

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	1 Briefly describe the organization's mission or most significant activities: 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.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	37
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	34
	5 Total number of employees (Part V, line 2a)	5	1,242
	6 Total number of volunteers (estimate if necessary)	6	300,000
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	10,170,443
b Net unrelated business taxable income from Form 990-T, line 34	7b	-683,439	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	169,900,126	166,128,320
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	37,944,382	36,218,717
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,525,097	1,314,730
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	225,632,619	218,715,949
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	37,658,382	38,779,166
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	62,744,560	68,037,972
	16a Professional fundraising fees (Part IX, column (A), line 11e)	4,587,945	4,080,954
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 49,574,801		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	113,878,661	111,032,588
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	218,869,548	221,930,680	
19 Revenue less expenses. Subtract line 18 from line 12	6,763,071	-3,214,731	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	110,471,826	106,379,505
	22 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 Phone no. ▶ 202-533-3000

3001 M Street NW Washington DC 20036

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 and click on *e-file for Charities & Nonprofits*.

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

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.	3a	\$
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.	3b	\$
3c 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.	3c	\$

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.

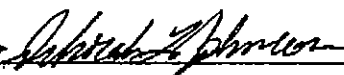
- The books are in the care of _____
Telephone No. ▶ (____) _____ FAX No. ▶ (____) _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If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

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 ▶ 4/17/2007

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.

ERO's Use Only	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.

Paid Preparer's Use Only	Preparer's signature ▶ <i>[Signature]</i>	Date <i>8/11/09</i>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN <i>P00451522</i>
	Firm's name (or yours if self-employed), address, and ZIP code ▶ KPMG, LLP 2001 M Street Washington, DC 20036	EIN 13 5565207	Phone no. (202) 533-3300	

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	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2	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	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4 X	
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	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	6 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	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	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	9	X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 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	11 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	12 X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a	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	14b 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	15 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	16	X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17 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	18 X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19 X	
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	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	21 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	22	X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23 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	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b 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?	24c N/A	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d N/A	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	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	25b	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	26	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	27 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	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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
1a	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	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	15	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	1,242	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	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
6a	Did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	N/A	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	X	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	X	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	N/A	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	N/A	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	N/A	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		N/A
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. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ <u>Deborah L. Johnson, CFO</u> 703-549-1500 <u>1701 N. Beauregard Street, Alexandria, VA 22311</u>	

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	0
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
1b Total								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**

3 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

	Yes	No
3	X	

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

	Yes	No
4	X	

5 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

	Yes	No
5		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	1a Federated campaigns	1a 9,476,327				
	b Membership dues	1b 0				
	c Fundraising events	1c 46,583,569				
	d Related organizations	1d 0				
	e Government grants (contributions)	1e 207,434				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 109,860,990				
	g Noncash contributions included in lines 1a-1f: \$	4,138,273				
	h Total. Add lines 1a-1f	▶ 166,128,320				
	Program Service Revenue	2a Subscriptions	Business Code 511120	18,216,978	18,216,978	0
b Registration		611710	9,259,880	9,259,880	0	
c Sales of Material		511130	4,654,833	4,654,833	0	
d Booth Rental		611710	3,194,094	0	3,194,094	
e			0	0	0	
f All other program service revenue			892,932	892,932	0	
g Total. Add lines 2a-2f		▶	36,218,717			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)	▶	1,674,734	0	0
	4 Income from investment of tax-exempt bond proceeds	▶	0	0	0	
	5 Royalties	▶	899,366	0	899,366	
	6a Gross Rents	(i) Real	0	0		
		(ii) Personal	0	0		
			0	0		
	d Net rental income or (loss)	▶	0	0		
	7a 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		
	d Net gain or (loss)	▶	-360,004		-360,004	
	8a Gross income from fundraising events (not including \$ 46,583,569 of contributions reported on line 1c). See Part IV, line 18	a	8,166,354			
		b Less: direct expenses	b 8,166,354			
		c Net income or (loss) from fundraising events	▶	0		
9a Gross income from gaming activities. See Part IV, line 19	a	139,318				
	b Less: direct expenses	b 58,216				
	c Net income or (loss) from gaming activities	▶	81,102	81,102		
10a Gross sales of inventory, less returns and allowances	a	0				
	b Less: cost of goods sold	b 0				
	c Net income or (loss) from sales of inventory	▶	0			
Miscellaneous Revenue		Business Code				
11a Advertising Income	541800	8,173,202	0	8,173,202		
b Catalog Sales Income	454110	1,997,241	0	1,997,241		
c Miscellaneous	900099	3,903,271	3,903,271			
d All other revenue		0				
e Total. Add lines 11a-11d	▶	14,073,714				
12 Total Revenue. 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
25 Total functional expenses. Add lines 1 through 24f	221,930,680	162,357,164	9,998,715	49,574,801
26 Joint Costs. 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)		(B)		
		Beginning of year		End of year		
Assets	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	Total assets. Add lines 1 through 15 (must equal line 34)	110,471,826	16	106,379,505		
Liabilities	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	Total liabilities. Add lines 17 through 25	33,570,871	26	38,418,414	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets	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	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30	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	Total net assets or fund balances	76,900,955	33	67,961,091		
34	Total liabilities and net assets/fund balances	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	

