



American Diabetes Association.
Cure • Care • Commitment.

IRS FORM 990

RETURN OF ORGANIZATION EXEMPT
FROM INCOME TAX

FOR FISCAL YEAR ENDED JUNE 30, 2006



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AMERICAN DIABETES ASSOCIATION, CONSOLIDATED
FOR THE YEAR ENDED JUNE 30, 2006

The taxpayer has prepared and attached a pro forma Form 990 for the year ended June 30, 2006, for the consolidated presentation of the American Diabetes Association, the American Diabetes Research Foundation, Inc., the Association of Weight Management and Obesity Prevention, and the American Diabetes Association Property Title Holding Corporation. Each of these four organizations is required to file a separate Form 990 with the Internal Revenue Service. This pro forma return has been attached for information purposes only to show the results as if a consolidated return had been filed.

TAB 1

ADA Consolidated Financials 990
With attachments

Return of Organization Exempt From Income Tax

2005

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 2005 calendar year, or tax year beginning 7/1/2005, and ending 6/30/2006

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

C Name of organization
American Diabetes Association Consolidated
 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 ZIP + 4
Alexandria VA 22311

D Employer identification number
Pro- Forma

E Telephone number
703-549-1500

F Accounting method: Cash Accrual
 Other (specify) ▶

G Website: ▶ www.diabetes.org

J Organization type (check only one) ▶ 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 327,264,431

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

H and I are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates ▶
H(c) Are all affiliates included? Yes No (If "No," attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number ▶

● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

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

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support	1a		156,263,323	
	b Indirect public support	1b		8,812,295	
	c Government contributions (grants)	1c		210,934	
	d Total (add lines 1a through 1c) (cash \$ <u>162,113,554</u> noncash \$ <u>3,172,998</u>)	1d			165,286,552
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			32,999,618
	3 Membership dues and assessments	3			1,575,462
	4 Interest on savings and temporary cash investments	4			65,007
	5 Dividends and interest from securities	5			1,922,912
	6 a Gross rents	6a			
	b Less: rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c			0
7 Other investment income (describe ▶)	7			1,178,694	
8 a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	105,169,181	8a	540,000		
	105,166,108	8b	530,175		
	3,073	8c	9,825		
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d			12,898	
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input checked="" type="checkbox"/>	a Gross revenue (not including \$ <u>45,143,241</u> of contributions reported on line 1a) . Statement A5	9a		7,852,537	
	b Less: direct expenses other than fundraising expenses	9b		7,852,537	
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c			0
10 a Gross sales of inventory, less returns and allowances	10a		0		
	b Less: cost of goods sold	10b		0	
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			0
11 Other revenue (from Part VII, line 103)	11			10,674,468	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			213,715,611	
Expenses	13 Program services (from line 44, column (B))	13		166,989,479	
	14 Management and general (from line 44, column (C))	14		7,678,945	
	15 Fundraising (from line 44, column (D))	15		44,361,957	
	16 Payments to affiliates (attach schedule)	16		0	
	17 Total expenses (add lines 16 and 44, column (A))	17			219,030,381
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		-5,314,770	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		85,654,474	
	20 Other changes in net assets or fund balances (attach explanation)	20		291,998	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			80,631,702

Part II Statement of Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ 46,913,003 noncash \$ 0) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	22	46,913,003	46,913,003	
23	Specific assistance to individuals (attach schedule)	23	0	0	
24	Benefits paid to or for members (attach schedule)	24	0		
25	Compensation of officers, directors, etc.	25	878,487	603,479	39,688
26	Other salaries and wages	26	46,507,636	32,172,062	1,387,314
27	Pension plan contributions	27	1,702,009	1,174,386	51,060
28	Other employee benefits	28	7,238,674	4,942,486	426,085
29	Payroll taxes	29	4,049,390	2,794,218	121,267
30	Professional fundraising fees	30	8,074,641	3,517,873	932,648
31	Accounting fees	31	364,178		364,178
32	Legal fees	32	100,853	76,305	10,182
33	Supplies	33	4,402,869	3,694,877	84,914
34	Telephone	34	3,338,312	2,302,658	100,150
35	Postage and shipping	35	16,047,599	9,874,816	169,912
36	Occupancy	36	9,332,897	6,810,527	774,874
37	Equipment rental and maintenance	37	2,522,500	1,730,296	107,891
38	Printing and publications	38	29,363,896	20,724,557	187,154
39	Travel	39	3,577,600	2,442,789	126,254
40	Conferences, conventions, and meetings	40	10,296,406	9,206,208	257,304
41	Interest	41	125,563	86,638	3,766
42	Depreciation, depletion, etc. (attach schedule)	42	3,744,966	1,984,832	1,385,637
43	Other expenses not covered above (itemize):				
a	Statement 2A	43a	20,448,902	15,937,469	1,148,667
b		43b	0	0	0
c		43c	0	0	0
d		43d	0	0	0
e		43e	0	0	0
f		43f	0	0	0
g		43g	0	0	0
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	219,030,381	166,989,479	7,678,945

