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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

Open to Public Inspection

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

B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☑ Amended return ☐ Application pending	**Please use IRS label or print or type. See Specific Instructions.** **C** Name of organization American National Red Cross & Its Constituent Chapters and Branches Doing Business As Number and street (or P O box if mail is not delivered to street address) Room/suite 2025 E Street NW City or town, state or country, and ZIP + 4 Washington, DC 200065009	**D Employer identification number** 53-0196605 **E Telephone number** (202) 303-4498 **G Gross receipts** $ 3,577,243,815

F Name and address of Principal Officer
Gail McGovern
430 17th St NW
Washington, DC 20006

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(c) Group Exemption Number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Web site: ▶ www redcross org

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1900 | **M** State of legal domicile DC

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
The American National Red Cross will provide relief to victims of disaster and help people prevent, prepare for, and respond to emergencies

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
5	Total number of employees (Part V, line 2a)	5	36,287
6	Total number of volunteers (estimate if necessary)	6	661,781
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	-205,153
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-205,153

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	727,256,686	715,911,223
	9	Program service revenue (Part VIII, line 2g)	2,320,598,168	2,493,347,347
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	92,181,488	77,831,421
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	43,921,399	14,713,775
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,183,957,741	3,301,803,766
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	341,130,921	216,863,333
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,787,145,553	1,736,562,614
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	7,818,733	0
	b	(Total fundraising expenses, Part IX, column (D), line 25 126,579,899)		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	1,528,078,777	1,468,153,724
	18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	3,664,173,984	3,421,579,671
	19	Revenue less expenses Subtract line 18 from line 12	-480,216,243	-119,775,905
Net Assets or Fund Balances			**Beginning of Year**	**End of Year**
	20	Total assets (Part X, line 16)	3,997,280,210	3,518,225,420
	21	Total liabilities (Part X, line 26)	1,437,643,087	1,845,758,952
	22	Net assets or fund balances Subtract line 21 from line 20	2,559,637,123	1,672,466,468

Part II Signature Block

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

Please Sign Here

▶ Signature of officer | 2010-05-03 Date

▶ BRIAN RHOA CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-empolyed ▶ ☐	Preparer's PTIN (See Gen Inst)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	KPMG LLP 1660 International Drive McLean, VA 221024848		EIN ▶ Phone no ▶ (703) 286-8000

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

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the 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

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

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

BIOMEDICAL SERVICES - See Schedule O

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

DOMESTIC DISASTER SERVICES - See Schedule O

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

HEALTH & SAFETY SERVICES - See Schedule O

(Code) (Expenses $ 156,041,320 including grants of $ 91,100,000) (Revenue $)

INTERNATIONAL RELIEF AND DEVELOPMENT SERVICES

(Code) (Expenses $ 113,845,286 including grants of $) (Revenue $)

COMMUNITY SERVICES

(Code) (Expenses $ 56,509,898 including grants of $) (Revenue $)

SERVICE TO THE ARMED FORCES

(Code) (Expenses $ including grants of $) (Revenue $)

See Schedule O

4d Other program services (Describe in Schedule O)

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

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

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a	Yes	
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16	Yes	
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19	Yes	
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		No
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	Yes	
24a	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? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	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? *If "Yes," complete Schedule L, Part I*	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		No
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? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable*	1a	606			
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	36,287			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*			2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	Yes	
b	If "Yes," enter the name of the foreign country ______ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*			5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	*Organizations that may receive deductible contributions under section 170(c).*					
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?			7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h		
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	*Section 501(c)(7) organizations.* Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

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

Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

			Yes	No
1a	Enter the number of voting members of the governing body . . **1a** 18			
b	Enter the number of voting members that are independent . . **1b** 18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	**3**		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	**4**	Yes	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	**5**		No
6	Does the organization have members or stockholders?	**6**	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	**7a**	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	**8a**	Yes	
b	each committee with authority to act on behalf of the governing body?	**8b**	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	**9a**	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	**9b**	Yes	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	**10**	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	**11**		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13*	**12a**	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	**12c**	Yes	
13	Does the organization have a written whistleblower policy?	**13**	Yes	
14	Does the organization have a written document retention and destruction policy?	**14**	Yes	
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?	**15a**	Yes	
b	Other officers or key employees of the organization?	**15b**	Yes	
	Describe the process in Schedule O			
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?	**16a**	Yes	
b	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?	**16b**		No

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 Form 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

☑ own website ☐ another's website ☑ 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 See Additional Data Table

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 Use Schedule J-2 if additional space is needed
* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations

* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations

* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply) Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total								5,216,234	0	879,071

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

		Yes	No
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	Yes	
4 For any individual listed online 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	Yes	
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		No

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
COMPUTER SCIENCE CORPORATION PO BOX 8500-S-4610 PHILADELPHIA, PA 191784610	NETWORK IT OUTSOURCI	43,311,286
BEARINGPOINT DEPT AT 40297 ATLANTA, GA 311920297	IT CONSULTING	9,832,802
CAPITAL BUILDING SERVICES INC 6083 ARLINGTON BLVD FALLS CHURCH, VA 22044	JANITORIAL SERVICES	6,987,662
IDM 400 WOOD RD BRAINTREE, MA 02184	IT SUPPORT	6,740,903
BCD TRAVEL 321 N CLARK ST 400 CHICAGO, IL 60610	TRAVEL SERVICES	6,119,939

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

Part VIII **Statement of Revenue**

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts							
1a	Federated campaigns . .	1a	129,913,248				
b	Membership dues	1b					
c	Fundraising events	1c	27,424,681				
d	Related organizations . . .	1d					
e	Government grants (contributions)	1e	58,252,979				
f	All other contributions, gifts, grants, and similar amounts not included above	1f	500,320,315				
g	Noncash contributions included in lines 1a-1f $ 31,938,786						
h	**Total (Add lines 1a-1f)** . . . . ▶			715,911,223			
Program Service Revenue			Business Code				
2a	Biomedical Products & Services		541,900	2,213,961,353	2,213,961,353		
b	Other Products & Services		900,099	149,607,864	149,607,864		
c	Government Contracts		900,099	124,556,324	124,556,324		
d	Private (Non-Government) Contracts		900,099	5,221,806	5,221,806		
e							
f	All other program service revenue						
g	**Total. Add lines 2a-2f** . . . . ▶ $ 2,493,347,347						
Other Revenue							
3	Investment income (including dividends, interest other similar amounts) . . . . ▶			59,741,108			59,741,108
4	Income from investment of tax-exempt bond proceeds . . ▶			0			
5	Royalties			0			
		(i) Real	(ii) Personal				
6a	Gross Rents	4,347,415					
b	Less rental expenses	621,826					
c	Rental income or (loss)	3,725,589					
d	Net rental income or (loss) . . . . ▶			3,725,589		-35,972	3,761,561
		(i) Securities	(ii) Other				
7a	Gross amount from sales of assets other than inventory	265,339,000	9,064,923				
b	Less cost or other basis and sales expenses	249,578,810	6,734,800				
c	Gain or (loss)	15,760,190	2,330,123				
d	Net gain or (loss) . . . . ▶			18,090,313			18,090,313
8a	Gross income from fundraising events (not including $ 20,684,570 of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000*	a	27,424,681				
b	Less direct expenses . . .	b	17,169,300				
c	Net income or (loss) from fundraising events . . ▶			3,515,270			3,515,270
9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000*	a	1,430,018				
b	Less direct expenses . . .	b	1,335,313				
c	Net income or (loss) from gaming activities . . . ▶			94,705		7,010	87,695
10a	Gross sales of inventory, less returns and allowances .	a					
b	Less cost of goods sold . .	b					
c	Net income or (loss) from sales of inventory . . ▶			0			
	Miscellaneous Revenue		Business Code				
11a	Rebates		900,099	7,554,402	7,554,402		
b	Parking Garage		900,099	53,639		53,639	
c	PARTNERSHIP & S-CORP INCOME		900,099	-229,830		-229,830	
d	All other revenue						
e	**Total. Add lines 11a-11d** . . . . $ 7,378,211						
12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . . . ▶			3,301,803,766	2,500,901,749	-205,153	85,195,947

