


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
		2010
		Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011				
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Amercan National Red Cross & Its Constituent Chapters and Branches Doing Business As		D Employer identification number 53-0196605	
			E Telephone number (202) 303-4498	
	Number and street (or P O box if mail is not delivered to street address) 2025 E Street NW		Room/suite	
	City or town, state or country, and ZIP + 4 Washington, DC 200065009			
	F Name and address of principal officer Gail McGovern 430 17th St NW Washington, DC 20006		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ www.redcross.org				
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation 1900	M State of legal domicile DC

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE AMERICAN NATIONAL RED CROSS WILL PROVIDE RELIEF TO VICTIMS OF DISASTER AND HELP PEOPLE PREVENT, PREPARE FOR, AND RESPOND TO EMERGENCIES		
	2 Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	34,821
6 Total number of volunteers (estimate if necessary)	6	650,000	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	2,613,020	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,138,134,583	1,013,873,120
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,364,487,749	2,328,884,915
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	47,406,335	52,283,495
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	37,746,763	57,918,857
		3,587,775,430	3,452,960,387
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	251,004,753	382,301,998
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,717,222,763	1,694,157,992
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) <input checked="" type="checkbox"/> 127,019,240		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)		
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	1,385,949,929	1,345,550,396
	19 Revenue less expenses Subtract line 18 from line 12	3,354,177,445	3,422,010,386
Net Assets or Fund Balances		233,597,985	30,950,001
		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	3,999,112,138	4,253,578,616
	21 Total liabilities (Part X, line 26)	2,040,225,001	2,061,654,331
	22 Net assets or fund balances Subtract line 21 from line 20	1,958,887,137	2,191,924,285

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

Sign Here	▶ Signature of officer		2012-02-27		
	▶ Brian Rhoa Chief Financial Officer		Date		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶ KPMG LLP				Firm's EIN ▶
	Firm's address ▶ 1676 International Drive McLean, VA 22102				Phone no ▶ (703) 286-8000

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

Part III

Statement of Program Service Accomplishments

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

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?

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

Yes

No

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If "Yes," describe these changes on Schedule O

Yes

No

4

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

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

4a

(Code) (Expenses \$ 2,195,107,428 including grants of \$) (Revenue \$ 2,189,662,908)

BIOMEDICAL SERVICES - See Schedule O

4b

(Code) (Expenses \$ 340,107,531 including grants of \$ 300,552,000) (Revenue \$)

INTERNATIONAL RELIEF AND DEVELOPMENT SERVICES - See Schedule O

4c

(Code) (Expenses \$ 270,570,011 including grants of \$ 81,749,998) (Revenue \$)

DOMESTIC DISASTER SERVICES - See Schedule O

4d

Other program services (Describe in Schedule O) See also Additional Data for Description

(Expenses \$ 351,697,021 including grants of \$) (Revenue \$ 139,222,007)

4e























Total program service expenses

\$ 3,157,481,991

Form 990 (2010)

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 (see instruction)?	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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or 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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b Yes	
13 Is the organization a school 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 United States?	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 United States? If "Yes," complete Schedule F, Parts I and IV 	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 U S ? If "Yes," complete Schedule F, Parts II and IV 	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 U S ? If "Yes," complete Schedule F, Parts III and IV 	16	No
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions 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 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19 Yes	
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV

Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance							
Check if Schedule O contains a response to any question in this Part V <input checked="" type="checkbox"/>							
			Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	887				
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	34,821	2b	Yes		
b		If at least one is reported on line 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 (see instructions).							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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 instructions for 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 line 5a or 5b, did the organization file Form 8886-T?	5c					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and 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 receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes				
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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Yes				
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?							
8							
9 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?							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b					
13 Section 501(c)(29) qualified nonprofit health insurance issuers.							
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a					
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b					
c	Enter the amount of reserves on hand.	13c					
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b					

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Does the organization have members or stockholders?	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	Yes	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	Yes	
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	Yes	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
15c	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

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. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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

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

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

Form **990** (2010)

Part VII

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								5,464,232	0	1,270,812

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►1,078

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	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
MAK-SYSTEM CORPORATION 2720 RIVER ROAD SUITE 225 DES PLAINES, IL 60018	IT OUTSOURCING	19,209,243
COMPUTER SCIENCES CORPORATION PO BOX 8500 S 4610 PHILADELPHIA, PA 19178	IT OUTSOURCING	16,165,108
EXETER GROUP INCORPORATED ONE CANAL PARK CAMBRIDGE, MA 02141	IT CONSULTANT	11,463,713
AUTOMATIC DATA PROCESSING INCORPORA 11411 RED RUN BOULEVARD OWINGS MILLS, MD 21117	PAYROLL SERVICES	9,585,783
DPR CONSTRUCTION INCORPORATED 2000 AERIAL CENTER PARKWAY RALEIGH, NC 27560	CONSTRUCTION	9,488,814
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 204		

Part VIII

Statement of Revenue

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a	111,272,553			
	b	Membership dues	1b				
	c	Fundraising events	1c	29,329,830			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	68,005,187			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	805,265,550			
	g	Noncash contributions included in lines 1a-1f \$		22,867,326			
	h	Total. Add lines 1a-1f		1,013,873,120			
Program Service Revenue	2a		Business Code				
		BIOMEDICAL PRODUCTS & SERVICES	541900	2,189,662,908	2,189,662,908		
	b	OTHER PRODUCTS & SERVICES	900099	139,222,007	139,222,007		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		2,328,884,915			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		49,645,488			49,645,488
	4	Income from investment of tax-exempt bond proceeds . .		0			
	5	Royalties		0			
	6a	Gross Rents	(i) Real	(ii) Personal			
			16,407,139				
	b	Less rental expenses	5,168,882				
	c	Rental income or (loss)	11,238,257				
	d	Net rental income or (loss)		11,238,257		3,827,609	7,410,648
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
			222,948,000	6,406,605			
	b	Less cost or other basis and sales expenses	223,009,049	3,707,549			
	c	Gain or (loss)	-61,049	2,699,056			
	d	Net gain or (loss)		2,638,007			2,638,007
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18					
		a	13,879,944				
	b	Less direct expenses	b	13,316,334			
	c	Net income or (loss) from fundraising events . .		563,610			563,610
	9a	Gross income from gaming activities See Part IV, line 19 . .	a	1,723,385			
	b	Less direct expenses	b	1,503,270			
	c	Net income or (loss) from gaming activities . .		220,115			220,115
10a	Gross sales of inventory, less returns and allowances . .						
	a						
b	Less cost of goods sold	b					
c	Net income or (loss) from sales of inventory . .		0				
	Miscellaneous Revenue	Business Code					
11a	PENSION PLAN DEFERRED REVENUE RECOGNIZED	900099	47,111,464	47,111,464			
b	PARTNERSHIP & S-CORP LOSS	900099	-1,214,589		-1,214,589		
c							
d	All other revenue						
e	Total. Add lines 11a-11d		45,896,875				
12	Total revenue. See Instructions		3,452,960,387		2,613,020	60,477,868	

Part IX

Statement of Functional Expenses

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

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

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

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			407,203,873	1	372,661,698
	2	Savings and temporary cash investments			798,060,164	2	695,855,400
	3	Pledges and grants receivable, net			99,899,658	3	81,110,825
	4	Accounts receivable, net			81,473,265	4	222,430,171
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			129,755,952	8	126,381,908
	9	Prepaid expenses and deferred charges			177,837,200	9	256,671,303
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	2,013,556,642	1,090,531,867	10c	1,077,944,914
	b	Less: accumulated depreciation	10b	935,611,728			
	11	Investments—publicly traded securities			586,385,159	11	745,809,397
	12	Investments—other securities. See Part IV, line 11			490,216,000	12	563,770,000
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			137,749,000	15	110,943,000
16	Total assets. Add lines 1 through 15 (must equal line 34)			3,999,112,138	16	4,253,578,616	
Liabilities	17	Accounts payable and accrued expenses			371,044,531	17	333,218,288
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			245,022,320	20	234,405,758
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties			762,177	23	561,246
	24	Unsecured notes and loans payable to unrelated third parties			346,272,985	24	338,414,326
	25	Other liabilities. Complete Part X of Schedule D			1,077,122,988	25	1,155,054,713
	26	Total liabilities. Add lines 17 through 25			2,040,225,001	26	2,061,654,331
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			448,141,841	27	655,018,583
	28	Temporarily restricted net assets			884,910,444	28	871,138,152
	29	Permanently restricted net assets			625,834,852	29	665,767,550
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			1,958,887,137	33	2,191,924,285
	34	Total liabilities and net assets/fund balances			3,999,112,138	34	4,253,578,616

Part XI Reconciliation of Net Assets

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

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

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

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

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
- a

☐

Type I
- b

☐

Type II
- c

☐

Type III - Functionally integrated
- d

☐

Type III - Other
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
- (ii)

a family member of a person described in (i) above?
- (iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	653,681,642	727,256,686	715,911,223	1,138,134,583	1,013,873,120	4,248,857,254
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 lines 1 through 3	653,681,642	727,256,686	715,911,223	1,138,134,583	1,013,873,120	4,248,857,254
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						4,248,857,254