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ 38,780,131 ; (ii) the amount allocated to Program services \$ 16,215,343 ; (iii) the amount allocated to Management and general \$ 1,483,016 ; and (iv) the amount allocated to Fundraising \$ 21,081,772

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)		
		Beginning of year		End of year		
Assets	45	Cash—non-interest-bearing	5,097,022	45	2,740,825	
	46	Savings and temporary cash investments	17,078,280	46	8,900,941	
	47 a	Accounts receivable	5,885,169			
		b Less: allowance for doubtful accounts	756,006	5,928,344	47c	5,129,163
	48 a	Pledges receivable	36,691,879			
		b Less: allowance for doubtful accounts	1,381,000	29,377,137	48c	35,310,879
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		0	50	0
	51 a	Other notes and loans receivable (attach schedule)	0			
		b Less: allowance for doubtful accounts	0	0	51c	0
	52	Inventories for sale or use	3,691,065	52	4,327,412	
	53	Prepaid expenses and deferred charges	3,266,466	53	3,890,345	
	54	Investments—securities (attach schedule) <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	40,764,861	54	39,903,854	
	55 a	Investments—land, buildings, and equipment: basis	0			
		b Less: accumulated depreciation (attach schedule)	0	0	55c	0
56	Investments—other (attach schedule)	12,850,000	56	12,850,000		
57 a	Land, buildings, and equipment: basis	28,897,385				
	b Less: accumulated depreciation (attach schedule)	17,696,282	11,959,983	57c	11,201,103	
58	Other assets (describe <input type="checkbox"/> Deferred and Deposited Rent)	1,232,864	58	1,232,864		
59	Total assets (must equal line 74). Add lines 45 through 58	131,246,022	59	125,487,386		
Liabilities	60	Accounts payable and accrued expenses	20,414,614	60	19,926,339	
	61	Grants payable	12,953,445	61	12,483,266	
	62	Deferred revenue	12,223,489	62	12,446,079	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)	0	63	0	
	64 a	Tax-exempt bond liabilities (attach schedule)	0	64a	0	
		b Mortgages and other notes payable (attach schedule)	0	64b	0	
	65	Other liabilities (describe <input type="checkbox"/>)	0	65	0	
66	Total liabilities. Add lines 60 through 65	45,591,548	66	44,855,684		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted	47,875,977	67	40,482,155	
	68	Temporarily restricted	32,112,491	68	34,468,981	
	69	Permanently restricted	5,666,006	69	5,680,566	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.					
	70	Capital stock, trust principal, or current funds		70		
	71	Paid-in or capital surplus, or land, building, and equipment fund		71		
	72	Retained earnings, endowment, accumulated income, or other funds		72		
73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	85,654,474	73	80,631,702		
74	Total liabilities and net assets/fund balances. Add lines 66 and 73.	131,246,022	74	125,487,386		

AMERICAN DIABETES ASSOCIATION, CONSOLIDATED
GROSS AMOUNT FROM SALE OF ASSETS OTHER THAN INVENTORY
FORM 990, Part I, Line 8, FY06

Proceeds from the Sale of Public Securities	\$ 105,169,181
Less: Book Value and Sales Expense	<u>(105,166,108)</u>
Gain	<u>\$ 3,073</u>
Proceeds from the Sale of Building and Disposal of Fixed Assets	\$ 540,000
Less: Book Value and Sales Expense	<u>530,175</u>
Net Gain	<u>\$ 9,825</u>

AMERICAN DIABETES ASSOCIATION, CONSOLIDATED
SCHEDULE OF OTHER EXPENSES
FORM 990, PART II, LINE 43, FY06

<u>Description</u>	<u>Total</u>	<u>Program Services</u>	<u>Management & General</u>	<u>Fundraising</u>
Professional Fees	\$ 12,486,919	\$ 10,864,602	\$ 167,894	\$ 1,454,423
Data Processing	2,581,219	1,625,529	141,772	813,918
Banking Fees	1,548,918	970,731	251,577	326,610
Provision for Doubtful Accounts	1,470,224	921,411	238,797	310,016
Insurance	575,547	384,149	87,754	103,644
Membership Dues	360,696	277,740	29,360	53,596
Miscellaneous	1,425,379	893,307	231,513	300,559
Totals	<u>\$ 20,448,902</u>	<u>\$ 15,937,469</u>	<u>\$ 1,148,667</u>	<u>\$ 3,362,766</u>

AMERICAN DIABETES ASSOCIATION, CONSOLIDATED
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS
FORM 990, PART III - FY06

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.