Part IX **Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	117,763,333	117,763,333		
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	99,100,000	99,100,000		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	3,749,270		3,292,686	456,584
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	1,375,458,406	1,260,426,704		51,172,024
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	71,732,611	68,650,497	1,320,480	1,761,634
9	Other employee benefits	180,508,907	163,616,539	9,582,740	7,309,628
10	Payroll taxes	105,113,420	95,475,606	5,994,648	3,643,166
11	Fees for services (non-employees)				
a	Management	910,432	63,623	820,550	26,259
b	Legal	10,875,570	9,555,604	1,304,974	14,992
c	Accounting	8,529,730	4,021,488	4,036,930	471,312
d	Lobbying	143,583	95,217	33,837	14,529
e	Professional fundraising *See Part IV, line 17* . .	0			
f	Investment management fees	330,778	52,735	267,078	10,965
g	Other	170,809,017	139,479,185	12,009,138	19,320,694
12	Advertising and promotion	21,054,273	19,770,423	631,572	652,278
13	Office expenses	158,622,387	145,317,159	5,113,463	8,191,765
14	Information technology	26,778,906	25,816,528	703,198	259,180
15	Royalties . .	0			
16	Occupancy	127,252,001	114,215,004	10,645,429	2,391,568
17	Travel	73,671,205	69,318,945	2,174,224	2,178,036
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	3,912,673	2,390,979	724,221	797,473
20	Interest	37,634,440	25,093,675	11,396,481	1,144,284
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	98,873,360	86,981,264	8,927,765	2,964,331
23	Insurance	43,316,092	40,959,915	1,780,763	575,414
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	Biomedical Program Supplies	516,312,868	514,135,937	2,104,024	72,907
b	Other Program Supplies and Mat	80,008,170	64,623,151	1,790,113	13,594,906
c	Minor Equipment Purchases	67,566,563	65,952,945	1,230,111	383,507
d	Auto Rental & Maintenance	6,133,344	5,655,989	345,464	131,891
e	Other Assistance	8,176,895	4,611,592	1,766,168	1,799,135
f	All other expenses	7,241,437			7,241,437
25	**Total functional expenses.** Add lines 1 through 24f	3,421,579,671	3,143,144,037	151,855,735	126,579,899
26	**Joint Costs.** Check ☑ 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	3491106	1,657,340	209,088	1,624,678

Part X **Balance Sheet**

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	125,363,740	1	214,606,303
	2	Savings and temporary cash investments	930,928,881	2	590,758,674
	3	Pledges and grants receivable, net	120,439,735	3	98,902,933
	4	Accounts receivable, net	70,149,680	4	130,969,300
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	153,346,922	8	149,896,682
	9	Prepaid expenses and deferred charges	123,511,957	9	185,433,069
	10a	Land, buildings, and equipment cost basis — 10a: 2,002,083,909			
	b	Less accumulated depreciation *Complete Part VI of Schedule D* — 10b: 858,387,344	1,163,805,388	10c	1,143,696,565
	11	Investments—publicly traded securities	898,840,907	11	680,088,894
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*	410,893,000	12	323,873,000
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*	0	15	0
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*	3,997,280,210	16	3,518,225,420
Liabilities	17	Accounts payable and accrued expenses	341,535,436	17	323,584,969
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	263,367,543	20	256,549,316
	21	Escrow account liability *Complete Part IV of Schedule D*		21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		22	
	23	Secured mortgages and notes payable to unrelated third parties	2,175,225	23	1,253,444
	24	Unsecured notes and loans payable	338,578,083	24	355,490,832
	25	Other liabilities *Complete Part X of Schedule D*	491,986,800	25	908,880,391
	26	**Total liabilities.** *Add lines 17 through 25*	1,437,643,087	26	1,845,758,952
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	1,035,920,105	27	459,983,102
	28	Temporarily restricted net assets	930,160,370	28	620,214,102
	29	Permanently restricted net assets	593,556,648	29	592,269,264
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	2,559,637,123	33	1,672,466,468
	34	Total liabilities and net assets/fund balances	3,997,280,210	34	3,518,225,420

Part XI **Financial Statements and Reporting**

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ cash ☑ accrual ☐ other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
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?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
American National Red Cross & Its Constituent Chapters and Branches

Employer identification number
53-0196605

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

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

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

		Yes	No
(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 the supported organization?	**11g(i)**		
(ii) a family member of a person described in (i) above?	**11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

h Provide the following information about the organizations the organization supports

(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 IRC 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.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	1,362,357,642	3,031,328,354	653,681,642	727,256,686	715,911,223	6,490,535,547
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add line 1-3	1,362,357,642	3,031,328,354	653,681,642	727,256,686	715,911,223	6,490,535,547
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 **Public Support** subtract line 5 from line 4						6,490,535,547

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	1,362,357,642	94,886,924	653,681,642	727,256,686	715,911,223	6,490,535,547
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	81,172,924	94,886,924	112,694,868	88,538,243	64,088,523	441,381,482
9 Net income from unrelated business activities, whether or not the business is regularly carried on	263,757	-318,760	-59,366	-5,136	-205,153	-324,658
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	8,193,896	8,010,411	16,915,587	4,348,900	7,554,402	45,023,196
11 **Total Support** (Add lines 7 through 10)						6,976,615,567

12 Gross receipts from related activities, etc (See instructions) **12** 12,298,346,830

13 **First Five Years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) **14** **93.033 %**

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f **15** **93.246 %**

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

b **33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "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 ☐

b **10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

18 **Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ☐

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	**(a)** 2004	**(b)** 2005	**(c)** 2006	**(d)** 2007	**(e)** 2008	**(f)** Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total** Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	**(a)** 2004	**(b)** 2005	**(c)** 2006	**(d)** 2007	**(e)** 2008	**(f)** Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	**15**	
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	**16**	

