

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2010, or tax year beginning 07/01, 2010, and ending 06/30, 20 11

2010

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

Employer identification number

AMERICAN NATIONAL RED CROSS & ITS CONSTI

53-0196605

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

Check the box for the type of return being filed with 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 of the return being filed with 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>3452960387</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	

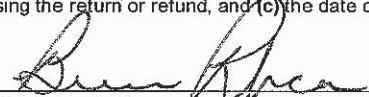
Part II Declaration of Officer

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

If a copy of this return is being filed with a state agency(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 2010 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) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here


▶ 
Signature of officer

2/27/2012
Date

▶ CFO
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	▶ 	Date	<u>2/27/12</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</u>			<u>1676 INTERNATIONAL DRIVE</u>		<u>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	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name			Firm's EIN	
	Firm's address			Phone no.	

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8453-EO** (2010)

Return of Organization Exempt From Income Tax

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

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 2010 calendar year, or tax year beginning 07/01, 2010, and ending 06/30, 2011

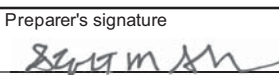
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT CHAPTERS AND BRANCHES Doing Business As			D Employer identification number 53-0196605		
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2025 E STREET NW		E Telephone number (202) 303-4498			
	City or town, state or country, and ZIP + 4 WASHINGTON, DC 20006-5009			G Gross receipts \$ 3,699,665,471.		
	F Name and address of principal officer: GAIL MCGOVERN 430 17TH ST. NW WASHINGTON, DC 20006			H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527						
J Website: WWW.REDCROSS.ORG						
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <input type="checkbox"/>						
L Year of formation: 1900 M State of legal domicile: DC						

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE AMERICAN NATIONAL RED CROSS WILL PROVIDE RELIEF TO VICTIMS OF DISASTER AND HELP PEOPLE PREVENT, PREPARE FOR, AND RESPOND TO EMERGENCIES.																									
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.																									
	3	Number of voting members of the governing body (Part VI, line 1a) 3 20.																								
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 19.																								
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 34,821.																								
	6	Total number of volunteers (estimate if necessary) 6 650,000.																								
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 2,613,020.																								
7b	Net unrelated business taxable income from Form 990-T, line 34 7b																									
Revenue	<table border="1"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td>1,138,134,583.</td> <td>1,013,873,120.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td>2,364,487,749.</td> <td>2,328,884,915.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td>47,406,335.</td> <td>52,283,495.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td>37,746,763.</td> <td>57,918,857.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td>3,587,775,430.</td> <td>3,452,960,387.</td> </tr> </tbody> </table>			Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	1,138,134,583.	1,013,873,120.	9 Program service revenue (Part VIII, line 2g)	2,364,487,749.	2,328,884,915.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	47,406,335.	52,283,495.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	37,746,763.	57,918,857.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,587,775,430.	3,452,960,387.						
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Part II Signature Block

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

Sign Here	Signature of officer _____ Date _____				
	Type or print name and title _____				
Paid Preparer Use Only	Print/Type preparer's name Scott Sherman	Preparer's signature 	Date 2/27/12	Check if self-employed <input type="checkbox"/>	PTIN P00451522
	Firm's name KPMG LLP			Firm's EIN 13-5565207	
	Firm's address 1676 INTERNATIONAL DRIVE MCLEAN, VA 22102			Phone no. 703-286-8000	
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III X

1 Briefly describe the organization's mission:
ATTACHMENT 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 \$ 2,195,107,428. including grants of \$ _____) (Revenue \$ 2,189,662,908.)
BIOMEDICAL SERVICES - SEE SCHEDULE O

4b (Code: _____) (Expenses \$ 340,107,531. including grants of \$ 300,552,000.) (Revenue \$ _____)
INTERNATIONAL RELIEF AND DEVELOPMENT SERVICES - SEE SCHEDULE O

4c (Code: _____) (Expenses \$ 270,570,011. including grants of \$ 81,749,998.) (Revenue \$ _____)
DOMESTIC DISASTER SERVICES - SEE SCHEDULE O

4d Other program services. (Describe in Schedule O.) **ATTACHMENT 2**
(Expenses \$ 351,697,021. including grants of \$ _____) (Revenue \$ 139,222,007.)

4e Total program service expenses ► **3,157,481,991.**

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 21-38 detailing various organizational requirements and reporting obligations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V X

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a-1c, 2a-2b, 3a-3b, 4a-4b, 5a-5c, 6a-6b, 7a-7h, 8, 9a-9b, 10a-10b, 11a-11b, 12a-12b, 13a-13c, 14a-14b.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (20), 1b (19), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b (X), 11a (X), 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b (X).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. [X] Own website [] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: MARY ELCANO 430 17TH STREET NW WASHINGTON, DC 20006 202-303-5429

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

Check if Schedule O contains a response to any question in this Part VII X

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) BONNIE MCELVEEN-HUNTER BOARD MEMBER	25.00	X					0.	0.	0.	
(2) GAIL MCGOVERN PRESIDENT AND CEO	60.00	X		X			501,122.	0.	60,088.	
(3) SUZANNE NORA JOHNSON BOARD MEMBER	5.00	X					0.	0.	0.	
(4) DR CESAR A ARISTEIGUIETA BOARD MEMBER	5.00	X					0.	0.	0.	
(5) DR SANFORD A BELDEN BOARD MEMBER	3.00	X					0.	0.	0.	
(6) JAMES W KEYES BOARD MEMBER	5.00	X					0.	0.	0.	
(7) RICHARD C PATTON BOARD MEMBER	4.00	X					0.	0.	0.	
(8) RICHARD M FOUNTAIN BOARD MEMBER	4.00	X					0.	0.	0.	
(9) DR ALLAN I GOLDBERG BOARD MEMBER	5.00	X					0.	0.	0.	
(10) JAMES G GOODWIN BOARD MEMBER	2.00	X					0.	0.	0.	
(11) ANN F KAPLAN BOARD MEMBER	6.00	X					0.	0.	0.	
(12) LAURENCE E PAUL BOARD MEMBER	5.00	X					0.	0.	0.	
(13) JOSEPH B PERELES BOARD MEMBER	7.00	X					0.	0.	0.	
(14) MELANIE R SABELHAUS BOARD MEMBER	8.00	X					0.	0.	0.	
(15) H MARSHALL SCHWARZ BOARD MEMBER	4.00	X					0.	0.	0.	
(16) STEVEN H WUNNING BOARD MEMBER	6.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) PAULA E BOGGS BOARD MEMBER	4.00	X					0.	0.	0.	
(18) YOUNGME E MOON BOARD MEMBER	4.00	X					0.	0.	0.	
(19) JUDITH MCGRATH BOARD MEMBER	2.00	X					0.	0.	0.	
(20) JOSUE ROBLES JR BOARD MEMBER	2.00	X					0.	0.	0.	
(21) WILLIAM S SIMON BOARD MEMBER	2.00	X					0.	0.	0.	
(22) RICHARD K DAVIS BOARD MEMBER	2.00	X					0.	0.	0.	
(23) MARY ELCANO GENERAL COUNSEL & SECRETARY	60.00			X			372,747.	0.	86,705.	
(24) BRIAN RHOA CHIEF FINANCIAL OFFICER	60.00			X			355,408.	0.	61,454.	
(25) DALE BATEMAN SVP & CHIEF AUDIT EXECUTIVE	60.00			X			247,643.	0.	68,929.	
(26) CHRISTINA SAMSON CHIEF INVESTMENT OFFICER	60.00				X		323,150.	0.	81,741.	
(27) MELISSA HURST SVP HUMAN RESOURCES	60.00				X		305,642.	0.	50,719.	
(28) JAMES HROUDA EXECUTIVE VP, BIOMEDICAL SERV	60.00				X		568,954.	0.	52,825.	
1b Sub-total							2,674,666.	0.	462,461.	
c Total from continuation sheets to Part VII, Section A ATTACHMENT 3							2,789,566.	0.	808,351.	
d Total (add lines 1b and 1c)							5,464,232.	0.	1,270,812.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **▶ 1078**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

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.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 4		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶ 204**

