

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2006, or tax year beginning 07/01, 2006, and ending 06/30, 2007

2006

Department of the Treasury
Internal Revenue Service

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

▶ See instructions on back.

Name of exempt organization

Employer identification number

AMERICAN NATIONAL RED CROSS & ITS CONSTITUENT CHAPTERS AND BRANCHES

53-0196605

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

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

| | | | | | | |
|----|--------------------------|---------------------------------------|---|--|----|---------------|
| 1a | Form 990 check here | ▶ <input checked="" type="checkbox"/> | b | Total revenue, if any (Form 990, line 12) | 1b | 3,155,280,471 |
| 2a | Form 990-EZ check here | ▶ <input type="checkbox"/> | b | Total revenue, if any (Form 990-EZ, line 9) | 2b | |
| 3a | Form 1120-POL check here | ▶ <input type="checkbox"/> | b | Total tax (Form 1120-POL, line 22) | 3b | |
| 4a | Form 990-PF check here | ▶ <input type="checkbox"/> | b | Tax based on investment income (Form 990-PF, Part VI line 5) | 4b | |
| 5a | Form 8868 check here | ▶ <input type="checkbox"/> | b | Balance Due (Form 8868, line 3c) | 5b | |

Part II Declaration of Officer

- 6 I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2006 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here ▶ Robert J. McDermott | 2/14/05 ▶ Chief Financial Officer
 Signature of officer | Date | Title

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

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Publication 4206, Information for Authorized IRS e-file Providers of Exempt Organization Filings. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only

ERO's signature ▶ [Signature] | Date 2/13/08 | Check if also paid preparer | Check if self-employed | ERO's SSN or PTIN P00451522

Firm's name (or yours if self-employed), address, and ZIP code ▶ KPMG LLP
2001 M STREET, NW
WASHINGTON, DC 20036 | EIN 13-5565207 | Phone no. 202-533-3000

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

Paid Preparer's Use Only

Preparer's signature ▶ _____ | Date _____ | Check if self-employed | Preparer's SSN or PTIN _____

Firm's name (or yours if self-employed), address, and ZIP code ▶ _____ | EIN _____ | Phone no. _____

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

Department of the Treasury Internal Revenue Service

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

A For the 2006 calendar year, or tax year beginning 07/01, 2006, and ending 06/30/2007

B Check if applicable: X Address change. C Name of organization AMERICAN NATIONAL RED CROSS & ITS CONST CHAPTERS AND BRANCHES. D Employer identification number 53-0196605. E Telephone number (202) 303-4498. F Accounting method: X Accrual.

G Website: WWW.REDCROSS.ORG. J Organization type: X 501(c)(3). K Check here if the organization is not a 509(a)(3) supporting organization. L Gross receipts: 3,497,845,827.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Table with 21 rows and 4 columns. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue; 3 Membership dues; 4 Interest on savings; 5 Dividends; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income; 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses; 9c Net income; 10a Gross sales of inventory; 10b Less: cost of goods sold; 10c Gross profit; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes; 21 Net assets or fund balances at end of year.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

| Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I. | (A) Total | (B) Program services | (C) Management and general | (D) Fundraising |
|---|-------------------|----------------------|----------------------------|-----------------|
| 22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | | | | |
| 22b Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | | | | |
| 23 Specific assistance to individuals (attach schedule) | 225,480,994. | 225,480,994. | STMT 11 | |
| 24 Benefits paid to or for members (attach schedule) | | | | |
| 25a Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule) | 2,479,858. | 525,105. | 1,954,753. | |
| b Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule) | 499,536. | | 499,536. | |
| c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) | | | | |
| 26 Salaries and wages of employees not included on lines 25a, b, and c | 1,314,156,639. | 1,176,169,456. | 85,870,605. | 52,116,578. |
| 27 Pension plan contributions not included on lines 25a, b, and c | 65,209,834. | 61,218,266. | 2,148,139. | 1,843,429. |
| 28 Employee benefits not included on lines 25a - 27 | 208,870,650. | 182,821,480. | 17,518,025. | 8,531,145. |
| 29 Payroll taxes | 97,871,523. | 89,246,283. | 5,058,075. | 3,567,165. |
| 30 Professional fundraising fees | 9,184,372. | | | 9,184,372. |
| 31 Accounting fees | 9,061,740. | 3,976,448. | 4,744,146. | 341,146. |
| 32 Legal fees | 8,249,397. | 4,150,167. | 4,030,042. | 69,188. |
| 33 Supplies | 595,753,655. | 578,682,626. | 2,425,752. | 14,645,277. |
| 34 Telephone | 56,595,313. | 53,423,627. | 2,141,956. | 1,029,730. |
| 35 Postage and shipping | 73,952,802. | 66,804,060. | 650,479. | 6,498,263. |
| 36 Occupancy | 107,030,029. | 101,299,044. | 3,294,882. | 2,436,103. |
| 37 Equipment rental and maintenance | 54,487,671. | 52,203,935. | 1,393,316. | 890,420. |
| 38 Printing and publications | 16,177,763. | 10,521,105. | 1,047,710. | 4,608,948. |
| 39 Travel | 75,520,691. | 67,103,096. | 5,773,301. | 2,644,294. |
| 40 Conferences, conventions, and meetings | 5,386,264. | 3,687,292. | 924,731. | 774,241. |
| 41 Interest | 32,121,796. | 24,419,118. | 6,955,805. | 746,873. |
| 42 Depreciation, depletion, etc. (attach schedule) | 95,668,334. | 78,588,282. | 14,272,839. | 2,807,213. |
| 43 Other expenses not covered above (itemize): | | | | |
| a <u>MINOR EQUIPMENT</u> | 43a 40,398,227. | 37,288,366. | 2,351,592. | 758,269. |
| b <u>AUTO RENTAL & MAINTENANCE</u> | 43b 11,928,182. | 11,298,081. | 477,731. | 152,370. |
| c <u>OTHER CONTRACTUAL SERVICE</u> | 43c 305,005,696. | 226,892,602. | 58,409,453. | 19,703,641. |
| d <u>OTHER ASSISTANCE</u> | 43d 20,243,573. | 7,611,180. | 3,270,486. | 9,361,907. |
| e _____ | 43e | | | |
| f _____ | 43f | | | |
| g _____ | 43g | | | |
| 44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15). | 44 3,431,334,539. | 3,063,410,613. | 225,213,354. | 142,710,572. |

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ 4,123,265. ; (ii) the amount allocated to Program services \$ 1,439,354.
 (iii) the amount allocated to Management and general \$ 151,644. ; and (iv) the amount allocated to Fundraising \$ 2,532,267.

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

| What is the organization's primary exempt purpose? SEE STATEMENT 12 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.) | Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.) |
|---|---|
| a SEE STATEMENTS 3 AND 4. (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input checked="" type="checkbox"/> | 3,063,410,613. |
| b (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | |
| c (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | |
| d (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | |
| e Other program services (attach schedule) (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/> | |
| f Total of Program Service Expenses (should equal line 44, column (B), Program services) | 3,063,410,613. |

Part IV Balance Sheets (See the instructions.)

| | | | | (A) | | (B) |
|-----------------------------|---|--|--|-------------------------|----------------|----------------|
| | | | | Beginning of year | | End of year |
| Assets | 45 | Cash - non-interest-bearing | | 177,557,921. | 45 | 156,288,491. |
| | 46 | Savings and temporary cash investments | | 1,354,989,851. | 46 | 1,142,972,166. |
| | 47a | Accounts receivable | 47a 109,254,896. | | | |
| | b | Less: allowance for doubtful accounts | 47b 4,274,000. | 133,747,622. | 47c | 104,980,896. |
| | 48a | Pledges receivable | 48a 127,943,177. | | | |
| | b | Less: allowance for doubtful accounts | 48b 1,548,123. | 120,332,167. | 48c | 126,395,054. |
| | 49 | Grants receivable | | | 49 | |
| | 50a | Receivables from current and former officers, directors, trustees, and key employees (attach schedule) | | | 50a | |
| | b | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) | | | 50b | |
| | 51a | Other notes and loans receivable (attach schedule) | | | | |
| | b | Less: allowance for doubtful accounts | 51b | | 51c | |
| | 52 | Inventories for sale or use | | 121,830,730. | 52 | 152,666,836. |
| | 53 | Prepaid expenses and deferred charges | | 105,187,020. | 53 | 99,530,748. |
| | 54a | Investments - publicly-traded securities | ▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV | | 54a | |
| | b | Investments - other securities (attach schedule) | ▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV | | 54b | |
| | 55a | Investments - land, buildings, and equipment: basis | | | | |
| | b | Less: accumulated depreciation (attach schedule) | 55b | | 55c | |
| | 56 | Investments - other (attach schedule) | | STMT. 13 1,333,560,060. | 56 | 1,473,531,469. |
| | 57a | Land, buildings, and equipment: basis | | 57a 2,118,702,151. | | |
| | b | Less: accumulated depreciation (attach schedule) | 57b 912,804,263. | 1,165,789,969. | 57c | 1,205,897,888. |
| 58 | Other assets, including program-related investments (describe ▶ STMT 14) | | | 58 | 1,157,516. | |
| 59 | Total assets (must equal line 74). Add lines 45 through 58 | | 4,512,995,340. | 59 | 4,463,421,064. | |
| Liabilities | 60 | Accounts payable and accrued expenses | | 416,299,011. | 60 | 369,882,982. |
| | 61 | Grants payable | | | 61 | |
| | 62 | Deferred revenue | | | 62 | |
| | 63 | Loans from officers, directors, trustees, and key employees (attach schedule) | | | 63 | |
| | 64a | Tax-exempt bond liabilities (attach schedule) | | STMT. 15 301,867,555. | 64a | 270,415,522. |
| | b | Mortgages and other notes payable (attach schedule) | | STMT. 17 129,282,751. | 64b | 219,322,972. |
| | 65 | Other liabilities (describe ▶ STMT 18) | | 479,982,583. | 65 | 379,496,901. |
| 66 | Total liabilities. Add lines 60 through 65 | | 1,327,431,900. | 66 | 1,239,118,377. | |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74. | | | | | |
| | 67 | Unrestricted | | 1,596,067,488. | 67 | 1,801,653,747. |
| | 68 | Temporarily restricted | | 1,095,221,059. | 68 | 879,815,823. |
| | 69 | Permanently restricted | | 494,274,893. | 69 | 542,833,117. |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74. | | | | | |
| | 70 | Capital stock, trust principal, or current funds | | | 70 | |
| | 71 | Paid-in or capital surplus, or land, building, and equipment fund | | | 71 | |
| | 72 | Retained earnings, endowment, accumulated income, or other funds | | | 72 | |
| 73 | Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) | | 3,185,563,440. | 73 | 3,224,302,687. | |
| 74 | Total liabilities and net assets/fund balances. Add lines 66 and 73 | | 4,512,995,340. | 74 | 4,463,421,064. | |

