

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2009, or tax year beginning 07/01, 2009, and ending 06/30, 20 10
For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

2009

Department of the Treasury
Internal Revenue Service

▶ See instructions on back.

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

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

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

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b <u>3,587,775,430.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____

Part II Declaration of Officer

6 I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution 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 2009 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here ▶

Brian J. Reven | 2-15-11
Signature of officer | Date

▶ Chief Financial Officer
Title

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

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in 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>2/15/11</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>				EIN <u>13-5565207</u>
	<u>1676 INTERNATIONAL DRIVE</u>				Phone no. <u>703-286-8000</u>
	<u>MCLEAN, VA 22102</u>				

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

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

Return of Organization Exempt From Income Tax

2009

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning 07/01, 2009, and ending 06/30, 2010

Header section containing organization name (AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT), address (2025 E STREET NW, WASHINGTON, DC 20006-5009), tax-exempt status (501(c)(3)), and website (WWW.REDCROSS.ORG).

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include mission statement, revenue (Total revenue: 3,587,775,430), expenses (Total expenses: 3,354,177,445), and net assets (Total assets: 3,861,363,138).

Part II Signature Block

Signature block containing declaration text, signature of officer, preparer's signature (KPMG LLP), and identifying information.

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.* Form 990 (2009)

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

ATTACHMENT 3

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 \$ 2,194,787,616. including grants of \$ _____) (Revenue \$ 2,219,161,636.)
BIOMEDICAL SERVICES - SEE SCHEDULE O

4b (Code: _____) (Expenses \$ 258,572,645. including grants of \$ 67,110,753.) (Revenue \$ _____)
DOMESTIC DISASTER SERVICES - SEE SCHEDULE O

4c (Code: _____) (Expenses \$ 250,993,504. including grants of \$ 183,894,000.) (Revenue \$ _____)
INTERNATIONAL RELIEF AND DEVELOPMENT SERVICES - SEE SCHEDULE O

4d Other program services. (Describe in Schedule O.) ATTACHMENT 4
(Expenses \$ 387,525,201. including grants of \$ _____) (Revenue \$ 145,326,113.)

4e Total program service expenses ▶ 3,091,878,966.

Part IV Checklist of Required Schedules

Table with 3 main columns: Question, Yes, No. Rows 1-20 contain various questions about organizational activities and reporting requirements. Row 12A includes a sub-table with Yes/No columns.

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to question 25.</i>	X	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Table with columns for question numbers (1a-12b), Yes/No checkboxes, and numerical answers. Includes questions about Form 1096, Form W-2G, Form W-3, and Form 990-T.

Part VII 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.

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (18), 1b Enter the number of voting members that are independent (17), 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X), 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (X), 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (X), 5 Did the organization become aware during the year of a material diversion of the organization's assets? (X), 6 Does the organization have members or stockholders? (X), 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (X), 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (X), 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X), b Each committee with authority to act on behalf of the governing body? (X), 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (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 Does the organization have local chapters, branches, or affiliates? (X), 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? (X), 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (X), 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990., 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (X), 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X), 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (X), 13 Does the organization have a written whistleblower policy? (X), 14 Does the organization have a written document retention and destruction policy? (X), 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X), b Other officers or key employees of the organization (X). If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.), 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X), 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? (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

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. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BONNIE MCELVEEN-HUNTER CHAIRMAN	25.00	X					0.	0.	0.	
SUZANNE NORA JOHNSON BOARD MEMBER	5.00	X					0.	0.	0.	
CESAR A ARISTEIGUIETA BOARD MEMBER	5.00	X					0.	0.	0.	
SANFORD A BELDEN BOARD MEMBER	5.00	X					0.	0.	0.	
JAMES W KEYES BOARD MEMBER	5.00	X					0.	0.	0.	
RICHARD PATTON BOARD MEMBER	4.00	X					0.	0.	0.	
RICHARD M FOUNTAIN BOARD MEMBER	4.00	X					0.	0.	0.	
JAMES G GOODWIN BOARD MEMBER	5.00	X					0.	0.	0.	
ANN F KAPLAN BOARD MEMBER	7.00	X					0.	0.	0.	
LAURENCE E PAUL BOARD MEMBER	10.00	X					0.	0.	0.	
ANNA MARIA LARSEN BOARD MEMBER	6.00	X					0.	0.	0.	
JOSEPH B PERELES BOARD MEMBER	8.00	X					0.	0.	0.	
MELANIE R SABELHAUS BOARD MEMBER	8.00	X					0.	0.	0.	
H MARSHALL SCHWARZ BOARD MEMBER	4.00	X					0.	0.	0.	
STEVEN H WUNNING BOARD MEMBER	4.00	X					0.	0.	0.	
PAULA E BOGGS BOARD MEMBER	5.00	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	(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			
YOUNGME E MOON BOARD MEMBER	4.00	X					0.	0.	0.	
ALLAN I GOLDBERG BOARD MEMBER	7.00	X					0.	0.	0.	
GAIL MCGOVERN PRESIDENT AND CEO	60.00	X		X			995,718.	0.	36,304.	
MARY ELCANO GENERAL COUNSEL & SECRETARY	60.00			X			376,041.	0.	53,475.	
BRIAN RHOA CHIEF FINANCIAL OFFICER	60.00			X			358,267.	0.	73,555.	
DALE BATEMAN SVP & CHIEF AUDIT EXECUTIVE	60.00			X			248,988.	0.	34,982.	
CHRISTINA SAMSON CHIEF INVESTMENT OFFICER	60.00				X		311,613.	0.	80,887.	
MELISSA HURST SVP HUMAN RESOURCES	60.00				X		309,848.	0.	51,960.	
JAMES HROUDA EXECUTIVE VP, BIOMEDICAL SERV	60.00				X		514,671.	0.	81,638.	
GERALD DEFRANCISCO PRESIDENT, HUMANITARIAN SERV	60.00				X		320,407.	0.	21,927.	
SHAUN GILMORE PRESIDENT, BIOMEDICAL SERVICES	60.00				X		808,724.	0.	41,765.	
THERESA BISCHOFF CEO, ARC OF GREATER NY	60.00					X	349,679.	0.	47,459.	
ELIZABETH O'NEILL DIVISION VP, BIOMEDICAL SERV	60.00					X	351,740.	0.	114,612.	
1b Total CONTINUED AT SCHEDULE J-2							6,266,411.	0.	908,510.	