Part VIII Statement of Revenue

				(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	111,272,553.					
	b Membership dues	1b						
	c Fundraising events	1c	29,329,830.					
	d Related organizations	1d						
	e Government grants (contributions) . .	1e	68,005,187.					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	805,265,550.					
	g Noncash contributions included in lines 1a-1f: \$		22,867,326.					
	h Total. Add lines 1a-1f			1,013,873,120.				
Program Service Revenue		Business Code						
	2a BIOMEDICAL PRODUCTS & SERVICES		541900	2,189,662,908.	2,189,662,908.			
	b OTHER PRODUCTS & SERVICES		900099	139,222,007.	139,222,007.			
	c _____							
	d _____							
	e _____							
	f All other program service revenue							
	g Total. Add lines 2a-2f			2,328,884,915.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			49,645,488.			49,645,488.	
	4 Income from investment of tax-exempt bond proceeds . . .			0.				
	5 Royalties			0.				
		(i) Real	(ii) Personal					
	6a Gross Rents			16,407,139.				
	b Less: rental expenses			5,168,882.				
	c Rental income or (loss)			11,238,257.				
	d Net rental income or (loss)				11,238,257.	3,827,609.	7,410,648.	
		(i) Securities	(ii) Other					
	7a Gross amount from sales of assets other than inventory			222,948,000.	6,406,605.			
	b Less: cost or other basis and sales expenses			223,009,049.	3,707,549.			
	c Gain or (loss)			-61,049.	2,699,056.			
	d Net gain or (loss)				2,638,007.		2,638,007.	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a			13,879,944.			
	b Less: direct expenses	b			13,316,334.			
c Net income or (loss) from fundraising events				563,610.		563,610.		
9a Gross income from gaming activities. See Part IV, line 19	a			1,723,385.				
b Less: direct expenses	b			1,503,270.				
c Net income or (loss) from gaming activities				220,115.		220,115.		
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				0.				
Miscellaneous Revenue		Business Code						
11a PENSION PLAN DEFERRED REVENUE RECOGNIZED		900099		47,111,464.	47,111,464.			
b PARTNERSHIP & S-CORP LOSS		900099		-1,214,589.		-1,214,589.		
c _____								
d All other revenue								
e Total. Add lines 11a-11d				45,896,875.				
12 Total revenue. See instructions				3,452,960,387.	2,375,996,379.	2,613,020.	60,477,868.	

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(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	0.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	81,749,998.	81,749,998.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	300,552,000.	300,552,000.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	4,480,899.		4,112,806.	368,093.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	1,344,063,923.	1,220,788,673.	63,375,092.	59,900,158.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	92,008,268.	88,170,670.	1,605,282.	2,232,316.
9 Other employee benefits	164,989,964.	147,628,858.	7,248,298.	10,112,808.
10 Payroll taxes	88,614,938.	76,664,688.	8,923,767.	3,026,483.
11 Fees for services (non-employees):				
a Management	787,298.	283,214.	33,363.	470,721.
b Legal	6,218,836.	6,091,809.	120,110.	6,917.
c Accounting	8,099,184.	4,378,569.	3,311,243.	409,372.
d Lobbying	198,197.	36,683.	146,152.	15,362.
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	317,809.	77,869.	213,238.	26,702.
g Other	169,502,436.	164,059,618.	5,442,818.	
12 Advertising and promotion	14,941,861.	13,402,170.	793,012.	746,679.
13 Office expenses	115,893,260.	102,949,286.	5,396,595.	7,547,379.
14 Information technology	34,659,188.	33,806,832.	481,416.	370,940.
15 Royalties	0.			
16 Occupancy	118,759,903.	99,680,141.	13,476,965.	5,602,797.
17 Travel	56,630,332.	51,650,220.	2,375,203.	2,604,909.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	5,168,607.	3,380,201.	748,841.	1,039,565.
20 Interest	35,301,758.	28,692,905.	1,381,241.	5,227,612.
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	83,330,287.	72,877,043.	7,040,521.	3,412,723.
23 Insurance	47,956,490.	43,130,472.	3,298,761.	1,527,257.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <u>BIOMEDICAL PROGRAM SUPPLIES</u>	479,374,473.	476,854,586.	2,507,566.	12,321.
b <u>OTHER PROGRAM SUPPLIES AND M</u>	77,445,354.	66,067,544.	1,943,567.	9,434,243.
c <u>MINOR EQUIPMENT PURCHASES</u>	65,646,800.	63,986,628.	1,070,471.	589,701.
d <u>OTHER ASSISTANCE</u>	9,513,676.	5,390,581.	1,924,566.	2,198,529.
e <u>AUTO RENTAL & MAINTENANCE</u>	6,012,643.	5,130,733.	538,261.	343,649.
f All other expenses	9,792,004.			9,792,004.
25 Total functional expenses. Add lines 1 through 24f	3,422,010,386.	3,157,481,991.	137,509,155.	127,019,240.
26 Joint Costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	3,565,083.	2,465,313.	241,386.	858,384.

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	407,203,873.	1	372,661,698.
	2 Savings and temporary cash investments	798,060,164.	2	695,855,400.
	3 Pledges and grants receivable, net	99,899,658.	3	81,110,825.
	4 Accounts receivable, net	81,473,265.	4	222,430,171.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	129,755,952.	8	126,381,908.
	9 Prepaid expenses and deferred charges	177,837,200.	9	256,671,303.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2013556642.		
	b Less: accumulated depreciation	10b 935,611,728.	10c	
	11 Investments - publicly traded securities	1,090,531,867.	11	1,077,944,914.
	12 Investments - other securities. See Part IV, line 11	586,385,159.	12	745,809,397.
	13 Investments - program-related. See Part IV, line 11	490,216,000.	13	563,770,000.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	137,749,000.	15	110,943,000.
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,999,112,138.	16	4,253,578,616.	
Liabilities	17 Accounts payable and accrued expenses	371,044,531.	17	333,218,288.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	245,022,320.	20	234,405,758.
	21 Escrow or custodial 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	762,177.	23	561,246.
	24 Unsecured notes and loans payable to unrelated third parties	346,272,985.	24	338,414,326.
	25 Other liabilities. Complete Part X of Schedule D	1,077,122,988.	25	1,155,054,713.
	26 Total liabilities. Add lines 17 through 25	2,040,225,001.	26	2,061,654,331.
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	448,141,841.	27	655,018,583.
	28 Temporarily restricted net assets	884,910,444.	28	871,138,152.
	29 Permanently restricted net assets	625,834,852.	29	665,767,550.
	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	1,958,887,137.	33	2,191,924,285.	
34 Total liabilities and net assets/fund balances	3,999,112,138.	34	4,253,578,616.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,452,960,387.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,422,010,386.
3	Revenue less expenses. Subtract line 2 from line 1	3	30,950,001.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,958,887,137.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	202,087,147.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,191,924,285.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
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 line 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

2010

Open to Public Inspection

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: (For lines 1 through 11, check only one box.)

- 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)**.
- 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 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)**.
- 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?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(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
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2010

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (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 through 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) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (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; 13 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 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 90.48%; 15 Public support percentage from 2009 Schedule A, Part II, line 14 92.87%; 16a 33 1/3% support test - 2010. 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 - 2009. 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 - 2010. 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 "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 []; 17b 10%-facts-and-circumstances test - 2009. 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (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: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2007, (c) 2008, (d) 2009, (e) 2010, (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, Value, Percentage. Rows include: 15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)); 16 Public support percentage from 2009 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Value, Percentage. Rows include: 17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f)); 18 Investment income percentage from 2009 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2010. 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 - 2009. 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 explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2006	2007	2008	2009	2010	TOTAL
FUNRASING AND MISC.	16,915,587.	4,348,900.	7,554,402.	18,712,251.	15,603,329.	63,134,469.
TOTALS	<u>16,915,587.</u>	<u>4,348,900.</u>	<u>7,554,402.</u>	<u>18,712,251.</u>	<u>15,603,329.</u>	<u>63,134,469.</u>

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

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

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(c)(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) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 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 Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 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 exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were 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-.
(1)	-----			
(2)	-----			
(3)	-----			
(4)	-----			
(5)	-----			
(6)	-----			

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2010

JSA
0E1264 0.040

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- 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%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 70%;">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. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
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 on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 main columns: (a) Yes/No, (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...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total...; 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 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, 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 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

Table with 2 main columns: Question, Amount. Rows include: 1 Dues, assessments and similar amounts from members; 2 Section 162(e) nondeductible 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 (see instructions)

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

Horizontal dashed lines for supplemental information input.

Part IV Supplemental Information (continued)

SCHEDULE C, PART I-A, LINE 1

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

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

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

Employer identification number 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.

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4 for totals, 5-6 for questions.

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

Table with 3 columns: Line number, Description, Held at the End of the Tax Year. Rows 1-9 for various conservation easement details.

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.

Table with 3 columns: Line number, Description, Amount. Rows 1a-1b for collections, 2 for financial gain.

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

3 Using the organization's acquisition, 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 Escrow and Custodial Arrangements. Complete if the 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:

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

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-1g (Beginning of year balance, Contributions, Net investment earnings, gains, and losses, Grants or scholarships, Other expenditures for facilities and programs, Administrative expenses, 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

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b.

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.

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

Table with 5 columns: Description of investment, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) FINANCIAL DERIVATIVES	43,000.	FMV
(B) MARKETABLE AND NONMARKETABLE		
(C) ALTERNATIVE INVESTMENTS	541,224,000.	FMV
(D) COMMODITY STRUCTURED NOTE CONT	22,503,000.	FMV
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	563,770,000.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) PENSION AND POST-RETIREMENT BE	672,134,249.
(3) ADVANCES AND OTHER MISC LIABIL	229,988,609.
(4) INSURANCE (LOSS RESERVES AND C	120,631,846.
(5) PAYABLES UNDER SECURITIES LOANED AG	110,943,000.
(6) SPLIT-INTEREST AGREEMENT LIABI	21,357,009.
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,155,054,713.