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

| | | | |
|----------|--|-----------|--------------|
| a | Total revenue, gains, and other support per audited financial statements | a | 3363182077. |
| b | Amounts included on line a but not on Part I, line 12: | | |
| 1 | Net unrealized gains on investments | b1 | 187,941,333. |
| 2 | Donated services and use of facilities | b2 | 15,762,009. |
| 3 | Recoveries of prior year grants | b3 | |
| 4 | Other (specify): <u>SEE STATEMENT 19</u> | b4 | 4,198,264. |
| | Add lines b1 through b4 | b | 207,901,606. |
| c | Subtract line b from line a | c | 3155280471. |
| d | Amounts included on Part I, line 12, but not on line a : | | |
| 1 | Investment expenses not included on Part I, line 6b | d1 | |
| 2 | Other (specify): _____ | d2 | |
| | Add lines d1 and d2 | d | |
| e | Total revenue (Part I, line 12). Add lines c and d | e | 3155280471. |

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | |
|----------|--|-----------|-------------|
| a | Total expenses and losses per audited financial statements | a | 3324442730. |
| b | Amounts included on line a but not on Part I, line 17: | | |
| 1 | Donated services and use of facilities | b1 | 15,762,009. |
| 2 | Prior year adjustments reported on Part I, line 20 | b2 | |
| 3 | Losses reported on Part I, line 20 | b3 | -126852082. |
| 4 | Other (specify): <u>SEE STATEMENT 20</u> | b4 | 4,198,264. |
| | Add lines b1 through b4 | b | -106891809. |
| c | Subtract line b from line a | c | 3431334539. |
| d | Amounts included on Part I, line 17, but not on line a : | | |
| 1 | Investment expenses not included on Part I, line 6b | d1 | |
| 2 | Other (specify): _____ | d2 | |
| | Add lines d1 and d2 | d | |
| e | Total expenses (Part I, line 17). Add lines c and d | e | 3431334539. |

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (If not paid, enter -0-.) | (D) Contributions to employee benefit plans & deferred compensation plans | (E) Expense account and other allowances |
|----------------------|--|--|---|--|
| SEE STATEMENT 21 | | 1,875,138. | 590,832. | 13,888. |
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Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings **28**

b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) **75b** **Yes** **No**

c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." **75c** **Yes** **No**

If "Yes," attach a statement that includes the information described in the instructions.

d Does the organization have a written conflict of interest policy? **75d** **Yes** **No**

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits
 (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

| (A) Name and address | (B) Loans and Advances | (C) Compensation (if not paid, enter -0-) | (D) Contributions to employee benefit plans & deferred compensation plans | (E) Expense account and other allowances |
|----------------------|------------------------|---|---|--|
| SEE STATEMENT 29 | NONE | 495,000. | 4,536. | NONE |
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Part VI Other Information (See the instructions.)

| | Yes | No |
|---|-------------------------------------|-------------------------------------|
| 76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 77 Were any changes made in the organizing or governing documents but not reported to the IRS? STMT. 30 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| If "Yes," attach a conformed copy of the changes. | | |
| 78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b If "Yes," enter the name of the organization <input checked="" type="checkbox"/> <u>PATHOGEN REMOVAL & DIAGNOSTIC TECHNOLOGIES (PRDT)</u> and check whether it is <input type="checkbox"/> exempt or <input checked="" type="checkbox"/> nonexempt | | |
| 81a Enter direct and indirect political expenditures. (See line 81 instructions.) 81a | | |
| b Did the organization file Form 1120-POL for this year? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Part VI Other Information (continued)

82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 82a X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b 15,762,009.
83a Did the organization comply with the public inspection requirements for returns and exemption applications? 83a X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83b X
84a Did the organization solicit any contributions or gifts that were not tax deductible? 84a X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 84b N/A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? 85a N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85b N/A
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.
c Dues, assessments, and similar amounts from members 85c N/A
d Section 162(e) lobbying and political expenditures 85d N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85g N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 85h N/A
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a N/A
b Gross receipts, included on line 12, for public use of club facilities 86b N/A
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A
88b At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX 88a X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI 88b X
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 N/A; section 4912 N/A; section 4955 N/A
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction 89b X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 N/A
d Enter: Amount of tax on line 89c, above, reimbursed by the organization N/A
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? 89e X
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? 89f X
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 89g X
90a List the states with which a copy of this return is filed
b Number of employees employed in the pay period that includes March 12, 2006 (See instructions.) 90b 34356
91a The books are in care of FINANCIAL MANAGEMENT Telephone no. 202-303-4498
Located at 2025 E STREET NW WASHINGTON, DC ZIP + 4 20006-5009
b 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)? 91b X
If "Yes," enter the name of the foreign country SEE STATEMENT 5
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** **Yes** **No**
 If "Yes," enter the name of the foreign country ▶ SEE STATEMENT 5

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ **92** | **N/A**

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

| | Unrelated business income | | Excluded by section 512, 513, or 514 | | (E) Related or exempt function income |
|---|---------------------------|---------------|--------------------------------------|---------------|--|
| | (A) Business code | (B) Amount | (C) Exclusion code | (D) Amount | |
| 93 Program service revenue: | | | | | |
| a <u>BIOMEDICAL SERVICE</u> | | | | | 2,071,780,892. |
| b <u>COST RECOVERY</u> | | | | | 157,797,262. |
| c <u>FEES & CONTRACTS</u> | | | | | 7,118,590. |
| d _____ | | | | | |
| e _____ | | | | | |
| f Medicare/Medicaid payments | | | | | |
| g Fees and contracts from government agencies . | | | | | 41,017,721. |
| 94 Membership dues and assessments . . . | | | | | |
| 95 Interest on savings and temporary cash investments . | | | 14 | 2,218,603. | |
| 96 Dividends and interest from securities . . | | | 14 | 105,205,658. | |
| 97 Net rental income or (loss) from real estate: | | | | | |
| a debt-financed property | 331120 | -22,537. | | | |
| b not debt-financed property | | | 16 | 1,094,880. | |
| 98 Net rental income or (loss) from personal property . . | | | | | |
| 99 Other investment income | | | | | |
| 100 Gain or (loss) from sales of assets other than inventory | | | 18 | 62,218,235. | |
| 101 Net income or (loss) from special events . | | | 01 | 36,253,938. | |
| 102 Gross profit or (loss) from sales of inventory . . | | | | | |
| 103 Other revenue: a _____ | | | | | |
| b <u>REBATES</u> | | | | | 16,045,720. |
| c <u>CHARITABLE GAMING</u> | 713200 | 903,038. | | | |
| d <u>S-CORP. INCOME</u> | 512000 | 47,178. | | | |
| e <u>PARTNERSHIP INCOME</u> | 512000 | -80,349. | | | |
| 104 Subtotal (add columns (B), (D), and (E)) . . | | 847,330. | | 206,991,314. | 2,293,760,185. |
| 105 Total (add line 104, columns (B), (D), and (E)) ▶ | | | | | 2,501,598,829. |

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

| Line No. | Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes). |
|----------|---|
| ▼ | STMT 31 |
| | |
| | |

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

| (A) Name, address, and EIN of corporation, partnership, or disregarded entity | (B) Percentage of ownership interest | (C) Nature of activities | (D) Total income | (E) End-of-year assets |
|--|---|-----------------------------|---------------------|---------------------------|
| STMT 32 | % | | NONE | NONE |
| | % | | | |
| | % | | | |
| | % | | | |