Note: See Part III of each individual return for a description of individual program activities.

AMERICAN DIABETES ASSOCIATION, CONSOLIDATED
RECONCILIATION OF CONSOLIDATED REVENUE AND EXPENSES AS REPORTED
ON THE FINANCIAL STATEMENTS TO CONSOLIDATED
REVENUE AND EXPENSES REPORTED ON PROFORMA FORM 990, FY06

Note: Due to a change in accounting period from a June30th to a December 31st year end, the audited financial statements cover eighteen months from July 1, 2005 through December 31, 2006.

REVENUE

Total consolidated revenue reported on the financial statements (July 1, 2005 - December 31, 2006)	\$ 321,878,622
Less: American Diabetes Association consolidated revenue for the six months July 1, 2006 through December 31, 2006	(105,725,514)
American Diabetes Association (EIN 13-1623888) contributed services for the 12 months July 1, 2005 through June 30, 2006	(1,844,517)
American Diabetes Association Research Foundation, Inc. (EIN 54-1734511) contributed services for the 12 months July 1, 2005 through June 30, 2006	(300,982)
American Diabetes Association (EIN 13-1623888) unrealized gain on investments reported as other changes in net assets for the 12 months July 1, 2005 through June 30, 2006	(291,998)
	<hr/>
Total consolidated revenue reported on line 12 of the pro forma return	<u>\$ 213,715,611</u>

EXPENSES

Total consolidated expenses reported on the financial statements (July 1, 2005 - December 31, 2006)	\$ 337,664,002
Less: American Diabetes Association consolidated expenses for the six months July 1, 2006 through December 31, 2006	(116,488,122)
American Diabetes Association (EIN 13-1623888) contributed services for the 12 months July 1, 2005 through June 30, 2006	(1,844,517)
American Diabetes Association Research Foundation, Inc. (EIN 54-1734511) contributed services for the 12 months July 1, 2005 through June 30, 2006	(300,982)
	<hr/>
Total consolidated expenses reported on line 17 of the pro forma return	<u>\$ 219,030,381</u>

AMERICAN DIABETES ASSOCIATION, CONSOLIDATED
SPECIAL EVENTS
FORM 990, PART I, Line 9, FY06

	America's Walk for Diabetes	Tour de Cure	Big Ticket	All Other	Total
Gross Receipts	\$ 20,641,033	\$ 12,266,211	\$ 10,275,319	\$ 9,813,215	\$ 52,995,778
Less: Contributions	<u>(18,871,757)</u>	<u>(11,089,599)</u>	<u>(7,658,430)</u>	<u>(7,523,455)</u>	<u>(45,143,241)</u>
Gross Revenue	1,769,276	1,176,612	2,616,889	2,289,760	7,852,537
Less: Direct Benefit Costs	<u>1,769,276</u>	<u>1,176,612</u>	<u>2,616,889</u>	<u>2,289,760</u>	<u>7,852,537</u>
Net Revenue	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

TAB 2

American Diabetes Association 990
With attachments

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2005

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 2005 calendar year, or tax year beginning 7/1/2005 , and ending 6/30/2006

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

C Name of organization
 American Diabetes Association
 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 ZIP + 4
 Alexandria VA 22311

D Employer identification number
 13-1623888

E Telephone number
 703-549-1500

F Accounting method: Cash Accrual
 Other (specify) ▶

G Website: ▶ www.diabetes.org

J Organization type (check only one) ▶ 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check here ▶ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 320,670,519

H and I are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates ▶ N/A
H(c) Are all affiliates included? Yes No (If "No," attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number ▶ N/A
M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