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	653,681,642	727,256,686	715,911,223	1,138,134,583	1,013,873,120	4,248,857,254
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	112,694,868	88,538,243	64,088,523	66,294,890	49,645,488	381,262,012
9 Net income from unrelated business activities, whether or not the business is regularly carried on					2,613,020	2,613,020
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	16,915,587	4,348,900	7,554,402	18,712,251	15,603,329	63,134,469
11 Total support (Add lines 7 through 10)						4,695,866,755
12 Gross receipts from related activities, etc (See instructions)					12	12,004,505,722
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	90 481 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	92 870 %
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support test—2009. 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—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶		

Part IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 through 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 \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 June 30, 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 section501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage			
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ▶		
b	33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ▶		
20	Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶		

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any 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

▶ **Complete if the organization is described below.**

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

OMB No 1545-0047

2010

Open to Public Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

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

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

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

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

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

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

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

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

Part II-A

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

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
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															
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g Grassroots nontaxable amount (enter 25% of line 1f)															
h Subtract line 1g from line 1a If zero or less, enter -0-															
i Subtract line 1f from line 1c If zero or less, enter -0-															
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

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

Part II-B

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

	(a)		(b)
	Yes	No	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 1c through 1i)?	Yes		
c Media advertisements?		No	
d Mailings to members, legislators, or the public?	Yes		61,387
e Publications, or published or broadcast statements?	Yes		1,267
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		307,181
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		8,832
i Other activities? If "Yes," describe in Part IV		No	
j Total lines 1c through 1i			378,667
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?			

Part III-A

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

	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

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

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 (see instructions)	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 I-A, LINE 1		THE AMERICAN NATIONAL RED CROSS PARTICIPATES IN LOBBYING AND OTHER PUBLIC POLICY ADVOCACY ACTIVITIES AT THE FEDERAL AND STATE LEVELS (WITHIN THE LIMITS SET BY IRS REGULATIONS) ON ISSUES THAT ARE RELATED TO THE ORGANIZATION'S MISSION INCLUDING BIOMEDICAL SERVICES, HOMELAND SECURITY, AND ALL HAZARDS PREPAREDNESS AND RESPONSE, PUBLIC HEALTH AND SAFETY, EMERGENCY COMMUNICATION SERVICES TO THE ARMED FORCES, INTERNATIONAL SERVICES, AND THE REGULATION OF NONPROFIT ORGANIZATIONS. THESE ACTIVITIES INCLUDE PREPARING AND PRESENTING WRITTEN AND ORAL TESTIMONY AT LEGISLATIVE HEARINGS AT THE FEDERAL AND STATE LEVELS, COMMUNICATING WITH POLICYMAKERS AND THEIR STAFFS THROUGH MEETINGS AND BRIEFINGS, AND ISSUING PUBLIC STATEMENTS RELATED TO PENDING LEGISLATION AND REGULATION. THE AMERICAN NATIONAL RED CROSS DOES NOT CONTRIBUTE TO OR PARTICIPATE IN ELECTION CAMPAIGNS. IT DOES NOT ENDORSE CANDIDATES FOR ELECTIVE OFFICE, NOR DOES IT PUBLISH OR DISTRIBUTE INFORMATION THAT DIRECTLY OR INDIRECTLY ENDORSES OR OPPOSES A CANDIDATE.

SCHEDULE D
(Form 990)

Supplemental Financial Statements

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization American National Red Cross & Its Constituent Chapters and Branches	Employer identification number 53-0196605
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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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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 for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure) <input type="checkbox"/> Preservation of an historically importantly land area</div> <div><input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure</div> <div><input type="checkbox"/> Preservation of open space</div>											
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											
		<table><tr><td></td><td>Held at the End of the Year</td></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the Year	a	Total number of conservation easements	b	Total acreage restricted by conservation easements	c	Number of conservation easements on a certified historic structure included in (a)	d	Number of conservation easements included in (c) acquired after 8/17/06
	Held at the End of the Year											
a	Total number of conservation easements											
b	Total acreage restricted by conservation easements											
c	Number of conservation easements on a certified historic structure included in (a)											
d	Number of conservation easements included in (c) acquired after 8/17/06											
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, handling of violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
6	Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____											
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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)? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>											
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements											

Part III

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

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

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

	Amount
1c	
1d	
1e	
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	714,588,039	644,808,039	772,576,514	
b	Contributions	21,267,000	21,926,000	30,057,268	
c	Investment earnings or losses	124,245,000	76,104,000	-125,198,623	
d	Grants or scholarships				
e	Other expenditures for facilities and programs	29,686,000	28,250,000	32,627,120	
f	Administrative expenses				
g	End of year balance	830,414,039	714,588,039	644,808,039	

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 100 000 %

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) Accumulated depreciation	(d) Book value
1a Land		120,319,334		120,319,334
b Buildings		885,413,238	352,658,581	532,754,657
c Leasehold improvements		283,496,307	74,105,844	209,390,463
d Equipment		620,846,475	508,847,303	111,999,172
e Other		103,481,288	0	103,481,288
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				1,077,944,914

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

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	3,672,621,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	193,156,015
b	Donated services and use of facilities	2b	12,404,524
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	14,100,074
e	Add lines 2a through 2d	2e	219,660,613
3	Subtract line 2e from line 1	3	3,452,960,387
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	3,452,960,387

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	3,439,585,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	12,404,524
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	5,170,090
e	Add lines 2a through 2d	2e	17,574,614
3	Subtract line 2e from line 1	3	3,422,010,386
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	3,422,010,386

Part XIVSupplemental Information

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

Identifier	Return Reference	Explanation
SCHEDULE D, PART V	ENDOWMENT FUNDS	THE AMERICAN RED CROSS HAS MAINTAINED A NATIONAL ENDOWMENT FUND SINCE 1905. SINCE 1910, AS STATED IN THE BYLAWS OF THE ORGANIZATION AND BECAUSE OF PUBLIC DECLARATIONS AS TO THEIR INTENDED USE, GIFTS TO THE AMERICAN NATIONAL RED CROSS NATIONAL HEADQUARTERS UNDER WILLS, TRUSTS, AND SIMILAR INSTRUMENTS WHICH DO NOT DIRECT SOME OTHER USE OF SUCH FUNDS ARE RECORDED AS PERMANENTLY RESTRICTED ENDOWMENT FUNDS TO BE KEPT AND INVESTED AS SUCH IN PERPETUITY. BASED UPON THE MANNER IN WHICH THE ORGANIZATION HAS SOLICITED AND CONTINUES TO SOLICIT SUCH GIFTS, IT HAS BEEN DETERMINED BY INDEPENDENT LEGAL COUNSEL THAT SUCH GIFTS MUST BE PLACED IN THE ENDOWMENT FUND AND, REPORTED AS PERMANENTLY RESTRICTED NET ASSETS. ARC MAKES DISTRIBUTIONS FROM INCOME EARNED ON THE ENDOWMENT FUND FOR CURRENT OPERATIONS.
SCHEDULE D, PART X	OTHER LIABILITIES ASC 740 (FORMER FIN 48)	ON JULY 1, 2007, THE AMERICAN NATIONAL RED CROSS ADOPTED THE PROVISIONS OF ACCOUNTING STANDARDS CODIFICATION (ASC) TOPIC 740, ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. ASC 740 REQUIRES THAT A TAX POSITION BE RECOGNIZED ON A 'MORE-LIKELY-THAN-NOT' THRESHOLD. THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. THE IMPLEMENTATION OF ASC 740 HAD NO IMPACT ON THE RED CROSS' AUDITED STATEMENT OF FINANCIAL POSITION OR STATEMENT OF ACTIVITIES. THE RED CROSS DOES NOT BELIEVE IT'S FINANCIAL STATEMENTS INCLUDE (OR REFLECT) ANY UNCERTAIN TAX POSITIONS.
SCHEDULE D, PART XII, LINE 8 AND PART XIII, LINE 2D	OTHER	THIS AMOUNT REPRESENTS EMPLOYEE RETIREMENT SYSTEM PENSION AND POST-RETIREMENT BENEFIT PLAN GAINS PER PROVISIONS OF ASC 715 (FORMER FASB 87 AND 106) AND RENTAL REAL ESTATE RELATED EXPENSES.