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,452,960,387.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,422,010,386.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	30,950,001.
4	Net unrealized gains (losses) on investments	4	193,156,015.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	8,909,985.
9	Total adjustments (net). Add lines 4 through 8	9	202,066,000.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	233,016,001.

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

1	Total revenue, gains, and other support per audited financial statements	1	3672621000.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	193,156,015.
b	Donated services and use of facilities	2b	12,404,524.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	14,100,074.
e	Add lines 2a through 2d	2e	219,660,613.
3	Subtract line 2e from line 1	3	3452960387.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3452960387.

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

1	Total expenses and losses per audited financial statements	1	3439585000.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	12,404,524.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	5,170,090.
e	Add lines 2a through 2d	2e	17,574,614.
3	Subtract line 2e from line 1	3	3422010386.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3422010386.

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, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

Part XIV Supplemental Information (continued)

SCHEDULE D, PART V

ENDOWMENT FUNDS

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.

SCHEDULE D, PART X

OTHER LIABILITIES ASC 740 (FORMER FIN 48)

ON JULY 1, 2007, THE AMERICAN NATIONAL RED CROSS ADOPTED THE PROVISIONS OF ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC 740, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. ASC 740 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 ASC 740 HAD NO IMPACT ON THE RED CROSS' AUDITED STATEMENT OF FINANCIAL POSITION OR STATEMENT OF ACTIVITIES. THE RED CROSS DOES NOT BELIEVE IT'S FINANCIAL STATEMENTS INCLUDE (OR REFLECT) ANY UNCERTAIN TAX POSITIONS.

Part XIV Supplemental Information *(continued)*

SCHEDULE D, PART XII, LINE 8 AND PART XIII, LINE 2D

OTHER

THIS AMOUNT REPRESENTS EMPLOYEE RETIREMENT SYSTEM PENSION AND
POST-RETIREMENT BENEFIT PLAN GAINS PER PROVISIONS OF ASC 715 (FORMER FASB
87 AND 106) AND RENTAL REAL ESTATE RELATED EXPENSES.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.**
▶ **Attach to Form 990. ▶ See separate instructions.**

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 V the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, 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 for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN	3.	37.	PROGRAM SERVICES	GEN HEALTH, MGMT	67,266,522.
(2) EAST ASIA AND THE PACIFIC	3.	4.	PROGRAM SERVICES	DISASTER RESPONSE	224,644,130.
(3) NORTH AMERICA	1.	1.	PROGRAM SERVICES	DISASTER RESPONSE	560,682.
(4) RUSSIA/INDEPENDENT STATES	1.	2.	PROGRAM SERVICES	GENRRERAL HEALTH	2,268,880.
(5) SOUTH AMERICA	3.	2.	PROGRAM SERVICES	DISASTER RESPONSE	2,972,091.
(6) SOUTH ASIA	4.	7.	PROGRAM SERVICES	DISASTER RECOVER	5,523,782.
(7) SUB-SAHARAN AFRICA	2.	3.	PROGRAM SERVICES	DISASTER RESPONSE	3,886,148.
(8) MIDDLE EAST AND NORTH AFRICA		1.	PROGRAM SERVICES	DISASTER RESPONSE	466,150.
(9) EUROPE		2.	PROGRAM SERVICES	DISASTER RESPONSE	390,124.
(10) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		233,550,940.
(11) EAST ASIA AND THE PACIFIC			INVESTMENTS		43,989,253.
(12) SOUTH AMERICA			INVESTMENTS		903,247.
(13) NORTH AMERICA			INVESTMENTS		8,719,180.
(14) SUB-SAHARAN AFRICA			INVESTMENTS		4,325,847.
(15) SOUTH ASIA			INVESTMENTS		824,976.
(16) EUROPE			INVESTMENTS		84,563,906.
(17) CENTRAL AMERICA/CARIBBEAN			PROGRAM SERVICES	INSURANCE	31,562,617.
3a Sub-total	17.	59.			716,418,475.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	17.	59.			716,418,475.

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

Schedule F (Form 990) 2010

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

Part II can be duplicated 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)
(1)			EUROPE/ICELAND/GREENLAND	DISASTER RES RESPONSE	7,937,083.	WIRE		N/A	
(2)			EUROPE/ICELAND/GREENLAND	DISASTER RES RESPONSE	2,464,256.	WIRE		N/A	
(3)			RUSSIA	DISASTER PREPAREDNESS	49,700.	WIRE		N/A	
(4)			CENT. AMERICA/CARIBBEAN	DISASTER PREPAREDNESS	252,557.	WIRE		N/A	
(5)			RUSSIA	DISASTER PREPAREDNESS	49,442.	WIRE		N/A	
(6)			CENT. AMERICA/CARIBBEAN	DISASTER PREPAREDNESS	80,000.	WIRE		N/A	
(7)			SOUTH AMERICA	DISASTER PREPAREDNESS	91,000.	WIRE		N/A	
(8)			SOUTH AMERICA	DISASTER PREPAREDNESS	93,506.	WIRE		N/A	
(9)			EAST ASIA/PACIFIC	DISASTER PREPAREDNESS	2,049,903.	WIRE		N/A	
(10)			SOUTH AMERICA	DISASTER PREPAREDNESS	461,053.	WIRE		N/A	
(11)			CENT. AMERICA/CARIBBEAN	DISASTER PREPAREDNESS	364,151.	WIRE		N/A	
(12)			SOUTH AMERICA	DISASTER PREPAREDNESS	79,470.	WIRE		N/A	
(13)			CENT. AMERICA/CARIBBEAN	DISASTER PREPAREDNESS	102,895.	WIRE		N/A	
(14)			CENT. AMERICA/CARIBBEAN	DISASTER PREPAREDNESS	32,187.	WIRE		N/A	
(15)			SOUTH AMERICA	DISASTER PREPAREDNESS	93,576.	WIRE		N/A	
(16)			CENT. AMERICA/CARIBBEAN	DISASTER PREPAREDNESS	3,186,416.	WIRE		N/A	

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, 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 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

Part II can be duplicated 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)
(1)			CENT. AMERICA/CARIBBEAN	DISASTER PREPAREDNESS	25,086.	WIRE		N/A	
(2)			EAST ASIA/PACIFIC	DISASTER PREPAREDNESS	561,655.	WIRE		N/A	
(3)			EUROPE/ICELAND/GREENLAND	DISASTER PREPAREDNESS	125,840.	WIRE		N/A	
(4)			CENT. AMERICA/CARIBBEAN	DISASTER PREPAREDNESS	120,008.	WIRE		N/A	
(5)			EAST ASIA/PACIFIC	DISASTER PREPAREDNESS	206,000,000.	WIRE		N/A	
(6)			MIDDLE EAST/NORTH AFRICA	DISASTER PREPAREDNESS	14,284.	WIRE		N/A	
(7)			RUSSIA	DISASTER PREPAREDNESS	172,677.	WIRE		N/A	
(8)			SUB-SAHARAN AFRICA	DISASTER PREPAREDNESS	367,738.	WIRE		N/A	
(9)			RUSSIA	DISASTER PREPAREDNESS	31,680.	WIRE		N/A	
(10)			SUB-SAHARAN AFRICA	DISASTER PREPAREDNESS	100,104.	WIRE		N/A	
(11)			SOUTH ASIA	DISASTER PREPAREDNESS	9,040.	WIRE		N/A	
(12)			SUB-SAHARAN AFRICA	DISASTER PREPAREDNESS	101,176.	WIRE		N/A	
(13)			NORTH AMERICA	DISASTER PREPAREDNESS	507,190.	WIRE		N/A	
(14)			SOUTH ASIA	DISASTER PREPAREDNESS	49,921.	WIRE		N/A	
(15)			EAST ASIA/PACIFIC	DISASTER RESPONSE	772,000.	WIRE		N/A	
(16)			CENT. AMERICA/CARIBBEAN	DISASTER PREPAREDNESS	35,221.	WIRE		N/A	

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, 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 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