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 **1,088**

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* **3** 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? *If "Yes," complete Schedule J for such individual* **4** X
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person* **5** X

	Yes	No
3	X	
4	X	
5		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 5		

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 **127**

Part VIII Statement of Revenue

53-0196605

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a 119,824,781.				
	b	Membership dues	1b				
	c	Fundraising events	1c 30,731,915.				
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e 62,449,570.				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f 924,582,976.				
	g	Noncash contributions included in lines 1a-1f: \$	24,595,564.				
	h	Total. Add lines 1a-1f ▶		1,138,134,583.			
Program Service Revenue				Business Code			
	2a	BIOMEDICAL PRODUCTS & SERVICES	541900	2,219,161,636.	2,219,161,636.		
	b	OTHER PRODUCTS & SERVICES	900099	145,326,113.	145,326,113.		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f ▶		2,364,487,749.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		52,196,372.			52,196,372.
	4	Income from investment of tax-exempt bond proceeds . . . ▶		0.			
	5	Royalties ▶		0.			
			(i) Real (ii) Personal				
	6a	Gross Rents	14,098,518.				
	b	Less: rental expenses	6,367,072.				
	c	Rental income or (loss)	7,731,446.				
	d	Net rental income or (loss) ▶		7,731,446.		17,873.	7,713,573.
			(i) Securities (ii) Other				
	7a	Gross amount from sales of assets other than inventory	312,013,000.	6,451,286.			
	b	Less: cost or other basis and sales expenses	315,614,352.	7,639,971.			
	c	Gain or (loss)	-3,601,352.	-1,188,685.			
	d	Net gain or (loss) ▶		-4,790,037.			-4,790,037.
	8a	Gross income from fundraising events (not including \$ 30,731,915. of contributions reported on line 1c). See Part IV, line 18 a		17,017,840.			
	b	Less: direct expenses b		15,024,551.			
	c	Net income or (loss) from fundraising events ▶		1,993,289.			1,993,289.
	9a	Gross income from gaming activities. See Part IV, line 19 a		1,694,411.			
	b	Less: direct expenses b		1,409,651.			
c	Net income or (loss) from gaming activities ▶		284,760.			284,760.	
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	28,134,324.	28,134,324.			
b	PARTNERSHIP & S-CORP LOSS	900099	-397,056.		-397,056.		
c							
d	All other revenue						
e	Total. Add lines 11a-11d ▶		27,737,268.				
12	Total Revenue. See instructions ▶		3,587,775,430.	2,392,622,073.	-379,183.	57,397,957.	

Part IX Statement of Functional Expenses

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	0.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	67,110,753.	67,110,753.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	183,894,000.	183,894,000.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	5,069,603.		4,745,186.	324,417.
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	1,370,368,165.	1,256,354,582.	59,222,551.	54,791,032.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	67,285,268.	62,253,129.	2,300,499.	2,731,640.
9 Other employee benefits	169,375,666.	156,095,334.	5,587,689.	7,692,643.
10 Payroll taxes	105,124,061.	92,868,698.	9,058,211.	3,197,152.
11 Fees for services (non-employees):				
a Management	159,774.	92,041.	54,822.	12,911.
b Legal	6,131,069.	5,507,695.	245,139.	378,235.
c Accounting	10,943,383.	4,362,875.	6,280,322.	300,186.
d Lobbying	109,627.	18,553.	2,941.	88,133.
e Professional fundraising services. See Part IV, line 17	0.			
f Investment management fees	397,985.	114,646.	256,109.	27,230.
g Other	185,465,289.	158,326,263.	9,029,959.	18,109,067.
12 Advertising and promotion	15,375,110.	13,706,965.	354,074.	1,314,071.
13 Office expenses	128,549,340.	117,688,827.	3,923,769.	6,936,744.
14 Information technology	35,347,821.	34,483,481.	559,948.	304,392.
15 Royalties	0.			
16 Occupancy	116,738,800.	107,159,125.	6,529,770.	3,049,905.
17 Travel	49,603,614.	45,680,304.	1,879,671.	2,043,639.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	4,190,548.	2,780,041.	712,029.	698,478.
20 Interest	34,191,488.	26,129,743.	5,135,318.	2,926,427.
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	89,394,415.	77,924,115.	8,210,413.	3,259,887.
23 Insurance	41,732,070.	39,612,487.	1,436,897.	682,686.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>BIOMEDICAL PROGRAM SUPPLIES</u>	503,011,918.	502,214,794.	759,911.	37,213.
b <u>OTHER PROGRAM SUPPLIES AND M</u>	85,300,008.	70,349,833.	2,810,098.	12,140,077.
c <u>MINOR EQUIPMENT PURCHASES</u>	57,915,029.	55,851,543.	1,542,931.	520,555.
d <u>AUTO RENTAL & MAINTENANCE</u>	5,166,862.	4,640,992.	396,452.	129,418.
e <u>OTHER ASSISTANCE</u>	9,655,769.	6,658,147.	1,071,225.	1,926,397.
f All other expenses	6,570,010.			6,570,010.
25 Total functional expenses. Add lines 1 through 24f	3,354,177,445.	3,091,878,966.	132,105,934.	130,192,545.
26 Joint Costs. Check here <input checked="" type="checkbox"/> If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	9,927,579.	6,526,846.	862,786.	2,537,947.

Part X Balance Sheet

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	214,606,303.	1	407,203,873.	
	2 Savings and temporary cash investments	590,758,674.	2	798,060,164.	
	3 Pledges and grants receivable, net	98,902,933.	3	99,899,658.	
	4 Accounts receivable, net	130,969,300.	4	81,473,265.	
	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)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	149,896,682.	8	129,755,952.	
	9 Prepaid expenses and deferred charges	185,433,069.	9	177,837,200.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1985114080.			
	b Less: accumulated depreciation	10b 894,582,213.			
	11 Investments - publicly traded securities	680,088,894.	11	601,206,159.	
	12 Investments - other securities. See Part IV, line 11	323,873,000.	12	475,395,000.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,518,225,420.	16	3,861,363,138.		
Liabilities	17 Accounts payable and accrued expenses	323,584,969.	17	371,044,531.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities	256,549,316.	20	245,022,320.	
	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	1,253,444.	23	762,177.	
	24 Unsecured notes and loans payable to unrelated third parties	355,490,832.	24	346,272,985.	
	25 Other liabilities. Complete Part X of Schedule D	908,880,391.	25	939,373,988.	
	26 Total liabilities. Add lines 17 through 25	1,845,758,952.	26	1,902,476,001.	
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	459,983,102.	27	448,141,841.	
	28 Temporarily restricted net assets	620,214,102.	28	884,910,444.	
	29 Permanently restricted net assets	592,269,264.	29	625,834,852.	
	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	1,672,466,468.	33	1,958,887,137.	
	34 Total liabilities and net assets/fund balances	3,518,225,420.	34	3,861,363,138.	

