

# Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2010, or tax year beginning \_\_\_\_\_, 2010, and ending \_\_\_\_\_, 20

# 2010

Department of the Treasury  
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868  
▶ See instructions on back.

Name of exempt organization  
**American Diabetes Association**

Employer identification number  
**13-1623888**

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

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

<b>1a</b>	Form 990 check here ▶	<input checked="" type="checkbox"/>	<b>b</b>	Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . . . .	<b>1b</b>	<u>194,510,945</u>
<b>2a</b>	Form 990-EZ check here ▶	<input type="checkbox"/>	<b>b</b>	Total revenue, if any (Form 990-EZ, line 9) . . . . .	<b>2b</b>	_____
<b>3a</b>	Form 1120-POL check here ▶	<input type="checkbox"/>	<b>b</b>	Total tax (Form 1120-POL, line 22). . . . .	<b>3b</b>	_____
<b>4a</b>	Form 990-PF check here ▶	<input type="checkbox"/>	<b>b</b>	Tax based on investment income (Form 990-PF, Part VI, line 5)	<b>4b</b>	_____
<b>5a</b>	Form 8868 check here ▶	<input type="checkbox"/>	<b>b</b>	Balance due (Form 8868, Part I, line 3c or Part II, line 8c) . . . . .	<b>5b</b>	_____

## Part II Declaration of Officer

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

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

**Sign Here** ▶ *Larry Hanson*      11/14/11      ▶ **Chief Executive 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 Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

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

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.

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <u>Scott Sherman</u>	Preparer's signature _____	Date <u>11/14/11</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P00451522</u>
	Firm's name ▶ <u>KPMG LLP</u>	Firm's EIN ▶ <u>13-5565207</u>			Phone no. <u>703-286-8000</u>
	Firm's address ▶ <u>1676 International Dr, McLean, VA 22102</u>				

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

<b>Type or print</b> <small>File by the extended due date for filing your return. See instructions.</small>	Name of exempt organization <b>American Diabetes Association</b>	Employer identification number <b>13-1623888</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1701 N. Beauregard Street</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Alexandria, VA 22311</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **Deborah L. Johnson**  
Telephone No. **703-549-1500** FAX No. **703-549-2856**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box  . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until **November 15**, 20 **11**.
- For calendar year **2010**, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.
- If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period
- State in detail why you need the extension **Additional time is needed for final review and signature.**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title **Chief Financial Officer** Date **6/20/2011**  
 Deborah L. Johnson Form **8868** (Rev. 1-2011)

## Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

<b>Type or print</b>	Name of exempt organization	Employer identification number
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ .....
- Telephone No. ▶ ..... FAX No. ▶ .....
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ..... If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until \_\_\_\_\_, 20\_\_\_\_, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year 20 \_\_\_\_ or

▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.



**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 mission of the American Diabetes Association (the Association) is to prevent and cure diabetes and to improve the lives of all people affected by diabetes.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 40,429,831 including grants of \$ 31,320,809 ) (Revenue \$ 12,336,940 )  
Research - See Schedule O

**4b** (Code: ) (Expenses \$ 52,759,646 including grants of \$ 145,517 ) (Revenue \$ 34,589,965 )  
Information - See Schedule O

**4c** (Code: ) (Expenses \$ 43,924,725 including grants of \$ 2,176 ) (Revenue \$ 0 )  
Advocacy and Public Awareness - See Schedule O

**4d** Other program services. (Describe in Schedule O.)  
(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

**4e** Total program service expenses ▶ 137,114,202

**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)? <i>If "Yes," complete Schedule A . . . . .</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions) . . . . .		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I . . . . .</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II . . . . .</i>	X	
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? <i>If "Yes," complete Schedule C, Part III . . . . .</i>		N/A
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? <i>If "Yes," complete Schedule D, Part I . . . . .</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II . . . . .</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . . . .</i>		X
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? <i>If "Yes," complete Schedule D, Part IV . . . . .</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V . . . . .</i>	X	
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? <i>If "Yes," complete Schedule D, Part VI. . . . .</i>	X	
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? <i>If "Yes," complete Schedule D, Part VII. . . . .</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII. . . . .</i>	X	
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? <i>If "Yes," complete Schedule D, Part IX. . . . .</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X. . . . .</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X. . . . .</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII . . . . .</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional . . . . .</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		X
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? <i>If "Yes," complete Schedule F, Parts I and IV . . . . .</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV . . . . .</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV . . . . .</i>		X
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? <i>If "Yes," complete Schedule G, Part I (see instructions) . . . . .</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II . . . . .</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III . . . . .</i>	X	
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H . . . . .</i>		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) . . . . .		N/A

**Part IV Checklist of Required Schedules (continued)**

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
<b>1a</b>	624		
<b>1b</b>	12		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	X	
<b>2a</b>	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 . . . . .		
<b>2a</b>	1,566		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instructions)			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i> . . . . .	X	
<b>4a</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)? . . . . .		X
<b>b</b>	If "Yes," enter the name of the foreign country: <b>▶ N/A</b> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .		X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .		N/A
<b>6a</b>	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? . . . . .		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		N/A
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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? . . . . .	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		N/A
<b>7d</b>	N/A		
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		X
<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	X	
<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		X
<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .		X
<b>9a</b>			
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		X
<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	N/A
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>	N/A
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	N/A
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>	N/A
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	N/A
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>	N/A
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . .	<b>13a</b>	N/A
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</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 . . . . .	<b>13b</b>	N/A
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>	N/A
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . . . .	<b>14b</b>	N/A



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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	X	
<b>6</b>	Does the organization have members or stockholders? . . . . .	X	
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	X	
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	a The governing body? . . . . .	X	
<b>8b</b>	b Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>9</b>	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? <i>If "Yes," provide the names and addresses in Schedule O</i> . . . . .		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed ▶ See Attached Statement
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ Deborah L. Johnson, CFO 703-549-1500  
1701 N. Beauregard Street, Alexandria, VA 22311

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Nash M. Childs, PE Chair of the Board	6	X		X				0	0	0
(2) Richard M. Bergenstal, MD President, Science & Medicine	6	X		X				0	0	0
(3) Christine T. Tobin, RN, MBA, CDE President, Health Care & Education	6	X		X				0	0	0
(4) Gerard B. Nee, CPA Secretary-Treasurer	6	X		X				0	0	0
(5) John W. Griffin, Jr. Chair of the Board-Elect	2	X		X				0	0	0
(6) Robert R. Henry, MD President-Elect, Medicine & Science	2	X		X				0	0	0
(7) Elizabeth Mayer-Davis, MSPH, PhD, RD President-Elect, Health Care & Education	2	X		X				0	0	0
(8) Dwight Holing Secretary/Treasurer-Elect	2	X		X				0	0	0
(9) L. Hunter Limbaugh, JD Vice Chair	2	X		X				0	0	0
(10) Vivian Fonesca, MD Vice President, Science & Medicine	2	X		X				0	0	0
(11) Geralyn Spollett, MSN, ANP, CDE Vice President, Health Care & Education	2	X		X			1,214	0	0	0
(12) Pearson C. Cummin, III Vice Secretary/Treasurer	2	X		X			0	0	0	0
(13) Larry Hausner Chief Executive Officer	38	X		X			520,929	0	106,086	0
(14) John E. Anderson, MD Board of Directors	1	X					0	0	0	0
(15) David K. Bloomgarden, MD, FACE Board of Directors	1	X					0	0	0	0
(16) Jeffrey Caballero, MPH Board of Directors	1	X					0	0	0	0

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	employee	Highest compensated			
(17) Joe C. Cook, Jr. Board of Directors	1.	X						0	0	0
(18) Samuel E. Dagogo-Jack, MD Board of Directors	1.	X						0	0	0
(19) Robin L. Diehl, MAC Board of Directors	1.	X						0	0	0
(20) Richard Farber, MBA Board of Directors	1.	X						0	0	0
(21) Lurelean B. Gaines, RN, MSN Board of Directors	1.	X						0	0	0
(22) Kenneth R. Gerston Board of Directors	1.	X						0	0	0
(23) James O. Hill, PhD Board of Directors	1.	X						0	0	0
(24) George J. Huntley, CPA Board of Directors	1.	X						0	0	0
(25) Jane Kadohiro, DrPH, APRN, CDE Board of Directors	1.	X						0	0	0
(26) Wahida Karmally, DrPH, RD, CDE, CLS Board of Directors	1.	X						0	0	0
(27) Lori M. Laffel, MD, MPH Board of Directors	1.	X						0	0	0
(28) Dennis Marco Board of Directors	1.	X						0	0	0
<b>1b Sub-total</b>								522,143	0	106,086
<b>c Total from continuation sheets to Part VII, Section A</b>								3,191,207	0	301,351
<b>d Total (add lines 1b and 1c)</b>								3,713,350	0	407,437

**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 **62**

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
Infocision Management Corporation 325 Springside Drive, Akron, OH 44333	Professional Fundraising and Consulting	4,686,387
Mullen 40 24th Street, Pittsburgh, PA 15222	Media Campaign Planning and Production	983,261
Convio, Inc. 11921 N. Mopec Expressway, Suite 200, Austin, TX 78759	Constituent Records Application Technical Services	961,142
Thompson, Habib & Denison, Inc. 80 Hayden Avenue, Suite 300, Lexington, MA 02421	Professional Fundraising Consulting	800,000
Alexander & Partners 34 Royal James Drive, Hilton Head, SC 29926	Media Campaign Planning and Production	471,774

