

**Return of Organization Exempt From Income Tax**

**2008**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

**A** For the 2008 calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

**C** Name of organization **American Diabetes Association**  
 Doing Business As \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**1701 N. Beauregard Street**  
 City or town, state or country, and ZIP + 4  
**Alexandria VA 22311**

**D** Employer identification number  
**13-1623888**

**E** Telephone number  
**703-549-1500**

**G** Gross receipts \$ **261,332,351**

**F** Name and address of principal officer:  
**Larry Hausner 1701 N. Beauregard Street, Alexandria, VA 22311**

**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** Are all affiliates included? **N/A**  Yes  No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c) ( **3** ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **www.diabetes.org**

**K** Type of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: **1940** **M** State of legal domicile: **OH**

**H(c)** Group exemption number ▶ **N/A**

**Part I Summary**

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>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. There are 23.6 million children and adults in the United States, or 7.8% of the population, who have diabetes. In addition, there are 57 million Americans who have pre-diabetes, 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.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	<b>37</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	<b>34</b>
	<b>5</b> Total number of employees (Part V, line 2a) . . . . .	<b>5</b>	<b>1,242</b>
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	<b>300,000</b>
	<b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C) . . . . .	<b>7a</b>	<b>10,170,443</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	<b>-683,439</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	169,900,126	166,128,320
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	37,944,382	36,218,717
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	5,525,097	1,314,730
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	225,632,619	218,715,949
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .	37,658,382	38,779,166
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . .	62,744,560	68,037,972
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	4,587,945	4,080,954
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>49,574,801</b> . . . . .		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . .	113,878,661	111,032,588
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . .	218,869,548	221,930,680	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 . . . . .	6,763,071	-3,214,731	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16) . . . . .	Beginning of Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	110,471,826	106,379,505
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 . . . . .	33,570,871	38,418,414
		76,900,955	67,961,091

**Part II Signature Block**

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

**Sign Here** ▶ Larry Hausner Signature of officer Date 8/11/09

▶ Larry Hausner, American Diabetes Association Chief Executive Officer  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature ▶ [Signature] Date 8/11/09 Check if self-employed  Preparer's identifying number (see instructions) POD451522

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ KPMG LLP EIN 13-5565207  
3201 M STREET NW WASHINGTON DC 20036 Phone no. ▶ 202-533-3000

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

## 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.**

**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.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. 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*.

<b>Type or print</b>	Name of Exempt Organization <b>American Diabetes Association</b>	Employer identification number <b>13 1623888</b>
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. <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>	

Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

• 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 will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until August 15, 2009, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year 2008 or  
 ▶  tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_\_.

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a 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>	\$
3b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$
3c <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, 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.

- 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. You must file original and one copy.**

Type or print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization		Employer identification number
	Number, street, and room or suite no. If a P.O. box, see instructions.		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		

Check type of return to be filed (File a separate application for each return):

- |                                      |   |                                      |                                    |
|--------------------------------------|---|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990    | <input type="checkbox"/> Form 990-PF                              | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720   | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 5227   |                                    |

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

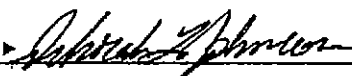
- The books are in the care of ▶ .....  
Telephone No. ▶ (.....) ..... FAX No. ▶ (.....) .....
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ..... 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.

- I request an additional 3-month extension of time until ....., 20.....
- For calendar year ....., or other tax year beginning ....., 20....., and ending ....., 20.....
- If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- State in detail why you need the extension .....

<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, or, if required, deposit with FTD coupon or, 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 ▶ 4/17/2007

Deborah L. Johnson

# Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2008, or tax year beginning \_\_\_\_\_, 2008, and ending \_\_\_\_\_, 20\_\_\_\_\_

# 2008

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

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b	<u>218,715,949</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	_____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	_____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	_____

## Part II Declaration of Officer

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

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here ▶

*Larry Hansen*  
Signature of officer

8/11/09  
Date

Chief Executive Officer  
Title

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

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

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

**Part III Statement of Program Service Accomplishments (see instructions)**

**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 \$ 49,834,208 including grants of \$ 38,515,197 ) (Revenue \$ 12,859,268 )  
Research - See Schedule O

**4b** (Code: ) (Expenses \$ 61,303,824 including grants of \$ 209,154 ) (Revenue \$ 34,276,477 )  
Information - See Schedule O

**4c** (Code: ) (Expenses \$ 51,219,132 including grants of \$ 54,815 ) (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 ▶ \$ 162,357,164 (Must equal Part IX, Line 25, column (B).)