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	**17**	
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	**18**	

19a **33 1/3% Tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

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

Facts and Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2008

Open to Public Inspection

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

- 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 990EZ, Part VI, line 47 (Lobbying Activities)

- 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)

- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization	Employer identification number
American National Red Cross & Its Constituent Chapters and Branches	53-0196605

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures $ ______

3 Volunteer hours ______

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 $ ______

2 Enter the amount of any excise tax incurred by organization managers under section 4955 $ ______

3 If the organization incurred in a section 4955 tax, did it file Form 4720 for this year? ☐ **Yes** ☐ **No**

4a Was a correction made? ☐ **Yes** ☐ **No**

b If "Yes," describe in Part IV

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities $ ______

2 Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities $ ______

3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b $ ______

4 Did the filing organization file **Form 1120-POL** for this year? ☐ **Yes** ☐ **No**

5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's internal funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

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

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

Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing Organization's Totals	**(b)** Affiliated Group Totals
1a 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—		

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

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **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 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	**(a)** 2005	**(b)** 2006	**(c)** 2007	**(d)** 2008	**(e)** Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line d, column (e))					
f Grassroots lobbying expenditures					

Part II-A **To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines c through i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		70,864
e	Publications, or published or broadcast statements?	Yes		866
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		700,939
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?	Yes		23,917
i	Other activities If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			796,586
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
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?		No	

Part III-A **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** (See the instructions for Schedule C for details.)

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

Part III-B **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** (See the instructions for Schedule C for details.)

1	Dues, assessments and similar amounts from members	1 $
2	Section 162(e) non-deductible lobbying and political expenditures ***(do not include amounts of political expenses for which the section 527(f) tax was paid).***	
a	Current Year	2a $
b	Carryover from last year	2b $
c	Total	2c $
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3 $
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?	4 $
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5 $

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

Identifier	Return Reference	Explanation
Schedule C, Part IV		The American National Red Cross participates in lobbying and other public policy advocacy activities at the federal and state levels (within the limits set by IRS regulations) on issues that are related to the organization's mission including biomedical services, homeland security, and all hazards preparedness and response, public health and safety, emergency communication services to the armed forces, international services, and the regulation of nonprofit organizations These activities include preparing and presenting written and oral testimony at legislative hearings at the federal and state levels, communicating with policymakers and their staffs through meetings and briefings, and issuing public statements related to pending legislation and regulation The American National Red Cross does not contribute to or participate in election campaigns It does not endorse candidates for elective office, nor does it publish or distribute information that directly or indirectly endorses or opposes a candidate

Part IV Supplemental Information

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493123006070

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
American National Red Cross & Its Constituent Chapters and Branches

Employer identification number
53-0196605

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

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

b Assets included in Form 990, Part X ▶ $

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV **Trust, 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 why in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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 the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	772,576,514				
b Contributions	30,057,268				
c Investment earnings or losses	-125,198,623				
d Grants or scholarships					
e Other expenditures for facilities and programs	32,627,120				
f Administrative expenses					
g End of year balance	644,808,039				

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶

b Permanent endowment ▶ 100 %

c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		107,117,952		107,117,952
b Buildings		1,020,651,734	309,060,683	711,591,051
c Leasehold improvements		103,191,049	60,989,556	42,201,493
d Equipment		669,797,587	488,337,105	181,460,482
e Other		101,325,587		101,325,587
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				1,143,696,565

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

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other MARKETABLE AND NONMARKETABLE	323,873,000	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	323,873,000	

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) should equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . ▶	

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
PENSION AND POST-RETIREMENT BENEFITS	729,014,473
INSURANCE (LOSS RESERVES AND CLAIMS)	131,401,096
SPLIT-INTEREST AGREEMENT LIABILITIES	22,119,104
ADVANCES AND OTHER MISC LIABILITIES	26,345,718
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	908,880,391

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 Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,301,803,766
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,421,579,671
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-119,775,905
4	Net unrealized gains (losses) on investments	4	-355,189,475
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-412,205,275
9	Total adjustments (net) Add lines 4 - 8	9	-767,394,750
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-887,170,655

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

1	Total revenue, gains, and other support per audited financial statements			1	2,552,875,007
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-355,189,475		
b	Donated services and use of facilities	2b	17,844,165		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-412,205,275		
e	Add lines **2a** through **2d**			2e	-749,550,585
3	Subtract line **2e** from line **1**			3	3,302,425,592
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	-621,826		
c	Add lines **4a** and **4b**			4c	-621,826
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	3,301,803,766

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

1	Total expenses and losses per audited financial statements			1	3,440,045,662
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	17,844,165		
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	17,844,165
3	Subtract line **2e** from line **1**			3	3,422,201,497
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	-621,826		
c	Add lines **4a** and **4b**			4c	-621,826
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	3,421,579,671

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 XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
Schedule D Supplemental Information		Part V, Line 4 The American Red Cross has maintained a national endowment fund since 1905 Since 1910, as stated in the bylaws of the Organization and because of public declarations as to their intended use, gifts to the American National Red Cross national headquarters under wills, trusts, and similar instruments which do not direct some other use of such funds are recorded as permanently restricted endowment funds to be kept and invested as such in perpetuity Based upon the manner in which the Organization has solicited and continues to solicit such gifts, it has been determined by independent legal counsel that such gifts must be placed in the endowment fund and, reported as permanently restricted net assets ARC makes distributions from income earned on the endowment fund for current operations Part III, Line 1a As defined in SFAS 116, the American Red Cross does not maintain "collections of art, historical treasures, or other similar assets" Part XI Line 8 & Part XII Line 2d "Other" Primarily, this amount represents employee retirement system pension and post-retirement benefit plan losses per provisions of Statement of Financial Accounting Standards 87 and 106 Part XII and XIII Line 4b "Other" Amount primarily represents rental real estate-related expenses Part X "Other Liabilities" FIN 48 Text On July 1, 2007, the American National Red Cross adopted the provisions of FASB Interpretation No 48, Accounting for Uncertainty in Income Taxes (FIN 48) FIN 48 requires that a tax position be recognized on a 'more-likely-than-not' threshold This applies to positions taken or expected to be taken in a tax return The implementation of FIN 48 had no impact on the Red Cross's audited statement of financial position or statement of activities The Red Cross does not believe its financial statements include (or reflect) any uncertain tax positions

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
American National Red Cross & Its Constituent Chapters and Branches

Employer identification number
53-0196605

Part I **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 Activites 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 and the Caribbean	2	3	Program Services	General health, mgmt	4,123,845
East Asia and the Pacific	2	15	Program Services	disaster response, gen	81,259,078
North America	1	1	Program Services	disaster response, dis	376,779
Russia and the Newly Independent States	1	1	Program Services	general health	1,081,804
South America	2	1	Program Services	disaster response	2,246,404
South Asia	4	8	Program Services	disaster recovery	27,237,356
Sub-Saharan Africa	2	3	Program Services	disaster response, dis	5,059,192
Middle East and North Africa			Program Services	disaster response, dis	1,032,926
Europe (Including Iceland and Greenland)			Program Services	disaster response, dis	2,133,000
Totals . . . . . ▶	14	32			124,550,384

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . ▶ ☐
Use Schedule F-1 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 of non-cash assistance	**(h)** Description of non-cash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)

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

3 Enter total number of other organizations or entities . . . . ▶

Part 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 other additional information.