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? **Yes** **No**

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **Yes** **No**

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

| | | |
|----------|-----|----|
| | Yes | No |
| X | | |

| | (A) Name, address, of each controlled entity | (B) Employer Identification Number | (C) Description of transfer | (D) Amount of transfer |
|---------------|---|---------------------------------------|--------------------------------|---------------------------|
| a | SEE STATEMENT 33 | | | |
| b | | | | |
| c | | | | |
| Totals | | | | 1,752,082. |

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

| | | |
|--|-----|----------|
| | Yes | No |
| | | X |

| | (A) Name, address, of each controlled entity | (B) Employer Identification Number | (C) Description of transfer | (D) Amount of transfer |
|---------------|---|---------------------------------------|--------------------------------|---------------------------|
| a | | | | |
| b | | | | |
| c | | | | |
| Totals | | | | |

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

| | | |
|--|-----|----------|
| | Yes | No |
| | | X |

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

Please Sign Here

Signature of officer _____ Date _____
 Type or print name and title _____

Paid Preparer's Use Only

| | | | |
|--|--|---|--|
| Preparer's signature <input type="checkbox"/> | Date | Check if self-employed <input type="checkbox"/> | Preparer's SSN or PTIN (See Gen. Inst. X) P00451522 |
| Firm's name (or yours if self-employed), address, and ZIP + 4 <input type="checkbox"/> | KPMG LLP 1660 INTERNATIONAL DRIVE MCLEAN, VA 22102-4848 | | EIN <input type="checkbox"/> 13-5565207 Phone no. <input type="checkbox"/> 703-286-8000 |

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information - (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

2006

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

Employer identification number
53-0196605

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 of the instructions. List each one. If there are none, enter "None.")

| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans & deferred compensation | (e) Expense account and other allowances |
|---|--|------------------|---|--|
| SEE STATEMENT 34 | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total number of other employees paid over \$50,000 . . ▶ | 7561 | | | |

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| SEE STATEMENT 36 | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services ▶ | 207 | |

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| SEE STATEMENT 37 | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of other contractors receiving over \$50,000 for other services ▶ | 237 | |

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ 981,713. (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property? STMT 38

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . FORM 990, PART V-A

2d X

e Transfer of any part of its income or assets?

2e X

3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)

3a X

b Did the organization have a section 403(b) annuity plan for its employees?

3b X

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement

3c X

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d X

4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

4a X

b Did the organization make any taxable distributions under section 4966?

4b X

c Did the organization make a distribution to a donor, donor advisor, or related person?

4c X

d Enter the total number of donor advised funds owned at the end of the tax year ▶

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts ▶

NONE

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶

NONE

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ► _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11 b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc., 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 by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III - Functionally Integrated Type III - Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

| (a) Name(s) of supported organization(s) | (b) Employer identification number (EIN) | (c) Type of organization (described in lines 5 through 12 above or IRC section) | (d) Is the supported organization listed in the supporting organization's governing documents? | | (e) Amount of support |
|---|---|--|---|----|--------------------------|
| | | | Yes | No | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total | | | | | |

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Table with columns: Calendar year (or fiscal year beginning in), (a) 2005, (b) 2004, (c) 2003, (d) 2002, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied; 21 Value of services or facilities furnished; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12.

Part V Private School Questionnaire (See page 9 of the instructions.) NOT APPLICABLE
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

| | | Yes | No |
|-------------|--|------------|----|
| 29 | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? | 29 | |
| 30 | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? | 30 | |
| 31 | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) ----- ----- ----- | 31 | |
| 32 | Does the organization maintain the following: | | |
| a | Records indicating the racial composition of the student body, faculty, and administrative staff? | 32a | |
| b | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? | 32b | |
| c | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? | 32c | |
| d | Copies of all material used by the organization or on its behalf to solicit contributions? | 32d | |
| | If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- | | |
| 33 | Does the organization discriminate by race in any way with respect to: | | |
| a | Students' rights or privileges? | 33a | |
| b | Admissions policies? | 33b | |
| c | Employment of faculty or administrative staff? | 33c | |
| d | Scholarships or other financial assistance? | 33d | |
| e | Educational policies? | 33e | |
| f | Use of facilities? | 33f | |
| g | Athletic programs? | 33g | |
| h | Other extracurricular activities? | 33h | |
| | If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- ----- | | |
| 34 a | Does the organization receive any financial aid or assistance from a governmental agency? | 34a | |
| b | Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement. | 34b | |
| 35 | Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation | 35 | |

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

| Limits on Lobbying Expenditures | | (a) Affiliated group totals | (b) To be completed for all electing organizations |
|---|---|-----------------------------------|---|
| (The term "expenditures" means amounts paid or incurred.) | | | |
| 36 | Total lobbying expenditures to influence public opinion (grassroots lobbying) | 36 | |
| 37 | Total lobbying expenditures to influence a legislative body (direct lobbying) | 37 | |
| 38 | Total lobbying expenditures (add lines 36 and 37) | 38 | |
| 39 | Other exempt purpose expenditures | 39 | |
| 40 | Total exempt purpose expenditures (add lines 38 and 39) | 40 | |
| 41 | Lobbying nontaxable amount. Enter the amount from the following table - | | |
| | If the amount on line 40 is - The lobbying nontaxable amount is - | | |
| | Not over \$500,000 20% of the amount on line 40 | 41 | |
| | 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 | | |
| 42 | Grassroots nontaxable amount (enter 25% of line 41) | 42 | |
| 43 | Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 | 43 | |
| 44 | Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 | 44 | |

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

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 45 through 50 on page 13 of the instructions.)

| | Lobbying Expenditures During 4-Year Averaging Period | | | | |
|--|---|-------------|-------------|-------------|--------------|
| | (a) 2006 | (b) 2005 | (c) 2004 | (d) 2003 | (e) Total |
| 45 Lobbying nontaxable amount | | | | | |
| 46 Lobbying ceiling amount (150% of line 45(e)) | | | | | |
| 47 Total lobbying expenditures | | | | | |
| 48 Grassroots nontaxable amount | | | | | |
| 49 Grassroots ceiling amount (150% of line 48(e)) | | | | | |
| 50 Grassroots lobbying expenditures | | | | | |

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

| During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | Yes | No | Amount |
|---|-------------------------------------|----|----------|
| a Volunteers | <input checked="" type="checkbox"/> | | |
| b Paid staff or management (Include compensation in expenses reported on lines c through h.) | <input checked="" type="checkbox"/> | | |
| c Media advertisements | <input checked="" type="checkbox"/> | | 150. |
| d Mailings to members, legislators, or the public | <input checked="" type="checkbox"/> | | 71,655. |
| e Publications, or published or broadcast statements | <input checked="" type="checkbox"/> | | 57,004. |
| f Grants to other organizations for lobbying purposes | <input checked="" type="checkbox"/> | | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body | <input checked="" type="checkbox"/> | | 786,824. |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means | <input checked="" type="checkbox"/> | | 66,080. |
| i Total lobbying expenditures (Add lines c through h.) | | | 981,713. |

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities. **STMT 40**

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

Table with columns: Question, Yes, No. Rows include: a Transfers from the reporting organization to a noncharitable exempt organization of: (i) Cash, (ii) Other assets; b Other transactions: (i) Sales or exchanges of assets, (ii) Purchases of assets, (iii) Rental of facilities, (iv) Reimbursement arrangements, (v) Loans or loan guarantees, (vi) Performance of services; c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

Table with columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'N/A'.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? [] Yes [X] No

b If "Yes," complete the following schedule:

Table with columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

FORM 990 - GENERAL EXPLANATION ATTACHMENT

=====

PART I, LINE 8 - SALE OF SECURITIES AND OTHER ASSETS

SECURITIES

NET GAIN \$28,239,000

THE GAIN OR LOSS FROM SALE OF SECURITIES WAS SHOWN ON A NET BASIS IN THE CONSOLIDATED FINANCIAL STATEMENTS.

OTHER ASSETS

NET GAIN \$33,979,236

PART I, LINE 8 UNDER "OTHER" DETAILS THE PROCEEDS FROM SALE OF FIXED ASSETS (LESS NOMINAL EXPENSES) AND THE NET BOOK VALUE OF ASSETS SOLD. ATTACHMENT A SHOWS THE ORIGINAL COST, OR FAIR MARKET VALUE IF DONATED, OF ASSETS ON HAND FOR BUILDINGS AND IMPROVEMENTS AND FOR MAJOR EQUIPMENT WITH ACCUMULATED DEPRECIATION IN TOTAL FOR ALL ASSETS.