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)
(1)			SOUTH ASIA	DISASTER RESPONSE	110,427.	WIRE		N/A	
(2)			CENT. AMERICA/CARIBBEAN	DISASTER PREPAREDNESS	279,663.	WIRE		N/A	
(3)			SOUTH AMERICA	DISASTER PREPAREDNESS	187,073.	WIRE		N/A	
(4)			RUSSIA	DISASTER PREPAREDNESS	701,069.	WIRE		N/A	
(5)			CENT. AMERICA/CARIBBEAN	DISASTER PREPAREDNESS	133,376.	WIRE		N/A	
(6)			SUB-SAHARAN AFRICA	DISASTER PREPAREDNESS	100,307.	WIRE		N/A	
(7)			SOUTH ASIA	DISASTER PREPAREDNESS	986,331.	WIRE		N/A	
(8)			RUSSIA	DISASTER PREPAREDNESS	21,374.	WIRE		N/A	
(9)			SUB-SAHARAN AFRICA	DISASTER PREPAREDNESS	646,637.	WIRE		N/A	
(10)			EAST ASIA/PACIFIC	DISASTER PREPAREDNESS	195,094.	WIRE		N/A	
(11)			RUSSIA	DISASTER PREPAREDNESS	17,477.	WIRE		N/A	
(12)			SUB-SAHARAN AFRICA	DISASTER PREPAREDNESS	129,778.	WIRE		N/A	
(13)			RUSSIA	DISASTER PREPAREDNESS	362,789.	WIRE		N/A	
(14)			EAST ASIA/PACIFIC	DISASTER PREPAREDNESS	195,565.	WIRE		N/A	
(15)			CENT. AMERICA/CARIBBEAN	DISASTER RECOVERY	3,312,029.	WIRE		N/A	
(16)			CENT. AMERICA/CARIBBEAN	DISASTER RECOVERY	2,686,164.	WIRE		N/A	

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, 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 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

Part II can be duplicated 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)
(1)			CENT. AMERICA/CARIBBEAN	DISASTER RECOVERY	1,669,632.	WIRE		N/A	
(2)			CENT. AMERICA/CARIBBEAN	DISASTER RECOVERY	5,763,295.	WIRE		N/A	
(3)			CENT. AMERICA/CARIBBEAN	DISASTER RECOVERY	5,238,387.	WIRE		N/A	
(4)			EAST ASIA/PACIFIC	DISASTER RECOVERY	899,937.	WIRE		N/A	
(5)			SOUTH ASIA	DISASTER RECOVERY	220,348.	WIRE		N/A	
(6)			CENT. AMERICA/CARIBBEAN	GENERAL HEALTH	5,295,025.	WIRE		N/A	
(7)			CENT. AMERICA/CARIBBEAN	DISASTER RECOVERY	1,285,000.	WIRE		N/A	
(8)			CENT. AMERICA/CARIBBEAN	DISASTER RECOVERY	500,000.	WIRE		N/A	
(9)			CENT. AMERICA/CARIBBEAN	DISASTER RECOVERY	191,772.	WIRE		N/A	
(10)			CENT. AMERICA/CARIBBEAN	DISASTER RECOVERY	136,400.	WIRE		N/A	
(11)			CENT. AMERICA/CARIBBEAN	DISASTER RECOVERY	2,985,834.	WIRE		N/A	
(12)			CENT. AMERICA/CARIBBEAN	DISASTER RECOVERY	1,196,818.	WIRE		N/A	
(13)			CENT. AMERICA/CARIBBEAN	DISASTER RECOVERY	1,318,993.	WIRE		N/A	
(14)			CENT. AMERICA/CARIBBEAN	DISASTER RECOVERY	1,049,094.	WIRE		N/A	
(15)			CENT. AMERICA/CARIBBEAN	DISASTER RECOVERY	116,721.	WIRE		N/A	
(16)			CENT. AMERICA/CARIBBEAN	DISASTER RECOVERY	3,821,078.	WIRE		N/A	

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, 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 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.

Part II can be duplicated 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)
(1)			CENT. AMERICA/CARIBBEAN	DISASTER RECOVERY	6,257,770.	WIRE	N/A		
(2)			CENT. AMERICA/CARIBBEAN	DISASTER RECOVERY	928,638.	WIRE	N/A		
(3)			CENT. AMERICA/CARIBBEAN	DISASTER RECOVERY	1,826,488.	WIRE	N/A		
(4)			CENT. AMERICA/CARIBBEAN	DISASTER RECOVERY	1,376,876.	WIRE	N/A		
(5)			EUROPE/ICELAND/GREENLAND	DISASTER PREPAREDNESS	144,746.	WIRE	N/A		
(6)			CENT. AMERICA/CARIBBEAN	DISASTER RECOVERY	1,500,200.	WIRE	N/A		
(7)			CENT. AMERICA/CARIBBEAN	DISASTER RECOVERY	61,001.	WIRE	N/A		
(8)			CENT. AMERICA/CARIBBEAN	DISASTER RECOVERY	273,317.	WIRE	N/A		
(9)			CENT. AMERICA/CARIBBEAN	DISASTER RECOVERY	149,802.	WIRE	N/A		
(10)			CENT. AMERICA/CARIBBEAN	DISASTER PREPAREDNESS	107,715.	WIRE	N/A		
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, 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 III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* Yes No

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE F, PART I, LINE 2

PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS OUTSIDE THE U.S.

THE INTERNATIONAL SERVICES DEPARTMENT OF THE AMERICAN RED CROSS HAS AN

ESTABLISHED STANDARD OPERATING PROCEDURE REQUIRING THE USE OF A

SUB-RECIPIENT MONITORING CHECKLIST TO MONITOR SUB-RECIPIENTS UNDER

FEDERALLY, PUBLICLY, AND PRIVATELY FUNDED PROJECT AGREEMENTS ON A MONTHLY

BASIS. GENERALLY, COUNTRY OR REGIONAL REPRESENTATIVES (CR/RRS) ARE

RESPONSIBLE FOR MONITORING SUB-RECIPIENT COMPLIANCE WITH THE TERMS AND

CONDITIONS OF THE SUB-RECIPIENT PROJECT AGREEMENT, FOR ADDRESSING

INSTANCES OF NON-COMPLIANCE, AND FOR DOCUMENTING THIS MONITORING AND

RELATED CORRECTIVE ACTIONS IN THE MONITORING CHECKLIST. IN LOCATIONS OF

SUB-RECIPIENT ACTIVITY WHERE THERE IS NO CR/RR, THE REGIONAL DIRECTOR

(RD) WILL DESIGNATE AN APPROPRIATE STAFF PERSON (E.G. DELEGATE OR PROGRAM

OFFICER) TO FULFILL THESE RESPONSIBILITIES. PRIOR TO INCEPTION OF PROJECT

ACTIVITIES, THE CR/RR CREATES A CHECKLIST OF ALL SUB-RECIPIENT

CONTRACTUAL OBLIGATIONS STIPULATED IN THE PROJECT AGREEMENT, TO INCLUDE

FINANCIAL AND PROGRAMMATIC REPORTING, AS WELL AS OTHER MONITORING AND

NON-CONTRACTUAL ACTIVITIES. THE CR/RR IS RESPONSIBLE FOR COMPLETING THE

CHECKLIST ON A MONTHLY BASIS, ON TIME, WITH CLEAR AND TIMELY

COMMUNICATIONS TO THE PROGRAM OFFICER (PO) ON ISSUES AND ACTION PLANS.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

**Open To Public
Inspection**

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

Employer identification number
53-0196605

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

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 services? **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.

	(i) Name and address 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			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total							

3 List all states in which the organization is registered or licensed to solicit contributions 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events	
		ANNUAL BALL NY	ANNUAL BALL JA	1,182.	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	3,095,308.	2,199,319.	37,915,147.	43,209,774.
	2	Less: Charitable contributions	2,945,308.	2,199,319.	24,185,203.	29,329,830.
	3	Gross income (line 1 minus line 2)	150,000.		13,729,944.	13,879,944.
Direct Expenses	4	Cash prizes			976,515.	976,515.
	5	Noncash prizes			297,532.	297,532.
	6	Rent/facility costs			2,647,614.	2,647,614.
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	621,617.	727,477.	8,045,579.	9,394,673.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				(13,316,334.)
	11	Net income summary. Combine line 3, column (d), and line 10 ▶				563,610.

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))
		X	Yes	X	Yes	X	Yes	
Revenue	1							
			100.0000%		100.0000%		95.0000%	
			No		No		No	
Direct Expenses	2	Cash prizes	1,026,364.	231,446.	39,416.	1,297,226.		
	3	Noncash prizes	3,004.			3,004.		
	4	Rent/facility costs	95,781.		3,718.	99,499.		
	5	Other direct expenses	84,622.	8,234.	10,685.	103,541.		
	6	Volunteer labor						
	7	Direct expense summary. Add lines 2 through 5 in column (d) ▶						(1,503,270.)
	8	Net gaming income summary. Combine line 1, column d, and line 7 ▶						220,115.

9 Enter the state(s) in which the organization operates gaming activities: CA, GA, HI, MI, OH, VA,

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 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? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	100.0000 %
- 14 Enter the name and address of the person who prepares the organization's gaming/special events 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? Yes No
- 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 of the third party:

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? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
CHAPTERS AND BRANCHES

AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT

Employer identification number
53-0196605

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

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" to 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. Part II can be duplicated if additional space is needed

	(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
(1)	-----							
(2)	-----							
(3)	-----							
(4)	-----							
(5)	-----							
(6)	-----							
(7)	-----							
(8)	-----							
(9)	-----							
(10)	-----							
(11)	-----							
(12)	-----							

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2010)

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. Part III can be duplicated 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
1	DISASTER RELIEF PAYMENTS		81,749,998.			
2						
3						
4						
5						
6						
7						

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

SCHEDULE I, PART III

MONITORING GRANTS

THE AMERICAN NATIONAL RED CROSS DID NOT MAKE SPECIFIC FINANCIAL ASSISTANCE TO ANY ONE INDIVIDUAL DURING FISCAL YEAR 2011 EXCEEDING \$5,000.