Identifier	ReturnReference	Explanation
Part I, Line 2		The International Services Department of the American Red Cross has an established standard operating procedure requiring the use of a Sub-Recipient Monitoring Checklist to monitor sub-recipients under federally, publicly, and privately funded project agreements on a monthly basis Generally, Country or Regional Representatives (CR/RRs) are responsible for monitoring sub-recipient compliance with the terms and conditions of the sub-recipient project agreement, for addressing instances of non-compliance, and for documenting this monitoring and related corrective actions in the monitoring checklist In locations of sub-recipient activity where there is no CR/RR, the Regional Director (RD) will designate an appropriate staff person (e g delegate or program officer) to fulfill these responsibilities Prior to inception of project activities, the CR/RR creates a checklist of all sub-recipient contractual obligations stipulated in the Project Agreement, to include financial and programmatic reporting, as well as other monitoring and non-contractual activities The CR/RR is responsible for completing the checklist on a monthly basis, on time, with clear and timely communications to the Program Officer (PO) on issues and action plans

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 53-0196605
Name: American National Red Cross & Its Constituent Chapters and Branches

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(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,Malaria, General Health	36,315,546	Wire		N/A	
		Europe/Iceland/Greenland	Disaster Response	1,027,238	Wire		N/A	
		South Asia	Disater Preparedness	6,385,787	Wire		N/A	
		East Asia/Pacific	Disaster Response, Disaster Preparedness	199,428	Wire		N/A	
		Sub-Saharan Africa	Disaster Response, Disaster Recovery	540,177	Wire		N/A	
		East Asia/Pacific	Disater Preparedness,Disaster Recovery, General He	3,759,791	Wire		N/A	
		East Asia/Pacific	Disaster Recovey,Management,General health	439,184	Wire		N/A	
		South Asia	Disaster Recovery	972,795	Wire		N/A	
		South Asia	Disaster response, General Health, Disaster recove	374,471	Wire		N/A	
		East Asia/Pacific	Disaster Response, General Health	1,560,354	Wire		N/A	
		South America	Disaster Response	53,198	Wire		N/A	
		Middle East/North Africa	Disaster Response	250,000	Wire		N/A	
		Sub-Saharan Africa	General Health, Disaster Response	951,255	Wire		N/A	
		Europe/Iceland/Greenland	Disaster Response	644,696	Wire		N/A	
		Sub-Saharan Africa	Disaster Recovery, Management	684,201	Wire		N/A	
		East Asia/Pacific	General Health	71,645	Wire		N/A	
		Cent America/Caribbean	Genaral Health, Management	440,257	Wire		N/A	
		South America	Disaster Response	554,462	Wire		N/A	
		South America	Disaster Response	95,414	Wire		N/A	
		Cent America/Caribbean	Disaster Respose, Management	96,334	Wire		N/A	
		South America	General Health, Disaster Preparedness	200,942	Wire		N/A	
		Sub-Saharan Africa	Disaster Recovery	52,152	Wire		N/A	
		Cent America/Caribbean	Management	113,733	Wire		N/A	
		East Asia/Pacific	General Health	30,736	Wire		N/A	
		Sub-Saharan Africa	Disaster Response, Malaria	143,800	Wire		N/A	
		North America	Disaster Response, Disaster Preparedness, General Health	269,235	Wire		N/A	
		Middle East/North Africa	Disaster Response	360,625	Wire		N/A	
		Russia	Disaster Preparedness	348,774	Wire		N/A	
		Sub-Saharan Africa	Disaster Preparedness	282,471	Wire		N/A	
		Cent America/Caribbean	Disaster Response	245,695	Wire		N/A	

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Cent America/Caribbean	Disaster Response	71,457	Wire		N/A	
		Russia	Disaster Response	29,181	Wire		N/A	
		Cent America/Caribbean	Disaster Response	41,223	Wire		N/A	
		Russia	Measles, Disaster Response	8,979,330	Wire		N/A	
		Europe/Iceland/Greenland	Measles	864,085	Wire		N/A	
		Europe/Iceland/Greenland	Malaria	883,212	Wire		N/A	
		Europe/Iceland/Greenland	Measles	3,133,381	Wire		N/A	
		Europe/Iceland/Greenland	Disaster Response	27,633,735	Wire		N/A	

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
American National Red Cross & Its Constituent
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.

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

a ☐ Mail solicitations
b ☐ Email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions?		**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
		Yes	**No**			
Total ▶						

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

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

			(a) Event #1 Annual Ball GNY (event type)	(b) Event #2 Annual Ball GRE (event type)	(c) Other Events 500 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1	Gross receipts	1,577,433	1,191,892	45,339,926	48,109,251
	2	Less Charitable contributions	1,447,233	1,010,349	24,967,099	27,424,681
	3	Gross revenue (line 1 minus line 2)	130,200	181,543	20,372,827	20,684,570
Direct Expenses	4	Cash Prizes			1,260,631	1,260,631
	5	Non-cash Prizes			566,783	566,783
	6	Rent/Facility costs	158,798	271,879	1,687,050	2,117,727
	7	Other direct expenses	104,972	246,631	12,872,556	13,224,159
	8	Direct expense summary Add lines 4 through 7 in column (d)				17,169,300
	9	Net income summary Combine lines 3 and 8 in column (d)				3,515,270

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1	Gross revenue	1,390,656		39,362	1,430,018
Direct Expenses	2	Cash prizes	1,099,321		31,262	1,130,583
	3	Non-cash prizes	2,835			2,835
	4	Rent/facility costs	97,728			97,728
	5	Other direct expenses	103,077		1,090	104,167
	6	Volunteer labor	☑ Yes 100 % ☐ No	☐ Yes % ☐ No	☑ Yes 86 % ☐ No	
	7	Direct expense summary Add lines 2 through 5 in column (d)				1,335,313
	8	Net gaming income summary Combine lines 1 and 7 in column (d)				94,705

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities MI, VA			
a	Is the organization licensed to operate gaming activities in each of these states?	9a	Yes	
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		No
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		No

					Yes	No
13	Indicate the percentage of gaming activity operated in					
a	The organization's facility	**13a**				
b	An outside facility	**13b**	100 %			