**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 **21**

<b>Part VIII Statement of Revenue</b>				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>	8,551,574				
	<b>b</b> Membership dues . . . . .	<b>1b</b>	0				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	45,460,107				
	<b>d</b> Related organizations . . . . .	<b>1d</b>	0				
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b>	110,065				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	89,584,779				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ . . . . .		3,383,881				
	<b>h Total.</b> Add lines 1a-1f . . . . .			143,706,525			
	<b>Program Service Revenue</b>		<b>Business Code</b>				
<b>2a</b> Subscriptions . . . . .		511120	16,630,845	16,630,845	0	0	
<b>b</b> Registration . . . . .		611710	9,138,696	9,138,696	0	0	
<b>c</b> Sales of Material . . . . .		511130	6,886,310	6,886,310	0	0	
<b>d</b> Booth Rental . . . . .		611710	4,471,836	0	0	4,471,836	
<b>e</b> Other Program Service Revenue . . . . .		900099	773,903	773,903	0	0	
<b>f</b> All other program service revenue . . . . .			0	0	0	0	
<b>g Total.</b> Add lines 2a-2f . . . . .				37,901,590			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		771,492	0	0	771,492	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		0	0	0	0	
	<b>5</b> Royalties . . . . .		810,409	0	0	810,409	
	<b>6a</b> Gross Rents . . . . .	(i) Real	(ii) Personal				
		0	0				
		<b>b</b> Less: rental expenses . . . . .		0	0		
		<b>c</b> Rental income or (loss) . . . . .		0	0		
	<b>d</b> Net rental income or (loss) . . . . .			0	0	0	0
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other				
		14,573,463	11,676				
		<b>b</b> Less: cost or other basis and sales expenses . . . . .		14,564,425	8,964		
		<b>c</b> Gain or (loss) . . . . .		9,038	2,712		
	<b>d</b> Net gain or (loss) . . . . .			11,750	0	0	11,750
	<b>8a</b> Gross income from fundraising events (not including \$ 45,460,107 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>		7,087,740			
		<b>b</b> Less: direct expenses . . . . .	<b>b</b>	7,087,740			
<b>c</b> Net income or (loss) from fundraising events . . . . .				0	0	0	
<b>9a</b> Gross income from gaming activities. See Part IV, line 19. . . . .	<b>a</b>		174,595				
	<b>b</b> Less: direct expenses . . . . .	<b>b</b>	132,429				
	<b>c</b> Net income or (loss) from gaming activities . . . . .			42,166	0	0	42,166
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>		0				
	<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>	0				
	<b>c</b> Net income or (loss) from sales of inventory . . . . .			0	0	0	
Miscellaneous Revenue		<b>Business Code</b>					
<b>11a</b> Advertising Income . . . . .	541800	6,466,405	0	6,466,405	0		
<b>b</b> Catalog Sales Income . . . . .	454110	1,689,514	0	1,689,514	0		
<b>c</b> Miscellaneous . . . . .	900099	3,111,094	3,111,094	0	0		
<b>d</b> All other revenue . . . . .			0	0	0		
<b>e Total.</b> Add lines 11a-11d . . . . .			11,267,013				
<b>12 Total revenue.</b> See instructions. . . . .			194,510,945	36,540,848	8,155,919	6,107,653	

**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).

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . . . .	31,460,199	31,460,199		
<b>2</b>	Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	0	0		
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	8,303	8,303		
<b>4</b>	Benefits paid to or for members . . . . .	0	0		
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	2,652,165	1,806,004	81,543	764,618
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0	0	0	0
<b>7</b>	Other salaries and wages . . . . .	45,892,976	31,241,953	1,405,202	13,245,821
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	941,120	640,189	28,690	272,241
<b>9</b>	Other employee benefits . . . . .	6,398,550	4,376,702	207,708	1,814,140
<b>10</b>	Payroll taxes . . . . .	4,015,675	2,730,898	120,779	1,163,998
<b>11</b>	Fees for services (non-employees):				
<b>a</b>	Management . . . . .	0	0	0	0
<b>b</b>	Legal . . . . .	196,987	91,430	49,829	55,728
<b>c</b>	Accounting . . . . .	222,483	498	221,841	144
<b>d</b>	Lobbying . . . . .	641,905	641,905	0	0
<b>e</b>	Professional fundraising services. See Part IV, line 17 . . . . .	3,026,768			3,026,768
<b>f</b>	Investment management fees . . . . .	129,915	0	129,915	0
<b>g</b>	Other . . . . .	9,604,307	7,782,249	1,341,507	480,551
<b>12</b>	Advertising and promotion . . . . .	5,128,866	4,484,458	46,113	598,295
<b>13</b>	Office expenses . . . . .	5,661,756	3,939,879	304,321	1,417,556
<b>14</b>	Information technology . . . . .	4,175,783	3,230,188	82,069	863,526
<b>15</b>	Royalties . . . . .	393,555	393,555	0	0
<b>16</b>	Occupancy . . . . .	10,009,109	7,514,560	648,890	1,845,659
<b>17</b>	Travel . . . . .	3,139,539	2,158,472	121,978	859,089
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0	0	0	0
<b>19</b>	Conferences, conventions, and meetings . . . . .	5,453,971	5,251,925	33,481	168,565
<b>20</b>	Interest . . . . .	28,673	17,778	5,680	5,215
<b>21</b>	Payments to affiliates . . . . .	0	0	0	0
<b>22</b>	Depreciation, depletion, and amortization . . . . .	3,888,339	2,410,770	777,668	699,901
<b>23</b>	Insurance . . . . .	452,736	334,292	53,174	65,270
<b>24</b>	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.)				
<b>a</b>	Supplies . . . . .	3,112,952	2,902,734	2,981	207,237
<b>b</b>	Postage and Shipping . . . . .	14,458,156	7,817,251	410,141	6,230,764
<b>c</b>	Printing and Publications . . . . .	20,414,264	11,833,944	1,433,080	7,147,240
<b>d</b>	Miscellaneous . . . . .	8,779,701	4,044,066	2,377,028	2,358,607
<b>e</b>	-----	0			
<b>f</b>	All other expenses . . . . .	0			
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f . . . . .	190,288,753	137,114,202	9,883,618	43,290,933
<b>26</b>	<b>Joint costs.</b> 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 . . . . .	35,117,629	11,024,372	3,622,231	20,471,026

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	5,185,882	<b>1</b>	6,884,984
	<b>2</b> Savings and temporary cash investments . . . . .	2,531,574	<b>2</b>	2,354,763
	<b>3</b> Pledges and grants receivable, net . . . . .	37,877,878	<b>3</b>	43,008,910
	<b>4</b> Accounts receivable, net . . . . .	3,827,479	<b>4</b>	6,118,554
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> 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) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	1,880,930	<b>8</b>	1,453,930
	<b>9</b> Prepaid expenses and deferred charges . . . . .	4,946,995	<b>9</b>	4,116,726
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 33,808,144		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 25,534,804	<b>10c</b>	8,273,340
	<b>11</b> Investments—publicly traded securities . . . . .	13,196,055	<b>11</b>	15,919,174
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	3,644,707	<b>12</b>	5,242,673
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	12,850,000	<b>13</b>	12,850,000
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	4,532,575	<b>15</b>	4,414,378
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	100,243,981	<b>16</b>	110,637,432	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	16,810,791	<b>17</b>	15,732,461
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	11,823,961	<b>19</b>	11,849,361
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0	<b>21</b>	0
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	1,320,000	<b>23</b>	6,080,000
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .	4,919,988	<b>25</b>	6,113,146	
<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	34,874,740	<b>26</b>	39,774,968	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	16,549,587	<b>27</b>	16,215,813
	<b>28</b> Temporarily restricted net assets . . . . .	41,490,149	<b>28</b>	45,193,021
	<b>29</b> Permanently restricted net assets . . . . .	7,329,505	<b>29</b>	9,453,630
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .	0	<b>30</b>	0
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .	0	<b>31</b>	0
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	0	<b>32</b>	0
<b>33</b> Total net assets or fund balances . . . . .	65,369,241	<b>33</b>	70,862,464	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	100,243,981	<b>34</b>	110,637,432	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	194,510,945
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	190,288,753
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	4,222,192
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	65,369,241
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>5</b>	1,271,031
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . .	<b>6</b>	70,862,464

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		X
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .	X	
<b>2c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>2d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: . . . . . <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		X
<b>3b</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.		N/A

# Continuation Sheet for Form 990

Name of the Organization American Diabetes Association	Employer identification number 13-1623888
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**Part VII Section A** Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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			
(29) David G. Marrero, PhD Board of Directors	1.	X					0	0	0	
(30) Sue McLaughlin, BS, RD, CDE, CPT Board of Directors	1.	X					0	0	0	
(31) Louis H. Philipson, MD, PhD Board of Directors	1.	X					0	0	0	
(32) Robin J. Richardson Board of Directors	1.	X					0	0	0	
(33) R. Paul Robertson, MD Board of Directors	1.	X					0	0	0	
(34) Thomas L. Ryan, CPA Board of Directors	1.	X					0	0	0	
(35) Elizabeth R. Seaquist, MD Board of Directors	1.	X					0	0	0	
(36) Patrick Shuler, CPA Board of Directors	1.	X					0	0	0	
(37) Steven A. Smith, MD Board of Directors	1.	X					0	0	0	
(38) T. Edwin Stinson, Jr. Board of Directors	1.	X					0	0	0	
(39) Gretchen A. Youssef, MS, RD, CDE Board of Directors	1.	X					750	0	0	
(40) Deborah Johnson Executive VP/Chief Financial Officer	38.			X			198,099	0	15,001	
(41) Greg Elfers Chief Field Development Officer	38.				X		335,556	0	21,545	
(42) Vaneeda Bennett Executive VP Development	38.				X		200,487	0	14,728	
(43) Frank Hoose Senior VP Information Technology	38.				X		175,404	0	18,095	
(44) David Kendall, MD Chief Scientific & Medical Affairs Officer	38.				X		383,921	0	43,161	
(45) Don Laing Senior VP Human Resources	38.				X		181,458	0	14,292	
(46) Andrea Maddox VP Eastern Division	38.				X		153,442	0	16,571	
(47) Martha Ramsey VP Publications	38.				X		165,768	0	87,622	
(48) Richard Kahn, PhD Chief Scientific & Medical Officer	0.				X		488,563	0	1,095	
(49) Sue Kirkman, MD Senior VP Medical Affairs & Comm Inf	38.					X	226,303	0	27,466	





**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

Name of the organization American Diabetes Association	Employer identification number 13-1623888
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**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?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
(ii) A family member of a person described in (i) above? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>
(iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A) N/A									0
(B)									0
(C)									0
(D)									0
(E)									0
<b>Total</b>									0

**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**

(6 months only)

Calendar year (or fiscal year beginning in) ▶	(a) 2006 - 6 Months	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	76,984,677	172,933,160	166,128,320	146,831,892	143,706,525	706,584,574
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0	0	0	0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0	0	0	0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	76,984,677	172,933,160	166,128,320	146,831,892	143,706,525	706,584,574
<b>5</b> 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) . . . . .						0
<b>6 Public support.</b> Subtract line 5 from line 4.						706,584,574