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? . . . . .		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .	X	
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III . . . . .		N/A
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .	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? If "Yes," complete Schedule D, Part II . . . . .		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .		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? If "Yes," complete Schedule D, Part IV . . . . .		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable . . . . .	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII See Schedule O . . . . .	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.? . . . . .		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 U.S.? If "Yes," complete Schedule F, Part 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? If "Yes," complete Schedule F, Part II . . . . .	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? If "Yes," complete Schedule F, Part III . . . . .		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I . . . . .	X	
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .	X	
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H . . . . .		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . .	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J . . . . .	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? If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25 . . . . .		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? If "Yes," complete Schedule L, Part I . . . . .		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I . . . . .		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? If "Yes," complete Schedule L, Part II . . . . .		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III . . . . .	X	

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

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		X
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . .</i>	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		X
36	<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

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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable . . . . .	1,055	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	15	
<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 . . . . .	1,242	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	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: ► <u>N/A</u> See the instructions for exceptions and 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 question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .		N/A
<b>6a</b>	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 provide goods or services in exchange for any quid pro quo contribution of more than \$75? . . . . .	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>e</b>	Did the organization, during the year, 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>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		X
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .	X	
<b>8</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		X
<b>9</b>	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .		X
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	X	
<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 . . . . .	N/A	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	N/A	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders . . . . .	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.) . . . . .	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? . . . . .		N/A
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	N/A	



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

**Section A. Governing Body and Management**

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

		Yes	No
1a	Enter the number of voting members of the governing body . . . . .	37	
b	Enter the number of voting members that are independent . . . . .	34	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .	X	
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .		X
6	Does the organization have members or stockholders? . . . . .	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body? . . . . .	X	
b	Each committee with authority to act on behalf of the governing body? . . . . .	X	
9a	Does the organization have local chapters, branches, or affiliates? . . . . .	X	
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	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . . .	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .		X

**Section B. Policies**

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	X	
13	Does the organization have a written whistleblower policy? . . . . .	X	
14	Does the organization have a written document retention and destruction policy? . . . . .	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a	The organization's CEO, Executive Director, or top management official? . . . . .	X	
b	Other officers or key employees of the organization? . . . . .	X	
Describe the process in Schedule O. (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		X
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 worksheet**
- 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**

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

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

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
R. Stewart Perry Chair of the Board	6.	X		X			0	0	0	
John B. Buse, MD, PhD President, Medicine & Science	6.	X		X			0	0	0	
Ann Albright, PhD, RD President, Health Care & Education	6.	X		X			0	0	0	
Robert C. Garrett, FACHE Secretary-Treasurer	6.	X		X			0	0	0	
George J. Huntley, CPA Chair of the Board-Elect	2.	X		X			0	0	0	
R. Paul Robertson, MD President-Elect, Medicine & Science	2.	X		X			0	0	0	
Susan McLaughlin, BS, RD, CDE President-Elect, Health Care & Education	2.	X		X			0	0	0	
T. Edwin Stinson, Jr. Secretary/Treasurer-Elect	2.	X		X			0	0	0	
Nash M. Childs Vice Chair	2.	X		X			0	0	0	
Richard M. Bergenstal, MD Vice President, Medicine & Science	2.	X		X			0	0	0	
Christine T. Tobin, RN, MBA, CDE Vice President, Health Care & Education	2.	X		X			0	0	0	
Gerald B. Nee, CPA Vice Secretary/Treasurer	2.	X		X			0	0	0	
Larry Hausner Chief Executive Officer	38.	X		X			509,278	0	7,308	
Michael A. Brownlee, MD Board of Directors	1.	X					0	0	0	
Barbara E. Corkey, PhD Board of Directors	1.	X					0	0	0	
Kermit R. Crawford Board of Directors	1.	X					0	0	0	
Marjorie L. Cypress, MS, RN, CDE Board of Directors	1.	X					0	0	0	