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						X	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 American Diabetes Association	Employer identification number 13-1623888
------------------------------------------------------------------	-----------------------------------------------------

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
Total									0

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006- 6 Month	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	155,670,561	158,692,640	76,984,677	172,933,160	166,128,320	730,409,358
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total Add lines 1-3	155,670,561	158,692,640	76,984,677	172,933,160	166,128,320	730,409,358
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0
6 Public support. Subtract line 5 from line 4.						730,409,358

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006- 6 Month	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	155,670,561	158,692,640	76,984,677	172,933,160	166,128,320	730,409,358
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,760,342	3,461,217	1,973,880	6,111,253	4,230,370	18,537,062
9 Net income from unrelated business activities, whether or not the business is regularly carried on	1,897,790	1,893,313	464,804	553,652	-683,436	4,126,123
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						753,072,543
12 Gross receipts from related activities, etc. (see instructions)					12	201,539,511

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	96.99%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	96.76%
16a 33 1/3% support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances-test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2).
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0	0	0	0	0
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	0	0	0	0	0	0
3 Gross receipts from activities that are not an unrelated trade or business under section 513				0	0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 Total. Add lines 1-5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0	0	0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		0	0	0	0	0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
13 Total support. (Add lines 9, 10c, 11, and 12.)						0

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.00%

19a 33 1/3% support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV

Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Area with horizontal dashed lines for supplemental information.

Political Campaign and Lobbying Activities

2008

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ To be completed by organizations described below.

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury
Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

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

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

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations.
See the instructions for Schedule C for details. N/A

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV.	
2	Political expenditures	\$ 0
3	Volunteer hours	0

Part I-B To be completed by all organizations exempt under section 501(c)(3).
See the instructions for Schedule C for details. N/A

1	Enter the amount of any excise tax incurred by the organization under section 4955	\$ 0
2	Enter the amount of any excise tax incurred by organization managers under section 4955	\$ 0
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV.	

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3).
See the instructions for Schedule C for details. N/A

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	\$ 0
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	\$ 0
3	Total of direct and indirect exempt function expenditures. Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b	\$ 0
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. Enter the amount paid and indicate if the amount was paid from the filing organization's funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.	