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. Part III can be duplicated 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
1						
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, 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.

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. Part III can be duplicated 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
1						
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

EMPLOYEES OF THE AMERICAN NATIONAL RED CROSS ARE ELIGIBLE FOR LIMITED FINANCIAL ASSISTANCE TO FURTHER THEIR EDUCATION; 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.

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. Part III can be duplicated 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
1						
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7						

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

SCHEDULE I, PART IV

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

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

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.

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. Part III can be duplicated 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
1						
2						
3						
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7						

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

PURSUANT TO ITS CONGRESSIONAL CHARTER (36 U.S.C. 3 FOURTH), THE AMERICAN NATIONAL RED CROSS ALSO ACTS IN MATTERS OF VOLUNTARY RELIEF AND IN ACCORD WITH THE MILITARY AUTHORITIES TO PROVIDE COMMUNICATIONS AND WELFARE ASSISTANCE TO MEMBERS OF THE ARMED FORCES OF THE UNITED STATES, THEIR FAMILIES AND VETERANS. ASSISTANCE TO THIS GROUP IS DETERMINED GENERALLY ON THE BASIS OF THEIR MILITARY, VETERAN OR DEPENDENT STATUS AND THE PARTICULAR NEEDS RELATED THERETO AS REVEALED THROUGH CASEWORK AND SIMILAR MEANS. NO MEMBER OF, OR CONTRIBUTOR TO, THE RED CROSS IS ELIGIBLE FOR ANY OF THE ABOVE TYPES OF ASSISTANCE NOT AVAILABLE TO PERSONS WHO ARE NOT

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. Part III can be duplicated 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
1						
2						
3						
4						
5						
6						
7						

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

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.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

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 any of the boxes on line 1a are 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, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment from the organization or a related organization? . . .
- 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 section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies 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) Retirement and other 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				
1 GAIL MCGOVERN	(i) 498,800.	0.	2,322.	54,750.	5,338.	561,210.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
2 MARY ELCANO	(i) 369,183.	0.	3,564.	81,199.	5,506.	459,452.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
3 BRIAN RHOA	(i) 354,598.	0.	810.	43,051.	18,403.	416,862.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
4 DALE BATEMAN	(i) 245,188.	0.	2,455.	64,575.	4,354.	316,572.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
5 GREG BALLISH	(i) 332,914.	60,750.	1,242.	47,258.	18,401.	460,565.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
6 JOSEPH BECKER	(i) 260,348.	0.	117,789.	66,363.	17,606.	462,106.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
7 STEPHEN BROWN	(i) 271,773.	16,500.	3,246.	122,097.	17,442.	431,058.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
8 JOAN MANNING	(i) 276,927.	28,500.	1,989.	124,380.	17,770.	449,566.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
9 KATHRYN WALDMAN	(i) 245,173.	47,220.	1,574.	129,764.	8,891.	432,622.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
10 CHRISTINA SAMSON	(i) 279,594.	40,618.	2,938.	68,850.	12,891.	404,891.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
11 MELISSA HURST	(i) 305,198.	0.	444.	37,364.	13,355.	356,361.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
12 JAMES HROUDA	(i) 429,498.	63,000.	76,456.	42,587.	10,238.	621,779.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
13 GERALD DEFRANCISCO	(i) 359,300.	0.	3,168.	84,500.	5,226.	452,194.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
14 SHAUN GILMORE	(i) 483,430.	0.	2,443.	69,657.	18,403.	573,933.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
15 NEAL LITVACK	(i) 273,603.	0.	1,677.	43,169.	17,424.	335,873.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
16	(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, PART I, LINE 1A

IN 2010, THE PRESIDENT AND CEO EARNED A BASE SALARY OF \$500,000. DUE TO THE TIMING OF PAYROLL CHECKS, SHE WAS PAID \$498,800 IN 2010, WHICH WAS INCLUDED ON HER 2010 W-2 AND IS REFLECTED IN THE AMOUNT SHOWN ON SCHEDULE J, PART II, COLUMN B(I). AT THE REQUEST OF THE PRESIDENT AND CEO, HER SALARY HAS REMAINED AT THIS LEVEL - WITHOUT ANY PAY INCREASE OR BONUS - SINCE SHE JOINED THE RED CROSS IN 2008.

IN ADDITION, THE RED CROSS PROVIDED THE PRESIDENT AND CEO WITH ALL STANDARD EMPLOYEE BENEFIT PROGRAMS AND THOSE ARE REFLECTED IN AMOUNTS SHOWN ON SCHEDULE J, PART II COLUMNS B (III), (C) AND (D).

IN 2010, THE EXECUTIVE VICE PRESIDENT, BIOMEDICAL SERVICES, EARNED A BASE SALARY OF 400,000. DUE TO THE TIMING OF PAYROLL CHECKS, HE WAS PAID \$429,498 IN 2010 WHICH INCLUDED A ONE-TIME LUMP SUM PAYMENT OF \$12,600 IN LIEU OF A MERIT INCREASE TO BASE PAY, THE TOTAL AMOUNT OF THIS PAY WAS INCLUDED ON HIS 2010 W-2 AND IS REFLECTED IN THE AMOUNT SHOWN ON SCHEDULE J, PART II, COLUMN B(I). HOUSING ALLOWANCES AND A TAX GROSS-UP PAYMENT IN THE AMOUNT OF \$75,914 WAS PAID TO THE EXECUTIVE VICE PRESIDENT IN

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.

RELATIONSHIP TO A CONTINUATION OF THE TERMS OF HIS INITIAL EMPLOYMENT

AGREEMENT WITH THE RED CROSS APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD. THIS AMOUNT WAS INCLUDED IN HIS 2010 W-2 AND IS REFLECTED IN THE AMOUNT SHOWN ON SCHEDULE J, PART II, COLUMN B (III). THE RED CROSS ALSO PROVIDED THE EXECUTIVE VICE PRESIDENT, BIOMEDICAL SERVICES, WITH ALL STANDARD EMPLOYEE BENEFIT PROGRAMS AND THOSE ARE REFLECTED IN AMOUNTS SHOWN ON SCHEDULE J, PART II, COLUMNS B (III), (C) AND (D).

SCHEDULE J, PART I, LINE 7

THE AMOUNTS SHOWN IN PART II, COLUMN B (II) FOR THE CHIEF INVESTMENT OFFICER AND THE EXECUTIVE VICE PRESIDENT, BIOMEDICAL SERVICES WERE PAID BASED ON PRIOR YEAR PERFORMANCE AND WERE APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD. THE AMOUNTS SHOWN IN PART II, COLUMN B (II) FOR THE SVP, BIOMEDICAL SERVICES, SVP, QUALITY AND THE DIVISION VP(S), BIOMEDICAL SERVICES WERE PAID BASED ON WRITTEN VARIABLE INCENTIVE PLANS APPROVED BY MANAGEMENT AND DETERMINED UNDER THE TERMS OF THE INCENTIVE PLAN DOCUMENTS.

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, PART I, LINE 8

THE RED CROSS HAS FOUR (4) EMPLOYEES LISTED ON PART VII WHO ARE COVERED BY REGS. SECTION 53.4958-4 (A) (3): PRESIDENT AND CEO; PRESIDENT, BIOMEDICAL SERVICES; PRESIDENT, HUMANITARIAN SERVICES; AND EXECUTIVE VP, BIOMEDICAL SERVICES. THE ORIGINAL BASE SALARY AMOUNTS AND SIGNING BONUSES PAID TO PERSONS COVERED BY THIS PROVISION AND ANY SUBSEQUENT ANNUAL INCREASES ARE DETERMINED BY THE COMPENSATION COMMITTEE OF THE RED CROSS BOARD, BASED ON COMPARABLE MARKET DATA, AND ARE DOCUMENTED IN THE MINUTES OF THE COMMITTEE, ALL IN ACCORDANCE WITH THE REQUIREMENTS FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER SECTION 4958.