Part XI Financial Statements and Reporting

- 1** Accounting method used to prepare the Form 990: Cash Accrual 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?
- b** Were the organization's financial statements audited by an independent accountant?
- 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.
- 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 consolidated basis, separate basis, or both:
 Separate basis Consolidated basis 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?
- 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.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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

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

(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	
Total									

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

Section A. Public Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (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) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc.; 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 2009 (line 6, column (f) divided by line 11, column (f)) 92.87%; 15 Public support percentage from 2008 Schedule A, Part II, line 14 93.03%; 16a 33 1/3% support test - 2009. 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 - 2008. 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 - 2009. 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 - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

Section A. Public Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (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.

Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (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.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Rows: 15 Public support percentage for 2009; 16 Public support percentage from 2008 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Rows: 17 Investment income percentage for 2009; 18 Investment income percentage from 2008 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2009. 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.

b 33 1/3% support tests - 2008. 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.

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
PURCHASES, REBATES, REFUNDS,	8,010,411.	16,915,587.	4,348,900.	7,554,402.	18,712,251.	55,541,551.
ETC.						
TOTALS	<u>8,010,411.</u>	<u>16,915,587.</u>	<u>4,348,900.</u>	<u>7,554,402.</u>	<u>18,712,251.</u>	<u>55,541,551.</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

2009

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), 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 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 payments were made. 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-.

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>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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2 a Lobbying non-taxable 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 columns (a) Yes/No and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members, legislators, or the public?; e Publications, or published or broadcast statements?; f Grants to other organizations for lobbying purposes?; g Direct contact with legislators, their staffs, government officials, or a legislative body?; h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?; i Other activities?; j Total. Add lines 1c through 1i; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?.

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

Part III-B 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 columns 1, 2a, 2b, 2c, 3, 4, 5. 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

Series of horizontal dashed lines for providing supplemental information.

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

2009

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

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 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year, and two questions about donor informed consent.

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

Form with multiple sections: 1. Purpose(s) of conservation easements held by the organization (check all that apply). 2. Complete lines 2a through 2d if the organization held a qualified conservation contribution... 3. Number of conservation easements modified... 4. Number of states where property subject to conservation easement is located... 5. Does the organization have a written policy regarding the periodic monitoring... 6. Staff and volunteer hours devoted to monitoring... 7. Amount of expenses incurred in monitoring... 8. Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? 9. In Part XIV, describe how the organization reports conservation easements...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form with multiple sections: 1a. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. 1b. If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a. Revenues included in Form 990, Part VIII, line 1 b. Assets included in Form 990, Part X

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

Schedule D (Form 990) 2009

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? Yes No

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? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

Table with 2 columns: Description (1c-1f), Amount

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

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.

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

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows 1a-1e and Total.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) 1,090,531,867.

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
Financial derivatives		
Closely-held equity interests		
Other MARKETABLE AND NONMARKETABLE	475,395,000.	FMV
ALTERNATIVE FUNDS:		
NET ASSETS VALUE PER AUDITED		
FINANCIAL STATEMENTS		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	475,395,000.	

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
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
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	
Federal income taxes		
PENSION AND POST-RETIREMENT BENEFIT	762,292,497.	
INSURANCE (LOSS RESERVES AND CLAIMS	113,782,519.	
SPLIT-INTEREST AGREEMENT LIABILITIE	21,504,229.	
ADVANCES AND OTHER MISC LIABILITIES	41,794,743.	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	939,373,988.	

2. FIN 48 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.

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

Table with 10 rows and 3 columns: Line number, Description, and Amount. Total revenue (Form 990, Part VIII, column (A), line 12) is 3,587,775,430.

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

Table with 5 main rows and sub-rows (a-e) and 3 columns: Line number, Description, and Amount. Total revenue, gains, and other support per audited financial statements is 3657256000.

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

Table with 5 main rows and sub-rows (a-e) and 3 columns: Line number, Description, and Amount. Total expenses and losses per audited financial statements is 3370835000.

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, LINE 4

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 XI, LINE 8 AND PART XII, LINE 2D

OTHER

PRIMARILY, THIS AMOUNT REPRESENTS EMPLOYEE RETIREMENT SYSTEM PENSION AND POST-RETIREMENT BENEFIT PLAN LOSSES PER PROVISIONS OF ASC 715 (FORMER FASB 87 AND 106).

Part XIV Supplemental Information (continued)

SCHEDULE D, PART XII, LINE 4B AND PART XIII, LINE 2D

OTHER

AMOUNT PRIMARILY REPRESENTS RENTAL REAL ESTATE RELATED EXPENSES.

SCHEDULE D, PART X, LINE 2

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'S 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.

**Schedule F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b line 15, or line 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 IV the organization's procedures for monitoring the use of grant funds outside the United States.

3 Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
CENTRAL AMERICA/CARIBBEAN	2	19	PROGRAM SERVICES	DISASTER RESPONSE	123,533,724.
SOUTH AMERICA	2	1	PROGRAM SERVICES	DISASTER RESPONSE	4,613,270.
EUROPE		2	PROGRAM SERVICES	DISASTER RESPONSE	1,531,865.
EAST ASIA AND THE PACIFIC	3	22	PROGRAM SERVICES	DISASTER RESPONSE	58,610,115.
NORTH AMERICA	1	1	PROGRAM SERVICES	DISASTER RESPONSE	723,051.
RUSSIA/INDEPENDENT STATES	1	2	PROGRAM SERVICES	GENERAL HEALTH	1,635,670.
SOUTH ASIA	4	7	PROGRAM SERVICES	DISASTER RECOVERY	21,617,672.
SUB-SAHARAN AFRICA	2	3	PROGRAM SERVICES	DISASTER RESPONSE	5,703,930.
MIDDLE EAST AND NORTH AFRICA		1	PROGRAM SERVICES	DISASTER RESPONSE	472,681.
CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		
EAST ASIA AND THE PACIFIC			INVESTMENTS		
NORTH AMERICA			INVESTMENTS		
RUSSIA/INDEPENDENT STATES			INVESTMENTS		
SOUTH AMERICA			INVESTMENTS		
SOUTH ASIA			INVESTMENTS		
SUB-SAHARAN AFRICA			INVESTMENTS		
CENTRAL AMERICA/CARIBBEAN				INSURANCE	33,912,393.
Totals ▶	15	58			252,354,371.