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No 1545-0047

2010

Open to Public
Inspection

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

Employer identification number

53-0196605

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1

For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ **Yes** ☐ **No**
- 2

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States
- 3

Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
Central America and the Caribbean	3	37	Program Services	Gen Health, Mgmt	67,266,522
East Asia and the pacific	3	4	Program Services	Disaster Response	224,644,130
North America	1	1	Program Services	Disaster Response	560,682
Russia and the Newly Independent States	1	2	Program Services	Genrerel Health	2,268,880
South America	3	2	Program Services	Disaster Response	2,972,091
South Asia	4	7	Program Services	Disaster Recover	5,523,782
Sub-Saharan Africa	2	3	Program Services	Disaster Response	3,886,148
Middle East and North Africa		1	Program Services	Disaster Response	466,150
Europe (Including Iceland and Greenland)		2	Program Services	Disaster Response	390,124
Central America and the Caribbean			Investments		233,550,940
East Asia and the Pacific			Investments		43,989,253
South America			Investments		903,247
North America			Investments		8,719,180
Sub-Saharan Africa			Investments		4,325,847
South Asia			Investments		824,976
Europe (Including Iceland and Greenland)			Investments		84,563,906
Central America and the Caribbean			Program Services	Insurance	31,562,617
3a Sub-total	17	59			716,418,475
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	17	59			716,418,475

[illegible]**Schedule F (Form 990) 2010**

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 Part V if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐ Yes ☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☒ Yes ☐ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☒ Yes ☐ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☒ Yes ☐ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐ Yes ☒ No

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

Schedule F (Form 990) 2010

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

OMB No 1545-0047

2010

Open to Public
Inspection

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

Employer identification number

53-0196605

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

1

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

a

☐ Mail solicitations

e

☐ Solicitation of non-government grants

b

☐ Internet and e-mail solicitations

f

☐ Solicitation of government grants

c

☐ Phone solicitations

g

☐ Special fundraising events

d

☐ In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

b

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

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

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

Part III Gaming.

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1 Gross revenue	1,357,446	306,052	59,887	1,723,385
Direct Expenses	2 Cash prizes	1,026,364	231,446	39,416	1,297,226
	3 Non-cash prizes	3,004			3,004
	4 Rent/facility costs	95,781		3,718	99,499
	5 Other direct expenses	84,622	8,234	10,685	103,541
	6 Volunteer labor	<div><div><input checked="" type="checkbox"/> 100 000 % Yes 100 000 % <input type="checkbox"/> No</div></div>	<div><div><input checked="" type="checkbox"/> 100 000 % Yes 100 000 % <input type="checkbox"/> No</div></div>	<div><div><input checked="" type="checkbox"/> 95 000 % Yes 95 000 % <input type="checkbox"/> No</div></div>	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				1,503,270
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				220,115

9

See Additional Data TableSee Additional Data TableSee Additional Data TableSee Additional Data TableSee Additional Data TableSee Additional Data TableCA, GA, HI, MI, OH, VA

Enter the state(s) in which the organization operates gaming activities

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

b If "No," Explain

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

b If "Yes," Explain

11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☒ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☒ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a	
b	An outside facility	13b	100 000 %

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

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

☐ Yes ☒ No

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

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶ NA

Gaming manager compensation ▶ \$

Description of services provided ▶

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☒ No

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

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

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

OMB No 1545-0047

2010

Open to Public
Inspection

Employer identification number

53-0196605

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code 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" to 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
(1) DISASTER RELIEF PAYMENTS		81,749,998			

Part IV

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

Identifier	Return Reference	Explanation
SCHEDULE I, PART III	MONITORING GRANTS	THE AMERICAN NATIONAL RED CROSS DID NOT MAKE SPECIFIC FINANCIAL ASSISTANCE TO ANY ONE INDIVIDUAL DURING FISCAL YEAR 2011 EXCEEDING \$5,000
SCHEDULE I, PART I, LINE 2		THE DOMESTIC DISASTER SERVICES DEPARTMENT AT THE AMERICAN RED CROSS HAS ESTABLISHED PROCEDURES FOR PROVIDING FINANCIAL ASSISTANCE TO CLIENTS DURING THE EMERGENCY PHASE, THE RED CROSS PROVIDES ASSISTANCE IN THE FORM OF MASS CARE (E G FEEDING AND SHELTERING) BASED ON STATED NEEDS AS WE MOVE TOWARDS THE RECOVERY PHASE, THE RED CROSS PROVIDES INDIVIDUAL ASSISTANCE BASED ON VERIFIED NEED AND IDENTIFICATION THROUGH CASE MANAGEMENT THE AMERICAN RED CROSS PLACED THE PROPER CONTROL PROCEDURES AROUND MONITORING THE USE OF FINANCIAL ASSISTANCE IN THE UNITED STATES EMPLOYEES OF THE AMERICAN NATIONAL RED CROSS ARE ELIGIBLE FOR LIMITED FINANCIAL ASSISTANCE TO FURTHER THEIR EDUCATION, AND ITS EMPLOYEES SERVING OVERSEAS ARE ELIGIBLE FOR LIMITED FINANCIAL ASSISTANCE TO HELP DEFRAY THE COSTS OF SCHOOLING OF THEIR DEPENDENTS AT OVERSEAS LOCATIONS FORMER EMPLOYEES WHO RETIRE WITH LOW BENEFITS MAY BE ASSISTED FROM A SPECIAL FUND IN ALL INSTANCES, ELIGIBILITY FOR THE ASSISTANCE IS BASED ON THE NEEDS OF THE INDIVIDUAL EMPLOYEE CONCERNED
SCHEDULE I, PART IV	DISBURSEMENT IN FURTHERANCE OF CHARITABLE PROGRAMS AND GRANTS	PURSUANT TO THE CONGRESSIONAL CHARTER OF THE AMERICAN NATIONAL RED CROSS (36 U S C 3 FIFTH), THE ORGANIZATION CARRIES OUT A SYSTEM OF NATIONAL AND INTERNATIONAL RELIEF TO MITIGATE OR PREVENT SUFFERING CAUSED BY DISASTERS DISASTER VICTIMS QUALIFY TO RECEIVE SUCH ASSISTANCE BASED ON EITHER OBVIOUS CIRCUMSTANCES, SUCH AS APPARENT NEED FOR FOOD, CLOTHING OR SHELTER, OR A CASEWORK PROCESS IN WHICH THE NATURE AND EXTENT OF THE DISASTER-CAUSED NEEDS FOR RED CROSS AID ARE DETERMINED IN THE LIGHT OF OTHER AVAILABLE RESOURCES AND THE ABILITY OF THE VICTIMS TO ASSIST THEMSELVES CONTRIBUTIONS TO OTHER ORGANIZATIONS CONSIST PRIMARILY OF THOSE MADE TO THE INTERNATIONAL COMMITTEE OF THE RED CROSS, THE FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES AND NATIONAL RED CROSS SOCIETIES OF OTHER COUNTRIES CONTRIBUTIONS MAY BE MADE FOR A VARIETY OF PURPOSES, INCLUDING 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

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

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

Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
<input type="checkbox"/> First-class or charter travel		
<input checked="" type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Payments for business use of personal residence		
<input checked="" type="checkbox"/> Tax idemnification and gross-up payments		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)		
b If any of the boxes in line 1a are 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		
<input checked="" type="checkbox"/> Compensation committee		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Form 990 of other organizations		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment from the organization or a related organization?	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		
Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a The organization?	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 accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8 Yes	
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9 Yes	

Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Gail McGovern	(i)	498,800	0	2,322	54,750	5,338	561,210	0
	(ii)	0	0	0	0	0	0	0
(2) Mary Elcano	(i)	369,183	0	3,564	81,199	5,506	459,452	0
	(ii)	0	0	0	0	0	0	0
(3) Brian Rhoa	(i)	354,598	0	810	43,051	18,403	416,862	0
	(ii)	0	0	0	0	0	0	0
(4) Dale Bateman	(i)	245,188	0	2,455	64,575	4,354	316,572	0
	(ii)	0	0	0	0	0	0	0
(5) Greg Ballish	(i)	332,914	60,750	1,242	47,258	18,401	460,565	0
	(ii)	0	0	0	0	0	0	0
(6) Joseph Becker	(i)	260,348	0	117,789	66,363	17,606	462,106	0
	(ii)	0	0	0	0	0	0	0
(7) Stephen Brown	(i)	271,773	16,500	3,246	122,097	17,442	431,058	0
	(ii)	0	0	0	0	0	0	0
(8) Joan Manning	(i)	276,927	28,500	1,989	124,380	17,770	449,566	0
	(ii)	0	0	0	0	0	0	0
(9) Kathryn Waldman	(i)	245,173	47,220	1,574	129,764	8,891	432,622	0
	(ii)	0	0	0	0	0	0	0
(10) Christina Samson	(i)	279,594	40,618	2,938	68,850	12,891	404,891	0
	(ii)	0	0	0	0	0	0	0
(11) Melissa Hurst	(i)	305,198	0	444	37,364	13,355	356,361	0
	(ii)	0	0	0	0	0	0	0
(12) James Hrouda	(i)	429,498	63,000	76,456	42,587	10,238	621,779	0
	(ii)	0	0	0	0	0	0	0
(13) Gerald DeFrancisco	(i)	359,300	0	3,168	84,500	5,226	452,194	0
	(ii)	0	0	0	0	0	0	0
(14) Shaun Gilmore	(i)	483,430	0	2,443	69,657	18,403	573,933	0
	(ii)	0	0	0	0	0	0	0
(15) Neal Litvack	(i)	273,603	0	1,677	43,169	17,424	335,873	0
	(ii)	0	0	0	0	0	0	0
(16)								