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

Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

- A Check if the filing organization belongs to an affiliated group.
 B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	0	0												
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	0	0												
c	Total lobbying expenditures (add lines 1a and 1b)	0	0												
d	Other exempt purpose expenditures	0	0												
e	Total exempt purpose expenditures (add lines 1c and 1d)	0	0												
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	0	0												
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	0	0												
h	Subtract line 1g from line 1a. Enter -0- if line g is more than line a	0	0												
i	Subtract line 1f from line 1c. Enter -0- if line f is more than line c	0	0												
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a	Lobbying non-taxable amount	0	0	0	0
b	Lobbying ceiling amount (150% of line 2a, column(e))				0
c	Total lobbying expenditures	0	0	0	0
d	Grassroots non-taxable amount	0	0	0	0
e	Grassroots ceiling amount (150% of line 2d, column (e))				0
f	Grassroots lobbying expenditures	0	0	0	0

Part II-B To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?	X		47,949
d Mailings to members, legislators, or the public?	X		606
e Publications, or published or broadcast statements?	X		49,491
f Grants to other organizations for lobbying purposes?		X	0
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		731,030
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?	X		417,538
i Other activities? If "Yes," describe in Part IV.		X	0
j Total lines 1c through 1i.			1,246,614
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912.			N/A
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912.			N/A
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		N/A	

Part III-A To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). See the instructions for Schedule C for details. N/A

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

Part III-B To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes." See Schedule C instructions for details. N/A

1 Dues, assessments and similar amounts from members	1	0
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	0
b Carryover from last year	2b	0
c Total	2c	0
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	0
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	0
5 Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)	5	0

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization

Employer identification number

American Diabetes Association

13-1623888

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year, and two questions about donor advisement.

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply). N/A. Includes checkboxes for preservation of land for public use, natural habitat, open space, historically important land area, and certified historic structure.

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

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d for total number of easements, total acreage, number on certified historic structure, and number acquired after 8/17/06.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year.
4 Number of states where property subject to conservation easement is located.
5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?
6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year.
7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year.
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

N/A

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

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

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

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

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

Table with columns for Amount and rows for 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? Yes X No

b If "Yes," explain the arrangement in Part XIV.

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

Table with columns (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back and rows for 1a-1g

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment 0%, b Permanent endowment 29%, c Term endowment 71%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

Table with columns Yes No and rows 3a(i) unrelated organizations, 3a(ii) related organizations, 3b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Table with columns (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Depreciation, (d) Book value and rows for 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
	0	
	0	
Other Perpetual Trusts	2,945,119	End of Year Market Value
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.)	2,945,119	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Investment in Net Assets of American Diabetes Association Property Title Holding Corporation	12,850,000	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.)	12,850,000	

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

(a) Description	(b) Book value
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.)	0

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

(a) Description of liability	(b) Amount
	0
Due to American Diabetes Association Research Foundation	5,020,727
	0
	0
	0
	0
	0
	0
	0
	0
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.)	5,020,727

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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Table with 10 rows and 3 columns: Line number, Description, and Amount. Total revenue (218,715,949), Total expenses (221,930,680), Excess or (deficit) for the year (-3,214,731), Net unrealized gains (losses) on investments (-5,725,133), Donated services and use of facilities, Investment expenses, Prior period adjustments, Other (1,014,155), Total adjustments (net) (-4,710,978), Excess or (deficit) for the year per financial statements (-7,925,709).

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Table with 5 main rows and sub-rows (a-e) and 3 columns: Line number, Description, and Amount. Total revenue, gains, and other support per audited financial statements (221,992,204), Amounts included on line 1 but not on Form 990, Part VIII, line 12: Net unrealized gains on investments (-5,725,133), Donated services and use of facilities (2,372,661), Recoveries of prior year grants (0), Other (8,322,195), Add lines 2a through 2d (4,969,723), Subtract line 2e from line 1 (217,022,481), Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b (160,000), Other (1,533,468), Add lines 4a and 4b (1,693,468), Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) (218,715,949).

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Table with 5 main rows and sub-rows (a-e) and 3 columns: Line number, Description, and Amount. Total expenses and losses per audited financial statements (229,917,913), Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities (2,372,661), Prior year adjustments (0), Losses reported on Form 990, Part IX, line 25 (0), Other (44,261,144), Add lines 2a through 2d (46,633,805), Subtract line 2e from line 1 (183,284,108), Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b (160,000), Other (38,486,522), Add lines 4a and 4b (38,646,522), Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.) (221,930,630).