THE AMERICAN NATIONAL RED CROSS FISCAL POLICY PROVIDES FOR CAPITALIZATION OF LAND, BUILDINGS AND MAJOR EQUIPMENT AND RECOGNITION OF DEPRECIATION, EXCEPT ON LAND, AS A CURRENT COST OF OPERATION. ACCORDINGLY, LAND, BUILDINGS, LAND AND BUILDING IMPROVEMENTS, AND MAJOR EQUIPMENT ARE CARRIED SEPARATELY ON THE BALANCE SHEET OF THE NATIONAL SECTOR AND OF EACH AFFECTED CHAPTER HAVING CUSTODY OF THESE FIXED ASSETS. GENERALLY, FIXED ASSETS ARE DEFINED AS ANY ITEM WITH A USEFUL LIFE OF THREE OR MORE YEARS THAT COSTS MORE THAN \$5,000. THESE FIXED ASSETS (EXCLUDING LAND) ARE DEPRECIATED MONTHLY ON A STRAIGHT LINE BASIS OVER THEIR ESTIMATED USEFUL LIVES. THE USEFUL LIVES ESTABLISHED AS A CORPORATE STANDARD FOR FIXED ASSETS PROVIDE 10 YEARS FOR BUILDING IMPROVEMENTS AND GENERALLY 45 YEARS FOR BUILDINGS. FOR MAJOR EQUIPMENT, THE USEFUL LIFE IS GENERALLY 3 TO 15 YEARS. FIXED ASSETS ARE RECORDED AT COST, OR, IF DONATED, AT THEIR FAIR MARKET VALUE AT TIME OF ACQUISITION.

TITLE TO ALL REAL PROPERTY OWNED BY THE ORGANIZATION IS VESTED IN "THE AMERICAN NATIONAL RED CROSS," BUT THE PROPERTY UNDER THE CUSTODY OF EACH CHAPTER IS CARRIED ON ITS BOOKS AND ANNUAL DEPRECIATION IS RECORDED TOGETHER WITH ANY LIABILITIES AGAINST THE PROPERTY. PRIOR APPROVAL BY NATIONAL HEADQUARTERS IS REQUIRED FOR THE PURCHASE, SALE OR MAJOR IMPROVEMENT OF THE PROPERTY. THE FINANCIAL POSITION AND RESULTS OF OPERATIONS OF CHAPTERS AND REGIONAL BLOOD SERVICES ARE INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS OF THE AMERICAN NATIONAL RED CROSS WHICH ARE AUDITED BY KPMG LLP, INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS, AND BY THE U.S. ARMY AUDIT AGENCY. THE CONSOLIDATED FINANCIAL STATEMENTS ARE USED AS THE BASIS FOR THE PREPARATION OF FORM 990 FOR THE ORGANIZATION. IN VIEW OF THE SIZE OF THE ORGANIZATION AND

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)
=====

DECENTRALIZATION OF THE FINANCIAL RECORDS OF THE NATIONAL SECTOR AND APPROXIMATELY 756 CHAPTERS WITH FIXED ASSETS, IT IS NOT FEASIBLE TO PRESENT THE DETAIL CALLED FOR IN THE SCHEDULES DESIGNATED IN PART II, LINE 42, AND PART IV, LINE 57.

FORM 990 - GENERAL EXPLANATION ATTACHMENT
 =====

FORM 990, PART III, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

| | | |
|-----|---------------------------------|---------------|
| (A) | DISASTER SERVICES | \$426,679,334 |
| (B) | ARMED FORCES EMERGENCY SERVICES | 55,217,506 |
| (C) | COMMUNITY SERVICES | 131,213,478 |
| (D) | HEALTH AND SAFETY SERVICES | 243,673,850 |
| (E) | BIOMEDICAL SERVICES | 2,064,355,398 |
| (F) | INTERNATIONAL SERVICES | 142,271,047 |

TOTAL \$3,063,410,613
 =====

DESCRIPTION OF SERVICES PROVIDED

(A) DISASTER SERVICES: THE ORGANIZATION RESPONDED TO 30 LARGE-SCALE (LEVELS 4 AND 5) DISASTERS IN FISCAL YEAR 2007, INCLUDING BLIZZARDS, FLOODS, A TROPICAL STORM AND A HURRICANE, TORNADOES, A WILDFIRE, A POWER OUTAGE AND THE VIRGINIA TECH, BLACKSBURG, VA SHOOTING. THROUGH ITS NETWORK OF MORE THAN 756 LOCAL CHAPTERS IN ALL 50 STATES, AS WELL AS OFFSHORE U.S. TERRITORIES AND POSSESSIONS IN THE CARIBBEAN AND THE PACIFIC, THE RED CROSS RESPONDED TO A TOTAL OF OVER 72,000 DISASTERS LARGE AND SMALL. THE ORGANIZATION PROVIDED FOOD, LODGING, HEALTH SERVICES, CRISIS INTERVENTIONS AND COMMUNITY MENTAL-HEALTH DEBRIEFINGS AND/OR OTHER RELATED EMERGENCY CARE TO PERSONS IN NEED. THE SERVICES OF THE AMERICAN RED CROSS BEGAN WITH SAFE SHELTERS FOR EVACUEES AND CONTINUED AS FAMILIES MAPPED AND TRAVELED THEIR ROAD TO RECOVERY. THE NUMBER OF TRAINED DISASTER STAFF THAT PROVIDED THESE SERVICES IN THE NATIONAL DISASTER SERVICES HUMAN RESOURCES SYSTEM WAS APPROXIMATELY 59,000 IN FY 2007. CHAPTERS THROUGHOUT THE COUNTRY TRAINED THOUSANDS MORE TO RESPOND TO DISASTERS WITHIN THE BOUNDARIES OF THEIR OWN COMMUNITIES.

(B) ARMED FORCES EMERGENCY SERVICES: THE ORGANIZATION PROVIDES MILITARY MEMBERS, VETERANS, AND THEIR FAMILIES WITH EMERGENCY COMMUNICATIONS, ASSISTANCE IN OBTAINING FINANCIAL ASSISTANCE FOR EXPENSES RELATED TO EMERGENCY TRAVEL OR PERSONAL CRISIS AND OTHER VITAL SERVICES AT U.S. MILITARY INSTALLATIONS WORLDWIDE.

(C) COMMUNITY SERVICES: AMERICAN RED CROSS CHAPTERS OFFER COMMUNITY SERVICES THAT HELP PEOPLE LEAD SAFER, HEALTHIER LIVES AND ALLOW FOR GREATER SELF-RELIANCE. THESE SERVICES INCLUDE MEAL DELIVERY TO HOUSEBOUND RESIDENTS, FOOD PANTRIES, RIDES TO MEDICAL APPOINTMENTS, HOMELESS SHELTERS, TRANSITIONAL HOUSING, CAREGIVER EDUCATION AND SUPPORT GROUPS, FRIENDLY VISITORS, LIFELINE ® (MEDICAL ALERT SYSTEM FOR ELDERLY AND DISABLED), HOSPITAL / NURSING HOME VOLUNTEERS, FUEL ASSISTANCE, LATCHKEY PROGRAMS AND LANGUAGE BANKS.

FORM 990 - GENERAL EXPLANATION ATTACHMENT (CONT'D)
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(D) HEALTH AND SAFETY SERVICES: THE ORGANIZATION TRAINS PEOPLE TO PREVENT, PREPARE FOR AND RESPOND TO EMERGENCIES. COURSES INCLUDE FIRST AID, CPR/AED (CARDIOPULMONARY RESUSCITATION AND AUTOMATED EXTERNAL DEFIBRILLATOR) TRAINING, HIV/AIDS PREVENTION EDUCATION, AQUATICS AND WATER SAFETY, AND CARE GIVING COURSES SUCH AS BABYSITTER'S TRAINING.

(E) 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 2007, 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.

(F) INTERNATIONAL SERVICES: THE ORGANIZATION HELPS VULNERABLE PEOPLE AROUND THE WORLD, PREVENT, PREPARE FOR, AND RESPONSE 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.

FORM 990 - GENERAL EXPLANATION ATTACHMENT
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FORM 990, PART VI, LINES 91B AND 91C - INTEREST IN FOREIGN COUNTRIES

COUNTRIES WHERE ORGANIZATION HAS AN INTEREST IN OR SIGNATURE OR OTHER
AUTHORITY OVER A FINANCIAL ACCOUNT IN A FOREIGN COUNTRY:

ALBANIA, BULGARIA, ECUADOR, COLOMBIA, HONDURAS, EL SALVADOR, DOMINICAN
REPUBLIC, MEXICO, CAMBODIA, INDIA, VIETNAM, KENYA, NIGERIA, PAKISTAN, SRI
LANKA, INDONESIA, MALDIVES, THAILAND, AND TANZANIA

COUNTRIES OUTSIDE THE UNITED STATES WHERE ORGANIZATION MAINTAINED AN
OFFICE:

ALBANIA, BULGARIA, ECUADOR, COLOMBIA, EL SALVADOR, DOMINICAN REPUBLIC,
HAITI, MEXICO, CAMBODIA, INDIA, VIETNAM, KENYA, SRI LANKA, INDONESIA,
MALDIVES, THAILAND, AND TANZANIA

FORM 990 - GENERAL EXPLANATION ATTACHMENT
=====

SCHEDULE A, PART III, LINE 1 - LOBBYING ACTIVITIES

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.

THE AMERICAN NATIONAL RED CROSS DOES, FROM TIME TO TIME, PRESENT WRITTEN AND ORAL TESTIMONY AT LEGISLATIVE HEARINGS, COMMUNICATE WITH LEGISLATORS AND THEIR STAFFS, AND ISSUE PUBLIC STATEMENTS RELATED TO PENDING LEGISLATION. THESE ACTIVITIES ARE GENERALLY LIMITED TO AREAS IN WHICH IT HAS A RECOGNIZED EXPERTISE (SUCH AS BLOOD BANKING, PUBLIC HEALTH, DISASTER MITIGATION, AND NON-PROFIT TAX EXEMPTION).