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006 - 6 Months	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4 . . . . .	76,984,677	172,933,160	166,128,320	146,831,892	143,706,525	706,584,574
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	1,973,880	6,111,253	4,230,370	3,310,774	2,754,034	18,380,311
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	464,804	553,652	-683,436	-86,353	-986,067	-737,400
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	0	0	0	0		0
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						724,227,485
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	207,487,897
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	97.56%
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14 . . . . .	<b>15</b>	97.14%
<b>16a 33 1/3% support test-2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test-2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test-2010.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . . ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test-2009.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0	0	0	0	0
<b>2</b> 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 . . . . .	0	0	0	0	0	0
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .		0	0	0	0	0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0	0	0	0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0		0	0	0
<b>6 Total.</b> Add lines 1 through 5 . . . . .	0	0	0	0	0	0
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						0
<b>b</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 . . . . .						0
<b>c</b> Add lines 7a and 7b . . . . .	0	0	0	0	0	0
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6 . . . . .	0	0	0	0	0	0
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	0	0	0	0	0	0
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .	0	0	0	0	0	0
<b>c</b> Add lines 10a and 10b . . . . .	0	0	0	0	0	0
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .	0	0	0	0	0	0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	0	0	0	0	0	0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	0	0	0	0	0	0

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	0.00%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 . . . . .	<b>16</b>	0.00%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2010</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	0.00%
<b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	0.00%

**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 . . . . . ▶



**SCHEDULE C**  
**(Form 990 or 990-EZ)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2010**

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.**

Department of the Treasury  
Internal Revenue Service

**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 organization American Diabetes Association	Employer identification number 13-1623888
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. N/A**

- 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). N/A**

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

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). N/A**

- 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 . . . . . ▶ \$ ----- 0
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . .  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which 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-.
(1) N/A	-----		0	0
(2)	-----		0	0
(3)	-----		0	0
(4)	-----		0	0
(5)	-----		0	0
(6)	-----		0	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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .	0	0												
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	0	0												
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .	0	0												
<b>d</b>	Other exempt purpose expenditures . . . . .	0	0												
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .	0	0												
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	0	0												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .	0	0												
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .	0	0												
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .	0	0												
<b>j</b>	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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
<b>2a</b> Lobbying nontaxable amount	0	0	0	0	0
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					0
<b>c</b> Total lobbying expenditures	0	0	0	0	0
<b>d</b> Grassroots nontaxable amount	0	0	0	0	0
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					0
<b>f</b> Grassroots lobbying expenditures	0	0	0	0	0

**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
<b>1</b> 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:			
<b>a</b> Volunteers? . . . . .	X		
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
<b>c</b> Media advertisements? . . . . .	X		5,332
<b>d</b> Mailings to members, legislators, or the public? . . . . .		X	0
<b>e</b> Publications, or published or broadcast statements? . . . . .	X		49,994
<b>f</b> Grants to other organizations for lobbying purposes? . . . . .		X	0
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? . . . . .	X		985,576
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? . . . . .	X		14,627
<b>i</b> Other activities? If "Yes," describe in Part IV . . . . .		X	0
<b>j</b> Total. Add lines 1c through 1i . . . . .			1,055,529
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 . . . . .			N/A
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . . . . .			N/A
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? . . . . .		N/A	

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

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

**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."**

	N/A	
	Yes	No
<b>1</b> Dues, assessments and similar amounts from members . . . . .	<b>1</b>	0
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year . . . . .	<b>2a</b>	0
<b>b</b> Carryover from last year . . . . .	<b>2b</b>	0
<b>c</b> Total . . . . .	<b>2c</b>	0
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . . . . .	<b>3</b>	0
<b>4</b> 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? . . . . .	<b>4</b>	0
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions) . . . . .	<b>5</b>	0

**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.

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**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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**

<b>Name of the organization</b> American Diabetes Association	<b>Employer identification number</b> 13-1623888
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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 . . . . .	1	0
2 Aggregate contributions to (during year)	0	0
3 Aggregate grants from (during year) . . . . .	37,518	0
4 Aggregate value at end of year . . . . .	324,988	0
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? . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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? . . . . .  Yes  No

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 section 170(h)(4)(B)(ii)? . . . . .  Yes  No

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

**Part 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. N/A

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958), 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 (ASC 958) 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) N/A

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIV and complete the following table:
Table with columns: Description, Amount
c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21?
b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

Table with 5 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 2 Provide the estimated percentage of the year end balance held as:
a Board designated or quasi-endowment 0%
b Permanent endowment 18%
c Term endowment 82%
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(i) unrelated organizations
(ii) related organizations
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other.

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

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .	0	
(2) Closely-held equity interests . . . . .	0	
(3) Other . . . . .	0	
(A) . . . . .	0	
(B) . . . . .	0	
(C) . . . . .	0	
(D) . . . . .	0	
(E) . . . . .	0	
(F) . . . . .	0	
(G) . . . . .	0	
(H) . . . . .	0	
(I) . . . . .	0	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)	0	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Investment in Net Assets of American Diabetes		
(1) Association Property Title Holding Corporation	12,850,000	
(2) . . . . .	0	
(3) . . . . .	0	
(4) . . . . .	0	
(5) . . . . .	0	
(6) . . . . .	0	
(7) . . . . .	0	
(8) . . . . .	0	
(9) . . . . .	0	
(10) . . . . .	0	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.)	12,850,000	

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

(a) Description	(b) Book value
(1) . . . . .	0
(2) . . . . .	0
(3) . . . . .	0
(4) . . . . .	0
(5) . . . . .	0
(6) . . . . .	0
(7) . . . . .	0
(8) . . . . .	0
(9) . . . . .	0
(10) . . . . .	0
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	0

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	0
Due to American Diabetes Association Research	
(2) Foundation	6,113,146
(3) . . . . .	0
(4) . . . . .	0
(5) . . . . .	0
(6) . . . . .	0
(7) . . . . .	0
(8) . . . . .	0
(9) . . . . .	0
(10) . . . . .	0
(11) . . . . .	0
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	6,113,146

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

<b>Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements</b>		
<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12) . . . . .	<b>1</b> 194,510,945
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25) . . . . .	<b>2</b> 190,288,753
<b>3</b>	Excess or (deficit) for the year. Subtract line 2 from line 1 . . . . .	<b>3</b> 4,222,192
<b>4</b>	Net unrealized gains (losses) on investments . . . . .	<b>4</b> 1,271,031
<b>5</b>	Donated services and use of facilities . . . . .	<b>5</b> 0
<b>6</b>	Investment expenses . . . . .	<b>6</b> 0
<b>7</b>	Prior period adjustments . . . . .	<b>7</b> 0
<b>8</b>	Other (Describe in Part XIV.) . . . . .	<b>8</b> 2,166,020
<b>9</b>	Total adjustments (net). Add lines 4 through 8 . . . . .	<b>9</b> 3,437,051
<b>10</b>	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 . . . . .	<b>10</b> 7,659,243

<b>Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>		
<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b> 202,483,099
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b> 1,271,031
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b> 2,461,968
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b> 0
<b>d</b>	Other (Describe in Part XIV.) . . . . .	<b>2d</b> 5,389,683
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b> 9,122,682
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b> 193,360,417
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b> 129,915
<b>b</b>	Other (Describe in Part XIV.) . . . . .	<b>4b</b> 1,020,613
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b> 1,150,528
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b> 194,510,945

<b>Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>		
<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b> 194,823,855
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b> 2,461,968
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b> 0
<b>c</b>	Other losses . . . . .	<b>2c</b> 0
<b>d</b>	Other (Describe in Part XIV.) . . . . .	<b>2d</b> 33,523,858
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b> 35,985,826
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b> 158,838,029
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b> 129,915
<b>b</b>	Other (Describe in Part XIV.) . . . . .	<b>4b</b> 31,320,809
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b> 31,450,724
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b> 190,288,753

**Part XIV Supplemental Information**

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

Part V Line 4 The following was disclosed related to the intended use of the Association's  
 .....  
 endowment funds in the consolidated financial statements: The Association has adopted an  
 .....  
 investment policy for endowment assets that provides continued financial stability for the  
 .....  
 Association and a revenue stream for spending on the Association's mission. Under this  
 .....  
 policy, as approved by the Board of Directors, the Association relies on a total return  
 .....  
 strategy in which investment returns are achieved through both capital appreciation  
 .....  
 (realized and unrealized) and current yields (interest and dividends). The Association  
 .....  
 targets a diversified asset allocation that utilizes fixed income and equity-based

**Part XIV Supplemental Information (continued)**

investments to achieve its long-term objectives within prudent risk constraints. The Association expects its endowment funds, over time, to provide an average rate of return of approximately 7.5% annually.

Part V Line 4 Continued... The Association's endowment spending policy permits spending at a rate of 4% of the endowments' market value over a rolling five-year average. The long-term return of 7.5% and a spending rate of 4% are intended to maintain the purchasing power of the endowment.

Part X Line 2 The following was disclosed related to uncertain tax positions in the consolidated financial statements: The American Diabetes Association and the American Diabetes Association Research Foundation, Inc. are exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code (the Code) and charitable contributions to these organizations qualify for tax deductions as described in the Code. The American Diabetes Association Property Title Holding Company, Inc. is exempt from income taxes under Section 501(c)(2) of the Code. These entities have been classified as organizations that are not private foundations under Section 509(a) of the Code.

Part X Line 2 Continued... The Association recognizes the effect of income tax positions only if those positions are more likely than not of being sustained. The Association does not believe its financial statements include (or reflect) any significant uncertain tax positions.

Part XI Line 8 Excess from the American Diabetes Association Research Foundation, Inc. (EIN 54-1734511) \$2,163,462. Unrealized gains on investments from the American Diabetes Association Research Foundation, Inc. (EIN 54-1734511) \$2,558.

Part XII Line 2d Donations reported by the American Diabetes Association Research Foundation's audited financial statements (EIN 54-1734511) \$5,107,599. Contributed services reported by the American Diabetes Association Research Foundation, Inc. (EIN 54-1734511) \$282,083.

Part XII Line 4b American Diabetes Association Research Foundation, Inc. (EIN 54-1734511) Management Fee Reported \$1,020,613.