Part XIV Supplemental Information

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

Part V Line 4 Income on endowments is spent in the year it is earned either for purposes restricted by the donor or towards the over

Part XII Line 2d Donations reported by the American Diabetes Association Research Foundation, Inc. EIN #54-1734511 7,285,101

Part XII Line 4b American Diabetes Association Research Foundation, Inc. (EIN 54-1734511) Management Fee Reported 1,457,020

Part XIII Line 2d American Diabetes Association Research Foundation, Inc. (EIN 54-1734511) Expenses 43,054,482

Part XIII Line 4b American Diabetes Association Research Foundation, Inc. (EIN 54-1734511) Grant 38,486,522

Part XI Line 8 Excess from American Diabetes Association Research Foundation, Inc. (EIN 54-1734511) 1,787,562 Shortfall from SI

Part XIV (Sch D (990)) - Supplemental Information

	Part	Line	Explanation
1	V	4	Income on endowments is spent in the year it is earned either for purposes restricted by the donor or towards the overall mission of the American Diabetes Association.
2	XII	2d	Donations reported by the American Diabetes Association Research Foundation, Inc. EIN #54-1734511 7,285,101 Contributed Services reported by the American Diabetes Association Research Foundation, Inc. EIN #54-1734511 527,441 Donations reported by Shaping America's Health, EIN #20-2993719 509,653
3	XII	4b	American Diabetes Association Research Foundation, Inc. (EIN 54-1734511) Management Fee Reported 1,457,020 Shaping America's Health (EIN 20-2993719) Management Fee Reported 76,448
4	XIII	2d	American Diabetes Association Research Foundation, Inc. (EIN 54-1734511) Expenses 43,054,482 Shaping America's Health (EIN 20-2993719) Expenses 1,206,662
5	XIII	4b	American Diabetes Association Research Foundation, Inc. (EIN 54-1734511) Grant 38,486,522
6	XI	8	Excess from American Diabetes Association Research Foundation, Inc. (EIN 54-1734511) 1,787,562 Shortfall from Shaping America's Health (EIN 20-2993719) (773,456)

Supplemental Information Regarding Fundraising or Gaming Activities

2008

Open To Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Name of the organization

American Diabetes Association

Employer identification number

13-1623888

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

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

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>a <input checked="" type="checkbox"/> Mail solicitations</p> <p>b <input checked="" type="checkbox"/> Email solicitations</p> <p>c <input checked="" type="checkbox"/> Phone solicitations</p> <p>d <input checked="" type="checkbox"/> In-person solicitations</p> | <p>e <input checked="" type="checkbox"/> Solicitation of non-government grants</p> <p>f <input checked="" type="checkbox"/> Solicitation of government grants</p> <p>g <input checked="" type="checkbox"/> Special fundraising events</p> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

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

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Futuremarket Telecenter, Inc.	Fundraising Support and telemarketing		X	4,531,629	4,207,624	324,005
Infocision Management Corporation	Telemarketing		X	2,795,548	1,873,062	922,486
Target MarketTeam Inc.	Creative, Strategic and production service for directmail appeals		X	27,796,161	352,000	27,444,161
Car Program, LLC	Advertising, acquisition and disposal of donated vehicles solicited by American Diabetes Association	X		1,714,540	514,362	1,200,178
Total				36,837,878	6,947,048	29,890,830

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

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 <u>Step out Walk Event</u> (event type)	(b) Event #2 <u>Tour de Cure</u> (event type)	(c) Other Events <u>28 Other Event types</u> (total number)	(d) Total Events (Add col. (a) through col. (c))	
Revenue	1	Gross receipts	19,401,538	15,978,311	19,370,074	54,749,923
	2	Less: Charitable contributions	17,570,893	14,506,557	14,506,119	46,583,569
	3	Gross revenue (line 1 minus line 2)	1,830,645	1,471,754	4,863,955	8,166,354
Direct Expenses	4	Cash prizes	0	0	0	0
	5	Non-cash prizes	536,828	347,048	794,198	1,678,074
	6	Rent/facility costs	483,387	273,269	905,690	1,662,346
	7	Other direct expenses	810,430	851,437	3,164,067	4,825,934
	8	Direct expense summary. Add lines 4 through 7 in column (d) ▶				(8,166,354)
	9	Net income summary. Combine lines 3 and 8 in column (d) ▶				0