14 Provide 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

			Yes	No
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**		No

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

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶ NA

Gaming manager compensation ▶ $ ____________

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

			Yes	No
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	**17a**		No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
American National Red Cross & Its Constituent 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" on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 if additional space is needed . . . ▶ ☑

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

2 Enter total number of section 501(c)(3) and government organizations . . . ▶

3 Enter total number of other organizations . . . ▶

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

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

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

See Additional Data Table

Identifier	Return Reference	Explanation
SCHEDULE I SUPPLEMENTAL INFORMATION	See Schedule O	

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	**Employer identification number**
American National Red Cross & Its Constituent Chapters and Branches	53-0196605

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First class or charter travel ☐ Travel for companions ☑ Tax idemnification and gross-up payments ☐ Discretionary spending account ☑ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
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 ☑ Compensation committee ☑ Independent compensation consultant ☑ Form 990 of other organizations ☐ Written employment contract ☑ Compensation survey or study ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	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?	**6a**		No
b	Any related organization?	**6b**		No
	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	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured 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	**8**	Yes	

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

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

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

(A) Name		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other compensation				
Mary Elcano	(i)	317,946	110,000	52,934	50,630	5,786	537,296	247,594
	(ii)	0	0	0	0	0	0	0
Brian Rhoa	(i)	271,208	15,000	39,983	56,484	17,706	400,381	168,575
	(ii)	0	0	0	0	0	0	0
Dale Bateman	(i)	249,740	0	1,733	20,172	4,674	276,319	121,017
	(ii)	0	0	0	0	0	0	0
Gail McGovern	(i)	220,000	65,000	161,867	6,154	2,669	455,690	47,005
	(ii)	0	0	0	0	0	0	0
Kevin Brown	(i)	298,472	15,000	46,208	10,880	10,469	381,029	179,838
	(ii)	0	0	0	0	0	0	0
Robert McDonald	(i)	104,041	0	16,933	9,289	4,727	134,990	120,974
	(ii)	0	0	0	0	0	0	0
CHRISTINA SAMSON	(i)	241,704	34,155	15,403	73,502	12,143	376,907	0
	(ii)	0	0	0	0	0	0	0
Melissa Hurst	(i)	280,140	15,000	18,021	40,445	12,034	365,640	0
	(ii)	0	0	0	0	0	0	0
Jeffrey Towers	(i)	212,179	52,500	32,448	1,625	10,729	309,481	0
	(ii)	0	0	0	0	0	0	0
James Hrouda	(i)	377,313	41,400	147,916	68,481	12,626	647,736	262,332
	(ii)	0	0	0	0	0	0	0
MARY-ALICE FRANK	(i)	221,364	134,089	19,752	163,622	1,796	540,623	0
	(ii)	0	0	0	0	0	0	0
THERESA BISCHOFF	(i)	346,054	41,250	17,664	46,982	7,126	459,076	209,771
	(ii)	0	0	0	0	0	0	0
ELIZABETH O'NEILL	(i)	289,911	0	30,736	109,604	13,772	444,023	0
	(ii)	0	0	0	0	0	0	0
WILLIAM MOORE	(i)	312,224	24,058	16,653	29,722	16,800	399,457	198,442
	(ii)	0	0	0	0	0	0	0
Rosemary Mackey	(i)	284,928	0	23,307	55,952	2,470	366,657	191,853
	(ii)	0	0	0	0	0	0	0
	(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

Identifier	Return Reference	Explanation
Schedule J, Lines 1B, 7, 8		1b All payments or reimbursements or provision of expenses to the President & CEO were made pursuant to standard written policies Any housing allowances, relocation assistance, tax indemnification and gross-up payments for the President & CEO were made as part of the Red Cross's standard executive relocation policy and included closing cost assistance, temporary housing, and other miscellaneous relocation assistance The President & CEO received $136,615 in closing cost and relocation assistance which is reported in Schedule J, Part II, Section B (iii) Housing allowances and related tax-gross up payments were paid to the Chief Development Officer and Executive Vice President, Biomedical Services in relationship to their initial employment agreements with the Red Cross for these positions in 2008 and were approved by the Compensation Committee of the Board 7 The amount shown in Part II, Column B (ii) for the President and CEO was paid at the start of her employment in accordance with the terms of her initial employment agreement The amount was a sign-on bonus to cover miscellaneous costs related to the President and CEO's relocation to Washington, DC and was approved by the Board All amounts shown in Part II, Column B (ii) for the General Counsel, Chief Financial Officer, Senior Vice President, Human Resources, Chief Operating Officer, and the Chapter Executive of the ARC of Greater New York were paid at the discretion of the Board and, in the case of the Chapter Executive, the local chapter board The amount for the General Counsel was a bonus payment paid at the end of her assignment as interim President and CEO from November 2007 until June 2008 The remainder of figures reported were paid based on either initial employment agreement terms or the terms/formulas of written variable incentive plans The amounts for the Chief Investment Officer, Chief Development Officer, and Executive Vice President, Biomedical Services were approved by the Board The amounts for the Chapter Executive, ARC of Cleveland were approved by the local chapter board 8 The Red Cross has five employees who received compensation paid pursuant to a contract subject to the initial contract exception The President and CEO has a contract that provides for annual base salary ($500,000), sign-on bonus ($65,000) and entitlement to standard Red Cross benefits, including the relocation program The Chief Development Officer has a contract that provides for annual base salary ($350,000), sign-on bonus ($52,500), standard benefits, and a commuting stipend in lieu of relocation assistance (which would have been a greater benefit) The Chief Financial Officer has a contract that provides for annual base salary ($325,000) and standard benefits The Chief Investment Office has a contract that provides for annual base salary ($270,000) and standard benefits The Executive Vice President, Biomedical Services has a contract that provides for annual base salary ($400,000), standard benefits and a relocation bonus ($41,400) In each case the compensation was reviewed and approved by the Compensation and Management Development Committee of the Board

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 53-0196605
Name: American National Red Cross & Its Constituent Chapters and Branches