# 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.

**Open to Public  
Inspection**

Name of the organization

American Diabetes Association

Employer identification number

13-1623888

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) Central America and the Caribbean	0	0	Program Services	Sales of Materials	511
(2) East Asia and the Pacific	0	0	Program Services	Sales of Materials	476
(3) Europe	0	0	Program Services	Sales of Materials	921
(4) Europe	0	0	Program Services	Grantmaking	8,303
(5) Middle East and North Africa	0	0	Program Services	Sales of Materials	210
(6) North America	0	0	Program Services	Sales of Materials	1,088
(7) Russia and the Newly Independent States	0	0	Program Services	Sales of Materials	2
(8) South America	0	0	Program Services	Sales of Materials	637
(9) South Asia	0	0	Program Services	Sales of Materials	80
(10) Sub-Saharan Africa	0	0	Program Services	Sales of Materials	86
(11)	0	0			0
(12)	0	0			0
(13)	0	0			0
(14)	0	0			0
(15)	0	0			0
(16)	0	0			0
(17)	0	0			0
<b>3a</b> Sub-total . . . . .	0	0			12,314
<b>b</b> Total from continuation sheets to Part I . . .	0	0			0
<b>c</b> Totals (add lines 3a and 3b)	0	0			12,314



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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Europe	Annual Contribution from Wendell Mayes donor advised fund to the International Diabetes Federation	8,303	Check	0		
(2)					0		0		
(3)					0		0		
(4)					0		0		
(5)					0		0		
(6)					0		0		
(7)					0		0		
(8)					0		0		
(9)					0		0		
(10)					0		0		
(11)					0		0		
(12)					0		0		
(13)					0		0		
(14)					0		0		
(15)					0		0		
(16)					0		0		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . .  1  
 3 Enter total number of other organizations or entities . . . . .  0

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.  
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)		0	0		0		
(2)		0	0		0		
(3)		0	0		0		
(4)		0	0		0		
(5)		0	0		0		
(6)		0	0		0		
(7)		0	0		0		
(8)		0	0		0		
(9)		0	0		0		
(10)		0	0		0		
(11)		0	0		0		
(12)		0	0		0		
(13)		0	0		0		
(14)		0	0		0		
(15)		0	0		0		
(16)		0	0		0		
(17)		0	0		0		
(18)		0	0		0		

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* . . . . .  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . .  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . . . . .  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* . . . . .  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* . . . . .  Yes  No

**Part V** **Supplemental Information**

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

Part I Line 2 The Association awarded a grant to the International Diabetes Federation .....  
(IDF) as part of the Association's donor-advised fund program. The grantee's use of the .....  
funds is monitored through the Association's membership in the IDF. ....

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Supplemental Information Regarding**  
**Fundraising or Gaming Activities**

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

Name of the organization

American Diabetes Association

Employer identification number

13-1623888

**Part I**

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

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

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

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

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 Infocision Management Corporation	Telemarketing		X	7,849,580	4,686,387	3,163,193
2 Thompson, Habib & Denison, Inc.	Creative, strategic and production services for direct mail appeals		X	24,759,046	800,000	23,959,046
3 Car Program, LLC	Advertising, acquisition and disposal of donated vehicles solicited by American Diabetes Association	X		1,328,546	398,564	929,982
4 Convio	Product and interactive consulting, content management, website administration, email implementation, reporting, data management, technical programming, user/website experience consulting, design services and project/campaign management		X	0	75,600	0
5				0	0	0
6				0	0	0
7				0	0	0
8				0	0	0
9				0	0	0
10				0	0	0
<b>Total</b>				<b>33,937,172</b>	<b>5,960,551</b>	<b>28,052,221</b>

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

AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		Step Out Walk Event (event type)	Tour De Cure (event type)	19 Other Event Types (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts . . . . .	19,793,128	19,602,537	13,152,182	52,547,847
	2	Less: Charitable contributions . . . . .	18,120,545	17,370,027	9,969,535	45,460,107
	3	Gross income (line 1 minus line 2) . . . . .	1,672,583	2,232,510	3,182,647	7,087,740
Direct Expenses	4	Cash prizes . . . . .	0	0	0	0
	5	Noncash prizes . . . . .	381,927	681,682	561,686	1,625,295
	6	Rent/facility costs . . . . .	494,389	456,403	786,019	1,736,811
	7	Food and beverages . . . . .	146,806	265,499	1,330,825	1,743,130
	8	Entertainment . . . . .	54,733	70,511	163,633	288,877
	9	Other direct expenses . . . . .	594,728	758,415	340,484	1,693,627
	10	Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				( 7,087,740)
11	Net income summary. Combine line 3, column (d), and line 10 . . . . . ▶				0	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
		1	Gross revenue . . . . .			174,595
Direct Expenses	2	Cash prizes . . . . .			35,789	35,789
	3	Noncash prizes . . . . .			95,440	95,440
	4	Rent/facility costs . . . . .			0	0
	5	Other direct expenses . . . . .			1,200	1,200
6	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <b>82%</b> <input type="checkbox"/> No		
7	Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				( 132,429)	
8	Net gaming income summary. Combine line 1, column d, and line 7 . . . . . ▶				42,166	

9 Enter the state(s) in which the organization operates gaming activities: AK, CA, DE, IL, NJ, OH, OR, TX, WI

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:

<b>a</b>	The organization's facility		%
<b>b</b>	An outside facility	100.00%	

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ See Part IV Supplemental Info

Address ▶ 1701 N. Beauregard Street Alexandria, VA 22311

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 ▶ \$ 0 and the amount of gaming revenue retained by the third party ▶ \$ 0

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶ See Part IV Supplemental Info

Gaming manager compensation ▶ \$ 0

Description of services provided ▶

- Director/officer       Employee       Independent contractor

17 Mandatory distributions:

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

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 42,166

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

Part I Line 2 The amounts reported in column (v) represent fees paid to registered professional fundraisers for the Associations car program and for the dual purpose (public awareness and fundraising) activities of the direct mail and residential programs. In addition, amounts were paid to these service providers to cover other expenses such as postage and printing. The amounts paid for these expenses were determined by review of the detailed invoices supplied by the service provider. On Form 990, Part IX, line 11e, amounts reported as professional fundraising services represent the fees on Schedule G that have been functionally allocated to the fundraising category. The remainders of the fees are reported on line 11g and have been functionally allocated to the public awareness program category because of the educational and call to action components of the information.

Part III Line 14 The Association's records are centralized at the home office at 1701 N. Beauregard St, Alexandria, VA 22311 based on the information submitted by each Executive Director located in field offices.

Part III Line 16 The management and administration of the Association's gaming/special events are the responsibility of the local Executive Director of each office. Compensation is based on size of market and is not specific to the results of an individual gaming activity.

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Department of the Treasury Internal  
Revenue Service

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

Name of the organization

Employer identification number

American Diabetes Association

13-1623888

**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 section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) American Diabetes Association Research Foundation, Inc. 1701 N. Beauregard St. Alexandria, VA 22311	54-1734511	501 (C ) (3)	31,320,809	0			Research
(2) Barton Center for Diabetes Education P O Box 356 North Oxford, MA 1593	22-2701822	501 (C ) (3)	26,000	0			Camperships
(3) Campfire USA Camping Services 8511 15th Avenue NE Seattle, WA 98115	91-0575953	501 (C ) (3)	44,915	0			Camperships
(4) Florida Camp for Children and Youth with Diabetes, Inc. P.O.Box 14136 Gainesville, FL 32604	23-7098099	501 (C ) (3)	6,450	0			Camperships
(5) Lions Camp Merrick 11855 Holly Lane Suite 104 Waldorf, MD 20601	52-1289731	501 (C ) (3)	31,025	0			Camperships
(6) Lions of Illinois Foundation 2814 Dekalb Avenue Sycamore, IL 60178	23-7379629	501 (C ) (3)	19,321	0			Camperships
(7)			0	0			
(8)			0	0			
(9)			0	0			
(10)			0	0			
(11)			0	0			
(12)			0	0			

**2** Enter total number of section 501(c)(3) and government organizations (7 Grants under the \$5,000 threshold) ▶ 13

**3** Enter total number of other organizations ▶ 0



**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.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1	0	0	0		
2	0	0	0		
3	0	0	0		
4	0	0	0		
5	0	0	0		
6	0	0	0		
7	0	0	0		

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

Part I Line 2 The American Diabetes Association provides grant funding for Research grants to the American Diabetes Association Research Foundation. The Association closely monitors the use of grant funds in the United States. Each grantee is required to submit an Annual Progress Report, which includes a scientific and a financial portion, 30 days after the end of each previously committed funding year. Each year of funding after the first is contingent upon approval of the Annual Progress Report and the availability of funds. If the complete report is not received within 90 days after the due date, the award will be terminated.

Part I Line 2 Continued... After the completion of the final year of the grant, a Cumulative Final Report, which includes a scientific and financial portion, is due within 60 days after the expiration date of the grant. If the complete final report is not received by the due date, the grantee will not be eligible to apply for any future American Diabetes Association Research Foundation awards until the obligations for the award are complete. This process is monitored and reviewed by the American Diabetes Association Scientific /Medical Management for award status and compliance.

Part I Line 2 Continued... The Association also provides grants and scholarships for persons with diabetes and their families to attend

**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.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1	0	0	0		
2	0	0	0		
3	0	0	0		
4	0	0	0		
5	0	0	0		
6	0	0	0		
7	0	0	0		

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

camp programs. In 2010, the Association made it possible for 7,500 children and teens with diabetes to share in the summer camp experience through one of the 54 weeks of camp the Association offered in 44 locations in 26 states or at one of the camps by other organizations that met the Association's high standards of care.

Part I Line 2 Continued... Camp provides an outdoor recreational experience in which the child (for children with diabetes ages 8-18) can develop as a person while including informal education about the management of diabetes. Children are carefully supervised by a staff of doctors, nurses, dietitians, and other volunteers and staff. Program Evaluation and outcome measurement provide valuable data to the Association regarding camp programs and how to improve them.