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))	
Revenue	1	Gross revenue		139,318	139,318	
Direct Expenses	2	Cash prizes			0	
	3	Non-cash prizes		20,217	20,217	
	4	Rent/facility costs		1,413	1,413	
	5	Other direct expenses		36,586	36,586	
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				(58,216)
	8	Net gaming income summary. Combine lines 1 and 7 in column (d) ▶				81,102

9	Enter the state(s) in which the organization operates gaming activities: <u>See Attached Statement</u>	Yes	No
a	Is the organization licensed to operate gaming activities in each of these states?	X	
b	If "No," Explain: ----- -----		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?		X
b	If "Yes," Explain: ----- -----		
11	Does the organization operate gaming activities with nonmembers?		X
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		X

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the U.S.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

American Diabetes Association

Employer identification number

13-1623888

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Yes No

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal,	(g) Description of non-cash assistance
American Diabetes Association Research Fo 1701 N. Beauregard St. Alexandria, VA 22311	54-1734511	501 (C) (3)	38,486,522	0		RESEARCH
Barton Center for Diabetes Education P O Box 356	22-2701822	501 (C) (3)	20,000	0		CAMPERSHIPS
Campfire USA Camping Services 8511 15th Avenue NE	91-0575953	501 (C) (3)	7,473	0		CAMPERSHIPS
Camp Hertko Hollow, Inc. 101 Locust Street	76-0717999	501 (C) (3)	25,902	0		CAMPERSHIPS
Lions Camp Merrick 11855 Holly Lane Suite 104	52-1289731	501 (C) (3)	39,740	0		CAMPERSHIPS
Florida Camp for Children and Youth with Di P.O.Box 14136	23-7098099	501 (C) (3)	9,120	0		CAMPERSHIPS
Lions of Illinois Foundation 2814 Dekalb Avenue	23-7379629	501 (C) (3)	21,828	0		CAMPERSHIPS
YMCA 909 4th Avenue	53-0207403	501 (C) (3)	8,641	0		CAMPERSHIPS
Emory University School of Medicine 1599 Clifton Road NE, 4th Floor	58-0566256	501 (C) (3)	100,012	0		EDUCATION & DEVELO
KeyStone Center 1628 St. John Road	84-0688506	501 (C) (3)	7,500	0		EDUCATION & DEVELO
			0	0		
			0	0		

- 2 Enter total number of section 501(c)(3) and government organizations (12 grants under the \$ 5,000 threshold) 22
- 3 Enter total number of other organizations 0

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

Part IV (Sch I, I-1 (990)) - Supplemental Information

1	2	<p>The American Diabetes Association provides grant funding for Research grants to the American Diabetes Association Research Foundation. ADA closely monitors the use of grant funds in United States. Each grantee is required to submit an Annual Progress Report, which includes a scientific and a financial portion, 30 days after the end of each previously committed funding year. Each year of funding after the first is contingent upon approval of the Annual Progress Report and the availability of funds. If the complete report is not received within 90 days after the due date, the award will be terminated.</p> <p>After the completion of the final year of the grant, a Cumulative Final Report, which includes a scientific and financial portion, is due within 60 days after the expiration date of the grant. If the complete final report is not received by the due date, the grantee will not be eligible to apply for any future ADA-RF awards until the obligations for the award are complete. This is monitored and reviewed by the American Diabetes Association Scientific /Medical Management for award status and compliance.</p> <p>The Association also provides grants and scholarships for persons with diabetes and their families to attend camp programs. In 2008, the American Diabetes Association provided 56 sessions of ADA camps that served 6,500 campers. Camp provides an outdoor recreational experience in which the child (for children with diabetes ages 8-18) can develop as a person while including informal education about the management of diabetes. Children are carefully supervised by a staff of doctors, nurses, dietitians and other volunteers and staff. Program evaluation and outcome measurement provide valuable data to the Association regarding camp programs and how to improve them. An assessment/planning meeting including camp volunteer and staff leadership is held within two months of the conclusion of the camp session. At this time, camp results are evaluated and compared to goals. The strengths and weaknesses of the camp program, opportunities for growth and improvement, emerging issues and needs and the viability of continuation/initiation of new programs are evaluated.</p>
---	---	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2008