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

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Direct public support	1a	149,669,411		
	b Indirect public support	1b	8,812,295		
	c Government contributions (grants)	1c	210,934		
	d Total (add lines 1a through 1c) (cash \$ <u>155,519,642</u> noncash \$ <u>3,172,998</u>)	1d			158,692,640
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			32,999,618
	3 Membership dues and assessments	3			1,575,462
	4 Interest on savings and temporary cash investments	4			65,007
	5 Dividends and interest from securities	5			1,922,912
	6 a Gross rents	6a	0		
	b Less: rental expenses	6b			
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c			0
7 Other investment income (describe ▶ Income on Real Estate Investment)	7			1,178,694	
Revenue	8 a Gross amount from sales of assets other than inventory Statement 1	(A) Securities		(B) Other	
		105,169,181	8a	540,000	
	b Less: cost or other basis and sales expenses	105,166,108	8b	530,175	
	c Gain or (loss) (attach schedule)	3,073	8c	9,825	
	d Net gain or (loss) (combine line 8c, columns (A) and (B))		8d		12,898
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input checked="" type="checkbox"/>				
	a Gross revenue (not including \$ <u>45,143,241</u> of Statement 2 contributions reported on line 1a)	9a	7,852,537		
	b Less: direct expenses other than fundraising expenses	9b	7,852,537		
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c			0	
Revenue	10 a Gross sales of inventory, less returns and allowances	10a	0		
	b Less: cost of goods sold	10b	0		
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			0
11 Other revenue (from Part VII, line 103)	11			10,674,468	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12			207,121,699	
Expenses	13 Program services (from line 44, column (B))	13			160,553,669
	14 Management and general (from line 44, column (C))	14			7,671,967
	15 Fundraising (from line 44, column (D))	15			44,295,904
	16 Payments to affiliates (attach schedule)	16			0
	17 Total expenses (add lines 16 and 44, column (A))	17			212,521,540
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18			-5,399,841
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			85,654,474
	20 Other changes in net assets or fund balances (attach explanation) Statement 3	20			291,998
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21			80,546,631

FILE COPY

Form 8868 (Rev. 12-2006)

Page 2

- 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	Name of Exempt Organization American Diabetes Association	Employer Identification number 13 ; 1623888
	Number, street, and room or suite no. If a P.O. box, see instructions. 1701 N. Beauregard Street	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Alexandria, VA 22311	

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-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 **Deborah L. Johnson, Chief Financial Officer**
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 May 15, 2007.
- For calendar year _____, or other tax year beginning July 1, 2005, and ending June 30, 2006.
- 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 Changing from fiscal period to calendar year requires additional time to prepare financial statements needed to prepare Form-990.

8a 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.	8a	\$
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.	8b	\$
c Balance Due. 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.	8c	\$

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 Deborah L. Johnson Title Chief Financial Officer Date 2/2/2007

Notice to Applicant. (To Be Completed by the IRS)

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in Item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- Other _____

Director _____ By: _____ Date _____

Alternate Mailing Address. Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	Number and street (include suite, room, or apt. no.) or a P.O. box number
	City or town, province or state, and country (including postal or ZIP code)

Form **8868**
(Rev. December 2004)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1546-1709

▶ 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)

Form 990-T corporations requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

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

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, Chief Financial Officer**

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 **Form 990-T corporation**) extension of time until February 15, 2007, 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 Jul 1, 2005, and ending June 30, 2006.

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 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 \$ _____

c **Balance Due.** 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 \$ _____

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 II Statement of Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) Statement 4 (cash \$ <u>42,741,090</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	42,741,090	42,741,090		
23	Specific assistance to individuals (attach schedule)	0	0		
24	Benefits paid to or for members (attach schedule)	0			
25	Compensation of officers, directors, etc.	878,487	603,478	39,693	235,316
26	Other salaries and wages	46,380,202	32,084,132	1,383,492	12,912,578
27	Pension plan contributions	1,702,008	1,174,386	51,060	476,562
28	Other employee benefits	7,236,538	4,941,006	426,049	1,869,483
29	Payroll taxes	4,040,014	2,787,748	120,986	1,131,280
30	Professional fundraising fees	8,074,641	3,517,873	932,648	3,624,120
31	Accounting fees	364,178		364,178	
32	Legal fees	100,853	76,305	10,182	14,366
33	Supplies	4,400,284	3,692,569	84,887	622,828
34	Telephone	3,338,312	2,302,658	100,150	935,504
35	Postage and shipping	16,047,371	9,874,659	169,905	6,002,807
36	Occupancy	9,332,529	6,810,159	774,874	1,747,496
37	Equipment rental and maintenance	2,522,500	1,730,296	107,891	684,313
38	Printing and publications	29,353,057	20,714,485	187,080	8,451,492
39	Travel	3,564,232	2,430,317	126,167	1,007,748
40	Conferences, conventions, and meetings	9,340,677	8,254,083	257,011	829,583
41	Interest	125,563	86,638	3,766	35,159
42	Depreciation, depletion, etc. (attach schedule)	3,744,966	1,984,832	1,385,637	374,497
43	Other expenses not covered above (itemize):				
a	Statement 5	43a 19,234,038	14,746,955	1,146,311	3,340,772
b	-----	43b 0	0	0	0
c	-----	43c 0	0	0	0
d	-----	43d 0	0	0	0
e	-----	43e 0	0	0	0
f	-----	43f 0	0	0	0
g	-----	43g 0	0	0	0
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	44 212,521,540	160,553,669	7,671,967	44,295,904

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ 38,780,131; (ii) the amount allocated to Program services \$ 16,215,343; (iii) the amount allocated to Management and general \$ 1,483,016; and (iv) the amount allocated to Fundraising \$ 21,081,772