Part I Line 2 Continued... An assessment/planning meeting including camp volunteers and staff leadership is held within two months of the conclusion of the camp session. At this time, camp results are evaluated and compared to goals. The strengths and weaknesses of the camp program, opportunities for growth and improvement, emerging issues and needs and the viability of continuation/initiation of new programs are evaluated.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

American Diabetes Association

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

**Open to Public Inspection**

Employer identification number

13-1623888

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> 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.</p> <p> <input type="checkbox"/> First-class or charter travel                     <input checked="" type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Travel for companions                     <input type="checkbox"/> Payments for business use of personal residence  <input checked="" type="checkbox"/> Tax indemnification and gross-up payments                     <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Discretionary spending account                     <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)                 </p>		
<p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .</p>	X	
<p><b>2</b> 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? . . . . .</p>	X	
<p><b>3</b> 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.</p> <p> <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                 </p>		
<p><b>4</b> 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:</p>		
<p><b>a</b> Receive a severance payment or change-of-control payment from the organization or a related organization?</p>	X	
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .</p>	X	
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>		X
<p><b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.</b></p>		
<p><b>5</b> 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:</p>		
<p><b>a</b> The organization? . . . . .</p>	X	
<p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	X	
<p><b>6</b> 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:</p>		
<p><b>a</b> The organization? . . . . .</p>	X	
<p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	X	
<p><b>7</b> 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 . . . . .</p>	X	
<p><b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .</p>		X
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>		N/A

**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 Larry Hausner	(i)	421,721	50,000	49,208	88,189	17,897	627,015	0
	(ii)	0	0	0	0	0	0	0
2 Deborah Johnson	(i)	196,429	0	1,670	8,226	6,775	213,100	0
	(ii)	0	0	0	0	0	0	0
3 David Kendall, MD	(i)	355,417	0	28,504	25,675	17,486	427,082	0
	(ii)	0	0	0	0	0	0	0
4 Greg Elfers	(i)	290,065	0	45,491	10,591	10,954	357,101	0
	(ii)	0	0	0	0	0	0	0
5 Martha Ramsey	(i)	163,706	0	2,062	87,119	503	253,390	0
	(ii)	0	0	0	0	0	0	0
6 Vaneeda Bennett	(i)	196,243	0	4,244	8,151	6,577	215,215	0
	(ii)	0	0	0	0	0	0	0
7 Don Laing	(i)	179,791	0	1,667	7,388	6,903	195,749	0
	(ii)	0	0	0	0	0	0	0
8 Frank Hoose	(i)	171,640	0	3,764	6,969	11,126	193,499	0
	(ii)	0	0	0	0	0	0	0
9 Andrea Maddox	(i)	151,950	0	1,492	5,733	10,839	170,014	0
	(ii)	0	0	0	0	0	0	0
10 Sue Kirkman, MD	(i)	224,386	0	1,917	9,823	17,643	253,769	0
	(ii)	0	0	0	0	0	0	0
11 Tonya Stephens	(i)	113,346	0	54,840	5,532	14,751	188,469	0
	(ii)	0	0	0	0	0	0	0
12 Shereen Arent	(i)	175,785	0	2,076	6,845	416	185,122	0
	(ii)	0	0	0	0	0	0	0
13 Lois Witkop	(i)	175,770	0	1,265	6,845	912	184,792	0
	(ii)	0	0	0	0	0	0	0
14 Peter Braun	(i)	156,461	0	1,913	0	6,474	164,848	0
	(ii)	0	0	0	0	0	0	0
15 Richard Kahn, PhD	(i)	0	0	488,563	0	1,095	489,658	466,527
	(ii)	0	0	0	0	0	0	0
16	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0

**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.

Part I Line 1a Greg Elfers, Chief Field Development Officer is provided housing on a continuing basis. David Kendall, MD, Chief Scientific and Medical Affairs Officer was provided housing from January - September 2010.

Part I Line 1a Payments related to housing and excess pension benefits are grossed up for individual tax reporting purposes.

Part I Line 4a Compensation includes severance for the following reported employees: Richard Kahn, PhD, Chief Scientific & Medical Officer, \$323,161. Martha Ramsey, VP Publications, \$76,204. Tonya Stephens, Managing Director Employment/Employee Relations, \$33,905.

Part I Line 4b A 457 plan is available to senior management. In addition, the compensation of Richard Kahn, PhD, Chief Scientific & Medical Officer, includes \$112,500 of the Supplemental Executive Retirement Plan.

Part I Line 5a, 5b, 6a, 6b \$77,598 was accrued as a performance bonus for the Chief Executive Officer. 2010 revenue and net income for the American Diabetes Association and its related subsidiaries were criteria considered when the bonus was awarded.

Part I Line 7 Additionally, the Chief Executive Officer received a non-fixed bonus payment of \$50,000 plus tax gross up at the time his new employment contract was signed.

Part II Employment term for Richard Kahn, PhD, Chief Science & Medical Officer, ended on January 2, 2010. Employment term for Frank Hoose, Senior VP Information Technology, ended on November 1, 2010. Employment Term for Tonya Stephens, Managing Director Employment/Employee Relations, ended on October 31, 2010.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2010**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Employer identification number

American Diabetes Association

13-1623888

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .	X	1,037	929,982	Sales of comparable property and/or opinion of expert to determine Fair Market Value
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	79	383,605	Fair Market Value
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .	X	51,147	2,070,294	Fair Market Value
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ (.....) . . . . .		0	0	
26 Other ▶ (.....) . . . . .		0	0	
27 Other ▶ (.....) . . . . .		0	0	
28 Other ▶ (.....) . . . . .		0	0	

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** 0

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







**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

▶ **See separate instructions.**

Name of the organization

American Diabetes Association

Employer identification number

13-1623888

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to 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) -----			0	0	
(2) -----			0	0	
(3) -----			0	0	
(4) -----			0	0	
(5) -----			0	0	
(6) -----			0	0	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) American Diabetes Association Research Foundation Inc. 54-1734511  1701 N. Beauregard St., Alexandria, VA 22311	The objective of the Foundation is to secure major gifts and grants to fund diabetes- related research leading to the prevention and cure of diabetes and its complications and work towards new and improved therapies for individuals affected by diabetes.	VA	501 (c) (3)	7	American Diabetes Association	X	
(2) American Diabetes Association Property Title Holding Corporation 54-1948004  1701 N. Beauregard St., Alexandria, VA 22311	To hold title to real property, collect the income therefrom and remit the income to the American Diabetes Association.	VA	501 (c) (2)	N/A	American Diabetes Association	X	
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) .....					0	0			0			%
(2) .....					0	0			0			%
(3) .....					0	0			0			%
(4) .....					0	0			0			%
(5) .....					0	0			0			%
(6) .....					0	0			0			%
(7) .....					0	0			0			%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) .....					0	0	%
(2) .....					0	0	%
(3) .....					0	0	%
(4) .....					0	0	%
(5) .....					0	0	%
(6) .....					0	0	%
(7) .....					0	0	%

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

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

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

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

	Yes	No
<b>1a</b>		X
<b>1b</b>	X	
<b>1c</b>		X
<b>1d</b>		X
<b>1e</b>		X
<b>1f</b>		X
<b>1g</b>		X
<b>1h</b>		X
<b>1i</b>		X
<b>1j</b>		X
<b>1k</b>	X	
<b>1l</b>		X
<b>1m</b>	X	
<b>1n</b>	X	
<b>1o</b>		X
<b>1p</b>		X
<b>1q</b>		X
<b>1r</b>	X	

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) American Diabetes Association Research Foundation Inc.	b	31,320,809	Cash
(2) American Diabetes Association Research Foundation Inc.	k, m, n	1,020,613	Fair value estimate based on donation activity
(3) American Diabetes Association Property Title Holding Corporation	r	1,172,133	Cash
(4)		0	
(5)		0	
(6)		0	

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No
(1) .....					0			0		
(2) .....					0			0		
(3) .....					0			0		
(4) .....					0			0		
(5) .....					0			0		
(6) .....					0			0		
(7) .....					0			0		
(8) .....					0			0		
(9) .....					0			0		
(10) .....					0			0		
(11) .....					0			0		
(12) .....					0			0		
(13) .....					0			0		
(14) .....					0			0		
(15) .....					0			0		
(16) .....					0			0		



**(Sch O (990/990EZ)) - Supplemental Information**

	Form	Part	Section	Line	Explanation
1	Form 990	III		4	<p>The American Diabetes Association is leading the fight against the deadly consequences of diabetes and fighting for those affected by diabetes. To accomplish its mission, the Association funds research to prevent, cure and manage diabetes and its complications; delivers services to communities across the United States; provides objective and credible information through multiple media and channels; and is actively involved in advocacy and awareness efforts to educate people about the disease and to give voice to those denied their rights because of diabetes.</p> <p><b>MISSION/FOCUS AREAS</b></p> <p>The mission of the American Diabetes Association (the Association) is to prevent and cure diabetes and to improve the lives of all people affected by diabetes. Diabetes is a disease in which the body does not produce or properly use insulin. Insulin is a hormone that is needed to convert sugar, starches and other food into energy needed for daily life. The cause of diabetes continues to elude the medical community, although research has shown that both genetics and environmental factors such as obesity and lack of exercise appear to play roles.</p> <p>In the United States, 25.8 million children and adults have diabetes. While an estimated 18.8 million of those have been diagnosed with diabetes, unfortunately, 7 million are unaware that they have the disease. In addition, another 79 million Americans have prediabetes. Prediabetes is a condition that occurs when a person's blood glucose levels are higher than normal but not high enough for a diagnosis of type 2 diabetes. Diabetes kills more Americans every year than breast cancer and AIDS combined; doubles the risk of heart attack and stroke; and is the number one cause of blindness in adults. Diabetes costs the U.S. \$174 billion each year. Recent estimates project that as many as 1 in 3 American adults will have diabetes by 2050 if present trends continue.</p> <p>The Association's ultimate goal is to Stop Diabetes®, once and for all. To render diabetes powerless, the Association funds research to prevent, cure and manage diabetes and its complications; delivers services to communities across the United States; provides objective and credible information through multiple media and channels; and is actively involved in advocacy and awareness efforts to educate people about the disease and to give voice to those denied their rights because of diabetes. The American Diabetes Association's nationwide Stop Diabetes movement invites people to Share, Act, Learn and Give to help put an end to diabetes. At the end of 2010, the Association surpassed its goal of inspiring one million Americans to be part of this critical movement in its first full year of existence.</p> <p>At the American Diabetes Association, we take our responsibility seriously to be good financial stewards, while ensuring that the funds we raise benefit those affected by diabetes. An average of 73% of all expenses goes directly into mission activities that include funding diabetes research, delivering information to consumers and health care professionals, advocating on behalf of individuals with diabetes, and helping to educate the public about diabetes and its deadly consequences.</p>

Form 990

III

4

**RESEARCH**

The primary goals of the Association's Research Program are:

1. Support the highest quality science across the broad spectrum of diabetes research
2. Support investigators early in their careers to encourage them to dedicate their efforts to diabetes research, and
3. Support innovative research with a high potential to have a significant impact for patients with diabetes.

In 2010, the American Diabetes Association and its Research Foundation awarded \$34.10 million in diabetes research grants. The Association supported more than 400 research projects at 146 leading research institutions in the United States. Over the years, through its continuing commitment to research, the American Diabetes Association has invested more than \$550 million in diabetes research and provided funding for nearly 4,000 research projects.