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Vivian Fonseca, MD Board of Directors	1	X						0	0	0
Janine C. Freeman, RD, CDE Board of Directors	1	X						0	0	0
James Garcia, FMP Board of Directors	1	X						0	0	0
Kenneth R. Gerston Board of Directors	1	X						0	0	0
John W. Griffin, Jr. Esq. Board of Directors	1	X						0	0	0
Philip R. Higdon Board of Directors	1	X						0	0	0
Dwight Holing Board of Directors	1	X						0	0	0
Wahida Karmally, DrPH, RD, CDE, CLS Board of Directors	1	X						0	0	0
Lori M. Laffel, MD, MPH Board of Directors	1	X						0	0	0
Rita J. Louard, MD Board of Directors	1	X						0	0	0
Elizabeth Mayer-Davis, MS, PhD, RD Board of Directors	1	X						0	0	0
Maren McGowan Board of Directors	1	X						0	0	0
Brenda Montgomery, RN, MS, CDE Board of Directors	1	X						0	0	0
<b>1b Total</b>								3,152,592	0	949,247

**2** Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **55**

	Yes	No
<b>3</b> Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .	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? If "Yes," complete Schedule J for such individual . . . . .	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .		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
Futuremarket Telecenter, Inc. 10201 S. Padre Island Dr. Suite 105 Corpus Christy TX 78418	Fundraising support and telemarketing	4,207,624
Infocision Management Corporation 325 Springside Drive Akron OH 44333	Professional Fundraising and Consulting	1,873,062
Healthstar Public Relations LLC P. O.Box 15035 Newark NJ 07192	Media Campaign Planning and Production	1,275,000
Alexander & Partners 34 Royal Jams Drive, Suite 6096 Chicago IL 60675	Media Campaign Planning and Production	926,955
Convio, Inc. 11921 N. Mopec Expressway, Suite 200 Austin TX 78759	Constituent Records Application Technical Services	749,136

**2** Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization **31**

**Part VIII Statement of Revenue**

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	<b>1a</b> Federated campaigns . . . . .	<b>1a</b> 9,476,327				
	<b>b</b> Membership dues . . . . .	<b>1b</b> 0				
	<b>c</b> Fundraising events . . . . .	<b>1c</b> 46,583,569				
	<b>d</b> Related organizations . . . . .	<b>1d</b> 0				
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b> 207,434				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b> 109,860,990				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ . . . . .	4,138,273				
	<b>h Total.</b> Add lines 1a-1f . . . . .	▶ 166,128,320				
	Program Service Revenue	<b>2a</b> Subscriptions . . . . .	Business Code 511120	18,216,978	18,216,978	0
<b>b</b> Registration . . . . .		611710	9,259,880	9,259,880	0	
<b>c</b> Sales of Material . . . . .		511130	4,654,833	4,654,833	0	
<b>d</b> Booth Rental . . . . .		611710	3,194,094	0	3,194,094	
<b>e</b> . . . . .			0	0	0	
<b>f</b> All other program service revenue . . . . .			892,932	892,932	0	
<b>g Total.</b> Add lines 2a-2f . . . . .		▶	36,218,717			
Other Revenue		<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .	▶	1,674,734	0	0
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .	▶	0	0	0	
	<b>5</b> Royalties . . . . .	▶	899,366	0	899,366	
	<b>6a</b> Gross Rents . . . . .	(i) Real	0	0		
		(ii) Personal	0	0		
			0	0		
	<b>d</b> Net rental income or (loss) . . . . .	▶	0	0		
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities	34,030,056			
		(ii) Other	1,772			
			34,391,832	0		
			-361,776	1,772		
	<b>d</b> Net gain or (loss) . . . . .	▶	-360,004		-360,004	
	<b>8a</b> Gross income from fundraising events (not including \$ 46,583,569 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>	8,166,354			
		<b>b</b> Less: direct expenses . . . . .	<b>b</b> 8,166,354			
		<b>c</b> Net income or (loss) from fundraising events . . . . .	▶	0		
<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b>	139,318				
	<b>b</b> Less: direct expenses . . . . .	<b>b</b> 58,216				
	<b>c</b> Net income or (loss) from gaming activities . . . . .	▶	81,102	81,102		
<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			
Miscellaneous Revenue		Business Code				
<b>11a</b> Advertising Income . . . . .	541800	8,173,202	0	8,173,202		
<b>b</b> Catalog Sales Income . . . . .	454110	1,997,241	0	1,997,241		
<b>c</b> Miscellaneous . . . . .	900099	3,903,271	3,903,271			
<b>d</b> All other revenue . . . . .		0				
<b>e Total.</b> Add lines 11a-11d . . . . .	▶	14,073,714				
<b>12 Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . .	▶	218,715,949	37,008,996	10,170,443	5,408,190	