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B)(i) Base Compensation	(B)(ii) Bonus & incentive compensation	(B)(iii) Other compensation	(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
Mary Elcano	(i)	317,946	110,000	52,934	50,630	5,786	537,296	247,594
	(ii)	0	0	0	0	0	0	0
Brian Rhoa	(i)	271,208	15,000	39,983	56,484	17,706	400,381	168,575
	(ii)	0	0	0	0	0	0	0
Dale Bateman	(i)	249,740	0	1,733	20,172	4,674	276,319	121,017
	(ii)	0	0	0	0	0	0	0
Gail McGovern	(i)	220,000	65,000	161,867	6,154	2,669	455,690	47,005
	(ii)	0	0	0	0	0	0	0
Kevin Brown	(i)	298,472	15,000	46,208	10,880	10,469	381,029	179,838
	(ii)	0	0	0	0	0	0	0
Robert McDonald	(i)	104,041	0	16,933	9,289	4,727	134,990	120,974
	(ii)	0	0	0	0	0	0	0
CHRISTINA SAMSON	(i)	241,704	34,155	15,403	73,502	12,143	376,907	0
	(ii)	0	0	0	0	0	0	0
Melissa Hurst	(i)	280,140	15,000	18,021	40,445	12,034	365,640	0
	(ii)	0	0	0	0	0	0	0
Jeffrey Towers	(i)	212,179	52,500	32,448	1,625	10,729	309,481	0
	(ii)	0	0	0	0	0	0	0
James Hrouda	(i)	377,313	41,400	147,916	68,481	12,626	647,736	262,332
	(ii)	0	0	0	0	0	0	0
MARY-ALICE FRANK	(i)	221,364	134,089	19,752	163,622	1,796	540,623	0
	(ii)	0	0	0	0	0	0	0
THERESA BISCHOFF	(i)	346,054	41,250	17,664	46,982	7,126	459,076	209,771
	(ii)	0	0	0	0	0	0	0
ELIZABETH O'NEILL	(i)	289,911	0	30,736	109,604	13,772	444,023	0
	(ii)	0	0	0	0	0	0	0
WILLIAM MOORE	(i)	312,224	24,058	16,653	29,722	16,800	399,457	198,442
	(ii)	0	0	0	0	0	0	0
Rosemary Mackey	(i)	284,928	0	23,307	55,952	2,470	366,657	191,853
	(ii)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information in Schedule O.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
American National Red Cross & Its Constituent Chapters and Branches

Employer identification number
53-0196605

Part I Bond Issues *(Required for 2008)*

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased Yes	(g) Defeased No	(h) On Behalf of Issuer Yes	(h) On Behalf of Issuer No
A	Connecticut Development Authority	06-6000799		12-05-2005	2,303,600	CURRENT REFUNDING OF PRIOR BONDS I		X		X
B	Maryland Economic Development Corporation	52-1376562		12-02-2003	4,250,000	LAND ACQUISITION AND BUILDING CONS		X		X
C	Illinois Development Finance Authority Ind Devel	37-0988139		02-27-2003	8,000,000	CONSTRUCTION AND EQUIPPING OF BUIL		X		X
D	NYC Industrial Development Authority	13-2906040	64971C8B3	02-28-2006	30,337,879	ACQUISITION & RENOVATION OF BUILDI		X		X
E	Cambria County Industrial Development Authority	25-1334277	132047BY6	10-09-2008	20,245,000	CURRENT REFUNDING OF PRIOR BONDS I		X		X

Part II Proceeds *(Optional for 2008)*

		A	B	C	D	E
1	Total Proceeds of Issue					
2	Gross Proceeds in Reserve Funds					
3	Proceeds in Refunding or Defeasance Escrows					
4	Other Unspent Proceeds					
5	Issuance Costs from Proceeds					
6	Working Capital Expenditures from Proceeds					
7	Capital Expenditures from Proceeds					
8	Year of Substantial Completion					

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
9	Were the bonds issued as part of a current refunding issue?										
10	Were the bonds issued as part of an advance refunding issue?										
11	Has the final allocation of proceeds been made?										
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use *(Optional for 2008)*

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

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?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 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 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage *(Optional for 2008)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?										
6	Did the bond issue qualify for an exception to rebate?										

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
American National Red Cross & Its Constituent Chapters and Branches

Employer identification number
53-0196605

Part I Types of Property

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

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
30a During the year, did the organization receive by contribution any property reported in Part I, lines 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?	30a		No
b If "Yes", describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
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.

Identifier	ReturnReference	Explanation
SCHEDULE M, PART II		Part I, lines 19 and 20 Column (b) The Organization does not maintain records of counts of contributions of food inventory or drug and medical supplies

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
American National Red Cross & Its Constituent Chapters and Branches

Employer identification number
53-0196605

Identifier	Return Reference	Explanation
FORM 990, PART III, STATEMENT OF PROGRAM SERVICE		4a BIOMEDICAL SERVICES The organization collects, tests, and distributes nearly half of the nation's blood and blood components and operates 36 regional blood service centers throughout the country In fiscal year 2009, the organization collected over 6 million productive units of blood from over 4 million donors and supplied 2,900 hospitals and other facilities with blood and blood products for transfusion 4b DOMESTIC DISASTER SERVICES The organization responded to 15 large-scale (Levels 4s and 5s) disasters in fiscal year 2009, including eight named storms - Dolly, Edouard, Fay, Gustav, Hanna, Ike, Lowell and Omar, California wildfires, Midwest ice storms, flooding in the Mid- and Northwest, and tornadoes Through its network of more nearly 700 local chapters in all 50 states, as well as offshore U S territories and possessions in the Caribbean and the Pacific, the Red Cross responded to over 67,000 disasters large and small The organization provided food, lodging, bulk distribution items, emergency assistance, health services, crisis interventions and community mental-health debriefings and/or other related emergency care to persons in need For individuals and communities affected by disasters, the services of the American Red Cross began with safe shelters for evacuees and continued with support for individuals and families recovering from disasters The number of trained disaster staff that provided these services in the national Disaster Services Human Resources System was approximately 86,000 in FY09 Chapters throughout the country trained thousands more to respond to disasters within their communities The American Red Cross overall goal is to build a "culture of preparedness" by encouraging Americans to understand their individual risk and geographical threats and then take action to adopt specific preparedness behaviors A simple 3-step message, "Get a Kit, Make a Plan, and Be Informed," is our public call to action for citizen preparedness 4c HEALTH & SAFETY SERVICES American Red Cross Health and Safety Services helps save lives and strengthen communities-imparting hope and confidence along with practical skills It is the premier provider of education, training, and products that enable people to prevent, prepare for and respond to disasters and other life-threatening emergencies American Red Cross employees and registered volunteers help sustain and deliver health and safety programs and services including First Aid/CPR/AED (with Automated External Defibrillation "AED" information and skills), Aquatics (Lifeguarding, Water Safety), Caregiving (Babysitter's Training, Family Caregiving, Nurse Assistant Training), and HIV/AIDS Prevention Education (Multi-Cultural, Culturally Specific African-American and Hispanic, Workplace) 4d International Relief and Development Services The organization helps vulnerable people around the world, prevent, prepare for, and respond to disasters, complex humanitarian emergencies, and life-threatening health conditions through global initiatives and community-based programs With a focus on disease prevention on a mass-scale, disaster preparedness and response, restoring family links, and the dissemination of international humanitarian law, the organization provides rapid, effective, and large-scale humanitarian assistance to those in need To achieve our goals, the organization works with our partners in the International Red Cross and Red Crescent Movement and other international relief and development agencies to build local capacities, mobilize and empower communities, and establish partnerships 4d Community Services American Red Cross chapters offer community services that help people lead safer, healthier lives, allow for greater self-reliance, and improve the quality of life for society's most vulnerable Countless lives are touched each day by these services that include Transportation for the disabled, Shelters for the homeless, Nutrition for the elderly, Hospital/nursing home volunteers, and Latchkey programs 4d Service to Armed Forces The organization provides military members, veterans, and their families with emergency communications services, assistance in obtaining emergency financial support, support for the sick and wounded at veterans and military hospitals, and other vital services at U S military installations worldwide