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

Schedule F (Form 990) 2009

JSA
9E1274 2.000

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EUROPE/ICELAND/GREENLAND	DISASTER RESPONSE	66,619,807.	WIRE		N/A	
			EUROPE/ICELAND/GREENLAND	DISASTER RESPONSE	4,297,587.	WIRE		N/A	
			EAST ASIA/PACIFIC	DISASTER RESPONSE	1,572,367.	WIRE		N/A	
			CENT. AMERICA/CARIBBEAN	DISASTER PREPAREDNESS	95,908.	WIRE		N/A	
			EAST ASIA/PACIFIC	DISASTER PREPAREDNESS	88,437.	WIRE		N/A	
			EAST ASIA/PACIFIC	DISASTER RECOVERY	673,724.	WIRE		N/A	
			SOUTH AMERICA	DISASTER PREPAREDNESS	403,444.	WIRE		N/A	
			CENT. AMERICA/CARIBBEAN	DISASTER PREPAREDNESS	15,000.	WIRE		N/A	
			SOUTH AMERICA	DISASTER PREPAREDNESS	6,165.	WIRE		N/A	
			CENT. AMERICA/CARIBBEAN	DISASTER PREPAREDNESS	30,870.	WIRE		N/A	
			SOUTH AMERICA	DISASTER PREPAREDNESS	240,150.	WIRE		N/A	
			CENT. AMERICA/CARIBBEAN	DISASTER RESPONSE	2,394,392.	WIRE		N/A	
			CENT. AMERICA/CARIBBEAN	DISASTER PREPAREDNESS	12,374.	WIRE		N/A	
			SOUTH ASIA	DISASTER RECOVERY	805,094.	WIRE		N/A	
			EAST ASIA/PACIFIC	DISASTER RECOVERY	3,811,388.	WIRE		N/A	
			MIDDLE EAST/NORTH AFRICA	DISASTER PREPAREDNESS	200,000.	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 III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

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

Part IV Supplemental Information

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

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.

Continuation Sheet for Schedule F (Form 990)

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 to list additional information for
Schedule F (Form 990) Part I, line 3; Part II, line 1; or Part III.
▶ See instructions for Schedule F (Form 990).

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

Employer identification number
53-0196605

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Totals					

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			EUROPE/ICELAND/GREENLAND	DISASTER RESPONSE	1,088,042.	WIRE		N/A	
			RUSSIA	DISASTER PREPAREDNESS	24,700.	WIRE		N/A	
			SUB-SAHARAN AFRICA	DISASTER RECOVERY	1,141,279.	WIRE		N/A	
			NORTH AMERICA	DISASTER RECOVERY	424,930.	WIRE		N/A	
			SUB-SAHARAN AFRICA	GENERAL HEALTH	453,688.	WIRE		N/A	
			SOUTH ASIA	DISASTER RECOVERY	233,996.	WIRE		N/A	
			EAST ASIA/PACIFIC	DISASTER PREPAREDNESS	372,816.	WIRE		N/A	
			SOUTH AMERICA	DISASTER PREPAREDNESS	48,675.	WIRE		N/A	
			SOUTH AMERICA	DISASTER RECOVERY	347,797.	WIRE		N/A	
			EAST ASIA/PACIFIC	DISASTER PREPAREDNESS	35,151.	WIRE		N/A	
			RUSSIA	DISASTER PREPAREDNESS	441,474.	WIRE		N/A	
			SUB-SAHARAN AFRICA	DISASTER PREPAREDNESS	97,011.	WIRE		N/A	
			CENT. AMERICA/CARIBBEAN	DISASTER PREPAREDNESS	119,446.	WIRE		N/A	
			SOUTH ASIA	DISASTER RECOVERY	4,610,910.	WIRE		N/A	
			SUB-SAHARAN AFRICA	DISASTER RECOVERY	200,000.	WIRE		N/A	
			SUB-SAHARAN AFRICA	DISASTER PREPAREDNESS	1,131,374.	WIRE		N/A	
			EAST ASIA/PACIFIC	DISASTER RECOVERY	1,770,764.	WIRE		N/A	
			SUB-SAHARAN AFRICA	DISASTER PREPAREDNESS	312,644.	WIRE		N/A	
			RUSSIA	DISASTER PREPAREDNESS	257,449.	WIRE		N/A	

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

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)
			EAST ASIA/PACIFIC	DISASTER PREPAREDNESS	472,950.	WIRE		N/A	
			EUROPE/ICELAND/GREENLAND	MEASLES	1,848,769.	WIRE		N/A	
			NORTH AMERICA	WATER SANITATION	1,201,791.	WIRE		N/A	
			NORTH AMERICA	DISASTER RESPONSE	30,000,000.	WIRE		N/A	
			MIDDLE EAST/NORTH AFRICA	DISASTER RESPONSE	8,227,141.	WIRE		N/A	
			EUROPE/ICELAND/GREENLAND	DISASTER RESPONSE	111,107.	WIRE		N/A	
			SOUTH ASIA	DISASTER PRE	27,087.	WIRE		N/A	
			EUROPE/ICELAND/GREENLAND	DISASTER PREPAREDNESS	40,000.	WIRE		N/A	
			EAST ASIA/PACIFIC	DISASTER PREPAREDNESS	142,480.	WIRE		N/A	
			EUROPE/ICELAND/GREENLAND	MEASLES	1,249,000.	WIRE		N/A	

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

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

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2009

Open To Public Inspection

Department of the Treasury Internal Revenue Service

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.

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... 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.

Table with 6 columns: (i) Name of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col. (i), (vi) Amount paid to (or retained by) organization. Includes a Total row at the bottom.

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

Horizontal dashed lines for listing states.

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events	
		ANNUAL BALL GNY (event type)	ANNUAL BALL GRE (event type)	286 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	1,677,967.	1,511,791.	44,559,997.	47,749,755.
	2	Less: Charitable contributions	1,573,467.	1,358,959.	27,799,489.	30,731,915.
	3	Gross income (line 1 minus line 2)	104,500.	152,832.	16,760,508.	17,017,840.
Direct Expenses	4	Cash prizes			1,243,394.	1,243,394.
	5	Noncash prizes			309,696.	309,696.
	6	Rent/facility costs	129,516.		1,410,562.	1,540,078.
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	52,109.	528,944.	11,350,330.	11,931,383.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Combine line 3, column (d), and line 10					1,993,289.

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 100.0000 %	X	Yes _____ %	X	Yes 90.0000 %	
Revenue	1	Gross revenue		1,649,311.		45,100.		1,694,411.
	Direct Expenses	2	Cash prizes		1,084,512.		21,509.	
3		Noncash prizes		2,851.				2,851.
4		Rent/facility costs		96,222.				96,222.
5		Other direct expenses		194,965.		9,592.		204,557.
6		X	Yes 100.0000 %		Yes _____ %	X	Yes 90.0000 %	
7	Direct expense summary. Add lines 2 through 5 in column (d)							(1,409,651.)
8	Net gaming income summary. Combine line 1, column d, and line 7							284,760.