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, PART I, LINE 1A		IN 2010, THE PRESIDENT AND CEO EARNED A BASE SALARY OF \$500,000. DUE TO THE TIMING OF PAYROLL CHECKS, SHE WAS PAID \$498,800 IN 2010, WHICH WAS INCLUDED ON HER 2010 W-2 AND IS REFLECTED IN THE AMOUNT SHOWN ON SCHEDULE J, PART II, COLUMN B(I). AT THE REQUEST OF THE PRESIDENT AND CEO, HER SALARY HAS REMAINED AT THIS LEVEL - WITHOUT ANY PAY INCREASE OR BONUS - SINCE SHE JOINED THE RED CROSS IN 2008. IN ADDITION, THE RED CROSS PROVIDED THE PRESIDENT AND CEO WITH ALL STANDARD EMPLOYEE BENEFIT PROGRAMS AND THOSE ARE REFLECTED IN AMOUNTS SHOWN ON SCHEDULE J, PART II, COLUMNS B (III), (C) AND (D). IN 2010, THE EXECUTIVE VICE PRESIDENT, BIOMEDICAL SERVICES, EARNED A BASE SALARY OF 400,000. DUE TO THE TIMING OF PAYROLL CHECKS, HE WAS PAID \$429,498 IN 2010 WHICH INCLUDED A ONE-TIME LUMP SUM PAYMENT OF \$12,600 IN LIEU OF A MERIT INCREASE TO BASE PAY. THE TOTAL AMOUNT OF THIS PAY WAS INCLUDED ON HIS 2010 W-2 AND IS REFLECTED IN THE AMOUNT SHOWN ON SCHEDULE J, PART II, COLUMN B(I). HOUSING ALLOWANCES AND A TAX GROSS-UP PAYMENT IN THE AMOUNT OF \$75,914 WAS PAID TO THE EXECUTIVE VICE PRESIDENT IN RELATIONSHIP TO A CONTINUATION OF THE TERMS OF HIS INITIAL EMPLOYMENT AGREEMENT WITH THE RED CROSS APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD. THIS AMOUNT WAS INCLUDED IN HIS 2010 W-2 AND IS REFLECTED IN THE AMOUNT SHOWN ON SCHEDULE J, PART II, COLUMN B (III). THE RED CROSS ALSO PROVIDED THE EXECUTIVE VICE PRESIDENT, BIOMEDICAL SERVICES, WITH ALL STANDARD EMPLOYEE BENEFIT PROGRAMS AND THOSE ARE REFLECTED IN AMOUNTS SHOWN ON SCHEDULE J, PART II, COLUMNS B (III), (C) AND (D).
SCHEDULE J, PART I, LINE 7		THE AMOUNTS SHOWN IN PART II, COLUMN B (II) FOR THE CHIEF INVESTMENT OFFICER AND THE EXECUTIVE VICE PRESIDENT, BIOMEDICAL SERVICES WERE PAID BASED ON PRIOR YEAR PERFORMANCE AND WERE APPROVED BY THE COMPENSATION COMMITTEE OF THE BOARD. THE AMOUNTS SHOWN IN PART II, COLUMN B (II) FOR THE SVP, BIOMEDICAL SERVICES, SVP, QUALITY AND THE DIVISION VP(S), BIOMEDICAL SERVICES WERE PAID BASED ON WRITTEN VARIABLE INCENTIVE PLANS APPROVED BY MANAGEMENT AND DETERMINED UNDER THE TERMS OF THE INCENTIVE PLAN DOCUMENTS.
SCHEDULE J, PART I, LINE 8		THE RED CROSS HAS FOUR (4) EMPLOYEES LISTED ON PART VII WHO ARE COVERED BY REGS. SECTION 53.4958-4 (A) (3). PRESIDENT AND CEO, PRESIDENT, BIOMEDICAL SERVICES, PRESIDENT, HUMANITARIAN SERVICES, AND EXECUTIVE VP, BIOMEDICAL SERVICES. THE ORIGINAL BASE SALARY AMOUNTS AND SIGNING BONUSES PAID TO PERSONS COVERED BY THIS PROVISION AND ANY SUBSEQUENT ANNUAL INCREASES ARE DETERMINED BY THE COMPENSATION COMMITTEE OF THE RED CROSS BOARD, BASED ON COMPARABLE MARKET DATA, AND ARE DOCUMENTED IN THE MINUTES OF THE COMMITTEE, ALL IN ACCORDANCE WITH THE REQUIREMENTS FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER SECTION 4958.

Schedule K (Form 990)	Supplemental Information on Tax Exempt Bonds ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990). ▶ Attach to Form 990. ▶ See separate instructions.										OMB No 1545-0047	
											2010	
	Department of the Treasury Internal Revenue Service											Open to Public Inspection
Name of the organization American National Red Cross & Its Constituent Chapters and Branches										Employer identification number 53-0196605		

Part I

Bond Issues

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A California Infrastructure and Economic Devel Bank	60-0304653	13033WV26	10-09-2008	40,325,000	CURRENT REFUNDING OF PRIOR BON		X		X		X
B Connecticut Dev Authority	06-6000799		12-05-2005	2,303,600	CURRENT REFUNDING OF PRIOR BON		X		X		X
C Maryland Economic Dev Corp	52-1376562		12-02-2003	4,250,000	LAND AQISITION & BUILDING CON		X		X		X
D Illinois Dev Finance Auth	37-0988139		02-27-2003	8,000,000	CONSTRUCTION & EQUIPMENT BUILD		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired	0		680,250		510,000		600,000	
2	Amount of bonds legally defeased	0		0		0		0	
3	Total proceeds of issue	40,325,000		2,303,600		4,250,000		8,000,000	
4	Gross proceeds in reserve funds	0		0		0		0	
5	Capitalized interest from proceeds	0		0		0		0	
6	Proceeds in refunding escrow	40,000,000		2,258,451		0		0	
7	Issuance costs from proceeds	325,000		45,149		29,000		85,000	
8	Credit enhancement from proceeds	0		0		0		4,000	
9	Working capital expenditures from proceeds	0		0		0		0	
10	Capital expenditures from proceeds	0		0		4,221,000		7,911,000	
11	Other spent proceeds	0		0		0		0	
12	Other unspent proceeds	0		0		0		0	
13	Year of substantial completion	2005		2003		2004		2004	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X			X		X
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

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

Part IIIPrivate Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X		X		X		X
b	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X		X		X	
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %		0 %		0 %	
6	Total of lines 4 and 5	0 %		0 %		0 %		0 %	
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X	

Part IVArbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X
2	Is the bond issue a variable rate issue?	X		X		X		X	
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X		X		X		X
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
6	Did the bond issue qualify for an exception to rebate?	X		X		X		X	

Part VSupplemental Information

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

Identifier	Return Reference	Explanation

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

► **Attach to Form 990.**

► **See separate instructions.**

OMB No. 1545-0047

2010

**Open to Public
Inspection**

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

Employer identification number
53-0196605

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled Financing	
						Yes	No	Yes	No	Yes	No
A NEW YORK INDUSTRIAL DEV.	13-2906040	64971C8B3	02/28/2006	30,337,879.	ACQUISITION & RENOVATION OF BU		X		X		X
B THE CAMBRIA COUNTY INDUST. DEV. AUTH.	25-1334277	132047BY6	10/09/2008	20,245,000.	CURRENT REFUNDING OF PRIOR BON		X		X		X
C											
D											

Part II Proceeds

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

Part III Private Business Use

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

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

Schedule K (Form 990) 2010

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X				
b Are there any research agreements that may result in private business use of bond-financed property?		X		X				
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X					
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government. ▶	0.0000 %		0.0000 %					
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government. ▶	0.0000 %		0.0000 %					
6 Total of lines 4 and 5	0.0000 %		0.0000 %					
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X					

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X				
2 Is the bond issue a variable rate issue?		X	X					
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
4a Were gross proceeds invested in a GIC?		X		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?		X		X				
6 Did the bond issue qualify for an exception to rebate?	X		X					

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

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2010

Open to Public Inspection

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

Employer identification number
53-0196605

Part ITypes of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		10,600	FMV
5 Clothing and household goods	X		4,767,678	FMV
6 Cars and other vehicles .	X		170,668	FMV
7 Boats and planes				
8 Intellectual property . .				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests .				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other . .				
15 Real estate—Residential .				
16 Real estate—Commercial	X		407,953	FMV
17 Real estate—Other . .				
18 Collectibles				
19 Food inventory	X		12,071,102	FMV
20 Drugs and medical supplies	X		174,555	FMV
21 Taxidermy				
22 Historical artifacts . .				
23 Scientific specimens . .				
24 Archeological artifacts .				
25 Other ▶ (VARIOUS)	X	0	5,264,770	FMV
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	2		