**Part IX Statement of Functional Expenses**

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

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . . . .	38,744,242	38,744,242		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	0			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	34,924	34,924		
4 Benefits paid to or for members . . . . .	0			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	2,886,454	1,995,967	85,697	804,790
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7 Other salaries and wages . . . . .	51,947,237	35,926,497	1,532,396	14,488,344
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	2,403,843	1,658,183	73,287	672,373
9 Other employee benefits . . . . .	6,460,247	4,460,334	239,855	1,760,058
10 Payroll taxes . . . . .	4,340,191	2,995,120	129,319	1,215,752
11 Fees for services (non-employees):				
a Management . . . . .	0	0	0	0
b Legal . . . . .	294,298	0	294,298	0
c Accounting . . . . .	248,750	0	248,750	0
d Lobbying . . . . .	495,284	495,284	0	0
e Professional fundraising services. See Part IV, line 17	4,080,954			4,080,954
f Investment management fees . . . . .	160,000	0	160,000	0
g Other . . . . .	12,637,339	10,209,287	1,403,155	1,024,897
12 Advertising and promotion . . . . .	5,587,873	5,097,605	47,637	442,631
13 Office expenses . . . . .	6,811,397	4,652,349	367,368	1,791,680
14 Information technology . . . . .	4,621,922	3,592,463	93,106	936,353
15 Royalties . . . . .	366,264	366,264	0	0
16 Occupancy . . . . .	11,060,705	8,107,260	899,033	2,054,412
17 Travel . . . . .	5,158,161	3,635,021	215,183	1,307,957
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0	0	0	0
19 Conferences, conventions, and meetings . . . . .	7,602,924	7,268,141	61,330	273,453
20 Interest . . . . .	89,473	0	89,473	0
21 Payments to affiliates . . . . .	0	0	0	0
22 Depreciation, depletion, and amortization . . . . .	3,997,891	2,318,777	839,557	839,557
23 Insurance . . . . .	450,307	324,377	58,363	67,567
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a Supplies . . . . .	3,598,377	3,220,040	26,247	352,090
b Postage and Shipping . . . . .	14,568,921	8,532,648	690,905	5,345,368
c Printing and Publications . . . . .	25,733,770	14,629,782	1,609,189	9,494,799
d . . . . .				
e . . . . .				
f All other expenses Miscellaneous . . . . .	7,548,932	4,092,599	834,567	2,621,766
<b>25 Total functional expenses. Add lines 1 through 24f</b>	<b>221,930,680</b>	<b>162,357,164</b>	<b>9,998,715</b>	<b>49,574,801</b>
26 <b>Joint Costs.</b> Check here <input checked="" type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .	40,675,157	12,812,977	4,067,235	23,794,945