**Types of Research Awards**

The American Diabetes Association Research Program supports basic and clinical/translational diabetes research aimed at preventing, treating and curing the disease. The diabetes research projects supported by the program cover the spectrum from islet cell biology and transplantation techniques, to education and behavioral issues. Our core program offers investigator-initiated funding for basic science and clinical/translational research awards. In support of the drive and potential of young and promising researchers, the program also offers training awards to support scientists interested in diabetes research at various stages through their careers. In addition, the Association supports targeted and "donor-driven" research grants, funding specific program areas that are of interest to both the donor and the Association.

The Career Development and Junior Faculty awards, for example, provide young scientists the salary and research support necessary to establish a track record of success that will allow them to receive increased funding opportunities from the National Institutes of Health (NIH). The mentor-based training awards match clinical students and recent doctoral candidates with outstanding senior scientists to help them strive towards careers in research. The Association's Research Program provides general grant support to both new and established investigators, specialized grants assisting clinical and innovative researchers, and opportunities for investigators as they advance their careers and the field of diabetes research and care.

Headlines from projects supported by the American Diabetes Association Research Program in 2010 included:

- Ethnicity Plays a Role in the Development of Gestational Diabetes for Chinese and Korean-Americans, January 2010
- Saving Limbs Using Gene Therapy and Stem Cells, February 2010
- Links Between Immune System and Metabolism Uncovered, March 2010
- Critical Enzyme in Fat Metabolism Provides Protection against Diet-induced Insulin Resistance in Mice, March 2010
- Cell Function Regulated by Insulin in Healthy Humans, March 2010
- Brain Hormones Regulate Diabetes and Female Fertility, April 2010
- Obesity and Diabetes Lower Testosterone Levels in Men, June 2010
- Genetic Markers for End-Stage Renal Disease in Type 1 Diabetes Identified, June 2010
- Diet, Exercise, Anti-Diabetic Drugs Can Delay or Prevent Type 2 Diabetes for 10+ Years, June 2010
- Serotonin and Dietary Protein Control Risk for Gestational Diabetes, September 2010
- Sugar-Sweetened Beverages Increase Risk of Type 2 Diabetes and Metabolic Syndrome, November 2010
- Association-funded Software Accurately Predicts Optimization of Type 1 Diabetes Treatment, December 2010
- Sperm Stem Cells Hold Promise for Type 1 Diabetes Treatment, December 2010

**Promotion of Scientific & Medical Research****Scientific Sessions**

Scientific Sessions -- the world's largest scientific and medical meeting focused on diabetes and its complications -- exemplifies the American Diabetes Association's leading role in the diabetes landscape, while functioning as an important platform for driving diabetes awareness. The Association's 70th Scientific Sessions was held in Orlando, Florida from June 25-29, 2010 and brought together more than 17,000 scientists, health care professionals, and other members of the international diabetes community to discuss the latest diabetes research. Scientific Sessions also generated 3.7 billion media impressions (the number of people who may have seen, heard, read, or otherwise noticed media coverage) worldwide.

Throughout the five days of the meeting, more than 2,800 educational presentations were held, including lectures, debates, case discussions, and original research in oral and poster sessions. In addition, more than 185 companies showcased their latest products and services in the Exhibit Hall.

The American Diabetes Association's Scientific Sessions continues to be the premier global meeting presenting the most up-to-date information on the research and best clinical practice strategies of the prevention, treatment, and management of the disease.

Form 990

III

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**INFORMATION**

Knowledge is critically important in the fight against diabetes. As the leading voice in the diabetes community, the American Diabetes Association is committed to providing all people affected by diabetes, the health care professionals who work on their behalf, as well as the general public with credible, up-to-date diabetes-related information, tools and resources. We focus our efforts on:

1. Raising the awareness of diabetes as a serious disease.
2. Addressing the epidemic of diabetes through prevention, information and education initiatives.

**How We Connect With Our Constituents**

The American Diabetes Association reaches its constituents through a number of channels including face-to-face outreach programs, the Center for Information and Community Support, our websites -- [www.diabetes.org](http://www.diabetes.org) and [www.stopdiabetes.com](http://www.stopdiabetes.com) -- award-winning books and publications for general consumers and health care professionals, the Education Recognition Program and Diabetes Physician Recognition Program, and the annual Scientific Sessions.

**Youth and Diabetes: Family Link**

Children affected by diabetes and their families have unique needs. Family Link is the American Diabetes Association's commitment to connecting families to expert guidance, peer support, and tools that help care for a child with diabetes -- from initial diagnosis to adulthood and beyond. The Association connects with families affected by diabetes via various Family Link program components, including:

- Family Link Parent Mentors
- Everyday Wisdom Kit
- Social and Educational Events in Local Communities
- Family Link Web Community
- Planet D Web Community
- Family Link E-news
- Safe at School
- American Diabetes Association Diabetes Camp
- Classroom Lessons

In 2010, 130 Family Link volunteers provided information and emotional support to newly diagnosed families. The Everyday Wisdom kit continued to be in high demand with more than 9,700 kits distributed in 2010. This represents an 18% increase in kit delivery over 2009. A Stop Diabetes message/campaign specific to families with children who have type 1 diabetes (Stop Ignorance, Stop Discrimination, Stop Complications, Stop Diabetes) was launched, reaching more than 65,000 families.

In addition, the first conference on "Transitioning Care of Young Adults with Type 1 Diabetes" brought together health professionals representing multiple organizations with multidisciplinary expertise to discuss the medical care and needs of emerging adults with type 1 diabetes. This landmark conference will ultimately help health care providers understand the needs of this unique population and help the emerging adult experience a smoother transition from pediatric to adult care.

**American Diabetes Association Diabetes Camp**

Kids with diabetes often feel like they are the only ones living with the disease -- but not at the Association's Diabetes Camps. Here, they have a great time making new friends, participating in traditional camp activities, and building confidence in managing their diabetes. Parents are able to send their children to camp with the confidence that trained staff, who often have diabetes themselves, put medical safety as a top priority.

In 2010, the American Diabetes Association made it possible for 7,500 children and teens with diabetes to share in the summer camp experience through one of the 54 weeks of camp the Association offered in 44 locations in 26 states or at one of the camps offered by other organizations that met the Association's high standards of care. The Association awarded approximately \$500,000 in camperships for children to attend the American Diabetes Association's Diabetes Camps. The average camp fee was subsidized at 50% of the true cost of Diabetes Camp for all families.



Form 990

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**Center for Information and Community Support**

American Diabetes Association representatives at the Center for Information and Community Support (1-800-DIABETES) serve as personal guides to information on diabetes, as well as Association programs and events. The Center for Information and Community Support responds to more than 1,000 phone and email inquiries each day. In 2010, more than 300,000 people contacted the center via phone and email with questions and concerns, or to seek support or direction regarding diabetes and diabetes management. At the core of this valuable service are highly-trained representatives, who answer a wide range of non-medical questions in English or Spanish.

**Websites: [www.diabetes.org](http://www.diabetes.org), [www.stopdiabetes.com](http://www.stopdiabetes.com) and [professional.diabetes.org](http://professional.diabetes.org)**

The American Diabetes Association's award-winning website, [www.diabetes.org](http://www.diabetes.org), is widely regarded as the most informative and credible diabetes and nutrition resource on the Internet. Consumers, health care professionals and scientists can get the information they need 24/7. In 2010, [diabetes.org](http://diabetes.org) had more than 20.8 million visits and more than 15.9 million visitors.

For the general consumer, [diabetes.org](http://diabetes.org) provides a host of interactive tools -- such as MyHealthAdvisor, which calculates a person's risk for type 2 diabetes, heart disease and stroke; MyFoodAdvisor, designed to help people make healthy food choices; Planet D, an interactive site for children and teens with type 1 diabetes; as well as Ask the Pharmacist, the Diabetes Risk Test, and the very popular message boards. Offering news and information that cover the full spectrum of living well with diabetes -- from newly diagnosed to ongoing diabetes management -- [diabetes.org](http://diabetes.org) is the place to go to learn about staying healthy and thriving.

For health care professionals and scientists, DiabetesPro at [www.professional.diabetes.org](http://www.professional.diabetes.org) provides the latest resources in diabetes care and research. DiabetesPro is the most advanced professional education website in any branch of medicine, giving those who have placed diabetes in the center of their careers the opportunity to stay informed and take advantage of various resources and educational offerings. Featured content includes diabetes meetings and continuing education opportunities, news, clinical practice recommendations, webcasts and podcasts, journals and books, research grants, recognition programs and professional section interest groups.

Stopdiabetes.com, the online hub of the American Diabetes Association's Stop Diabetes movement, was essential in welcoming and connecting people nationwide to the movement in 2010. The site reflects the Association's call to "Share, Act, Learn and Give" through the stories and voices of those affected by diabetes and offers various avenues for people to get involved in the fight to stop diabetes. Since its launch in November 2009, [stopdiabetes.com](http://stopdiabetes.com) received more than 300,000 visits and users generated more than 700,000 page views in its first full year of existence.

**Other Online Resources/Social Media**

The Association's first blog, "Diabetes Stops Here: Living With Diabetes, Inspired to Stop It," launched in October 2010 at [www.diabetesstopshere.org](http://www.diabetesstopshere.org). By the end of 2010, the blog had received more than 13,000 visits and users had generated more than 26,000 page views. Hosted by an Association staff member living with type 1 diabetes, the blog shares personal stories, while addressing timely topics related to diab---etes.

Efforts increased in 2010 to better integrate the Association's online properties across all channels. Through online avenues including Twitter, Facebook, [stopdiabetes.com](http://stopdiabetes.com), [diabetes.org](http://diabetes.org), Diabetes Forecast, Diabetes Pro and the Association's "Diabetes Stops Here" blog, visitors became more connected than ever.

Form 990

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**Publications**

The American Diabetes Association is the leading authority in creating and publishing the world's most respected consumer magazine, books, and professional journals about diabetes. In 2010, the American Diabetes Association's generated more than 1,000 stories appearing in the media, reaching nearly 560 million potential media consumer. Two of the Association's books for consumers, *The Real Life Guide to Diabetes* and *The Ultimate Diabetes Meal Planner*, were recognized with the 2010 Silver Nautilus Award.

**Consumers**

The Association's consumer publications achieve a broad reach through both a monthly healthy living magazine and a full range of consumer books. The award-winning *Diabetes Forecast*® magazine provides the best information on diabetes research, treatment and practical tips for day-to-day living with diabetes. In 2010, each monthly issue of *Diabetes Forecast* had an audited circulation of more than 485,000 with a pass-along readership of close to 4.6 million people.