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?	Yes	No
b	If "Yes," describe the arrangement in Part II		No
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?		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	Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

American National Red Cross & Its Constituent Chapters and Branches

Employer identification number

53-0196605

Identifier	Return Reference	Explanation
FORM 990, PART III, STATEMENT OF PROGRAM SERVICE		<p>4A BIOMEDICAL SERVICES THE ORGANIZATION COLLECTS, TESTS, AND DISTRIBUTES NEARLY HALF OF THE NATION'S BLOOD AND BLOOD COMPONENTS AND OPERATES 36 REGIONAL BLOOD SERVICE CENTERS THROUGHOUT THE COUNTRY IN FISCAL YEAR 2011, THE ORGANIZATION COLLECTED OVER 6 MILLION PRODUCTIVE UNITS OF BLOOD FROM OVER 4 MILLION DONORS AND SUPPLIED 2,900 HOSPITALS AND OTHER FACILITIES WITH BLOOD AND BLOOD PRODUCTS FOR TRANSFUSION 4B INTERNATIONAL RELIEF AND DEVELOPMENT SERVICES THE ORGANIZATION HELPS VULNERABLE PEOPLE AROUND THE WORLD, PREVENT, PREPARE FOR, AND RESPOND TO DISASTERS, COMPLEX HUMANITARIAN EMERGENCIES, AND LIFE-THREATENING HEALTH CONDITIONS THROUGH GLOBAL INITIATIVES AND COMMUNITY-BASED PROGRAMS WITH A FOCUS ON DISEASE PREVENTION ON A MASS-SCALE, DISASTER PREPAREDNESS AND RESPONSE, RESTORING FAMILY LINKS, AND THE DISSEMINATION OF INTERNATIONAL HUMANITARIAN LAW, THE ORGANIZATION PROVIDES RAPID, EFFECTIVE, AND LARGE-SCALE HUMANITARIAN ASSISTANCE TO THOSE IN NEED TO ACHIEVE OUR GOALS, THE ORGANIZATION WORKS WITH OUR PARTNERS IN THE INTERNATIONAL RED CROSS AND RED CRESCENT MOVEMENT AND OTHER INTERNATIONAL RELIEF AND DEVELOPMENT AGENCIES TO BUILD LOCAL CAPACITIES, MOBILIZE AND EMPOWER COMMUNITIES, AND ESTABLISH PARTNERSHIPS 4C DOMESTIC DISASTER SERVICES THE ORGANIZATION RESPONDED TO 25 LARGE-SCALE (LEVELS 4S, 5S, AND ONE LEVEL 6) DISASTERS IN FISCAL YEAR 2011 INCLUDING AN EXTREMELY ACTIVE TORNADO SEASON THAT IMPACTED THE ENTIRE SOUTHEAST WHICH INCLUDED AN EF-5 TORNADO IN ALABAMA, MAJOR FLOODING IN NORTH DAKOTA AND NEW JERSEY, AND AN UNDERGROUND PIPELINE EXPLOSION IN SAN BRUNO, CALIFORNIA THROUGH ITS NETWORK OF 635 CHAPTERS IN ALL 50 STATES, AS WELL AS OFFSHORE U S TERRITORIES IN THE CARIBBEAN AND THE PACIFIC, THE RED CROSS RESPONDED TO OVER 68,000 DISASTERS LARGE AND SMALL THE ORGANIZATION PROVIDED FOOD, SHELTER, BULK DISTRIBUTION ITEMS, EMERGENCY ASSISTANCE, HEALTH SERVICES, CRISIS INTERVENTIONS AND COMMUNITY MENTAL-HEALTH DEBRIEFINGS AND/OR OTHER RELATED EMERGENCY CARE TO PERSONS IN NEED FOR INDIVIDUALS AND COMMUNITIES AFFECTED BY DISASTERS, THE SERVICES OF THE AMERICAN RED CROSS BEGAN WITH SAFE SHELTER AND CONTINUED WITH SUPPORT FOR INDIVIDUALS AND FAMILIES RECOVERING FROM DISASTERS THE RED CROSS DISASTER SERVICES HUMAN RESOURCES SYSTEM IS USED TO MANAGE ITS TRAINED WORKFORCE IN FY11, THE NUMBER OF TRAINED DISASTER WORKERS WAS APPROXIMATELY 64,000 CHAPTERS THROUGHOUT THE COUNTY TRAINED THOUSANDS MORE TO PREPARE FOR AND RESPOND TO DISASTERS WITHIN THEIR COMMUNITIES 4D HEALTH & SAFETY SERVICES AMERICAN RED CROSS HEALTH AND SAFETY SERVICES HELPS SAVE LIVES AND STRENGTHEN COMMUNITIES- IMPARTING HOPE AND CONFIDENCE ALONG WITH PRACTICAL SKILLS IT IS THE PREMIER PROVIDER OF EDUCATION, TRAINING, AND PRODUCTS THAT ENABLE PEOPLE TO PREVENT, PREPARE FOR AND RESPOND TO DISASTERS AND OTHER LIFE-THREATENING EMERGENCIES AMERICAN RED CROSS EMPLOYEES AND REGISTERED VOLUNTEERS HELP SUSTAIN AND DELIVER HEALTH AND SAFETY PROGRAMS AND SERVICES INCLUDING FIRST AID/CPR/AED (WITH AUTOMATED EXTERNAL DEFIBRILLATION "AED" INFORMATION AND SKILLS), AQUATICS (LIFEGUARDING, WATER SAFETY), CAREGIVING (BABY SITTER'S TRAINING, FAMILY CAREGIVING, NURSE ASSISTANT TRAINING) 4D PREPAREDNESS IN TODAY'S CLIMATE, IT'S MORE IMPORTANT THAN EVER THAT ALL OF US BE PREPARED FOR POSSIBLE EMERGENCIES NATURAL OR OTHER DISASTERS CAN STRIKE SUDDENLY, AT ANY TIME AND ANYWHERE THE AMERICAN RED CROSS OVERALL GOAL IS TO BUILD A "CULTURE OF PREPAREDNESS" BY ENCOURAGING AMERICANS TO UNDERSTAND THEIR INDIVIDUAL RISK AND GEOGRAPHICAL THREATS AND THEN TAKE ACTION TO ADOPT SPECIFIC PREPAREDNESS BEHAVIORS A SIMPLE THREE--STEP MESSAGE, "GET A KIT, MAKE A PLAN, AND BE INFORMED," IS OUR PUBIC CALL TO ACTION FOR CITIZEN PREPAREDNESS GET A KIT WHAT YOU HAVE ON HAND WHEN A DISASTER HAPPENS CAN MAKE A BIG DIFFERENCE HAVE AT LEAST THREE-DAYS OF SUPPLIES, FOR EVERYONE IN YOUR HOUSEHOLD, IN AN EASY-TO-CARRY EVACUATION KIT, WITH ADDITIONAL SUPPLIES AT HOME IN CASE YOU CANNOT LEAVE, MAKE A PLAN PLANNING AHEAD IS THE FIRST STEP TO A CALMER AND MORE ASSURED DISASTER RESPONSE DISCUSS WITH YOUR FAMILY THE DISASTERS THAT CAN HAPPEN WHERE YOU LIVE ESTABLISH RESPONSIBILITIES FOR EACH MEMBER OF YOUR HOUSEHOLD AND PLAN TO WORK TOGETHER AS A TEAM, BE INFORMED KNOWING WHAT MAY HAPPEN AND HOW YOU CAN HELP MAY MAKE ALL THE DIFFERENCE WHEN AN EMERGENCY HAPPENS LEARN WHAT DISASTERS OR EMERGENCIES MAY OCCUR WHERE YOU LIVE, WORK AND PLAY THESE EVENTS CAN VARY FROM ONLY IMPACTING YOU AND YOUR FAMILY - LIKE A HOME FIRE OR MEDICAL EMERGENCY - OR YOUR ENTIRE COMMUNITY - LIKE AN EARTHQUAKE OR FLOOD 4D SERVICE TO THE ARMED FORCES THE ORGANIZATION PROVIDES MILITARY MEMBERS, VETERANS, AND THEIR FAMILIES WITH EMERGENCY COMMUNICATIONS SERVICES, EMERGENCY FINANCIAL SUPPORT, PROGRAMS AND SERVICES FOR THE SICK, WOUNDED AND RECOVERING AT VETERANS AND MILITARY MEDICAL FACILITIES, EDUCATION, AND OTHER VITAL SERVICES FOR U S MILITARY FAMILIES AROUND THE WORLD</p>