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year		
<b>Assets</b>	1	Cash—non-interest-bearing . . . . .	5,027,926	1	1,839,913	
	2	Savings and temporary cash investments . . . . .	764,167	2	604,239	
	3	Pledges and grants receivable, net . . . . .	35,064,516	3	36,821,326	
	4	Accounts receivable, net . . . . .	5,978,432	4	3,221,695	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L . . . . .	0	5	0	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .	0	6	0	
	7	Notes and loans receivable, net . . . . .	2,018,671	7	2,711,213	
	8	Inventories for sale or use . . . . .	3,206,641	8	3,885,980	
	9	Prepaid expenses and deferred charges . . . . .	5,109,840	9	5,223,375	
	10a	Land, buildings, and equipment: cost basis	10a	32,671,807		
	b	Less: accumulated depreciation. Complete Part VI of Schedule D . . . . .	10b	23,149,193		
	11	Investments—publicly traded securities . . . . .	25,246,506	11	24,099,302	
	12	Investments—other securities. See Part IV, line 11 . . . . .	2,211,607	12	2,945,119	
	13	Investments—program-related. See Part IV, line 11 . . . . .	12,850,000	13	12,850,000	
	14	Intangible assets . . . . .		14	0	
	15	Other assets. See Part IV, line 11 . . . . .	3,677,764	15	4,182,264	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	110,471,826	16	106,379,505		
<b>Liabilities</b>	17	Accounts payable and accrued expenses . . . . .	19,194,666	17	18,403,916	
	18	Grants payable . . . . .	0	18	0	
	19	Deferred revenue . . . . .	14,175,637	19	13,433,771	
	20	Tax-exempt bond liabilities . . . . .	0	20	0	
	21	Escrow account liability. Complete Part IV of Schedule D . . . . .	0	21	0	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0	22	0	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .	0	23	0	
	24	Unsecured notes and loans payable . . . . .	0	24	1,560,000	
	25	Other liabilities. Complete Part X of Schedule D . . . . .	200,568	25	5,020,727	
	26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	33,570,871	26	38,418,414	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	27	Unrestricted net assets . . . . .	33,541,512	27	15,513,868	
	28	Temporarily restricted net assets . . . . .	36,763,369	28	45,197,379	
	29	Permanently restricted net assets . . . . .	6,596,074	29	7,249,844	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	30	Capital stock or trust principal, or current funds . . . . .		30	0	
	31	Paid-in or capital surplus, or land, building, or equipment fund . . . . .		31	0	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .		32	0	
33	<b>Total net assets or fund balances . . . . .</b>	76,900,955	33	67,961,091		
34	<b>Total liabilities and net assets/fund balances . . . . .</b>	110,471,826	34	106,379,505		

**Financial Statements and Reporting**

1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		Yes	No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .	2a		X
b	Were the organization's financial statements audited by an independent accountant? . . . . .	2b	X	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	3a		X
b	If "Yes," did the organization undergo the required audit or audits? . . . . .	3b	N/A	

**SCHEDULE J-2  
(Form 990)**

**Continuation Sheet for Form 990**

OMB No. 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization: **American Diabetes Association** Employer Identification number: **13-1623888**

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
Robin Nwankwo, MPH, RD, CDE Board of Directors	1	X					0	0	0	
William C. Popik Board of Directors	1	X					0	0	0	
Robin J. Richardson Board of Directors	1	X					0	0	0	
Peter Sheehan, MD Board of Directors	1	X					0	0	0	
Steven A. Smith, MD Board of Directors	1	X					0	0	0	
William D. Tyree III Board of Directors	1	X					0	0	0	
Nickolas A. Vitale, MBA, FHFMA Board of Directors	1	X					0	0	0	
Donald J. Wagner Board of Directors	1	X					0	0	0	
Deborah Johnson Executive VP/Chief Financial Officer	38			X			189,306	0	33,135	
Richard Kahn Chief Scientific & Medical Officer	38				X		403,108	0	589,354	
Greg Elfers Chief Field Development Officer	38				X		325,012	0	6,740	
Frank Hoose Senior VP Information Technology	38				X		212,094	0	31,266	
Vaneeda Bennett Executive VP Development	38				X		199,482	0	30,169	
Martha Ramsey VP Publications	38				X		163,610	0	14,720	
Scott Campbell VP Research	38				X		153,883	0	17,986	
James Schlicht Exec VP Gov't Affairs & Advocacy	38					X	208,198	0	118,673	
Marian Kirkman VP Clinical Affairs	38					X	195,808	0	23,593	
Andrea Maddox VP Eastern Division	38					X	147,940	0	25,471	
Lewis Bartfield VP Midwest Division	38					X	142,051	0	25,774	
Helen Mitternacht VP Communication & External Relations	38					X	143,907	0	17,637	
Michael D. Farley Former Interim Chief Executive Officer	0						158,915	0	7,421	

**Public Charity Status and Public Support**

**2008**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

Name of the organization <b>American Diabetes Association</b>	Employer identification number <b>13-1623888</b>
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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: (Please check only **one** organization.)

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .	11g(i)	
(ii) A family member of a person described in (i) above? . . . . .	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .	11g(iii)	

h Provide the following information about the organizations the organization supports.

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