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

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

Employer identification number: **53-0196605**

Part I Bond Issues

(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		(i) Pooled Financing	
						Yes	No	Yes	No	Yes	No
A CALIFORNIA INFRASTRUCTURE AND ECONOMIC DEVEL BANK	60-0304653	13033WV26	10/09/2008	40,325,000.	CURRENT REFUNDING OF PRIOR BON		X		X		X
B CONNECTICUT DEV. AUTHORITY	06-6000799		12/05/2005	2,303,600.	CURRENT REFUNDING OF PRIOR BON		X		X		X
C MARYLAND ECONOMIC DEV. CORP.	52-1376562		12/02/2003	4,250,000.	LAND ACQUISITION & BUILDING CON		X		X		X
D ILLINOIS DEV. FINANCE AUTH.	37-0988139		02/27/2003	8,000,000.	CONSTRUCTION & EQUIPMENT BUILD		X		X		X

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired		0.	680,250.	510,000.				600,000.
2 Amount of bonds legally defeased		0.	0.	0.				0.
3 Total proceeds of issue		40,325,000.	2,303,600.	4,250,000.				8,000,000.
4 Gross proceeds in reserve funds		0.	0.	0.				0.
5 Capitalized interest from proceeds		0.	0.	0.				0.
6 Proceeds in refunding escrows		40,000,000.	2,258,451.	0.				0.
7 Issuance costs from proceeds		325,000.	45,149.	29,000.				85,000.
8 Credit enhancement from proceeds		0.	0.	0.				4,000.
9 Working capital expenditures from proceeds		0.	0.	0.				0.
10 Capital expenditures from proceeds		0.	0.	4,221,000.				7,911,000.
11 Other spent proceeds		0.	0.	0.				0.
12 Other unspent proceeds		0.	0.	0.				0.
13 Year of substantial completion	2005		2003	2004	2004			2004

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X		X				X	X
15 Were the bonds issued as part of an advance refunding issue?		X		X				X
16 Has the final allocation of proceeds been made?	X		X		X		X	X
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	X

1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?
2 Are there any lease arrangements that may result in private business use of bond-financed property.

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

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

Employer identification number: **53-0196605**

Part I Bond Issues

(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		(i) Pooled Financing	
						Yes	No	Yes	No	Yes	No
A NEW YORK INDUSTRIAL DEV.	13-2906040	64971C8B3	02/28/2006	30,337,879.	ACQUISITION & RENOVATION OF BU		X		X		X
B THE CAMBRIA COUNTY INDUST. DEV. AUTH.	25-1334277	132047BY6	10/09/2008	20,245,000.	CURRENT REFUNDING OF PRIOR BON		X		X		X
C											
D											

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired		2,400,000.		0.				
2 Amount of bonds legally defeased		0.		0.				
3 Total proceeds of issue		30,337,879.		20,245,000.				
4 Gross proceeds in reserve funds		0.		0.				
5 Capitalized interest from proceeds		0.		0.				
6 Proceeds in refunding escrows		0.		20,000,000.				
7 Issuance costs from proceeds		0.		234,761.				
8 Credit enhancement from proceeds		209,490.		10,238.				
9 Working capital expenditures from proceeds		0.		0.				
10 Capital expenditures from proceeds		30,128,388.		0.				
11 Other spent proceeds		0.		0.				
12 Other unspent proceeds		0.		0.				
13 Year of substantial completion	2006		2005					
14 Were the bonds issued as part of a current refunding issue?		X		X				
15 Were the bonds issued as part of an advance refunding issue?		X		X				
16 Has the final allocation of proceeds been made?	X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				

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

Schedule K (Form 990) 2010

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
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?	X		X		X		X	
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.	0.0000 %		0.0000 %		0.0000 %		0.0000 %	
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.	0.0000 %		0.0000 %		0.0000 %		0.0000 %	
6 Total of lines 4 and 5	0.0000 %		0.0000 %		0.0000 %		0.0000 %	
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X	

Part IV Arbitrage

	A		B		C		D	
	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?		X		X		X		X
2 Is the bond issue a variable rate issue?	X		X		X		X	
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
4a Were gross proceeds invested in a GIC?		X		X		X		X
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?		X		X		X		X
6 Did the bond issue qualify for an exception to rebate?	X		X		X		X	

Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b Are there any research agreements that may result in private business use of bond-financed property?		X		X				
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?	X		X					
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.	0.0000	%	0.0000	%				
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.	0.0000	%	0.0000	%				
6 Total of lines 4 and 5	0.0000	%	0.0000	%				
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X					

Part IV Arbitrage

	A		B		C		D	
	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?		X		X				
2 Is the bond issue a variable rate issue?		X		X				
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
4a Were gross proceeds invested in a GIC?		X		X				
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?		X		X				
6 Did the bond issue qualify for an exception to rebate?	X		X					

Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K (see instructions).

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.**

OMB No. 1545-0047

2010

**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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		10,600.	FMV
5 Clothing and household goods	X		4,767,678.	FMV
6 Cars and other vehicles	X		170,668.	FMV
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	X		407,953.	FMV
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X		12,071,102.	FMV
20 Drugs and medical supplies	X		174,555.	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (VARIOUS)	X		5,264,770.	FMV
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** 2.

	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 an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2010)

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 O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

**Open to Public
Inspection**

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

Employer identification number
53-0196605

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 2011, 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. 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.

4C. DOMESTIC DISASTER SERVICES: THE ORGANIZATION RESPONDED TO 25 LARGE-SCALE (LEVELS 4S, 5S, AND ONE LEVEL 6) DISASTERS IN FISCAL YEAR 2011 INCLUDING: AN EXTREMELY ACTIVE TORNADO SEASON THAT IMPACTED THE

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ENTIRE SOUTHEAST WHICH INCLUDED AN EF-5 TORNADO IN ALABAMA, MAJOR FLOODING IN NORTH DAKOTA AND NEW JERSEY, AND AN UNDERGROUND PIPELINE EXPLOSION IN SAN BRUNO, CALIFORNIA. THROUGH ITS NETWORK OF 635 CHAPTERS IN ALL 50 STATES, AS WELL AS OFFSHORE U.S. TERRITORIES IN THE CARIBBEAN AND THE PACIFIC, THE RED CROSS RESPONDED TO OVER 68,000 DISASTERS LARGE AND SMALL. THE ORGANIZATION PROVIDED FOOD, SHELTER, 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 SHELTER AND CONTINUED WITH SUPPORT FOR INDIVIDUALS AND FAMILIES RECOVERING FROM DISASTERS. THE RED CROSS DISASTER SERVICES HUMAN RESOURCES SYSTEM IS USED TO MANAGE ITS TRAINED WORKFORCE. IN FY11, THE NUMBER OF TRAINED DISASTER WORKERS WAS APPROXIMATELY 64,000. CHAPTERS THROUGHOUT THE COUNTY TRAINED THOUSANDS MORE TO PREPARE FOR AND RESPOND TO DISASTERS WITHIN THEIR COMMUNITIES.

4D. 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

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SKILLS); AQUATICS (LIFEGUARDING, WATER SAFETY); CAREGIVING (BABYSITTER'S TRAINING, FAMILY CAREGIVING, NURSE ASSISTANT TRAINING).

4D. PREPAREDNESS: IN TODAY'S CLIMATE, IT'S MORE IMPORTANT THAN EVER THAT ALL OF US BE PREPARED FOR POSSIBLE EMERGENCIES. NATURAL OR OTHER DISASTERS CAN STRIKE SUDDENLY, AT ANYTIME AND ANYWHERE. 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 THREE--STEP MESSAGE, "GET A KIT, MAKE A PLAN, AND BE INFORMED," IS OUR PUBIC CALL TO ACTION FOR CITIZEN PREPAREDNESS: GET A KIT: WHAT YOU HAVE ON HAND WHEN A DISASTER HAPPENS CAN MAKE A BIG DIFFERENCE. HAVE AT LEAST THREE-DAYS OF SUPPLIES, FOR EVERYONE IN YOUR HOUSEHOLD, IN AN EASY-TO-CARRY EVACUATION KIT, WITH ADDITIONAL SUPPLIES AT HOME IN CASE YOU CANNOT LEAVE; MAKE A PLAN: PLANNING AHEAD IS THE FIRST STEP TO A CALMER AND MORE ASSURED DISASTER RESPONSE. DISCUSS WITH YOUR FAMILY THE DISASTERS THAT CAN HAPPEN WHERE YOU LIVE. ESTABLISH RESPONSIBILITIES FOR EACH MEMBER OF YOUR HOUSEHOLD AND PLAN TO WORK TOGETHER AS A TEAM; BE INFORMED: KNOWING WHAT MAY HAPPEN AND HOW YOU CAN HELP MAY MAKE ALL THE DIFFERENCE WHEN AN EMERGENCY HAPPENS. LEARN WHAT DISASTERS OR EMERGENCIES MAY OCCUR WHERE YOU LIVE, WORK AND PLAY. THESE EVENTS CAN VARY FROM ONLY IMPACTING YOU AND YOUR FAMILY - LIKE A HOME FIRE OR MEDICAL EMERGENCY - OR YOUR ENTIRE COMMUNITY - LIKE AN EARTHQUAKE OR FLOOD.

4D. SERVICE TO THE ARMED FORCES: THE ORGANIZATION PROVIDES MILITARY

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MEMBERS, VETERANS, AND THEIR FAMILIES WITH EMERGENCY COMMUNICATIONS SERVICES, EMERGENCY FINANCIAL SUPPORT, PROGRAMS AND SERVICES FOR THE SICK, WOUNDED AND RECOVERING AT VETERANS AND MILITARY MEDICAL FACILITIES, EDUCATION, AND OTHER VITAL SERVICES FOR U.S. MILITARY FAMILIES AROUND THE WORLD.