Identifier	Return Reference	Explanation
FORM 990, PART V, LINE 4B - FOREIGN COUNTRY FINANCIAL ACCOUNTS		Complete List of Countries Albania, Cambodia, Colombia, Ecuador, El Salvador, Haiti, Honduras, India, Indonesia, Kenya, Maldives, Mexico, Pakistan, Peru, Sri Lanka, Tanzania, Thailand, Vietnam, Bermuda, Brazil and South Korea

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINES 4, 6, 7A & 10		LINE 4 In FY09 the American Red Cross Board of Governors approved changes to the Amended and Restated Bylaws of the American National Red Cross (the Bylaws) three times (1) October 24, 2008 to revise certain senior executive positions and titles, (2) November 19, 2008 to delegate to the President and CEO the power and authority for chapter governance, and (3) January 30, 2009 (a) to eliminate the Finance Committee as a standing Board committee and return all of the duties and responsibilities delegated to the Finance Committee back to the full Board of Governors, (b) to revise term limits for Board members to three, three-year terms, (c) to revise the size of the Audit and Risk Management Committee, and (d) to correct minor typographical errors and conforming edits LINE 6 As defined in the Congressional Charter "Membership in the corporation is open to all the people of the United States and its territories and possessions, on payment of an amount specified, or as otherwise provided in the bylaws " Section 7 of the Amended and Restated Bylaws of the American National Red Cross describes membership in the corporation and defines membership and the termination of membership LINE 7A Delegates of the chapters elect all members of the governing body except the Chairman of the Board of Governors who is appointed by the President of the United States As mandated in the Congressional Charter, Section 4(a)(3)(B)(i) "Members of the board of governors other than the chairman shall be elected at the annual meeting of the corporation in accordance with such procedures as may be provided in the bylaws " Section 7(a) "In General - The annual meeting of the corporation is the annual meeting of delegates of the chapters " LINE 10 The Compensation and Management Development Committee reviewed the IRS Form 990 during a meeting held on February 8, 2010 A copy of the final Form 990 was submitted to each member of the Board of Governors before it was filed with the IRS The management review process entails the Chief Financial Officer coordinating the completion of the IRS Form 990 with accounting firm KPMG, the General Counsel and the Senior Vice President, Human Resources with final review by KPMG and the President and CEO

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINES 12C, 15 & 16B		LINE 12C As required by Section 2 3 of the Amended and Restated Bylaws of the American National Red Cross, all members of the Board of Governors must meet independence standards outlined in the Bylaws and annually execute the Code of Business Ethics and Conduct Additionally, to disclose and remedy actual or perceived business, financial or personal conflicts of interest, every member of the Board of Governors must also complete a Conflict of Interest Questionnaire (the Questionnaire) annually Other officers and key employees are also required to execute the Code of Business Ethics and Conduct and the Questionnaire annually Under the direction of the General Counsel, the Investigations, Compliance and Ethics Department staff collect the executed Questionnaire forms from the Board of Governors and other officers and key employees The information disclosed in the Questionnaire is reviewed and actual or perceived conflicts of interest identified They are discussed with the General Counsel who determines any necessary remediation options Depending on the matter, the General Counsel or a staff member from the Investigations, Compliance and Ethics Department discuss the conflict and remediation with the member of the Board or the other officer or key employee A memorandum confirming the conflict of interest and the remediation is sent and follow-up occurs to assure the remediation action was taken Where appropriate, the conflict of interest and remediation regarding a member of the Board are included in the minutes of the relevant Board committee or full Board meeting The Questionnaire is also intended to monitor conflicts of interest on an ongoing basis Members of the Board and other officers and key employees are explicitly instructed that they have a continuing duty to update the Questionnaire during the course of the year to reflect changes in any business, financial or personal conflicts of interest The same process of review, discussion and follow-up on conflicts of interest and remediation with the Board member or other officer or key employee occurs with interim disclosures LINE 15 The Board of Governors of the American Red Cross has delegated authority to the Compensation and Management Development Committee (the "Committee") of the Board to review and make determinations regarding the compensation, benefits, and incentive programs for the CEO and other senior officers and executives of the American Red Cross The Committee is composed entirely of Board members who do not have a conflict of interest Annually, the Committee reviews and approves a list of executives who are or might be considered "disqualified persons" pursuant to IRC Section 4958 With respect to those persons, the Committee conducts an annual review of their total compensation and benefits based on comparable market data The Committee retains an outside, independent compensation consultant to provide market data and reasonableness opinions for the designated executives and it relies on such market data and reasonableness opinions in approving new salaries, benefits and payment of bonuses or incentives for the designated persons The Committee also then documents its decisions as to any changes to be implemented in compensation or benefits for the designated persons The Committee last undertook this process in October 2008 for executives holding the following positions Chief Financial Officer, Chief Operating Officer, General Counsel and Corporate Secretary, Chief Development Officer, Chief Investment Officer, Senior Vice President Human Resources LINE 16B The American Red Cross may use colloborations, partnerships, joint ventures and similar arrangements with other non profit organization or for profit entities to carry out its mission The American Red Cross is committed to ensuring that all such arrangements are consistent with the organization's tax exempt status under Section 501(c)(3) As a result, management reviews arrangements for, among other things, potential conflicts of interest, ensuring or arm's length transactions and furthering the American Red Cross mission Management is in the process of developing a joint venture policy to document its processes

Identifier	Return Reference	Explanation
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

Identifier	Return Reference	Explanation
SCHEDULE I SUPPLEMENTAL INFORMATION	Schedule I Part 1, Line 2	MONITORING GRANTS TThe American National Red Cross did not make specific financial assistance to any one individual during fiscal year 2009 exceeding $5,000 Part I, Line 2 The Domestic Disaster Services department at the American Red Cross has established procedures for providing financial assistance to clients During the emergency phase, the Red Cross provides assistance in the form of mass care (e g feeding and sheltering) based on stated needs As we move towards the recovery phase, the Red Cross provides Individual assistance based on verified need and identification through case management The American Red Cross placed the proper control procedures around monitoring the use of financial assistance in the United States Employees of the American National Red Cross are eligible for limited financial assistance to further their educations, and its employees serving overseas are eligible for limited financial assistance to help defray the costs of schooling of their dependents at overseas locations Former employees who retire with low benefits may be assisted from a special fund In all instances, eligibility for the assistance is based on the needs of the individual employee concerned