FORM 990 - GENERAL EXPLANATION ATTACHMENT

=====

SCHEDULE A, PART III, LINE 3, DISBURSEMENT IN FURTHERANCE OF
CHARITABLE PROGRAMS AND GRANTS

PURSUANT TO THE CONGRESSIONAL CHARTER OF THE AMERICAN NATIONAL RED CROSS (36 U.S.C. 3 FIFTH), THE ORGANIZATION CARRIES OUT A SYSTEM OF NATIONAL AND INTERNATIONAL RELIEF TO MITIGATE OR PREVENT SUFFERING CAUSED BY DISASTERS. DISASTER VICTIMS QUALIFY TO RECEIVE SUCH ASSISTANCE BASED ON EITHER OBVIOUS CIRCUMSTANCES, SUCH AS APPARENT NEED FOR FOOD, CLOTHING OR SHELTER, OR A CASEWORK PROCESS IN WHICH THE NATURE AND EXTENT OF THE DISASTER-CAUSED NEEDS FOR RED CROSS AID ARE DETERMINED IN THE LIGHT OF OTHER AVAILABLE RESOURCES AND THE ABILITY OF THE VICTIMS TO ASSIST THEMSELVES.

CONTRIBUTIONS TO OTHER ORGANIZATIONS CONSIST PRIMARILY OF THOSE MADE TO THE INTERNATIONAL COMMITTEE OF THE RED CROSS, THE FEDERATION OF RED CROSS AND RED CRESCENT SOCIETIES AND NATIONAL RED CROSS SOCIETIES OF OTHER COUNTRIES. CONTRIBUTIONS MAY BE MADE FOR A VARIETY OF PURPOSES, INCLUDING REGULAR FINANCIAL SUPPORT AND DISASTER RELIEF ASSISTANCE. THE AMERICAN RED CROSS HAS ONGOING RELATIONSHIPS WITH ALL SUCH RED CROSS ORGANIZATIONS WHICH ARE GOVERNED BY HUMANITARIAN PRINCIPLES AND QUALIFY FOR SUCH ASSISTANCE.

PURSUANT TO ITS CONGRESSIONAL CHARTER (36 U.S.C. 3 FOURTH), THE AMERICAN NATIONAL RED CROSS ALSO ACTS IN MATTERS OF VOLUNTARY RELIEF AND IN ACCORD WITH THE MILITARY AUTHORITIES TO PROVIDE COMMUNICATIONS AND WELFARE ASSISTANCE TO MEMBERS OF THE ARMED FORCES OF THE UNITED STATES, THEIR FAMILIES AND VETERANS. ASSISTANCE TO THIS GROUP IS DETERMINED GENERALLY ON THE BASIS OF THEIR MILITARY, VETERAN OR DEPENDENT STATUS AND THE PARTICULAR NEEDS RELATED THERETO AS REVEALED THROUGH CASEWORK AND SIMILAR MEANS.

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

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

FORM 990 - GENERAL EXPLANATION ATTACHMENT

=====

PART I, LINE 20 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES

IN SEPTEMBER 2006, THE FASB ISSUED SFAS NO. 158 EMPLOYER'S ACCOUNTING FOR DEFINED BENEFIT PENSION AND OTHER POSTRETIREMENT PLANS WHICH AMENDS SFAS NO. 87 EMPLOYERS' ACCOUNTING FOR PENSIONS AND SFAS NO. 106 EMPLOYERS' ACCOUNTING FOR POSTRETIREMENT BENEFITS OTHER THAN PENSIONS. THIS STATEMENT REQUIRES COMPANIES TO RECOGNIZE AN ASSET OR LIABILITY FOR THE OVERFUNDED OR UNDERFUNDED STATUS OF THEIR BENEFIT PLANS IN THEIR FINANCIAL STATEMENTS. THE FUNDED STATUS PROVISIONS OF SFAS NO. 158 WERE ADOPTED BY THE AMERICAN RED CROSS AND ITS CONSTITUENT CHAPTERS AND BRANCHES AT JUNE 30, 2007. THE INCREMENTAL EFFECT OF APPLYING SFAS NO. 158 ON THE CONSOLIDATED STATEMENT OF FINANCIAL POSITION AS OF JUNE 30, 2007 RESULTED IN DECREASING LIABILITIES BY APPROXIMATELY \$126 MILLION BY RECOGNIZING A CORRESPONDING NON-OPERATING GAIN ON THE CONSOLIDATED STATEMENT OF ACTIVITIES.

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES
 =====

| DESCRIPTION ----- | GROSS REVENUE ----- | DIRECT EXPENSES ----- | NET INCOME ----- |
|--------------------------------|---------------------------|-----------------------------|------------------------|
| OTHER SPECIAL EVENTS | 49,991,948. | 16,631,460. | 33,360,488. |
| ARC OF GREATER PALM BEACH AREA | 2,054,453. | 746,193. | 1,308,260. |
| ARC IN GREATER NEW YORK | 1,864,272. | 400,590. | 1,463,682. |
| ARC OF SOUTHEASTERN VIRGINIA | 1,545,722. | 1,424,214. | 121,508. |
| | ----- | ----- | ----- |
| TOTALS | 55,456,395. | 19,202,457. | 36,253,938. |
| | ===== | ===== | ===== |

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES
 =====

| DESCRIPTION ----- | AMOUNT ----- |
|---|--------------------------------|
| NET UNREALIZED GAINS ON INVESTMENTS | 187,941,233. |
| ADOPTION OF SFAS NO. 158 (SEE STATEMENT 8 FOR EXPLANATION) | 126,852,082. |
| TOTAL | ----- 314,793,315. ===== |

FORM 990, PART II - SPECIFIC ASSISTANCE TO INDIVIDUALS
=====

| DESCRIPTION ----- | PROGRAM SERVICES ----- |
|---------------------------------|------------------------------|
| DISASTER RELIEF | 112309130. |
| INTERNATIONAL SERVICES | 99173991. |
| COMMUNITY SERVICES | 12046008. |
| ARMED FORCES EMERGENCY SERVICES | 1,951,865. |
| TOTALS | ----- 225480994. ===== |

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
=====

HELP PEOPLE PREVENT, PREPARE FOR, AND RESPOND TO EMERGENCIES.

FORM 990, PART IV - INVESTMENTS - OTHER

=====

| DESCRIPTION ----- | BEGINNING BOOK VALUE ----- | ENDING BOOK VALUE ----- |
|----------------------|----------------------------------|-------------------------------|
| OTHER INVESTMENTS | 1,333,560,060. | 1,473,531,469. |
| | ----- | ----- |
| TOTALS | 1,333,560,060. | 1,473,531,469. |
| | ===== | ===== |

FORM 990, PART IV - OTHER ASSETS

=====

| DESCRIPTION | ENDING BOOK VALUE |
|------------------|----------------------|
| ----- | ----- |
| TRUST RECEIVABLE | 1,157,516. |
| TOTALS | ----- 1,157,516. |
| | ===== |

FORM 990, PART IV - TAX-EXEMPT BOND LIABILITIES

=====

| DESCRIPTION ----- | BEGINNING BOOK VALUE ----- | ENDING BOOK VALUE ----- |
|--------------------------------|----------------------------------|-------------------------------|
| REAL ESTATE - NHQ JEFF. PARK | 24,100,000. | NONE |
| REAL ESTATE - NHQ HOLLAND LAB | 7,000,000. | 6,250,000. |
| REAL ESTATE - PENN-JERSEY RBS | 7,200,000. | 6,800,000. |
| REAL ESTATE - GREATER CHESAPEA | 4,225,000. | 4,010,000. |
| REAL ESTATE - NHQ PENN JERSEY | 4,950,000. | 4,675,000. |
| REAL ESTATE - NEW ENGLAND RBS | 2,349,000. | 1,994,000. |
| REAL ESTATE - SOUTH CAROLINA R | 1,891,680. | 1,740,480. |
| REAL ESTATE - HEART OF AMERICA | 1,900,000. | 1,800,000. |
| REAL ESTATE - FORT WAYNE RBS | 1,788,363. | 1,660,833. |
| REAL ESTATE - SE PENNSYLVANIA | 1,200,000. | 1,140,000. |
| REAL ESTATE - ROCHESTER MONROE | 1,780,000. | 1,635,000. |
| REAL ESTATE - NE PENNSYLVANIA | 1,286,000. | 1,181,000. |
| REAL ESTATE - ARKANSAS RBS & P | 1,164,000. | 1,069,000. |
| REAL ESTATE - MIDWEST RBS | 800,000. | 700,000. |
| REAL ESTATE - WESTCHESTER COUN | 1,200,000. | 1,155,000. |
| REAL ESTATE - LEHIGH VALLEY CH | 845,000. | 790,000. |
| REAL ESTATE - JOHNSTOWN RBS | 501,000. | NONE |
| REAL ESTATE - CENTRAL ILLINOIS | 300,000. | 265,000. |
| REAL ESTATE - CENTRAL SOUTH CA | 360,320. | 331,520. |
| REAL ESTATE - ALLEN WELLS CHAP | 34,637. | 32,167. |
| REAL ESTATE - NHQ LEASING | 4,100,000. | 2,820,000. |
| REAL ESTATE - MISSOURI-ILLINOI | | 2,765,000. |