Meal Planning and cooking titles continue to be the most popular books sold to consumers. The Association released *Diabetes Meal Planning Made Easy*, 4th ed. and *The American Diabetes Association® Month of Meals Diabetes Meal Planner* in 2010. *The Mediterranean Diabetes Cookbook*, released in 2010, won the 2011 Nautilus Silver Award.

**Health Care Professionals**

In 2010, the Association released *Meeting the ADA Standards of Diabetes Care*, a proven algorithmic approach that improves diabetes patient therapy, and the *Spanish Diabetes Phrasebook* ensuring accurate patient communication.

Professional Journals are another method of outreach for the Association to health care providers. *Diabetes*, *Diabetes Care*, *Clinical Diabetes* and *Diabetes Spectrum* disseminate important scientific and clinical information about the prevention and treatment of diabetes. In total, the professional journals reached more than 50,000 health care professionals, including researchers, physicians and diabetes educators, and received more than 6.7 million online visits in 2010.

In 2010, the Association launched *Diabetes Insight*, a subscription audio program that provides continuing education credit to physicians and other health care professionals. The program is a co-production of the Association and the *Audio Digest Foundation* and features interviews, roundtable discussions and case studies presented by key opinion leaders in all areas of clinical diabetes care. Content from the program is also provided as free individual podcasts on the professional website, *DiabetesPro*.

**Professional Education**

The primary goal of the American Diabetes Association's professional education program is to affect the quality of treatment and improve patient outcomes for people with diabetes by providing quality education for those health care professionals who provide their care. The Association conducts professional education activities directed toward enhancing knowledge, competence, advancing skills, and apprising health care professionals of the latest developments in diabetes research and clinical practice.

In 2010, the American Diabetes Association reached more than 25,000 health care professionals with its live, print, electronic and performance improvement education activities. Activities include, but are not limited to, the annual *Scientific Sessions and Postgraduate Course*, regional meetings, research symposia, workshops, enduring materials, and performance improvement programs. Optimal care for people with diabetes requires a team approach to treatment and management and the activities are developed to target all members of the diabetes management team.

The American Diabetes Association has been accredited to provide continuing education for health care professionals for more than 25 years and is accredited by several medical accrediting boards. It is the Association's policy to ensure balance, independence, objectivity, and scientific rigor in all of its educational activities and to ensure that all programs are in full compliance with each of the accrediting board guidelines.

**Education Recognition Program**

Designed to ensure and promote quality education for people with diabetes, the American Diabetes Association's Education Recognition Program (ERP) began in 1986 with 35 recognized diabetes education programs. In 2010, the ERP had 3,450 recognized program sites nationwide. The ERP assesses whether applicants meet the National Standards for Diabetes Self-Management Education (DSME). The Standards are designed to be flexible enough to be applicable in any health care setting, from physicians' offices and HMOs to community centers and hospitals. Recognition by the American Diabetes Association ensures reimbursement to health care professionals for delivering diabetes education in the accredited program. In 2010, the ERP created an online community and launched a mentoring program to support the growing number of recognized sites both in attaining and maintaining American Diabetes Association Recognition.

Form 990

III

4

**ADVOCACY AND PUBLIC AWARENESS****Advocacy**

Advocacy is a critical piece in the American Diabetes Association's work to fulfill its mission. The Association fights for people with diabetes in Washington, D.C., in state capitols and in our courts. Diabetes Advocates around the country work to increase federal and state funding to prevent, treat and cure diabetes; prevent diabetes and improve access to adequate and affordable health care; and eliminate discrimination against people with diabetes at school, work and elsewhere in their lives.

In 2010, the Association's advocacy work resulted in a significant number of victories:

·The American Diabetes Association fought tirelessly to ensure that the federal health care reform included in the Patient Protection and Affordable Care Act addressed the needs of people with, and at risk for, diabetes. Once fully implemented, the law will ensure people with diabetes no longer face discrimination in the insurance market because of their diabetes and no longer need to worry their insurance will be taken away from them when they need it most. The law also offers an array of help for children, young adults, and low and moderate income people with diabetes. It includes many key prevention measures the Association fought for, including a \$15 billion fund for wellness and prevention, authorizing the National Diabetes Prevention Program aimed at those with prediabetes, and requiring menu labeling at certain restaurants.

·The Association was successful in securing a two-year reauthorization of the Special Diabetes Program. As a result, the Special Statutory Funding Program for Type 1 Diabetes Research and the Special Diabetes Programs for Indians will receive an additional \$600 million to be used for research to prevent, treat, and cure diabetes and for programs aimed at those Americans most disproportionately impacted by diabetes.

·The Safe at School Campaign continued to protect the health and educational opportunities of children with diabetes across the country through the four pronged approach of educate, negotiate, litigate, and legislate. Trained volunteers conducted 100 workshops to teach parents how to advocate for their children. A major settlement reached by the Justice Department will help protect the rights of children with diabetes in child care. The Association passed new laws in Florida and Illinois to protect students with diabetes from segregation and to enable them to self-manage their condition when they are able to do so and receive diabetes care from trained volunteer staff when they need help.

·In September, the California state Supreme Court granted the Association's petition to review a state appeals court ruling, and decide whether trained school employees who aren't nurses can give insulin shots to diabetic children. In June, a state appeals court in Sacramento said California law allows only doctors and nurses to administer medication, including insulin injections. The ruling overturned a 2007 settlement agreement between the state Department of Education and the American Diabetes Association. The Association claimed that California schools do not have enough nurses to care for diabetic children who are too young to test their own blood and inject insulin. The settlement required schools to train non-nursing employees to test children's blood sugar, if a child is unable to do so, and to administer insulin if licensed nurses are unavailable. The Association argues that state law does not prohibit school employees who are not nurses from volunteering to help children with diabetes by administering needed insulin to those who cannot self-administer.

·In a victory in the fight against childhood obesity and its tie to the growing diabetes epidemic, the Association was instrumental in the passage of legislation to reauthorize federal child nutrition programs, providing increased resources for schools to serve healthier school meals, getting junk food out of cafeterias and vending machines, and providing assistance for school districts to improve their local wellness policies. In addition, 10 states passed school nutrition and physical activity bills.

·The Association continued in its leadership role in enforcing the Americans with Disabilities Act Amendments Act by working with federal agencies, lawyers and health care providers to ensure all people with diabetes are protected from discrimination in employment, education and other areas.

·Victories in the Association's fight against employment discrimination included settlements that set standards for fair treatment in jobs ranging from truck driving to telecommunications to office management.

·The Association kicked off the new Advocates in Action initiative which is building advocacy capacity in local communities and engaging grassroots and grassroots advocates throughout the year via a calendar of advocacy activities.

Form 990

III

4

**Awareness, Education & Support**

In 2010, about 1.9 million Americans aged 20 years or older heard the words "you have diabetes." While nearly 26 million Americans have diabetes (8.3% of the U.S. population), sadly, 7 million of those are unaware they have this life-long disease. Yet, early diagnosis is critical to successful treatment and delaying or preventing some of its complications such as heart disease, stroke, blindness, kidney disease, amputation and death. As diabetes has reached epidemic proportions, all Americans must understand that diabetes is not just a "condition," but a disease with deadly consequences. To increase the public's awareness of diabetes and the related urgency, the American Diabetes Association reaches out to people affected by diabetes and their families and caregivers, at-risk populations, health care professionals and the general public via targeted public awareness efforts and educational programs. The American Diabetes Association integrates a public awareness message into virtually every program and fund-raising activity.

**Stop Diabetes®**

Stop Diabetes®, the American Diabetes Association's nationwide movement which invites people to Share, Act, Learn and Give to help put an end to diabetes, was very successful in 2010. A total of 1,074,660 people new to the Association took an action in an effort to Stop Diabetes between November 1, 2009 and December 31, 2010. The Association's goal is to inspire three million new supporters by 2012.

The main goals of the Stop Diabetes® movement are to: educate the general public about the devastating physical, emotional and financial toll diabetes wreaks every hour, every day, every year on tens of millions of American children and adults; ignite a sense of urgency about diabetes and its deadly consequences; and inspire individuals, families, communities, corporations and health care providers to get involved and join the movement to change the future of diabetes. Stop Diabetes provides millions with the opportunity to get involved and help raise awareness, promote healthy living, and raise money to fund educational outreach, advocacy efforts and critical research that will ultimately stop diabetes, once and for all.

**American Diabetes Association Alert Day SM**

American Diabetes Association Alert Day is a one-day "wake-up" call to inform the American public about the seriousness of diabetes, particularly when diabetes is left undiagnosed or untreated. Observed on the fourth Tuesday of every March, Diabetes Alert Day encourages Americans through various media channels and community-based outreach efforts to take the Diabetes Risk Test in-person, at [stopdiabetes.com](http://stopdiabetes.com) or by calling 1-800-DIABETES.

The 22nd American Diabetes Association Alert Day took place on March 23, 2010. On Diabetes Alert Day, [stopdiabetes.com](http://stopdiabetes.com) had 24,000 visitors (82,000 visitors during the month of March), which was 300% more than an average day. Overall, Diabetes Alert Day generated more than 205 million impressions.

**American Diabetes Month®**

Observed each November, American Diabetes Month (ADM) incorporates local and national activities that focus on people with diabetes and all those affected by diabetes to raise awareness about the disease as well as its potentially life-threatening diabetes-related complications such as heart disease, stroke, kidney disease, blindness and amputation.

During ADM in November 2010, the American Diabetes Association asked people across the country, "How will you Stop Diabetes®? The future is in your hands." Through various high impact promotional activities, the Association gained thousands of additional supporters for its Stop Diabetes movement while helping people nationwide understand the urgency of the Association's mission. Total outreach was tallied at more than 910 million impressions, which included national and local media coverage, web traffic, social media efforts, Association promotional channels and collaborative efforts.

**American Diabetes Association EXPO**

The American Diabetes Association EXPO is the nation's premier diabetes education and awareness initiative, bringing together leading brands and concerned audiences to promote awareness, review the latest products and services available, and change the future of diabetes. Attendees come to this free event in search of answers -- from how to handle a recent diagnosis to finding better diabetes management solutions.

In 2010, 65,000 people attended American Diabetes Association EXPO around the country. Nearly 3,000 volunteers including health care professionals served on the committees, day of event, as presenters, and provided screening as well as one-on-one consultation. More than 30,000 people participated in health screenings at EXPO.