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities: <u>IL, VA,</u>		
a Is the organization licensed to operate gaming activities in each of these states?	X	
b If "No," explain:		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?		X
b If "Yes," explain:		
11 Does the organization operate gaming activities with nonmembers?		X
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?		X

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?

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

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

c If "Yes," enter name and address 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?

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 ▶ \$ _____

17a		X
------------	--	---

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**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

2009

**Open to Public
Inspection**

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

Employer identification number
53-0196605

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" 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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
DISASTER RELIEF PAYMENTS		67,110,753.			

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

SCHEDULE I SUPPLEMENTAL INFORMATION

SEE SCHEDULE O

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

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 is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

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

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

Schedule J (Form 990) 2009

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) 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				
MARY ELCANO	(i)	372,328.	0.	3,713.	47,705.	5,770.	429,516.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
BRIAN RHOA	(i)	357,446.	0.	821.	54,913.	18,642.	431,822.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
DALE BATEMAN	(i)	247,322.	0.	1,666.	30,379.	4,603.	283,970.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
THERESA BISCHOFF	(i)	347,294.	0.	2,385.	40,139.	7,320.	397,138.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ELIZABETH O'NEILL	(i)	310,391.	33,700.	7,649.	100,669.	13,943.	466,352.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
WILLIAM MOORE	(i)	348,020.	0.	844.	34,160.	18,648.	401,672.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
CHRISTINA SAMSON	(i)	281,705.	28,000.	1,908.	68,016.	12,871.	392,500.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
MELISSA HURST	(i)	309,423.	0.	425.	38,623.	13,337.	361,808.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JEFFREY TOWERS	(i)	357,710.	0.	1,296.	11,642.	18,669.	389,317.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JAMES HROUDA	(i)	433,414.	0.	81,257.	71,135.	10,503.	596,309.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
GERALD DEFRANCISCO	(i)	318,031.	0.	2,376.	18,001.	3,926.	342,334.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
SHAUN GILMORE	(i)	490,552.	75,000.	243,172.	23,096.	18,669.	850,489.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
GREG BALLISH	(i)	335,202.	0.	1,271.	34,270.	18,648.	389,391.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
RICHARD KANE	(i)	275,406.	0.	966.	127,094.	6,815.	410,281.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
GAIL MCGOVERN	(i)	518,806.	0.	476,912.	30,966.	5,338.	1,032,022.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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 2009, THE PRESIDENT AND CEO EARNED A BASE SALARY OF \$500,000. DUE TO

THE TIMING OF PAYROLL CHECKS, SHE WAS PAID \$518,806 IN 2009, WHICH WAS

INCLUDED ON HER 2009 W-2 AND IS REFLECTED IN THE AMOUNT SHOWN ON SCHEDULE

J, PART II, COLUMN B (I). HER SALARY HAS REMAINED AT THIS LEVEL -

WITHOUT ANY PAY INCREASE - SINCE SHE JOINED THE RED CROSS IN 2008 AND IS

CONSIDERED IN THE MID-RANGE OF SALARIES FOR EXECUTIVES OF LARGE

NON-PROFITS LIKE THE RED CROSS, WHICH IS A \$3 BILLION A YEAR OPERATION.

THE PRESIDENT AND CEO CHOSE TO FOREGO HER PERFORMANCE BONUS FOR 2009 - AS

SHE DID THE YEAR BEFORE - EVEN THOUGH SHE MET AND EXCEEDED PERFORMANCE

MEASURES, INCLUDING TURNING A \$209 MILLION OPERATING DEFICIT INTO A

MODEST SURPLUS. THIS IS REFLECTED IN THE \$0 AMOUNT SHOWN ON SCHEDULE J,

PART II, COLUMN B (II). THE PRESIDENT AND CEO ALSO HAS PERSONALLY GIVEN

\$175,000 TO THE AMERICAN RED CROSS IN CHARITABLE DONATIONS SINCE BECOMING

CEO IN 2008.

IN ADDITION, THE PRESIDENT AND CEO RECEIVED A ONE-TIME REIMBURSEMENT OF

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.

\$473,570 TO COVER CLOSING AND RELATED COSTS FOR HER RELOCATION FROM BOSTON TO WASHINGTON D.C. TO WORK AT THE NATIONAL HEADQUARTERS. THE PAYMENT IS CONSISTENT WITH THE STANDARD RED CROSS POLICY FOR EXECUTIVES REQUIRED TO RELOCATE. THESE AMOUNTS WERE INCLUDED IN HER 2009 W-2 AND IS REFLECTED IN THE AMOUNT SHOWN ON SCHEDULE J, PART II, COLUMN B (III). THE RED CROSS ALSO 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 2009, THE PRESIDENT, BIOMEDICAL SERVICES, EARNED A BASE SALARY OF \$475,000. DUE TO THE TIMING OF PAYROLL CHECKS, HE WAS PAID \$490,552 IN 2009, WHICH WAS INCLUDED ON HIS 2009 W-2 AND IS REFLECTED IN THE AMOUNT SHOWN ON SCHEDULE J, PART II, COLUMN B (I). HE ALSO RECEIVED \$75,000 WHICH WAS PART OF HIS SIGN-ON BONUS, WHICH IS THE AMOUNT SHOWN ON SCHEDULE J, PART II, COLUMN B (II). IN ADDITION, RELOCATION ASSISTANCE PAYMENTS AND REIMBURSEMENTS WERE ALSO MADE TO THE PRESIDENT, BIOMEDICAL SERVICES, PURSUANT TO THE RED CROSS' STANDARD RELOCATION POLICY, IN THE AMOUNT OF \$240,627. THIS AMOUNT WAS INCLUDED IN HIS 2009 W-2 AND IS

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.

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

IN 2009, THE EXECUTIVE VICE PRESIDENT, BIOMEDICAL SERVICES, EARNED A BASE SALARY OF \$400,000. DUE TO THE TIMING OF PAYROLL CHECKS, HE WAS PAID \$433,414 IN 2009, WHICH WAS INCLUDED ON HIS 2009 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 \$80,692 WAS PAID TO THE EXECUTIVE VICE PRESIDENT, BIOMEDICAL SERVICES, IN RELATIONSHIP TO A CONTINUATION OF THE TERMS OF HIS INITIAL EMPLOYMENT AGREEMENT WITH THE RED CROSS AS APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD. THIS AMOUNT WAS INCLUDED IN HIS 2009 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).