FORM 990, PART IV - TAX-EXEMPT BOND LIABILITIES

=====

| DESCRIPTION ----- | BEGINNING BOOK VALUE ----- | ENDING BOOK VALUE ----- |
|---|----------------------------------|--------------------------------|
| | 3,125,000. | |
| REAL ESTATE - HEART OF AMERICA | 57,701. | 43,564. |
| REAL ESTATE - PUERTO RICO RBS | 108,000. | 94,333. |
| REAL ESTATE - PUERTO RICO CHAP | 36,254. | 26,775. |
| REAL ESTATE - NASSAU COUNTY | 1,387,000. | 1,350,000. |
| REAL ESTATE - SEATTLE-KING COU | 240,000. | 120,000. |
| REAL ESTATE - SOUTH CENTRAL AL | 1,430,000. | 480,000. |
| REAL ESTATE - ROCHESTER MONROE | 12,000,000. | 11,500,000. |
| REAL ESTATE - MINNEAPOLIS CHAP | 3,175,000. | 3,100,000. |
| REAL ESTATE - NHQ WASHINGTON D | 93,500,000. | 93,500,000. |
| REAL ESTATE - JERSEY COAST CHA | 1,780,000. | 1,710,000. |
| REAL ESTATE - GREATER CHICAGO | 8,000,000. | 8,000,000. |
| NHQ WASHINGTON DC | 11,500,000. | 11,500,000. |
| GREENWICH CONNECTICUT CHAPTER | 2,303,600. | 1,926,850. |
| REAL ESTATE - NHQ CALIFORNIA B | 40,000,000. | 40,000,000. |
| REAL ESTATE - NHQ CAMBRIA BLOO | 20,000,000. | 20,000,000. |
| REAL ESTATE - GREATER NEW YORK | 30,000,000. | 30,000,000. |
| REAL ESTATE - CENTRAL MARYLAND | 4,250,000. | 4,250,000. |
| NOTE: BEGINNING BALANCES WERE ADJUSTED TO | | |
| CONFORM TO THE CURRENT YEAR PRESENTATION | | |
| TOTALS | ----- 301,867,555. ===== | ----- 270,415,522. ===== |

FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

=====

LENDER: VARIOUS

| | |
|-----------------------------|--------------|
| BEGINNING BALANCE DUE | 129,282,751. |
| ENDING BALANCE DUE | 219,322,972. |

| | |
|---|--------------|
| TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE | 129,282,751. |
|---|--------------|

=====

| | |
|--|--------------|
| TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE | 219,322,972. |
|--|--------------|

=====

FORM 990, PART IV - OTHER LIABILITIES

=====

| DESCRIPTION ----- | BEGINNING BOOK VALUE ----- | ENDING BOOK VALUE ----- |
|-------------------------|----------------------------------|-------------------------------|
| POSTRETIREMENT BENEFITS | 337,750,000. | 234,622,000. |
| OTHER LIABILITIES | 142,232,583. | 144,874,901. |
| | ----- | ----- |
| TOTALS | 479,982,583. | 379,496,901. |
| | ===== | ===== |

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

=====

| DESCRIPTION | AMOUNT |
|--------------|------------|
| ----- | ----- |
| RENT EXPENSE | 4,198,264. |
| | ----- |
| TOTAL | 4,198,264. |
| | ===== |

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

=====

| DESCRIPTION | AMOUNT |
|--------------|---------------------|
| ----- | ----- |
| RENT EXPENSE | 4,198,264. |
| TOTAL | ----- 4,198,264. |
| | ===== |

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

| NAME AND ADDRESS | TITLE AND TIME DEVOTED TO POSITION | COMPENSATION | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | EXPENSE ACCT AND OTHER ALLOWANCES |
|--|---------------------------------------|--------------|---|---|
| ----- | ----- | ----- | ----- | ----- |
| BONNIE MCELVEEN HUNTER 2025 E ST NW WASHINGTON, DC 20006-5009 | CHAIRMAN 25.00 | NONE | NONE | NONE |
| HONORABLE MICHAEL O LEAVITT 2025 E ST NW WASHINGTON, DC 20006-5009 | BOARD MEMBER 1.00 | NONE | NONE | NONE |
| ELAINE M LYERLY 2025 E ST NW WASHINGTON, DC 20006-5009 | BOARD MEMBER 8.00 | NONE | NONE | NONE |
| JOHN F MCGUIRE 2025 E ST NW WASHINGTON, DC 20006-5009 COLUMN D INCLUDES SEVERANCE OF \$330,968 TO BE RECEIVED AFTER JUNE 30, 2007. | EVP & INTERIM CEO 60.00 | 684,615. | 362,054. | 3,375. |
| KATHRYN A FORBES 2025 E ST NW WASHINGTON, DC 20006-5009 | NATIONAL CHAIR OF VOLUNTEERS 12.00 | NONE | NONE | NONE |
| MARY ELCANO 2025 E ST NW WASHINGTON, DC 20006-5009 | GENERAL COUNSEL & SECRETARY 60.00 | 401,961. | 21,621. | 3,355. |
| GINA F ADAMS 2025 E ST NW WASHINGTON, DC 20006-5009 | BOARD MEMBER 8.00 | NONE | NONE | NONE |

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

| NAME AND ADDRESS | TITLE AND TIME DEVOTED TO POSITION | COMPENSATION | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | EXPENSE ACCT AND OTHER ALLOWANCES |
|---|---------------------------------------|--------------|---|---|
| ----- | ----- | ----- | ----- | ----- |
| CESAR A ARISTEIGUIETA 2025 E ST NW WASHINGTON, DC 20006-5009 | BOARD MEMBER 8.00 | NONE | NONE | NONE |
| SANFORD A BELDEN 2025 E ST NW WASHINGTON, DC 20006-5009 | BOARD MEMBER 8.00 | NONE | NONE | NONE |
| HONORABLE JOHN L BRAXTON 2025 E ST NW WASHINGTON, DC 20006-5009 | BOARD MEMBER 8.00 | NONE | NONE | NONE |
| JULIE BURGER 2025 E ST NW WASHINGTON, DC 20006-5009 | BOARD MEMBER 8.00 | NONE | NONE | NONE |
| STEVEN E CARR 2025 E ST NW WASHINGTON, DC 20006-5009 | BOARD MEMBER 8.00 | NONE | NONE | NONE |
| WEI TIH CHENG 2025 E ST NW WASHINGTON, DC 20006-5009 | BOARD MEMBER 8.00 | NONE | NONE | NONE |
| HONORABLE MICHAEL CHERTOFF 2025 E ST NW WASHINGTON, DC 20006-5009 | BOARD MEMBER 1.00 | NONE | NONE | NONE |
| M VICTORIA CUMMOCK 2025 E ST NW WASHINGTON, DC 20006-5009 | BOARD MEMBER 8.00 | NONE | NONE | NONE |

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

| NAME AND ADDRESS | TITLE AND TIME DEVOTED TO POSITION | COMPENSATION | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | EXPENSE ACCT AND OTHER ALLOWANCES |
|---|---------------------------------------|--------------|---|---|
| ----- | ----- | ----- | ----- | ----- |
| BRIAN L DERKSEN 2025 E ST NW WASHINGTON, DC 20006-5009 | BOARD MEMBER 8.00 | NONE | NONE | NONE |
| DOUGLAS H DITTRICK 2025 E ST NW WASHINGTON, DC 20006-5009 | BOARD MEMBER 8.00 | NONE | NONE | NONE |
| RICHARD M FOUNTAIN 2025 E ST NW WASHINGTON, DC 20006-5009 | BOARD MEMBER 8.00 | NONE | NONE | NONE |
| ALLAN I GOLDBERG 2025 E ST NW WASHINGTON, DC 20006-5009 | BOARD MEMBER 8.00 | NONE | NONE | NONE |
| JAMES G GOODWIN 2025 E ST NW WASHINGTON, DC 20006-5009 | BOARD MEMBER 8.00 | NONE | NONE | NONE |
| HONORABLE CARLOS M GUTIERREZ 2025 E ST NW WASHINGTON, DC 20006-5009 | BOARD MEMBER 1.00 | NONE | NONE | NONE |
| SUSAN B HASSMILLER 2025 E ST NW WASHINGTON, DC 20006-5009 | BOARD MEMBER 8.00 | NONE | NONE | NONE |
| MICHAEL W HAWKINS 2025 E ST NW WASHINGTON, DC 20006-5009 | BOARD MEMBER 8.00 | NONE | NONE | NONE |