Identifier	Return Reference	Explanation
FORM 990, PART V, LINE 4B	FOREIGN COUNTRIES FINANCIAL ACCOUNTS	HAITI, PANAMA, THAILAND, INDONESIA, VIETNAM, MEXICO, KAZAKHSTAN, COLOMBIA, PERU, INDIA, MALDIVES, PAKISTAN, SRI LANKA, KENYA, TANZANIA, CHILE AND THE BAHAMAS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINES 4, 6 & 7A		<p>LINE 4 - IN FY11 THE AMERICAN RED CROSS BOARD OF GOVERNORS APPROVED CHANGES TO THE AMENDED AND RESTATED BYLAWS OF THE AMERICAN NATIONAL RED CROSS (THE BYLAWS) TWO TIMES (1) ON OCTOBER 27, 2010 TO CLARIFY THE DISTINCTION BETWEEN A STANDING COMMITTEE OF THE BOARD AND OTHER BOARD-APPOINTED COMMITTEES OR OTHER BODIES AND (2) ON MARCH, 31, 2011 TO ELIMINATE THE PHILANTHROPY COMMITTEE AS A STANDING COMMITTEE OF THE BOARD AND REVISE CERTAIN OFFICER RESPONSIBILITIES LINE 6 - AS DEFINED IN THE CONGRESSIONAL CHARTER "MEMBERSHIP IN THE CORPORATION IS OPEN TO ALL THE PEOPLE OF THE UNITED STATES AND ITS TERRITORIES AND POSSESSIONS, ON PAYMENT OF AN AMOUNT SPECIFIED, OR AS OTHERWISE PROVIDED IN THE BYLAWS " SECTION 7 OF THE AMENDED AND RESTATED BYLAWS OF THE AMERICAN NATIONAL RED CROSS DESCRIBES MEMBERSHIP IN THE CORPORATION AND DEFINES MEMBERSHIP AND THE TERMINATION OF MEMBERSHIP LINES 7A - DELEGATES OF THE CHAPTERS ELECT ALL MEMBERS OF THE GOVERNING BODY EXCEPT THE CHAIRMAN OF THE BOARD OF GOVERNORS WHO IS APPOINTED BY THE PRESIDENT OF THE UNITED STATES AS MANDATED IN THE CONGRESSIONAL CHARTER, SECTION 4(A)(3)(B)(I) "MEMBERS OF THE BOARD OF GOVERNORS OTHER THAN THE CHAIRMAN SHALL BE ELECTED AT THE ANNUAL MEETING OF THE CORPORATION IN ACCORDANCE WITH SUCH PROCEDURES AS MAY BE PROVIDED IN THE BYLAWS " SECTION 7(A) "IN GENERAL - THE ANNUAL MEETING OF THE CORPORATION IS THE ANNUAL MEETING OF DELEGATES OF THE CHAPTERS "</p>

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINES 11B, 12C & 15B		<p>LINE 11B - THE COMPENSATION AND MANAGEMENT DEVELOPMENT COMMITTEE REVIEWED THE COMPENSATION PORTIONS OF THE IRS FORM 990 (PART VII AND SCHEDULE J) DURING A MEETING HELD ON JANUARY 25, 2011. A COPY OF THE FINAL FORM 990 WAS SUBMITTED TO EACH MEMBER OF THE BOARD OF GOVERNORS BEFORE IT WAS FILED WITH THE IRS. THE MANAGEMENT REVIEW PROCESS ENTAILS THE CHIEF FINANCIAL OFFICER COORDINATING THE COMPLETION OF THE IRS FORM 990 WITH THE GENERAL COUNSEL AND THE SENIOR VICE PRESIDENT, HUMAN RESOURCES FOR FINAL REVIEW BY THE PRESIDENT AND CEO. LINE 12C - AS REQUIRED BY SECTION 2 3(A) OF THE AMENDED AND RESTATED BYLAWS OF THE AMERICAN NATIONAL RED CROSS, ALL MEMBERS OF THE BOARD OF GOVERNORS MUST ANNUALLY REVIEW AND CERTIFY THE CODE OF BUSINESS ETHICS AND CONDUCT. ADDITIONALLY, TO DISCLOSE AND REMEDY ACTUAL OR PERCEIVED BUSINESS, FINANCIAL OR PERSONAL CONFLICTS OF INTEREST, EVERY MEMBER OF THE BOARD OF GOVERNORS MUST ALSO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE (THE QUESTIONNAIRE) ANNUALLY. OTHER OFFICERS AND KEY EMPLOYEES ARE ALSO REQUIRED TO EXECUTE THE CODE OF BUSINESS ETHICS AND CONDUCT AND THE QUESTIONNAIRE ANNUALLY. UNDER THE DIRECTION OF THE GENERAL COUNSEL, THE INVESTIGATIONS, COMPLIANCE AND ETHICS DEPARTMENT STAFF COLLECT THE EXECUTED QUESTIONNAIRE FORMS FROM THE BOARD OF GOVERNORS AND OTHER OFFICERS AND KEY EMPLOYEES. THE INFORMATION DISCLOSED IN THE QUESTIONNAIRE IS REVIEWED AND ACTUAL OR PERCEIVED CONFLICTS OF INTEREST IDENTIFIED. THEY ARE DISCUSSED WITH THE GENERAL COUNSEL WHO DETERMINES ANY NECESSARY REMEDIATION OPTIONS. DEPENDING ON THE MATTER, THE GENERAL COUNSEL OR A STAFF MEMBER FROM THE INVESTIGATIONS, COMPLIANCE AND ETHICS DEPARTMENT DISCUSSES THE CONFLICT AND REMEDIATION WITH THE MEMBER OF THE BOARD OR THE OTHER OFFICER OR KEY EMPLOYEE, AND IF NECESSARY THE PRESIDENT AND CEO OR CHAIRMAN OF THE BOARD. WHERE APPROPRIATE, THE CONFLICT OF INTEREST AND REMEDIATION REGARDING A MEMBER OF THE BOARD ARE INCLUDED IN THE MINUTES OF THE RELEVANT BOARD COMMITTEE OR FULL BOARD MEETING. THE QUESTIONNAIRE IS ALSO INTENDED TO MONITOR CONFLICTS OF INTEREST ON AN ONGOING BASIS. MEMBERS OF THE BOARD AND OTHER OFFICERS AND KEY EMPLOYEES ARE EXPLICITLY INSTRUCTED THAT THEY HAVE A CONTINUING DUTY TO UPDATE THE QUESTIONNAIRE DURING THE COURSE OF THE YEAR TO REFLECT CHANGES IN ANY BUSINESS, FINANCIAL OR PERSONAL CONFLICTS OF INTEREST. THE SAME PROCESS OF REVIEW, DISCUSSION AND FOLLOW-UP ON CONFLICTS OF INTEREST AND REMEDIATION WITH THE BOARD MEMBER OR OTHER OFFICER OR KEY EMPLOYEE WOULD OCCUR WITH INTERIM DISCLOSURES.</p> <p>LINE 15B - THE BOARD OF GOVERNORS OF THE AMERICAN RED CROSS HAS DELEGATED AUTHORITY TO THE COMPENSATION AND MANAGEMENT DEVELOPMENT COMMITTEE (THE "COMMITTEE") OF THE BOARD TO REVIEW AND MAKE DETERMINATIONS REGARDING THE COMPENSATION, BENEFITS, AND INCENTIVE PROGRAMS FOR THE CEO AND OTHER SENIOR OFFICERS AND EXECUTIVES OF THE AMERICAN RED CROSS. THE COMMITTEE IS COMPOSED ENTIRELY OF BOARD MEMBERS WHO DO NOT HAVE ANY CONFLICTS OF INTEREST. ANNUALLY, THE COMMITTEE REVIEWS AND APPROVES A LIST OF EXECUTIVES WHO ARE OR MIGHT BE CONSIDERED "DISQUALIFIED PERSONS" PURSUANT TO IRC SECTION 4958. WITH RESPECT TO THOSE PERSONS, THE COMMITTEE CONDUCTS ITS ANNUAL REVIEW OF THEIR TOTAL COMPENSATION AND BENEFITS BASED ON COMPARABLE MARKET DATA. THE COMMITTEE RETAINS AN OUTSIDE, INDEPENDENT COMPENSATION CONSULTANT TO PROVIDE MARKET DATA AND REASONABLENESS OPINIONS FOR THE DESIGNATED EXECUTIVES AND IT RELIES ON SUCH MARKET DATA AND REASONABLENESS OPINIONS IN APPROVING NEW SALARIES, BENEFITS AND PAYMENT OF BONUSES OR INCENTIVES FOR THE DESIGNATED PERSONS. THE COMMITTEE ALSO THEN DOCUMENTS ITS DECISIONS AS TO ANY CHANGES TO BE IMPLEMENTED IN COMPENSATION OR BENEFITS FOR THE DESIGNATED PERSONS. THE COMMITTEE UNDERTOOK THIS PROCESS FOR ALL THE OFFICERS AND KEY EMPLOYEES REPORTED ON SCHEDULE J.</p>