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 7

\$28,000, THE AMOUNT SHOWN IN PART II, COLUMN B(II) FOR THE CHIEF

INVESTMENT OFFICER, WAS PAID BASED ON HER PRIOR YEAR PERFORMANCE, AND

WAS APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD. \$33,700, THE

AMOUNT SHOWN FOR THE DIVISION VP, BIOMEDICAL SERVICES, WAS PAID BASED ON

A WRITTEN VARIABLE INCENTIVE PAY PLAN AND WAS APPROVED BY THE SVP,

BIOMEDICAL SERVICES, AND THE SVP, HUMAN RESOURCES, PER THE INCENTIVE PLAN

DOCUMENT.

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 THE EVP,

BIOMEDICAL SERVICES. THE ORIGINAL BASE SALARY AMOUNTS AND SIGNING

BONUSES PAID TO PERSONS COVERED BY THIS PROVISION, AND ANY 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

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2009

**Open to Public
Inspection**

▶ **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.**

Department of the Treasury
Internal Revenue Service

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) Deceased		(h) On behalf of issuer	
						Yes	No	Yes	No
A CONNECTICUT DEVEL. AUTHORITY	06-6000799		12/05/2005	2,303,600.	CURRENT REFUNDING OF PRIOR BON		X		X
B MARYLAND ECONOMIC DEVEL. CORP.	52-1376562		12/02/2003	4,250,000.	LAND ACQUISITION AND BUILDING		X		X
C ILLINOIS DEVEL. FIN. AUTHORITY IND. DEVEL.	37-0988139		02/27/2003	8,000,000.	CONSTRUCTION AND EQUIPPING OF		X		X
D CALI. INFRASTRUCTURE & ECON. DEVEL. BANK	63-0304653	13033WV26	10/09/2008	40,325,000.	CURRENT REFUNDING OF PRIOR BONDS I		X		X
E CAMBRIA COUNTY IND. DEVEL. AUTHORITY	25-1334277	132047BY6	10/09/2008	20,245,000.	CURRENT REFUNDING OF PRIOR BON		X		X

Part II Proceeds

	A		B		C		D		E	
1 Total proceeds of issue	2,303,600.		2,450,000.		8,000,000.		40,325,000.		20,245,000.	
2 Gross proceeds in reserve funds										
3 Proceeds in refunding or defeasance escrows	2,258,451.						40,000,000.		20,000,000.	
4 Other unspent proceeds										
5 Issuance costs from proceeds	45,149.		29,000.		89,000.		325,000.		244,999.	
6 Working capital expenditures from proceeds										
7 Capital expenditures from proceeds			2,421,000.		7,911,000.					
8 Year of substantial completion	2003		2004		2004		2005		2005	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9 Were the bonds issued as part of a current refunding issue?	X			X		X	X		X	
10 Were the bonds issued as part of an advance refunding issue?		X		X		X		X		X
11 Has the final allocation of proceeds been made?	X		X		X		X		X	
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X		X	

Part III Private Business Use

	A		B		C		D		E	
	Yes	No	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		X		X		X
2 Are there any lease arrangements with respect to the financed property which may result in private business use?		X		X		X		X		X

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

Schedule K (Form 990) 2009

JSA

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

2009

**Open to Public
Inspection**

▶ **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.**

Department of the Treasury
Internal Revenue Service

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	
						Yes	No	Yes	No
A NYC IND. DEVEL.	13-2906040	64971C8B3	02/28/2006	30,337,879.	ACQUISITION & RENOVATION OF BUILDI		X		X
B									
C									
D									
E									

Part II Proceeds

	A		B		C		D		E	
1 Total proceeds of issue	30,337,879.									
2 Gross proceeds in reserve funds										
3 Proceeds in refunding or defeasance escrows										
4 Other unspent proceeds										
5 Issuance costs from proceeds	209,491.									
6 Working capital expenditures from proceeds										
7 Capital expenditures from proceeds	30,128,388.									
8 Year of substantial completion	2006									
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9 Were the bonds issued as part of a current refunding issue?		X								
10 Were the bonds issued as part of an advance refunding issue?		X								
11 Has the final allocation of proceeds been made?	X									
12 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X									

Part III Private Business Use

	A		B		C		D		E	
	Yes	No	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								
2 Are there any lease arrangements with respect to the financed property which may result in private business use?		X								

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

Schedule K (Form 990) 2009

JSA

Part III Private Business Use (Continued)

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

Part IV Arbitrage

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X		X
2 Is the bond issue a variable rate issue?	X		X		X		X		X	
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X		X		X		X
b Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?		X		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		X
6 Did the bond issue qualify for an exception to rebate?	X		X		X		X		X	

Part III Private Business Use (Continued)

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

Part IV Arbitrage

	A		B		C		D		E	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X								
2 Is the bond issue a variable rate issue?		X								
3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X								
b Name of provider										
c Term of hedge										
4a Were gross proceeds invested in a GIC?		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								
6 Did the bond issue qualify for an exception to rebate?	X									

**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.**

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Employer identification number
53-0196605

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art-Works of art				
2 Art-Historical treasures				
3 Art-Fractional interests				
4 Books and publications	X		43,645.	FMV
5 Clothing and household goods	X		4,310,654.	FMV
6 Cars and other vehicles	X		1,637,805.	FMV
7 Boats and planes				
8 Intellectual property				
9 Securities-Publicly traded	X		1,529.	FMV
10 Securities-Closely held stock				
11 Securities-Partnership, LLC, or trust interests	X		160,000.	FMV
12 Securities-Miscellaneous				
13 Qualified conservation contribution-Historic structures				
14 Qualified conservation contribution-Other				
15 Real estate-Residential				
16 Real estate-Commercial	X		116,742.	FMV
17 Real estate-Other				
18 Collectibles				
19 Food inventory	X		14,272,121.	FMV
20 Drugs and medical supplies	X		256,070.	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (VARIOUS)	X		3,796,998.	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**

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, line 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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.

Area with horizontal dashed lines for supplemental information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

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ATTACHMENT 2

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 2010, THE ORGANIZATION COLLECTED OVER 6 MILLION PRODUCTIVE
UNITS OF BLOOD FROM OVER 4 MILLION DONORS AND SUPPLIED 2,900 HOSPITALS
AND OTHER FACILITIES WITH BLOOD AND BLOOD PRODUCTS FOR TRANSFUSION.