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

| NAME AND ADDRESS | TITLE AND TIME DEVOTED TO POSITION | COMPENSATION | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | EXPENSE ACCT AND OTHER ALLOWANCES |
|---|---------------------------------------|--------------|---|---|
| ----- | ----- | ----- | ----- | ----- |
| JOYCE N HOFFMAN 2025 E ST NW WASHINGTON, DC 20006-5009 | BOARD MEMBER 8.00 | NONE | NONE | NONE |
| JAMES F HOLMES 2025 E ST NW WASHINGTON, DC 20006-5009 | BOARD MEMBER 8.00 | NONE | NONE | NONE |
| JUDITH RICHARDS HOPE 2025 E ST NW WASHINGTON, DC 20006-5009 | BOARD MEMBER 8.00 | NONE | NONE | NONE |
| ANN F KAPLAN 2025 E ST NW WASHINGTON, DC 20006-5009 | BOARD MEMBER 8.00 | NONE | NONE | NONE |
| R BRUCE LABOON 2025 E ST NW WASHINGTON, DC 20006-5009 | BOARD MEMBER 8.00 | NONE | NONE | NONE |
| SHERRY LANSING 2025 E ST NW WASHINGTON, DC 20006-5009 | BOARD MEMBER 8.00 | NONE | NONE | NONE |
| ANNA MARIA L LARSEN 2025 E ST NW WASHINGTON, DC 20006-5009 | BOARD MEMBER 8.00 | NONE | NONE | NONE |
| WILLIAM LUCY 2025 E ST NW WASHINGTON, DC 20006-5009 | BOARD MEMBER 8.00 | NONE | NONE | NONE |

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

| NAME AND ADDRESS | TITLE AND TIME DEVOTED TO POSITION | COMPENSATION | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | EXPENSE ACCT AND OTHER ALLOWANCES |
|--|---------------------------------------|--------------|---|---|
| ----- | ----- | ----- | ----- | ----- |
| ALLEN W MATHIES 2025 E ST NW WASHINGTON, DC 20006-5009 | BOARD MEMBER 8.00 | NONE | NONE | NONE |
| WILLIAM F MCCONNELL 2025 E ST NW WASHINGTON, DC 20006-5009 | BOARD MEMBER 8.00 | NONE | NONE | NONE |
| HONORABLE R JAMES NICHOLSON 2025 E ST NW WASHINGTON, DC 20006-5009 | BOARD MEMBER 1.00 | NONE | NONE | NONE |
| RICHARD M NIEMIEC 2025 E ST NW WASHINGTON, DC 20006-5009 | BOARD MEMBER 8.00 | NONE | NONE | NONE |
| ROSS H OGDEN 2025 E ST NW WASHINGTON, DC 20006-5009 | BOARD MEMBER 8.00 | NONE | NONE | NONE |
| GENERAL PETER PACE 2025 E ST NW WASHINGTON, DC 20006-5009 | BOARD MEMBER 1.00 | NONE | NONE | NONE |
| THEODORE R PARRISH 2025 E ST NW WASHINGTON, DC 20006-5009 | BOARD MEMBER 8.00 | NONE | NONE | NONE |
| LAURENCE E PAUL 2025 E ST NW WASHINGTON, DC 20006-5009 | BOARD MEMBER 8.00 | NONE | NONE | NONE |

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

| NAME AND ADDRESS | TITLE AND TIME DEVOTED TO POSITION | COMPENSATION | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | EXPENSE ACCT AND OTHER ALLOWANCES |
|--|---------------------------------------|--------------|---|---|
| ----- | ----- | ----- | ----- | ----- |
| JOSEPH B PERELES 2025 E ST NW WASHINGTON, DC 20006-5009 | BOARD MEMBER 8.00 | NONE | NONE | NONE |
| HONORABLE CONDOLEEZZA RICE 2025 E ST NW WASHINGTON, DC 20006-5009 | BOARD MEMBER 1.00 | NONE | NONE | NONE |
| MELANIE R SABELHAUS 2025 E ST NW WASHINGTON, DC 20006-5009 | BOARD MEMBER 8.00 | NONE | NONE | NONE |
| H MARSHALL SCHWARZ 2025 E ST NW WASHINGTON, DC 20006-5009 | BOARD MEMBER 8.00 | NONE | NONE | NONE |
| GLENN A SIEBER 2025 E ST NW WASHINGTON, DC 20006-5009 | BOARD MEMBER 8.00 | NONE | NONE | NONE |
| BRIAN G SKOTKO 2025 E ST NW WASHINGTON, DC 20006-5009 | BOARD MEMBER 8.00 | NONE | NONE | NONE |
| MAJOR GENERAL ROBERT L SMOLEN 2025 E ST NW WASHINGTON, DC 20006-5009 | BOARD MEMBER 8.00 | NONE | NONE | NONE |
| HONORABLE MARGARET SPELLINGS 2025 E ST NW WASHINGTON, DC 20006-5009 | BOARD MEMBER 1.00 | NONE | NONE | NONE |

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

| NAME AND ADDRESS | TITLE AND TIME DEVOTED TO POSITION | COMPENSATION | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | EXPENSE ACCT AND OTHER ALLOWANCES |
|--|---------------------------------------|--------------|---|---|
| ----- | ----- | ----- | ----- | ----- |
| E FRANCINE STOKES 2025 E ST NW WASHINGTON, DC 20006-5009 | BOARD MEMBER 8.00 | NONE | NONE | NONE |
| WALTER E THORNTON 2025 E ST NW WASHINGTON, DC 20006-5009 | BOARD MEMBER 8.00 | NONE | NONE | NONE |
| CHRISTINE K WILKINSON 2025 E ST NW WASHINGTON, DC 20006-5009 | BOARD MEMBER 8.00 | NONE | NONE | NONE |
| STEVEN H WUNNING 2025 E ST NW WASHINGTON, DC 20006-5009 | BOARD MEMBER 8.00 | NONE | NONE | NONE |
| ALAN MCCURRY 2025 E ST NW WASHINGTON, DC 20006-5009 COLUMN D INCLUDES SEVERANCE OF \$142,321 TO BE RECEIVED AFTER JUNE 30, 2007. | EVP, CHAPTER & INT'L 60.00 | 351,003. | 171,685. | 2,500. |
| ROBERT MCDONALD 2025 E ST NW WASHINGTON, DC 20006-5009 | CHIEF FINANCIAL OFFICER 60.00 | 410,636. | 30,474. | 4,000. |
| MARK W EVERSON 2025 E ST NW WASHINGTON, DC 20006-5009 | PRESIDENT AND CEO 60.00 | 26,923. | 2,229. | 125. |

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

| NAME AND ADDRESS | TITLE AND TIME DEVOTED TO POSITION | COMPENSATION | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS | EXPENSE ACCT AND OTHER ALLOWANCES |
|--|---------------------------------------|--------------|---|---|
| ----- | ----- | ----- | ----- | ----- |
| MARK EVERSON SERVED AS PRESIDENT FROM MAY 29, 2007 THROUGH NOVEMBER 27, 2007. | | | | |
| DALE BATEMAN 2025 E ST NW WASHINGTON, DC 20006-5009 | CHIEF AUDIT EXECUTIVE 60.00 | NONE | 2,769. | 533. |
| COLUMN E INCLUDES 4 DAYS OF A HOUSING SUBSIDY. DALE BATEMAN BECAME CHIEF AUDIT EXECUTIVE ON JUNE 27, 2007. | | | | |
| | GRAND TOTALS | 1,875,138. | 590,832. | 13,888. |
| | | ===== | ===== | ===== |

FORM 990, PART V-B - FORMER OFFICERS, DIRECTORS, AND TRUSTEES

=====

| NAME AND ADDRESS ----- | LOANS AND ADVANCES ----- | COMPENSATION ----- | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS ----- | EXPENSE ACCT AND OTHER ALLOWANCES ----- |
|---|-----------------------------|-----------------------|--|--|
| MARSHA EVANS 2025 E ST NW WASHINGTON, DC 20006-5009 | NONE | 495,000. | 4,536. | NONE |
| MARSHA EVANS' TERM AS PRESIDENT & CEO ENDED ON DECEMBER 12, 2005. COLUMN C INCLUDES \$495,000 OF SEVERANCE RECEIVED AFTER JUNE 30, 2006 AND PRIOR TO JUNE 30, 2007. NO FURTHER PAYMENTS ARE DUE UNDER THIS SEVERANCE AGREEMENT. | | | | |
| GRAND TOTALS | ----- NONE | ----- 495,000. | ----- 4,536. | ----- NONE |
| ===== | | | | |

FORM 990, PART VI - CHANGES TO ORGANIZING OR GOVERNING DOCUMENT
=====

A CONFORMED COPY OF THE CHANGES TO THE ORGANIZATION'S BYLAWS WERE
SUBMITTED TO THE IRS ELECTRONICALLY. PLEASE SEE
[HTTP://WWW.REDCROSS.ORG/SERVICES/GOVERNANCE/0,1082,0_234_,00.HTML](http://www.redcross.org/services/governance/0,1082,0_234_,00.html)
FOR A COPY OF THOSE CHANGES.

