ORGANIZATION CARRIES OUT A SYSTEM OF NATIONAL

AND INTERNATIONAL RELIEF TO MITIGATE OR PREVENT SUFFERING CAUSED BY

DISASTERS. DISASTER VICTIMS QUALIFY TO RECEIVE SUCH ASSISTANCE BASED ON

EITHER OBVIOUS CIRCUMSTANCES, SUCH AS APPARENT NEED FOR FOOD, CLOTHING OR

SHELTER, OR A CASEWORK PROCESS IN WHICH THE NATURE AND EXTENT OF THE

DISASTER-CAUSED NEEDS FOR RED CROSS AID ARE DETERMINED IN THE LIGHT OF

OTHER AVAILABLE RESOURCES AND THE ABILITY OF THE VICTIMS TO ASSIST

THEMSELVES.

CONTRIBUTIONS TO OTHER ORGANIZATIONS CONSIST PRIMARILY OF THOSE MADE TO

THE INTERNATIONAL COMMITTEE OF THE RED CROSS, THE FEDERATION OF RED CROSS

AND RED CRESCENT SOCIETIES AND NATIONAL RED CROSS SOCIETIES OF OTHER

COUNTRIES. CONTRIBUTIONS MAY BE MADE FOR A VARIETY OF PURPOSES,

INCLUDING REGULAR FINANCIAL SUPPORT AND DISASTER RELIEF ASSISTANCE. THE

AMERICAN RED CROSS HAS ONGOING RELATIONSHIPS WITH ALL SUCH RED CROSS

ORGANIZATIONS WHICH ARE GOVERNED BY HUMANITARIAN PRINCIPLES AND QUALIFY

FOR SUCH ASSISTANCE.

PURSUANT TO ITS CONGRESSIONAL CHARTER (36 U.S.C. 3 FOURTH), THE AMERICAN

NATIONAL RED CROSS ALSO ACTS IN MATTERS OF VOLUNTARY RELIEF AND IN ACCORD

WITH THE MILITARY AUTHORITIES TO PROVIDE COMMUNICATIONS AND WELFARE

ASSISTANCE TO MEMBERS OF THE ARMED FORCES OF THE UNITED STATES, THEIR

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FAMILIES AND VETERANS. ASSISTANCE TO THIS GROUP IS DETERMINED GENERALLY ON THE BASIS OF THEIR MILITARY, VETERAN OR DEPENDENT STATUS AND THE PARTICULAR NEEDS RELATED THERETO AS REVEALED THROUGH CASEWORK AND SIMILAR MEANS.

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

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

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2008

**Open to Public
Inspection**

▶ **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.**

Name of the organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT CHAPTERS AND BRANCHES
Employer identification number 53-0196605

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
ARC RECEIVABLES COMPANY, LLC 14-1934462 1730 E STREET NW SUITE 330 WASHINGTON, DC 20006	SECURITIZE AR	DE	NONE	20,698,285.	N/A

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity

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

Schedule R (Form 990) 2008

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	(H) Disproportionate allocations?		(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?	
							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

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.

	Yes	No
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses	X	
p Reimbursement paid by other organization for expenses	X	
q Other transfer of cash or property to other organization(s)	X	
r Other transfer of cash or property from other organization(s)	X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) BOARDMAN INDEMNITY, LTD	Q	39,965,323.
(2) BOARDMAN INDEMNITY, LTD	R	36,747,002.
(3) PATHOGEN REMOVAL & DIAGNOSTIC TECH	O	43,800.
(4) PATHOGEN REMOVAL & DIAGNOSTIC TECH	P	153,800.
(5)		
(6)		

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)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproportionate allocations?		(G) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(H) General or managing partner?	
			Yes	No		Yes	No		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.

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

=====

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

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

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

FORM 990, PART VIII - INVESTMENT INCOME

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