FORM 990, PART V, LINE 4B

FOREIGN COUNTRIES FINANCIAL ACCOUNTS

HAITI, PANAMA, THAILAND, INDONESIA, VIETNAM, MEXICO, KAZAKHSTAN, COLOMBIA, PERU, INDIA, MALDIVES, PAKISTAN, SRI LANKA, KENYA, TANZANIA, CHILE AND THE BAHAMAS

FORM 990, PART VI, SECTION A, LINES 4, 6 & 7A

LINE 4 - IN FY11 THE AMERICAN RED CROSS BOARD OF GOVERNORS APPROVED CHANGES TO THE AMENDED AND RESTATED BYLAWS OF THE AMERICAN NATIONAL RED CROSS (THE BYLAWS) TWO TIMES: (1) ON OCTOBER 27, 2010 TO CLARIFY THE DISTINCTION BETWEEN A STANDING COMMITTEE OF THE BOARD AND OTHER BOARD-APPOINTED COMMITTEES OR OTHER BODIES AND (2) ON MARCH, 31, 2011 TO ELIMINATE THE PHILANTHROPY COMMITTEE AS A STANDING COMMITTEE OF THE BOARD AND REVISE CERTAIN OFFICER RESPONSIBILITIES.

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

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CORPORATION AND DEFINES MEMBERSHIP AND THE TERMINATION OF MEMBERSHIP.

LINES 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."

FORM 990, PART VI, SECTION B, LINES 11B, 12C & 15B

LINE 11B - THE COMPENSATION AND MANAGEMENT DEVELOPMENT COMMITTEE REVIEWED THE COMPENSATION PORTIONS OF THE IRS FORM 990 (PART VII AND SCHEDULE J) DURING A MEETING HELD ON JANUARY 25, 2011. 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 THE GENERAL COUNSEL AND THE SENIOR VICE PRESIDENT, HUMAN RESOURCES FOR FINAL REVIEW BY THE PRESIDENT AND CEO.

LINE 12C - AS REQUIRED BY SECTION 2.3 (A) OF THE AMENDED AND RESTATED BYLAWS OF THE AMERICAN NATIONAL RED CROSS, ALL MEMBERS OF THE BOARD OF GOVERNORS MUST ANNUALLY REVIEW AND CERTIFY THE CODE OF BUSINESS ETHICS AND CONDUCT.

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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 DISCUSSES THE CONFLICT
AND REMEDIATION WITH THE MEMBER OF THE BOARD OR THE OTHER OFFICER OR KEY
EMPLOYEE, AND IF NECESSARY THE PRESIDENT AND CEO OR CHAIRMAN OF THE
BOARD. WHERE APPROPRIATE, THE CONFLICT OF INTEREST AND REMEDIATION
REGARDING A MEMBER OF THE BOARD ARE INCLUDED IN THE MINUTES OF THE
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

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THE BOARD MEMBER OR OTHER OFFICER OR KEY EMPLOYEE WOULD OCCUR WITH
INTERIM DISCLOSURES.

LINE 15B - 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 ANY CONFLICTS 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 ITS 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
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 UNDERTOOK THIS PROCESS FOR ALL THE OFFICERS AND KEY EMPLOYEES
REPORTED ON SCHEDULE J.

FORM 990, PART VI, SECTION C, LINE 19

THE AMERICAN RED CROSS MAKES ITS GOVERNING DOCUMENTS INCLUDING THE CODE
OF BUSINESS ETHICS AND CONDUCT, CONFLICT OF INTEREST QUESTIONNAIRE, AND

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THE CONSOLIDATED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON THE
GOVERNANCE PAGE OF ITS WEBSITE, WWW.REDCROSS.ORG

FORM 990, PART XI, LINE 5

OTHER CHANGES IN NET ASSETS

PRIMARILY, THIS AMOUNT REPRESENTS NET UNREALIZED GAINS ON INVESTMENTS OF
193, 156,015 AND EMPLOYEE RETIREMENT PENSION AND POST-RETIREMENT BENEFIT
PLAN GAINS PER PROVISION OF ASC 175 (FORMER FASB 87 AND 106) IN AMOUNT OF
8,929,985.

ATTACHMENT 1

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.

ATTACHMENT 2

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

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
HEALTH & SAFETY SERVICES		203,736,139.	139,222,007.
COMMUNITY SERVICES		90,557,578.	
SERVICE TO THE ARMED FORCES		57,403,304.	
SEE SCHEDULE O FOR DESCRIPTIONS			
TOTALS		<u>351,697,021.</u>	<u>139,222,007.</u>

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ATTACHMENT 3PART VII - CONTINUATION OF OFFICERS, DIRECTORS, TRUSTEES,
KEY EMPLOYEES AND HIGHEST COMPENSATED EMPLOYEES

(1)=IND.TRUSTEE/DIR. (2)=INS.TRUSTEE (3)=OFFICER (4)=KEY EMP. (5)=HIGHEST COMP. (6)=FORMER

(A) NAME AND TITLE	(B) HOURS	(C) POSITION						COMPENSATION FROM		
		(1)	(2)	(3)	(4)	(5)	(6)	(D) ORG.	(E) REL. ORG.	(F) OTHER
29 GERALD DEFRANCISCO PRESIDENT, HUMANITARIAN SERV	60.00				X			362,468.	0.	89,726.
30 SHAUN GILMORE PRESIDENT, BIOMEDICAL SERVICES	60.00				X			485,873.	0.	88,060.
31 NEAL LITVACK CHIEF DEVELOPMENT OFFICER	60.00				X			275,280.	0.	60,593.
32 GREG BALLISH SENIOR VP, BIOMEDICAL SERVICES	60.00				X			394,906.	0.	65,659.
33 JOSEPH BECKER DVP, HUMANITARIAN SERVICES	60.00				X			378,137.	0.	83,969.
34 STEPHEN BROWN DVP, BIOMEDICAL SERVICES	60.00				X			291,519.	0.	139,539.
35 JOAN MANNING DVP, BIOMEDICAL SERVICES	60.00				X			307,416.	0.	142,150.
36 KATHRYN WALDMAN SVP, QUALITY	60.00				X			293,967.	0.	138,655.

ATTACHMENT 4990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
MAK-SYSTEM CORPORATION 2720 RIVER ROAD SUITE 225 DES PLAINES, IL 60018	IT OUTSOURCING	19,209,243.
COMPUTER SCIENCES CORPORATION PO BOX 8500 S 4610 PHILADELPHIA, PA 19178	IT OUTSOURCING	16,165,108.
EXETER GROUP INCORPORATED ONE CANAL PARK CAMBRIDGE, MA 02141	IT CONSULTANT	11,463,713.
AUTOMATIC DATA PROCESSING INCORPORATED 11411 RED RUN BOULEVARD OWINGS MILLS, MD 21117	PAYROLL SERVICES	9,585,783.
DPR CONSTRUCTION INCORPORATED 2000 AERIAL CENTER PARKWAY RALEIGH, NC 27560	CONSTRUCTION	9,488,814.

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ATTACHMENT 4 (CONT'D)

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

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

TOTAL COMPENSATION

65,912,661.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
**AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT
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▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2010

Open to Public
Inspection

Employer identification number
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Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(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
(1) APC RECEIVABLES COMPANY LLC 1730 E STREET NW SUITE 330 WASHINGTON, DC 20006 14-1934462	SECURITIZE AR DE	DE	0.	155833808.	N/A
(2) APC COMMERCIAL REAL ESTATE, LLC 600 FOREST POINT CIRCLE CHARLOTTE, NC 28273 53-0196605	REAL ESTATE NC	NC	514,368.	0.	N/A
(3) -----					
(4) -----					
(5) -----					
(6) -----					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(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	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) -----							
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

Schedule R (Form 990) 2010

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(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, unrelated, excluded from tax under sections 512-514)	(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?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(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
(1) AMERICIVES, INC -----	WORK PLACE GIVING	FL	N/A	S CORP	690,459.	146,847.	100.0000
(2) BOARDMAN INDEMNITY, LTD -----	INSURANCE	BD	N/A	C CORP	43,643,331.	170,710,534.	100.0000
(3) THE ARC POOLED INCOME FUND B -----	SPLIT INTR AGRM	DC	N/A	TRUST	0.	83,051.	100.0000
(4) PCW CHRITBL RMINDR TRUST -----	SPLIT INTR AGRM	DC	N/A	TRUST	0.	502,120.	100.0000
(5) THE ARC POOLED INC FUND D -----	SPLIT INTR AGRM	DC	N/A	TRUST	0.	2,092,659.	100.0000
(6) EJDWV CHRITBL RMINDR TRUST -----	SPLIT INTR AGRM	DC	N/A	TRUST	0.	185,481.	100.0000
(7) THE JWS CHRIT RMINDR TRST -----	SPLIT INTR AGRM	DC	N/A	TRUST	0.	521,570.	100.0000