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19		THE AMERICAN RED CROSS MAKES ITS GOVERNING DOCUMENTS INCLUDING THE CODE OF BUSINESS ETHICS AND CONDUCT, CONFLICT OF INTEREST QUESTIONNAIRE, AND THE CONSOLIDATED FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON THE GOVERNANCE PAGE OF ITS WEBSITE, WWW REDCROSS ORG

Identifier	Return Reference	Explanation
FORM 990, PART XI, LINE 5	OTHER CHANGES IN NET ASSETS	PRIMARILY, THIS AMOUNT REPRESENTS NET UNREALIZED GAINS ON INVESTMENTS OF 193, 156,015 AND EMPLOYEE RETIREMENT PENSION AND POST-RETIREMENT BENEFIT PLAN GAINS PER PROVISION OF ASC 175 (FORMER FASB 87 AND 106) IN AMOUNT OF 8,929,985

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

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

Employer identification number
53-0196605

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) ARC Receivables Company LLC 1730 E Street NW SUITE 330 WASHINGTON, DC 20006 14-1934462	Securitize AR	DE	0	155,833,808	
(2) ARC Commercial Real Estate LLC 600 Forest Point Circle Charlotte, NC 28273 53-0196605	Real Estate	NC	514,368	0	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
See Additional Data Table							

Part V

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

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

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

Lease of facilities, equipment, or other assets to other organization(s)

j

Lease of facilities, equipment, or other assets from other organization(s)

k

Performance of services or membership or fundraising solicitations for other organization(s)

l

Performance of services or membership or fundraising solicitations by other organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

No

No

Yes

No

Yes

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	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) BOARDMAN INDEMNITY LTD	q	43,346,331	
(2) BOARDMAN INDEMNITY LTD	r	31,562,617	
(3) AMERIGIVES INC	o	1,156,016	
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

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.

[illegible]

Part VII **Supplemental Information**

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

Identifier	Return Reference	Explanation
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Additional Data

Software ID:

Software Version:

EIN: 53-0196605

Name: American National Red Cross & Its Constituent Chapters and Branches

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Bonnie McElveen-Hunter Board Member	25 0	X						0	0	0
Gail McGovern PRESIDENT AND CEO	60 0	X		X				501,122	0	60,088
Suzanne Nora Johnson Board Member	5 0	X						0	0	0
Dr Cesar A Aristeiguieta Board Member	5 0	X						0	0	0
Dr Sanford A Belden Board Member	3 0	X						0	0	0
James W Keyes Board Member	5 0	X						0	0	0
Richard C Patton 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	5 0	X						0	0	0
James G Goodwin Board Member	2 0	X						0	0	0
Ann F Kaplan Board Member	6 0	X						0	0	0
Laurence E Paul Board Member	5 0	X						0	0	0
Joseph B Pereles Board Member	7 0	X						0	0	0
Melanie R Sabelhaus Board Member	8 0	X						0	0	0
H Marshall Schwarz Board Member	4 0	X						0	0	0
Steven H Wunning Board Member	6 0	X						0	0	0
Paula E Boggs Board Member	4 0	X						0	0	0
Youngme E Moon Board Member	4 0	X						0	0	0
Judith McGrath Board Member	2 0	X						0	0	0
Josue Robles Jr Board Member	2 0	X						0	0	0
William S Simon Board Member	2 0	X						0	0	0
Richard K Davis Board Member	2 0	X						0	0	0
Mary Elcano General Counsel & Secretary	60 0			X				372,747	0	86,705
Brian Rhoa Chief Financial Officer	60 0			X				355,408	0	61,454
Dale Bateman SVP & Chief Audit Executive	60 0			X				247,643	0	68,929

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Christina Samson Chief Investment Officer	60 0				X			323,150	0	81,741
Melissa Hurst SVP Human Resources	60 0				X			305,642	0	50,719
James Hrouda Executive VP, Biomedical Serv	60 0				X			568,954	0	52,825
Gerald DeFrancisco President, Humanitarian Serv	60 0				X			362,468	0	89,726
Shaun Gilmore President, Biomedical Services	60 0				X			485,873	0	88,060
Neal Litvack Chief Development Officer	60 0				X			275,280	0	60,593
Greg Ballish Senior VP, Biomedical Services	60 0					X		394,906	0	65,659
Joseph Becker DVP, Humanitarian Services	60 0					X		378,137	0	83,969
Stephen Brown DVP, Biomedical services	60 0					X		291,519	0	139,539
Joan Manning DVP, Biomedical services	60 0					X		307,416	0	142,150
Kathryn Waldman SVP, Quality	60 0					X		293,967	0	138,655

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services					
(Code)	(Expenses \$	203,736,139	including grants of \$	(Revenue \$	139,222,007)
HEALTH & SAFETY SERVICES					
(Code)	(Expenses \$	90,557,578	including grants of \$	(Revenue \$)
COMMUNITY SERVICES					
(Code)	(Expenses \$	57,403,304	including grants of \$	(Revenue \$)
SERVICE TO THE ARMED FORCES					
(Code)	(Expenses \$		including grants of \$	(Revenue \$)
See Schedule O for descriptions					

Additional Data

Software ID:

Software Version:

EIN: 53-0196605

Name: American National Red Cross & Its Constituent Chapters and Branches

Form 990 Schedule F Part II - Grants 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, General Health	7,937,083	wire		N/A	
		Europe/Iceland/Greenland	Disaster Response	2,464,256	wire		N/A	
		Russia	Disaster Preparedness	49,700	wire		N/A	
		Cent America/Caribbean	Disaster Preparedness, General Health	252,557	wire		N/A	
		Russia	Disaster Preparedness	49,442	wire		N/A	
		Cent America/Caribbean	Disaster Preparedness	80,000	wire		N/A	
		South America	Disaster Preparedness	91,000	wire		N/A	
		South America	Disaster Response	93,506	wire		N/A	
		East Asia/Pacific	Disaster Preparedness, Disaster Recovery	2,049,903	wire		N/A	
		South America	Disaster Preparedness, General Health	461,053	wire		N/A	
		Cent America/Caribbean	Disaster Preparedness	364,151	wire		N/A	
		South America	Disaster Preparedness, General Health	79,470	wire		N/A	
		Cent America/Caribbean	Disaster Preparedness, General Health	102,895	wire		N/A	
		Cent America/Caribbean	Disaster Preparedness, General Health	32,187	wire		N/A	
		South America	Disaster Preparedness, General Health	93,576	wire		N/A	
		Cent America/Caribbean	Disaster Preparedness, General Health	3,186,416	wire		N/A	
		Cent America/Caribbean	Disaster Preparedness, General Health	25,086	wire		N/A	
		East Asia/Pacific	Disaster Preparedness, General Health	561,655	wire		N/A	
		Europe/Iceland/Greenland	Disaster Preparedness	125,840	wire		N/A	
		Cent America/Caribbean	Disaster Preparedness, General Health	120,008	wire		N/A	
		East Asia/Pacific	Disaster Response	206,000,000	wire		N/A	
		Middle East/North Africa	Disaster Preparedness	14,284	wire		N/A	
		Russia	Disaster Preparedness, General Health	172,677	wire		N/A	
		Sub-Saharan Africa	Disaster Preparedness	367,738	wire		N/A	
		Russia	Disaster Preparedness, General Health	31,680	wire		N/A	
		Sub-Saharan Africa	Disaster Preparedness	100,104	wire		N/A	
		South Asia	Disaster Preparedness	9,040	wire		N/A	
		Sub-Saharan Africa	Disaster Preparedness	101,176	wire		N/A	
		North America	Disaster Preparedness, General Health	507,190	wire		N/A	
		South Asia	Disaster Preparedness	49,921	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)
		East Asia/Pacific	Disaster Response	772,000	wire		N/A	
		Cent America/Caribbean	Disaster Preparedness	35,221	wire		N/A	
		South Asia	Disaster Response	110,427	wire		N/A	
		Cent America/Caribbean	Disaster Preparedness, General Health	279,663	wire		N/A	
		South America	Disaster Preparedness, General Health	187,073	wire		N/A	
		Russia	Disaster Preparedness, General Health	701,069	wire		N/A	
		Cent America/Caribbean	Disaster Preparedness, General Health	133,376	wire		N/A	
		Sub-Saharan Africa	Disaster Preparedness	100,307	wire		N/A	
		South Asia	Disaster Preparedness, General Health	986,331	wire		N/A	
		Russia	Disaster Preparedness, General Health	21,374	wire		N/A	
		Sub-Saharan Africa	Disaster Preparedness, General Health	646,637	wire		N/A	
		East Asia/Pacific	Disaster Preparedness	195,094	wire		N/A	
		Russia	Disaster Preparedness	17,477	wire		N/A	
		Sub-Saharan Africa	Disaster Preparedness	129,778	wire		N/A	
		Russia	Disaster Preparedness, General Health	362,789	wire		N/A	
		East Asia/Pacific	Disaster Preparedness, General Health	195,565	wire		N/A	
		Cent America/Caribbean	Disaster Recovery	3,312,029	wire		N/A	
		Cent America/Caribbean	Disaster Recovery	2,686,164	wire		N/A	
		Cent America/Caribbean	Disaster Recovery	1,669,632	wire		N/A	
		Cent America/Caribbean	Disaster Recovery	5,763,295	wire		N/A	
		Cent America/Caribbean	Disaster Recovery	5,238,387	wire		N/A	
		East Asia/Pacific	Disaster Preparedness	899,937	wire		N/A	
		South Asia	Disaster Preparedness	220,348	wire		N/A	
		Cent America/Caribbean	General Health	5,295,025	wire		N/A	
		Cent America/Caribbean	Disaster Recovery	1,285,000	wire		N/A	
		Cent America/Caribbean	Disaster Recovery	500,000	wire		N/A	
		Cent America/Caribbean	Disaster Recovery	191,772	wire		N/A	
		Cent America/Caribbean	Disaster Recovery	136,400	wire		N/A	
		Cent America/Caribbean	Disaster Recovery	2,985,834	wire		N/A	
		Cent America/Caribbean	Disaster Recovery	1,196,818	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 Recovery	1,318,993	wire		N/A	
		Cent America/Caribbean	Disaster Recovery	1,049,094	wire		N/A	
		Cent America/Caribbean	Disaster Recovery	116,721	wire		N/A	
		Cent America/Caribbean	Disaster Recovery	3,821,078	wire		N/A	
		Cent America/Caribbean	Disaster Recovery	6,257,770	wire		N/A	
		Cent America/Caribbean	Disaster Recovery	928,638	wire		N/A	
		Cent America/Caribbean	Disaster Recovery	1,826,488	wire		N/A	
		Cent America/Caribbean	Disaster Recovery	1,376,876	wire		N/A	
		Europe/Iceland/Greenland	Disaster Preparedness	144,746	wire		N/A	
		Cent America/Caribbean	Disaster Recovery	1,500,200	wire		N/A	
		Cent America/Caribbean	Disaster Recovery	61,001	wire		N/A	
		Cent America/Caribbean	Disaster Recovery	273,317	wire		N/A	
		Cent America/Caribbean	Disaster Recovery	149,802	wire		N/A	
		Cent America/Caribbean	Disaster Preparedness	107,715	wire		N/A	