4B DOMESTIC DISASTER SERVICES: THE ORGANIZATION RESPONDED TO 9
LARGE-SCALE (LEVELS 4S AND 5S) DISASTERS IN FISCAL YEAR 2010 INCLUDING:
AN EARTHQUAKE/Tsunami IN AMERICAN SAMOA, TORNADOS IN ALABAMA, OKLAHOMA
AND MISSISSIPPI, AND FLOODS IN GEORGIA, KENTUCKY, NEW JERSEY, TENNESSEE,
AND WEST VIRGINIA. THROUGH ITS NETWORK OF 650 CHAPTERS IN ALL 50 STATES,
AS WELL AS OFFSHORE U.S. TERRITORIES IN THE CARIBBEAN AND THE PACIFIC,
THE RED CROSS RESPONDED TO OVER 62,000 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 FY10, THE NUMBER OF TRAINED DISASTER WORKERS WAS
APPROXIMATELY 90,000. CHAPTERS THROUGHOUT THE COUNTY TRAINED THOUSANDS

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ATTACHMENT 2 (CONT'D)

MORE TO PREPARE FOR AND RESPOND TO DISASTERS WITHIN THEIR COMMUNITIES.

THE AMERICAN RED CROSS OVERALL GOAL IS TO BUILD A "CULTURE OF PREPAREDNESS" BY ENCOURAGING AMERICANS TO UNDERSTAND THEIR INDIVIDUAL RISK AND GEOGRAPHICAL THREATS AND THEN TAKE ACTION TO ADOPT SPECIFIC PREPAREDNESS BEHAVIORS. A SIMPLE THREE-STEP MESSAGE, "GET A KIT, MAKE A PLAN, AND BE INFORMED," IS OUR PUBLIC CALL TO ACTION FOR CITIZEN PREPAREDNESS.

4C INTERNATIONAL RELIEF AND DEVELOPMENT SERVICES: THE ORGANIZATION HELPS VULNERABLE PEOPLE AROUND THE WORLD, PREVENT, PREPARE FOR, AND RESPOND TO DISASTERS, COMPLEX HUMANITARIAN EMERGENCIES, AND LIFE-THREATENING HEALTH CONDITIONS THROUGH GLOBAL INITIATIVES AND COMMUNITY-BASED PROGRAMS. WITH A FOCUS ON DISEASE PREVENTION ON A MASS-SCALE, DISASTER PREPAREDNESS AND RESPONSE, RESTORING FAMILY LINKS, AND THE DISSEMINATION OF INTERNATIONAL HUMANITARIAN LAW, THE ORGANIZATION PROVIDES RAPID, EFFECTIVE, AND LARGE-SCALE HUMANITARIAN ASSISTANCE TO THOSE IN NEED. TO ACHIEVE OUR GOALS, THE ORGANIZATION WORKS WITH OUR PARTNERS IN THE INTERNATIONAL RED CROSS AND RED CRESCENT MOVEMENT AND OTHER INTERNATIONAL RELIEF AND DEVELOPMENT AGENCIES TO BUILD LOCAL CAPACITIES, MOBILIZE AND EMPOWER COMMUNITIES, AND ESTABLISH PARTNERSHIPS.

4D 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

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ATTACHMENT 2 (CONT'D)

FOR AND RESPOND TO DISASTERS AND OTHER LIFE-THREATENING EMERGENCIES.

AMERICAN RED CROSS EMPLOYEES AND REGISTERED VOLUNTEERS HELP SUSTAIN AND DELIVER HEALTH AND SAFETY PROGRAMS AND SERVICES INCLUDING: FIRST AID/CPR/AED (WITH AUTOMATED EXTERNAL DEFIBRILLATION "AED" INFORMATION AND SKILLS); AQUATICS (LIFEGUARDING, WATER SAFETY); CAREGIVING (BABYSITTER'S TRAINING, FAMILY CAREGIVING, NURSE ASSISTANT TRAINING); HIV/AIDS PREVENTION EDUCATION (MULTI-CULTURAL, CULTURALLY SPECIFIC AFRICAN-AMERICAN AND HISPANIC, WORKPLACE).

4D COMMUNITY SERVICES: AMERICAN RED CROSS CHAPTERS OFFER COMMUNITY SERVICES THAT HELP PEOPLE LEAD SAFER, HEALTHIER LIVES; ALLOW FOR GREATER SELF-RELIANCE; AND IMPROVE THE QUALITY OF LIFE FOR SOCIETY'S MOST VULNERABLE. COUNTLESS LIVES ARE TOUCHED EACH DAY BY THESE SERVICES THAT INCLUDE: TRANSPORTATION FOR THE DISABLED; SHELTERS FOR THE HOMELESS; NUTRITION FOR THE ELDERLY; HOSPITAL/NURSING HOME VOLUNTEERS.

4D SERVICE TO THE ARMED FORCES: THE ORGANIZATION PROVIDES MILITARY 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 COUNTRY FINANCIAL ACCOUNTS
COMPLETE LIST OF COUNTRIES

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

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ATTACHMENT 2 (CONT'D)

TANZANIA.

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

LINE 4 - IN FY10 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 JANUARY 27, 2010 TO CLARIFY THE CEO AS A MEMBER OF THE BOARD AND (2) ON JUNE 16, 2010 TO CLARIFY THAT A "VACANCY" IN THE POSITION OF THE CHAIRMAN IS COVERED IN THE SAME WAY AS AN "ABSENCE" AND TO CONFORM TWO SECTIONS OF THE BYLAWS - SECTION 2.4(A)(II) AND SECTION 5.6.

LINE 6 - AS DEFINED IN THE CONGRESSIONAL CHARTER: "MEMBERSHIP IN THE CORPORATION IS OPEN TO ALL THE PEOPLE OF THE UNITED STATES AND ITS TERRITORIES AND POSSESSIONS, ON PAYMENT OF AN AMOUNT SPECIFIED OR AS OTHERWISE PROVIDED IN THE BYLAWS."

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

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

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ATTACHMENT 2 (CONT'D)

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 11A, 12C, 15 & 16B

LINE 11A - THE COMPENSATION AND MANAGEMENT DEVELOPMENT COMMITTEE REVIEWED THE IRS FORM 990 DURING A MEETING HELD ON FEBRUARY 10, 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 ACCOUNTING FIRM KPMG, THE GENERAL COUNSEL AND THE SENIOR VICE PRESIDENT, HUMAN RESOURCES WITH FINAL REVIEW BY KPMG AND 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 MEET INDEPENDENCE STANDARDS OUTLINED IN THE BYLAWS AND ANNUALLY EXECUTE THE CODE OF BUSINESS ETHICS AND CONDUCT. ADDITIONALLY, TO DISCLOSE AND REMEDY ACTUAL OR PERCEIVED BUSINESS, FINANCIAL OR PERSONAL CONFLICTS OF INTEREST, EVERY MEMBER OF THE BOARD OF GOVERNORS MUST ALSO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE (THE QUESTIONNAIRE) ANNUALLY. OTHER OFFICERS AND KEY EMPLOYEES ARE ALSO REQUIRED TO EXECUTE THE CODE OF BUSINESS ETHICS AND CONDUCT AND THE QUESTIONNAIRE ANNUALLY.