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

=====

| LINE NO. | EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES |
|-------------|--|
| --- | ----- |
| 93A | DISTRIBUTION OF PREVIOUSLY COLLECTED AND TESTED BLOOD PRODUCTS TO HOSPITALS AND OTHER INSTITUTIONS CONTRIBUTED SIGNIFICANTLY TO THE SAFETY AND AVAILABILITY OF THE U.S. BLOOD SUPPLY IN EMERGENCY SITUATIONS. |
| 93B | PROGRAM MATERIALS AND TEXTBOOKS RELATED TO FIRST AID, HEALTH, AND ACCIDENT PREVENTION AND OTHER SAFETY SUBJECTS ARE PROVIDED AS COURSES OR SEPERATELY, TO HELP PEOPLE PREVENT, PREPARE FOR AND HANDLE EMERGENCIES. |
| 93C | AIDS EDUCATION AND RESEARCH AND RELATED DISASTER AND HEALTH SERVICES PROGRAMS. |
| 93G | FEMA REIMBURSEMENTS, AIDS EDUCATION AND RESEARCH, AND RELATED DISASTER HEALTH SERVICES PROGRAMS. |
| 103B | REFUNDS, DISCOUNTS, SALVAGE SALES, SERVICES FEES, ROYALTIES, CREDITS, AND REBATES. |

FORM 990, PART IX - INFORMATION REGARDING TAXABLE SUBSIDIARIES

=====

| NAME AND ADDRESS EMPLOYER IDENTIFICATION NUMBER ----- | PERCENTAGE OWNERSHIP INTEREST ----- | NATURE OF BUSINESS ACTIVITIES ----- | TOTAL INCOME ----- | ENDING ASSETS ----- |
|---|--|---|--------------------------|---------------------------|
| PATHOGEN REMOVAL & DIAGNOSTIC TECHNOLOGIES (PRDT) WASHINGTON, DC 20006-5009 01-0587732 | 51.000000 | RESEARCH & DEVELOPMENT | NONE | NONE |
| TOTAL INCOME | | | ----- NONE ===== | ----- NONE ===== |

FORM 990, PART XI - TRANSFERS TO CONTROLLED ENTITIES STATEMENT

=====

CONTROLLED ENTITY'S NAME: PATHOGEN REMOVAL & DIAGNOSTIC TECHNOLOGI
CONTROLLED ENTITY'S ADDRESS: 2025 E STREET NW
CITY, STATE & ZIP: WASHINGTON, DC 20006-5009
EIN: 01-0587732
TRANSFER AMOUNT: 1,752,082.
EXPLANATION OF TRANSFER TO CONTROLLED ENTITY:
CAPITAL CONTRIBUTION

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

=====

| NAME AND ADDRESS ----- | TITLE AND TIME DEVOTED TO POSITION ----- | COMPENSATION ----- | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS ----- | EXPENSE ACCOUNT ----- |
|---|--|-----------------------|--|-----------------------------|
| LEIGH ANN BRADLEY 2025 E STREET NW WASHINGTON, DC 20006-5009 COLUMN D INCLUDES SEVERANCE OF \$173,449 TO BE RECEIVED AFTER JUNE 30, 2007. | SVP, ENTERPRISE RISK 60.00 | 378,314. | 194,516. | 4,325. |
| STEVEN COOPER 2025 E STREET NW WASHINGTON, DC 20006-5009 COLUMN D INCLUDES SEVERANCE OF \$118,674 TO BE RECEIVED AFTER JUNE 30, 2007. | SVP, INFO SYSTEMS 60.00 | 344,168. | 146,231. | 1,500. |
| KATHLEEN LOEHR 2025 E STREET NW WASHINGTON, DC 20006-5009 | SVP, GROWTH & INTEG 60.00 | 446,084. | 28,890. | 1,500. |
| ERIC POGUE 2025 E STREET NW WASHINGTON, DC 20006-5009 COLUMN D INCLUDES SEVERANCE OF \$32,521 TO BE RECEIVED AFTER JUNE 30, 2007. | SVP, HUMAN RESOURCES 60.00 | 416,182. | 58,202. | 1,500. |

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

=====

| NAME AND ADDRESS ----- | TITLE AND TIME DEVOTED TO POSITION ----- | COMPENSATION ----- | CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS ----- | EXPENSE ACCOUNT ----- |
|--|--|------------------------------|--|-----------------------------|
| WILLIAM MOORE 2025 E STREET NW WASHINGTON, DC 20006-5009 | SVP, BIOMEDICAL 60.00 | 399,732. | 33,027. | 1,878. |
| | TOTAL COMPENSATION | ----- 1,984,480. ===== | ----- 460,866. ===== | ----- 10,703. ===== |

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.

=====

| | | |
|---|----------------------|-------------------------------|
| DELOITTE CONSULTING LLP 180 N STETSON AVE CHICAGO, IL 60601 | CONSULTING | 9,784,004. |
| BEARINGPOINT INCORPORATED 1676 INTERNATIONAL DRIVE MCLEAN, VA 22102 | BIOARCH SYSTEM INTEG | 6,338,363. |
| NATIONAL GENETICS INSTITUTE 2311 PONTIUS AVE LOS ANGELES, CA 90064 | BIOMED LAB TESTING | 4,309,370. |
| KELLY SCOTT AND MADISON 35 EAST WACKER DRIVE CHICAGO, IL 60601 | ADVERTISING MEDIA | 4,302,945. |
| EQUATERRA INCORPORATED THREE RIVERWAY HOUSTON, TX 77056 | CONSULTING | 4,030,034. |
| | TOTAL COMPENSATION | ----- 28,764,716. ===== |

SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV.

=====

| | | |
|--|----------------------|-------------|
| CHIMES FOUNDATION INCORPORATED 4815 SETON DRIVE BALTIMORE, MD 21215 | CONTINGENT LABOR MGT | 14,275,837. |
| SATELLITE SPECIALIZED TRANSPORTATION 63211 SERVICE ROAD BEND, OR 97701 | RELIEF INVENT LOGIST | 14,111,597. |
| ENSEMBLE CHIMES 5455 CORPORATE DRIVE TROY, MI 48098 | CONTINGENT LABOR MGT | 5,909,470. |
| ORACLE USA 500 ORACLE PARKWAY REDWOOD, CA 94065 | SOFTWARE LIC SUPPORT | 4,404,426. |
| VERIZON 2401 EAST KATELLA AVENUE ANAHEIM, CA 92806 | COMM/IT SERVICES | 4,122,732. |
| | | ----- |
| | TOTAL COMPENSATION | 42,824,062. |
| | | ===== |

SCHEDULE A, PART III - EXPLANATION FOR LINE 2A

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THE AMERICAN RED CROSS HAS A "CODE OF CONDUCT" POLICY THAT APPLIES TO ALL EMPLOYEES, VOLUNTEERS AND BOARD MEMBERS. A CONFLICT OF INTEREST POLICY IS PART OF THAT CODE, AND IT REQUIRES AN EMPLOYEE OR VOLUNTEER TO REPORT ALL TRANSACTIONS THAT CREATE OR APPEAR TO CREATE A CONFLICT OF INTEREST. A BOARD MEMBER IS A PART OWNER OF A REAL ESTATE COMPANY THAT RENTS A SMALL SPACE (1500 SQ FT) TO ONE OF OUR CHAPTERS. THE YEARLY RENTS ON THIS PROPERTY ARE LESS THAN \$20,000, AND THE LEASE EXPIRES IN 2011. THE SIZE OF THIS TRANSACTION IS BELOW THE THRESHOLD FOR REAL ESTATE TRANSACTIONS THAT REQUIRE NATIONAL BOARD APPROVAL. HOWEVER, THE CHAPTER BOARD HAS REVIEWED THIS TRANSACTION AND CONCLUDED THAT THE LEASE IS AT A "BELOW MARKET" RATE AND APPROVED THIS TRANSACTION.

SCHEDULE A, PART IV-A - OTHER INCOME
 =====

| DESCRIPTION ----- | 2005 ----- | 2004 ----- | 2003 ----- | 2002 ----- | TOTAL ----- |
|--------------------------|---------------|---------------|---------------|---------------|----------------|
| PURCHASES, REFUNDS, ETC. | 6,830,138. | 6,568,547. | 16,445,523. | 14,778,912. | 44,623,120. |
| CHARITABLE GAMING | 1,105,259. | 1,347,127. | 1,904,858. | 12,111,669. | 16,468,913. |
| PARKING GARAGE | 69,579. | 220,381. | 278,878. | 240,091. | 808,929. |
| S-CORPORATION INCOME | 5,435. | 57,841. | 61,979. | 38,225. | 163,480. |
| TOTALS | 8,010,411. | 8,193,896. | 18,691,238. | 27,168,897. | 62,064,442. |
| | ===== | ===== | ===== | ===== | ===== |

SCHEDULE A, PART VI-B - LOBBYING ACTIVITY EXPLANATION
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THE AMERICAN NATIONAL RED CROSS PARTICIPATES IN LOBBYING AND OTHER PUBLIC POLICY ADVOCACY ACTIVITIES AT THE FEDERAL AND STATE LEVEL (WITHIN THE LIMITS SET BY IRS REGULATIONS) ON ISSUES THAT ARE RELATED TO THE ORGANIZATION'S MISSION INCLUDING: BIOMEDICAL SERVICES AND RESEARCH; HOMELAND SECURITY, PREPAREDNESS, RESPONSE AND DISASTER MITIGATION; PUBLIC HEALTH AND SAFETY; EMERGENCY COMMUNICATIONS 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 AND EXECUTIVE BRANCH ADVISORY COMMITTEE MEETINGS; COMMUNICATING WITH POLICYMAKERS AND THEIR STAFFS AT 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.