Form 990

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4

**Reaching High-risk Populations**

Certain populations -- including African Americans, Latinos, Native Americans, Asian American, Native Hawaiians and Pacific Islanders, Women, and Older Adults -- are disproportionately affected by diabetes. For example, African Americans are 1.6 times more likely to have diabetes than non-Latino whites, and in some Native American communities, one in two adults has diabetes. To help curb this inequity, the American Diabetes Association has put targeted community-based programs in place and works closely with civic, social, faith-based and health care representatives within these communities. The Association also frequently partners with other community and health organizations, such as the National Diabetes Education Program (NDEP), and hosts an annual Disparities Partnership Forum that focuses on type 2 diabetes and co-morbidities in high-risk populations.

**African American Programs -- Live EMPOWERED**

According to the Center for Disease Control and Prevention (CDC), 4.9 million or 18.7% of non-Hispanic blacks in the U.S. aged 20 years or older have diabetes. "Live EMPOWERED" aims to increase awareness of the rates of diabetes among African Americans. The initiative deepens the impact of diabetes education delivered to this audience about the seriousness of diabetes and its complications by teaching the importance of making healthy lifestyle choices and educating those with or at risk for developing diabetes about prevention and management. Community- and faith-based educational programs and workshops, such as "I Decide to Stop Diabetes® Day at Church" and "Project POWER®" are important components of Live EMPOWERED. Through fun and informative workshops conducted by trained Association staff and volunteers, community members can learn more about diabetes as well as the importance of making healthy food choices and being physically active on a regular basis.

Live EMPOWERED saw great success in the third year of its "I Decide to Stop Diabetes at Church" (ID Day) initiative, reaching more than 700,000 people in 992 churches in November. This marked a 50% increase over 2009. Celebrities David and Tamela Mann from the TBS hit show "Meet the Browns" served as the Association's ID Day spokespersons. Additional 2010 highlights included the new relationship with Alpha Kappa Alpha and the September 2010 "Choose to Live! African American Women and Diabetes" symposium in collaboration with BET Foundation along with more than 600 workshops delivered to more than 19,000 participants.

Overall, African American Programs reached a total of 1,044,446 people in 2010.

**Latino Programs -- Por Tu Familia®**

Diabetes is an urgent health problem in the Latino community. The rates of diabetes are almost double those of non-Hispanic whites. Through Por tu familia, or "for your family," the American Diabetes Association provides high impact education to the Latino community in English and Spanish about the seriousness of diabetes and the importance of regular exercise and healthy eating. Given the diversity within the Latino community, Por Tu Familia employs a multifaceted approach, adaptable to a variety of community settings. Outreach activities include various educational and culturally appropriate workshops including Health and Flavor in the Latino Kitchen (Salud y sabor en la cocina latina), a nutrition workshop, With All My Heart (De todo corazón), a cardiovascular health workshop and Everybody Dance for Your Health! (¡Todos a bailar para su salud!®), a physical activity workshop, as well as Feria de salud por tu familia, a street health fair that brings together thousands of community members interested in learning more about diabetes and diabetes management.

In 2010, Por tu Familia launched the Spanish version of MyFoodAdvisor. In addition, "My Child, Our Diabetes" (Mi hijo, nuestra diabetes), a new booklet designed for Latino families with children recently diagnosed with type 1 diabetes, premiered. Other successes included a grant from Medtronic to add a text reading tool in both English and Spanish on diabetes.org and portufamilia.org; the re-launch of altoaladiabetes.com to provide comprehensive information in Spanish related to the Stop Diabetes movement; as well as nine Feria de Salud events attracting more than 20,000 people along with more than 650 workshops delivered to nearly 22,000 participants.

Overall, Latino Programs reached a total of 450,443 people in 2010.

9	Form 990	III		4	<p><b>Native American Programs -- Awakening the Spirit</b></p> <p>At a rate of nearly 17%, American Indians and Alaska Natives have the highest age-adjusted prevalence of diabetes among all U.S. racial and ethnic groups. The American Diabetes Association provides educational outreach programs to help these communities combat the growth of this deadly disease. Awakening the Spirit is the Association's way to carry a message of hope to Native people that type 2 diabetes is preventable and treatable. Awakening the Spirit encourages Native Americans to combat diabetes by making healthy food choices and becoming more physically active. Nationally and locally, Native American communities connect through Awakening the Spirit to encourage Congress to continue funding diabetes education programs in tribal communities. For example, the program was instrumental in advocating for the reauthorization of the Special Diabetes Program for Indians (SDPI).</p> <p>Awakening the Spirit presented the second annual John Pipe Voices For Change Award in 2010, recognizing Special Diabetes Programs for Indians (SDPI) recipients for their effective diabetes prevention and treatment services in the American Indian and Alaskan Native communities. Eight programs received recognition in advocacy, innovation and outcomes award categories.</p> <p>Overall, Native American Programs reached a total of 19,013 people in 2010.</p> <p><b>Asian American, Native Hawaiian and Pacific Islander (AANHPI) Work Group</b></p> <p>Asian Americans, Native Hawaiians and Pacific Islanders are an extremely diverse and growing population. According to the 2010 Census, 15.5 million U.S. residents reported that they were Asian alone or Asian in combination with one or more other races. Another 1.1 million U.S. residents report they are Native Hawaiian or Pacific Islander. Although Asian Americans tend to have a lower body weight, they are more likely than Caucasians to be affected by diabetes with 10% of the Asian American population living with diabetes today.</p> <p>In 2010, the AANHPI Work Group continued to conduct market research to guide in the development of a program that meets the needs of AANHPI communities. Targeting South Asians and Native Hawaiians, the American Diabetes Association reached out to health centers and other community-based organizations serving these two communities to ask their assistance in the dissemination of a survey to capture the voice of the consumer. The survey results confirmed that these two populations are seeking information from the American Diabetes Association, especially related to making traditional foods more diabetes-friendly and diabetes-related complications.</p>
10	Form 990	IV		12	<p>The financial results of the legal entity of the American Diabetes Association are reported and audited through consolidated financial statements which also contain the results of two subsidiary organizations. The financial results are consolidated to be in compliance with generally accepted accounting principles, and the legal entity of the American Diabetes Association comprises 99% of the consolidated results. In addition, the audit opinion references supplemental consolidating schedules which separately report the revenues and expenses of the legal entity of the American Diabetes Association.</p>
11	Form 990	VI	A	5	<p><b>Significant Diversion of the Organization's Assets</b> - The Association announced on September 23, 2011, that a former Association employee pleaded guilty to one count of wire fraud in Federal Court in Alexandria, VA. This former treasury manager stole approximately \$570,000 in Association funds through fraudulent wire transactions over the course of her 10-year employment with the organization.</p> <p>The Association has taken aggressive action to prevent a similar situation from happening in the future. The organization has completed a comprehensive review of its entire financial structure, and has since taken assertive steps to strengthen its internal banking and accounting practices. The Association has put in place new employee oversight procedures, implemented new strict monitoring and reporting protocols, and will require all financial services staff to undergo annual fraud detection training. These efforts will ensure employees with access to sensitive Association financial information have a clear understanding of their legal and fiduciary duties, and will significantly enhance employee accountability and transparency from within the organization.</p> <p>As part of its risk management profile, the Association has maintained an insurance policy including a provision to address employee theft. The Association filed a claim with its insurance carrier and was fully reimbursed for the stolen funds.</p>
12	Form 990	VI	B	11	<p><b>IRS Review process by the Governing Body:</b> The American Diabetes Associations Board of Directors assigns the Audit Committee the oversight responsibility of the IRS Form 990 and its supplemental schedules prior to filing. After review by management and KPMG, the final and signed 990 was provided to the Associations Board of Directors prior to filing with the IRS.</p>

13	Form 990	VI	B	12c	<p><b>Managing a Conflict of Interest:</b> To identify potential conflicts of interest with appropriate due diligence, Officers, Directors, members of select Board appointed committees and their related subcommittees, journal/periodical editors, and senior staff of the Association and its subsidiaries must annually disclose any potential conflicts of interest.</p> <p>The American Diabetes Association's Audit Committee and senior staff in Legal Affairs manage the disclosure and monitoring processes. Through review of the annual disclosures and review of the agendas of relevant Board, Committee and other meetings, appropriate efforts are made in advance of the meetings to identify potential conflicts of interest. Each person also has the responsibility to report his/her own conflicts of interest (actual or perceived) as those conflicts may arise during a meeting. Based on the situation, senior volunteers and staff presiding over the discussion are responsible to ensure appropriate action is taken: for the individual to publicly disclose the conflict, for the individual to recuse him or herself from the discussion, vote or room as appropriate and to ensure the disclosure and action is documented in the minutes of the meeting.</p>
14	Form 990	VI	B	15	<p><b>Compensation Process:</b> Annually, the American Diabetes Association's Principal Officers (Chair of the Board, President, Medicine &amp; Science, President, Health Care &amp; Education and Secretary/Treasurer) are responsible for establishing executive compensation consistent with the guidelines approved by the Compensation Committee. The Principal Officers of the Association use a Compensation Committee, written employment contract, compensation studies and an independent consultant to establish the compensation of the Chief Executive Officer and other key employees.</p> <p>The Chief Executive Officer is responsible for the individual performance evaluations of staff officers and key employees, and establishes merit increase and/or bonus as appropriate and within guidelines established by the Compensation Committee.</p>
15	Form 990	VI	C	17	<p><b>Filing Jurisdiction:</b> Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, District of Columbia, Florida, Georgia, Hawaii, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, Tennessee, Utah, Virginia, Washington, West Virginia, Wisconsin.</p>
16	Form 990	VI	C	19	<p>The following documents are available on the American Diabetes Association website: <a href="http://www.diabetes.org">www.diabetes.org</a> &lt;<a href="http://www.diabetes.org">http://www.diabetes.org</a>&gt;: Board of Directors, Audited Consolidated Financial Statements, Latest 990 filed, Whistleblower policy</p> <p>Available subject to request to the American Diabetes Association Legal Affairs department are the following: Current Bylaws, Articles of Incorporation, Conflict of Interest Policy.</p>
17	Form 990	Part VII	A		<p>Employment terms for the following employees ended on:</p> <p>Richard Kahn, PhD, Chief Scientific &amp; Medical Officer - January 2, 2010 Frank Hoose, Senior VP Information Technology - November 1, 2010 Tonya Stephens, Managing Director Employment/Employee Relations - October 31, 2010</p>
18	Form 990	XI		5	<p>Other changes in net assets or fund balances: \$1,271,031 is the result of unrealized gains on investments.</p>