SECTION 2.3(B) OF THE AMENDED AND RESTATED BYLAWS OF THE AMERICAN RED CROSS FURTHER CLARIFIES THAT SERVICE BY A PERSON AS THE CHAIRMAN OR AS

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ATTACHMENT 2 (CONT'D)

THE CHIEF EXECUTIVE OFFICER SHALL NOT DISQUALIFY SUCH PERSON FROM SERVING AS A MEMBER OF THE BOARD IF THE BOARD DETERMINES THAT SUCH PERSON IS OTHERWISE INDEPENDENT.

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

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ATTACHMENT 2 (CONT'D)

REMEDICATION WITH THE BOARD MEMBER OR OTHER OFFICER OR KEY EMPLOYEE OCCURS
WITH INTERIM DISCLOSURES.

LINE 15 - THE BOARD OF GOVERNORS OF THE AMERICAN RED CROSS HAS DELEGATED
AUTHORITY TO THE COMPENSATION AND MANAGEMENT DEVELOPMENT COMMITTEE (THE
"COMMITTEE") OF THE BOARD TO REVIEW AND MAKE DETERMINATIONS REGARDING THE
COMPENSATION, BENEFITS, AND INCENTIVE PROGRAMS FOR THE CEO AND OTHER
SENIOR OFFICERS AND EXECUTIVES OF THE AMERICAN RED CROSS. THE COMMITTEE
IS COMPOSED ENTIRELY OF BOARD MEMBERS WHO DO NOT HAVE 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 IN 2009 FOR EXECUTIVES HOLDING THE
FOLLOWING POSITIONS: EXECUTIVE VICE PRESIDENT, BIOMEDICAL SERVICES,
PRESIDENT, HUMANITARIAN SERVICES, AND CHIEF INVESTMENT OFFICER.

LINE 16B - THE AMERICAN RED CROSS MAY USE COLLABORATIONS, PARTNERSHIPS,

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ATTACHMENT 2 (CONT'D)

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

FORM 990, PART VI, SECTION C, LINE 19

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

SCHEDULE I, PART III

MONITORING GRANTS

THE AMERICAN NATIONAL RED CROSS DID NOT MAKE SPECIFIC FINANCIAL ASSISTANCE TO ANY ONE INDIVIDUAL DURING FISCAL YEAR 2010 EXCEEDING \$5,000.

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

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ATTACHMENT 2 (CONT'D)

MANAGEMENT. THE AMERICAN RED CROSS PLACED THE PROPER CONTROL PROCEDURES
AROUND MONITORING THE USE OF FINANCIAL ASSISTANCE IN THE UNITED STATES.

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

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
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

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ATTACHMENT 2 (CONT'D)

REGULAR FINANCIAL SUPPORT AND DISASTER RELIEF ASSISTANCE. THE AMERICAN
RED CROSS HAS ONGOING RELATIONSHIPS WITH ALL SUCH RED CROSS ORGANIZATIONS
WHICH ARE GOVERNED BY HUMANITARIAN PRINCIPLES AND QUALIFY FOR SUCH
ASSISTANCE.

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

ATTACHMENT 3

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.

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ATTACHMENT 4

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

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
HEALTH & SAFETY SERVICES		216,946,457.	145,326,113.
COMMUNITY SERVICES		105,278,518.	
SERVICE TO THE ARMED FORCES		65,300,226.	
SEE SCHEDULE O FOR DESCRIPTIONS			
TOTALS		<u>387,525,201.</u>	<u>145,326,113.</u>

ATTACHMENT 5

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
COMPUTER SCIENCE CORPORATION 3110 FAIRVIEW PARK DRIVE, SUITE 600 FALLS CHURCH, VA 22042	IT OUTSOURCING	15,305,141.
HOLLAND AND KNIGHT 2099 PENNSYLVANNIA AVENUE NW WASHINGTON DC, DC 20037-3202	LEGAL CONSULTING	6,702,393.
HEWITT ASSOCIATES LLC PO BOX 95135 CHICAGO, IL 60694-5135	CONSULTING/ACTUARIAL	5,994,122.
ING LIFE INSURANCE AND ANNUITY COMPANY 151 FARMINGTON AVENUE HARTFORD, CT 06156-1261	ADMIN SAVINGS PLAN	3,537,426.
DELOITTE CONSULTING LLP P.O. BOX 7247-6447 PHILADELPHIA, PA 19170-6447	CONSULTING	3,109,954.
TOTAL COMPENSATION		<u>34,649,036.</u>

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ **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.**

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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
ARC RECEIVABLES COMPANY LLC 14-1934462 1730 E STREET NW SUITE 330 WASHINGTON, DC 20006	SECURITIZE AR	DE	0.	7,327,790.	N/A
ARC COMMERCIAL REAL ESTATE, LLC 53-0196605 600 FOREST POINT CIRCLE CHARLOTTE, NC 28273	REAL ESTATE	NC	441,963.	0.	N/A

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

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

Schedule R (Form 990) 2009

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?	
							Yes	No		Yes	No

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
PATHOGEN REMOVAL & DIAGNOSTIC TECH 01-0587732 17TH AND D STREETS NW WASHINGTON, DC 20006	MEDICAL RESEARCH	DC	N/A	C CORP	0.	0.	66.0000
BOARDMAN INDEMNITY, LTD CUMBERLAND HOUSE HMHX HAMILTON,	INSURANCE	BD	N/A	C CORP	42,278,772.	154,021,230.	100.0000
AMERIGIVES, INC 06-1595387 850 NW FEDERAL HWY, SUITE 210 STUART, FL 34994	CORP PHILANTHROPY	FL	N/A	S CORP	482,367.	330,802.	100.0000

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

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

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

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved
(1) BOARDMAN INDEMNITY, LTD	Q	42,278,772.
(2) BOARDMAN INDEMNITY, LTD	R	33,912,393.
(3) PATHOGEN REMOVAL & DIAGNOSTIC TECHNOLOGY	O	214,589.
(4) AMERIGIVES, INC	O	458,611.
(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