Software ID:

Software Version:

EIN: 53-0196605

Name: American National Red Cross & Its Constituent Chapters and Branches

Form 990, Schedule R, 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
Amerigives INC	WORK PLACE GIVING	FL		S Corp	690,459	146,847	100 000 %
Boardman Indemnity LTD	Insurance	BD		C Corp	43,643,331	170,710,534	100 000 %
The ARC Pooled Income Fund B	Split Intr Agrm	DC		Trust	0	83,051	100 000 %
PCW Chritbl Rmndr Trust	Split Intr Agrm	DC		trust	0	502,120	100 000 %
The ARC Pooled Inc Fund D	Split Intr Agrm	DC		trust	0	2,092,659	100 000 %
EJDMW Chritbl Rmndr Trust	Split Intr Agrm	DC		trust	0	185,481	100 000 %
The JWS Chrit Rmndr Trst	Split Intr Agrm	DC		trust	0	521,570	100 000 %
EJWDMW Chrtble Rmnd Trust #4	Split Intr Agrm	DC		trust	0	256,266	100 000 %
EJW Chritbl Rmndr Trust #3	Split Intr Agrm	DC		trust	0	241,249	100 000 %
The AW Perpetual Trust	Split Intr Agrm	DC		trust	394,835	0	100 000 %
The BTB&RRL Perpetual Trust	Split Intr Agrm	DC		trust	974,960	0	100 000 %
The BMF Perpetual Trust	Split Intr Agrm	DC		trust	50,000	0	100 000 %
The BM Perpetual Trust	Split Intr Agrm	DC		trust	38,694	0	100 000 %
The BL Perpetual Trust	Split Intr Agrm	DC		trust	2,596,533	0	100 000 %
The BF Perpetual Trust	Split Intr Agrm	DC		trust	2,351,305	0	100 000 %
The CA Perpetual Trust	Split Intr Agrm	DC		trust	97,606	0	100 000 %
The CR Perpetual Trust	Split Intr Agrm	DC		trust	453,742	0	80 000 %
The FA Perpetual Trust	Split Intr Agrm	DC		trust	239,945	0	100 000 %
The GMJ Perpetual Trust	Split Intr Agrm	DC		trust	87,084	0	100 000 %
The HWB(KB) Perpetual Trust	Split Intr Agrm	DC		trust	146,405	0	100 000 %

Form 990, Schedule R, 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
The HWB(UB) Perpetual Trust	Split Intr Agrm	DC		trust	54,722	0	100 000 %
The HM Perpetual Trust	Split Intr Agrm	DC		trust	119,650	0	100 000 %
The HG Perpetual Trust	Split Intr Agrm	DC		trust	44,179	0	100 000 %
The MML Perpetual Trust	Split Intr Agrm	DC		trust	812,455	0	100 000 %
The MEK Perpetual Trust	Split Intr Agrm	DC		trust	476,700	0	81 820 %
The MJO Perpetual Trust	Split Intr Agrm	DC		trust	2,107,404	0	100 000 %
The MB Perpetual Trust	Split Intr Agrm	DC		trust	462,295	0	100 000 %
The NCHF Perpetual Trust	Split Intr Agrm	DC		trust	218,935	0	100 000 %
The OZ Perpetual Trust	Split Intr Agrm	DC		trust	188,258	0	100 000 %
The PC Perpetual Trust	Split Intr Agrm	DC		trust	248,488	0	100 000 %
The RL Perpetual Trust	Split Intr Agrm	DC		trust	421,979	0	100 000 %
The RCE Perpetual Trust	Split Intr Agrm	DC		trust	671,874	0	100 000 %
The SV Perpetual Trust (1200792100)	Split Intr Agrm	DC		trust	195,052	0	80 000 %
The SMAR Perpetual Trust	Split Intr Agrm	DC		trust	83,965	0	100 000 %
The SMART Perpetual Trust	Split Intr Agrm	DC		trust	579,313	0	100 000 %
The WJ Perpetual Trust	Split Intr Agrm	DC		trust	403,396	0	100 000 %
The WJG Perpetual Trust	Split Intr Agrm	DC		trust	341,758	0	100 000 %
The WG Perpetual Trust	Split Intr Agrm	DC		trust	387,090	0	100 000 %
The WH Perpetual Trust	Split Intr Agrm	DC		trust	147,763	0	100 000 %
The BE Charitable Remainder Trust	Split Intr Agrm	DC		trust	0	294,487	100 000 %

Form 990, Schedule R, 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
The GJ Charitable Remainder Trust	Split Intr Agrm	DC		trust	0	345,789	100 000 %
The MDF Charitable Remainder Trust	Split Intr Agrm	DC		trust	0	847,000	100 000 %
The CB Charitable Remainder Trust	Split Intr Agrm	DC		trust	0	12,972,574	100 000 %
The PAL Charitable Remainder Trust	Split Intr Agrm	DC		trust	0	44,903	100 000 %
The WA Charitable Remainder Trust	Split Intr Agrm	DC		trust	0	239,843	100 000 %
The EGLA Charitable Remainder Trust	Split Intr Agrm	DC		trust	0	489,813	100 000 %
The KS Charitable Remainder Trust	Split Intr Agrm	DC		trust	0	227,793	100 000 %
The HPG Charitable Remainder Trust	Split Intr Agrm	DC		trust	0	873	100 000 %
The MNJ Charitable Remainder Trust	Split Intr Agrm	DC		trust	0	26,109	100 000 %
The OPC Charitable Remainder Trust	Split Intr Agrm	DC		trust	0	63,434	100 000 %
The MSC(J) Charitable Remainder Trust	Split Intr Agrm	DC		trust	0	66,203	66 104 %
The MSC(T) Charitable Remainder Trust	Split Intr Agrm	DC		trust	0	60,543	60 050 %
The WE&D(IV) Charitable Remainder Trust	Split Intr Agrm	DC		trust	0	269,160	80 222 %
TWE&D(III) Chritbe Remainder Trust	Split Intr Agrm	DC		trust	0	198,350	80 439 %
The SJW Charitable Remainder Trust	Split Intr Agrm	DC		trust	0	377,672	71 904 %

Form

4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2010

Attachment
Sequence No 67

Department of the Treasury
Internal Revenue Service (99)

See separate instructions. Attach to your tax return.

Name(s) shown on return American National Red Cross & Its Constituent Chapters and Branches	Business or activity to which this form relates GENERAL DEPRECIATION	Identifying number 53-0196605
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	\$ 500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$ 2,000,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 .	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	0

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2010	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System						
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System						
20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	0
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No						24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No		
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) A mortization period or percentage	(f) A mortization for this year
42 A mortization of costs that begins during your 2010 tax year (see instructions)					
43 A mortization of costs that began before your 2010 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	