Identifier	Return Reference	Explanation
SCHEDULE I SUPPLEMENTAL INFORMATION	Schedule I, Part III, Line 3	DISBURSEMENT IN FURTHERANCE OF CHARITABLE PROGRAMS AND GRANTS Pursuant to the Congressional Charter of the American National Red Cross (36 U S C 3 Fifth), the organization carries out a system of national and international relief to mitigate or prevent suffering caused by disasters Disaster victims qualify to receive such assistance based on either obvious circumstances, such as apparent need for food, clothing or shelter, or a casework process in which the nature and extent of the disaster-caused needs for Red Cross aid are determined in the light of other available resources and the ability of the victims to assist themselves Contributions to other organizations consist primarily of those made to the International Committee of the Red Cross, the Federation of Red Cross and Red Crescent Societies and national Red Cross societies of other countries Contributions may be made for a variety of purposes, including regular financial support and disaster relief assistance The American Red Cross has ongoing relationships with all such Red Cross organizations which are governed by humanitarian principles and qualify for such assistance Pursuant to its Congressional Charter (36 U S C 3 Fourth), the American National Red Cross also acts in matters of voluntary relief and in accord with the military authorities to provide communications and welfare assistance to members of the Armed Forces of the United States, their families and veterans Assistance to this group is determined generally on the basis of their military, veteran or dependent status and the particular needs related thereto as revealed through casework and similar means No member of, or contributor to, the Red Cross is eligible for any of the above types of assistance not available to persons who are not members of, or contributors to, the Red Cross, and no account is taken or records maintained as to whether recipients are members of, or contributors to, the Red Cross or related to corporate directors, officers, employees or donors Employees of the American National Red Cross are eligible for limited financial assistance to further their educations, and its employees serving overseas are eligible for limited financial assistance to help defray the costs of schooling of their dependents at overseas locations Former employees who retire with low benefits may be assisted from a special fund In all instances, eligibility for the assistance is based on the needs of the individual employee concerned

Identifier	Return Reference	Explanation
REASON FOR AMENDED RETURN		Actuaries for the American Red Cross defined benefit plan developed a new actuarial model to calculate the year over year increase in the value of the benefit in order to comply with the new 990 requirements In testing the model, they utilized some data from the previous year and some test data In running the final calculations, they failed to accurately clear test data and update the model for current year data The corrections have been made and result in minimal changes to the overall compensation data for 10 of the 15 individuals reported The changes affect Schedule J, Part II and Part VII of the core form (which flows into Schedule J-2)

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
American National Red Cross & Its Constituent Chapters and Branches

Employer identification number
53-0196605

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
ARC Receivables Company LLC 1730 E Street NW SUITE 330 WASHINGTON, DC 20006 14-1934462	Securitize AR	DE	0	20,698,285	

Part II Identification of Related Tax-Exempt Organizations

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

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations? Yes	(H) No	(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) No

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
Pathogen Removal & Diagnostic Tech 17TH AND D STREETS NW WASHINGTON, DC20006 01-0587732	MEDICAL RESEARCH	DC		C Corp	0	0	66 %
BOARDMAN INDEMNITY LTD CUMBERLAND HOUSE HAMILTON HMHX BD	INSURANCE	BD		C Corp	39,965,323	148,272,181	100 %

Part V Transactions with Related Organizations

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

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

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

	(A) Name of other organization(s)	**(B)** Transaction type(a-r)	**(C)** Amount Involved
(1)	BOARDMAN INDEMNITY LTD	q	39,965,323
(2)	BOARDMAN INDEMNITY LTD	r	36,747,002
(3)	Pathogen Removal & Diagnostic Tech	o	43,800
(4)	Pathogen Removal & Diagnostic Tech	p	153,800
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership**

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

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Software ID:
Software Version:
EIN: 53-0196605
Name: American National Red Cross & Its Constituent Chapters and Branches

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply) Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Bonnie McElveen-Hunter , Chairman	25 0	X						0	0	0
Suzanne Nora Johnson , Board Member	6 0	X						0	0	0
Dr Cesar A Aristeiguieta , Board Member	5 0	X						0	0	0
Dr Sanford A Belden , Board Member	6 0	X						0	0	0
James W Keyes , Board Member	5 0	X						0	0	0
Richard Patton , Board Member	5 0	X						0	0	0
Dr Wei-Tih Cheng , Board Member	4 0	X						0	0	0
Brad Boston , Board Member	6 0	X						0	0	0
Brian L Derksen , Board Member	4 0	X						0	0	0
Richard M Fountain , Board Member	4 0	X						0	0	0
Dr Allan I Goldberg , Board Member	7 0	X						0	0	0
James G Goodwin , Board Member	5 0	X						0	0	0
Ann F Kaplan , Board Member	7 0	X						0	0	0
Laurence E Paul , Board Member	8 0	X						0	0	0
R Bruce LaBoon , Board Member	4 0	X						0	0	0
Anna Maria Larsen , Board Member	6 0	X						0	0	0
Joseph B Pereles , Board Member	6 0	X						0	0	0
Melanie R Sabelhaus , Board Member	9 0	X						0	0	0
H Marshall Schwarz , Board Member	4 0	X						0	0	0
Glenn A Sieber , Board Member	4 0	X						0	0	0
Francine Stokes McElveen , Board Member	3 0	X						0	0	0
Walter E Thornton , Board Member	3 0	X						0	0	0
Steven H Wunning , Board Member	4 0	X						0	0	0
Paula E Boggs , BOARD MEMBER	5 0	X						0	0	0
YOUNGME E MOON , BOARD MEMBER	7 0	X						0	0	0
Mary Elcano , General Counsel & Secretary	60 0			X				480,880	0	56,416
Brian Rhoa , Chief Financial Officer	60 0			X				326,191	0	74,190
Dale Bateman , SVP & Chief Audit Executive	60 0			X				251,473	0	24,846
Gail McGovern , PRESIDENT AND CEO	60 0			X				446,867	0	8,823
Kevin Brown , CHIEF OPERATING OFFICER	40 0				X			359,680	0	21,349

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply) Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
CHRISTINA SAMSON , CHIEF INVESTMENT OFFICER	60 0				X			291,262	0	85,645
Melissa Hurst , SVP Human Resources	60 0				X			313,161	0	52,479
Jeffrey Towers , Chief Development Officer	60 0				X			297,127	0	12,354
James Hrouda , EVP, BIOMEDICAL SERVICES	60 0				X			566,629	0	81,107
MARY-ALICE FRANK , CEO, ARC OF CLEVELAND	60 0					X		375,205	0	165,418
THERESA BISCHOFF , CEO, ARC OF GREATER NEW YORK	60 0					X		404,968	0	54,108
ELIZABETH O'NEILL , DIV VICE PRESIDENT, BIOMEDICAL	60 0					X		320,647	0	123,376
WILLIAM MOORE , SVP, BIOMEDICAL OPERATIONS	60 0					X		352,935	0	46,522
Rosemary Mackey , CHIEF EXT AFF OFF, GNY	60 0					X		308,235	0	58,422
Robert McDonald , Former Chief Financial Officer							X	120,974	0	14,016