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(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, unrelated, excluded from tax under sections 512-514)	(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?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(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
(1) EJDWMW CHRIBLE RMDR TRUST #4 -----	SPLIT INTR AGRM	DC	N/A	TRUST	0.	256,266.	100.0000
(2) EJV CHRITBL RMDNR TRUST #3 -----	SPLIT INTR AGRM	DC	N/A	TRUST	0.	241,249.	100.0000
(3) THE A,W PERPETUAL TRUST -----	SPLIT INTR AGRM	DC	N/A	TRUST	394,835.	0.	100.0000
(4) THE B,TBARRL PERPETUAL TRUST -----	SPLIT INTR AGRM	DC	N/A	TRUST	974,960.	0.	100.0000
(5) THE BMF PERPETUAL TRUST -----	SPLIT INTR AGRM	DC	N/A	TRUST	50,000.	0.	100.0000
(6) THE B,M PERPETUAL TRUST -----	SPLIT INTR AGRM	DC	N/A	TRUST	38,694.	0.	100.0000
(7) THE B,L PERPETUAL TRUST -----	SPLIT INTR AGRM	DC	N/A	TRUST	2,596,533.	0.	100.0000

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(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, unrelated, excluded from tax under sections 512-514)	(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?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) _____												
(2) _____												
(3) _____												
(4) _____												
(5) _____												
(6) _____												
(7) _____												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(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
(1) THE B, F PERPETUAL TRUST _____	SPLIT INTR AGRM	DC	N/A	TRUST	2,351,305.	0.	100.0000
(2) THE C, A PERPETUAL TRUST _____	SPLIT INTR AGRM	DC	N/A	TRUST	97,606.	0.	100.0000
(3) THE C, R PERPETUAL TRUST _____	SPLIT INTR AGRM	DC	N/A	TRUST	453,742.	0.	80.0000
(4) THE F, A PERPETUAL TRUST _____	SPLIT INTR AGRM	DC	N/A	TRUST	239,945.	0.	100.0000
(5) THE G, M, J PERPETUAL TRUST _____	SPLIT INTR AGRM	DC	N/A	TRUST	87,084.	0.	100.0000
(6) THE H, W, B (KB) PERPETUAL TRUST _____	SPLIT INTR AGRM	DC	N/A	TRUST	146,405.	0.	100.0000
(7) THE H, W, B (UB) PERPETUAL TRUST _____	SPLIT INTR AGRM	DC	N/A	TRUST	54,722.	0.	100.0000

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(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, unrelated, excluded from tax under sections 512-514)	(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?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(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
(1) THE H,M PERPETUAL TRUST -----	SPLIT INTR GRM	DC	N/A	TRUST	119,650.	0.	100.0000
(2) THE H,G PERPETUAL TRUST -----	SPLIT INTR GRM	DC	N/A	TRUST	44,179.	0.	100.0000
(3) THE M,ML PERPETUAL TRUST -----	SPLIT INTR GRM	DC	N/A	TRUST	812,455.	0.	100.0000
(4) THE M,EK PERPETUAL TRUST -----	SPLIT INTR GRM	DC	N/A	TRUST	476,700.	0.	81.8200
(5) THE M,JO PERPETUAL TRUST -----	SPLIT INTR GRM	DC	N/A	TRUST	2,107,404.	0.	100.0000
(6) THE M,B PERPETUAL TRUST -----	SPLIT INTR GRM	DC	N/A	TRUST	462,295.	0.	100.0000
(7) THE NCHF PERPETUAL TRUST -----	SPLIT INTR GRM	DC	N/A	TRUST	218,935.	0.	100.0000

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(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, unrelated, excluded from tax under sections 512-514)	(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?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(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
(1) THE O,Z PERPETUAL TRUST -----	SPLIT INTR GRM	DC	N/A	TRUST	188,258.	0.	100.0000
(2) THE P,C PERPETUAL TRUST -----	SPLIT INTR GRM	DC	N/A	TRUST	248,488.	0.	100.0000
(3) THE R,L PERPETUAL TRUST -----	SPLIT INTR GRM	DC	N/A	TRUST	421,979.	0.	100.0000
(4) THE R,CE PERPETUAL TRUST -----	SPLIT INTR GRM	DC	N/A	TRUST	671,874.	0.	100.0000
(5) THE S,V PERPETUAL TRUST (1200792100) -----	SPLIT INTR GRM	DC	N/A	TRUST	195,052.	0.	80.0000
(6) THE S,MAR PERPETUAL TRUST -----	SPLIT INTR GRM	DC	N/A	TRUST	83,965.	0.	100.0000
(7) THE S,MART PERPETUAL TRUST -----	SPLIT INTR GRM	DC	N/A	TRUST	579,313.	0.	100.0000

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(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, unrelated, excluded from tax under sections 512-514)	(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?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(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
(1) THE W, J PERPETUAL TRUST	SPLIT INTR GRM	DC	N/A	TRUST	403,396.	0.	100.0000
(2) THE W, J G PERPETUAL TRUST	SPLIT INTR GRM	DC	N/A	TRUST	341,758.	0.	100.0000
(3) THE W, G PERPETUAL TRUST	SPLIT INTR GRM	DC	N/A	TRUST	387,090.	0.	100.0000
(4) THE W, H PERPETUAL TRUST	SPLIT INTR GRM	DC	N/A	TRUST	147,763.	0.	100.0000
(5) THE B, E CHARITABLE REMAINDER TRUST	SPLIT INTR GRM	DC	N/A	TRUST	0.	294,487.	100.0000
(6) THE G, J CHARITABLE REMAINDER TRUST	SPLIT INTR GRM	DC	N/A	TRUST	0.	345,789.	100.0000
(7) THE MDF CHARITABLE REMAINDER TRUST	SPLIT INTR GRM	DC	N/A	TRUST	0.	847,000.	100.0000

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(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, unrelated, excluded from tax under sections 512-514)	(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?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(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
(1) THE C,B CHARITABLE REMAINDER TRUST	SPLIT INTR AGRM	DC	N/A	TRUST	0.	12,972,574.	100.0000
(2) THE P,AL CHARITABLE REMAINDER TRUST	SPLIT INTR AGRM	DC	N/A	TRUST	0.	44,903.	100.0000
(3) THE W,A CHARITABLE REMAINDER TRUST	SPLIT INTR AGRM	DC	N/A	TRUST	0.	239,843.	100.0000
(4) THE E,GLA CHARITABLE REMAINDER TRUST	SPLIT INTR AGRM	DC	N/A	TRUST	0.	489,813.	100.0000
(5) THE K,S CHARITABLE REMAINDER TRUST	SPLIT INTR AGRM	DC	N/A	TRUST	0.	227,793.	100.0000
(6) THE H,PG CHARITABLE REMAINDER TRUST	SPLIT INTR AGRM	DC	N/A	TRUST	0.	873.	100.0000
(7) THE M,NJ CHARITABLE REMAINDER TRUST	SPLIT INTR AGRM	DC	N/A	TRUST	0.	26,109.	100.0000

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(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, unrelated, excluded from tax under sections 512-514)	(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?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(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
(1) THE O_PC CHARITABLE REMAINDER TRUST	SPLIT INTR AGRM	DC	N/A	TRUST	0.	63,434.	100.0000
(2) THE M_SC(J) CHARITABLE REMAINDER TRUST	SPLIT INTR AGRM	DC	N/A	TRUST	0.	66,203.	66.1043
(3) THE M_SC(T) CHARITABLE REMAINDER TRUST	SPLIT INTR AGRM	DC	N/A	TRUST	0.	60,543.	60.0503
(4) THE W_E&D(IV) CHARITABLE REMAINDER TRUST	SPLIT INTR AGRM	DC	N/A	TRUST	0.	269,160.	80.2219
(5) TW_E&D(III) CHRITBE REMAINDER TRUST	SPLIT INTR AGRM	DC	N/A	TRUST	0.	198,350.	80.4390
(6) THE S_JW CHARITABLE REMAINDER TRUST	SPLIT INTR AGRM	DC	N/A	TRUST	0.	377,672.	71.9041
(7) -----							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)

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

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 or (iv) rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)
- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)
- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees
- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses
- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

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	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	Yes	No
(1)	BOARDMAN INDEMNITY, LTD	Q	43,346,331.	CASH		X
(2)	BOARDMAN INDEMNITY, LTD	R	31,562,617.	CASH		X
(3)	AMERIGIVES, INC	O	1,156,016.	CASH		X
(4)						
(5)						
(6)						

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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
(1)	-----										
(2)	-----										
(3)	-----										
(4)	-----										
(5)	-----										
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(11)	-----										
(12)	-----										
(13)	-----										
(14)	-----										
(15)	-----										
(16)	-----										

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).