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

Name of the organization

American Diabetes Association

Employer identification number

13-1623888

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- First-class or charter travel
- Travel for companions
- Tax indemnification and gross-up payments
- Discretionary spending account
- Housing allowance or residence for personal use
- Payments for business use of personal residence
- Health or social club dues or initiation fees
- Personal services (e.g., maid, chauffeur, chef)

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- Compensation committee
- Independent compensation consultant
- Form 990 of other organizations
- Written employment contract
- Compensation survey or study
- Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a:

- a** Receive a severance payment or change of control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5–8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

	Yes	No
1b	X	
2	X	
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Larry Hausner	(i)	400,182	21,000	88,096	3,827	3,481	516,586	21,000
	(ii)	0	0	0	0	0	0	0
Richard Kahn	(i)	318,148	11,000	73,960	585,734	3,620	992,462	19,690
	(ii)	0	0	0	0	0	0	0
Greg Elfers	(i)	273,377	0	51,635	0	6,740	331,752	0
	(ii)	0	0	0	0	0	0	0
Frank Hoose	(i)	209,931	0	2,163	19,019	12,247	243,360	0
	(ii)	0	0	0	0	0	0	0
Vaneeda Bennett	(i)	195,320	0	4,162	22,103	8,066	229,651	0
	(ii)	0	0	0	0	0	0	0
Deborah Johnson	(i)	187,688	0	1,618	20,610	12,526	222,442	0
	(ii)	0	0	0	0	0	0	0
Martha Ramsey	(i)	161,588	0	2,022	12,389	2,331	178,330	0
	(ii)	0	0	0	0	0	0	0
Scott Campbell	(i)	152,532	0	1,351	11,412	6,574	171,869	0
	(ii)	0	0	0	0	0	0	0
James Schlicht	(i)	188,248	0	19,950	111,711	6,962	326,871	0
	(ii)	0	0	0	0	0	0	0
Marian Kirkman	(i)	194,098	0	1,710	8,446	15,147	219,401	0
	(ii)	0	0	0	0	0	0	0
Andrea Maddox	(i)	146,676	0	1,264	13,574	11,897	173,411	0
	(ii)	0	0	0	0	0	0	0
Lewis Bartfield	(i)	137,630	0	4,421	14,352	11,422	167,825	0
	(ii)	0	0	0	0	0	0	0
Helen Mitternacht	(i)	142,661	0	1,246	10,029	7,608	161,544	0
	(ii)	0	0	0	0	0	0	0
Michael D. Farley	(i)	0	0	158,915	0	7,421	166,336	166,336
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0

Part III (Sch J, J1 (990)) - Supplemental Information

Part	Line	Explanation
1	I 1a	The Association provided temporary housing for the Chief Executive Officer prior to relocation. The Association provides housing for the Chief Field Development Officer on a continuing basis.
2	I 1a	Additionally, the Chief Executive Officer is permitted limited spouse travel.
3	I 1a	Payments related to relocation, housing and spouse travel, and excess pension benefits are grossed up for individual tax reporting purposes.
4	I 4b	A 457 plan is available to senior management. In addition, the Chief Scientific & Medical Officer participates in a Supplemental Executive Retirement Plan.
5	II	In December 2008, Richard Kahn, Chief Scientific & Medical Officer, announced his planned retirement from the Association. The amount reported as deferred compensation includes a one-time accrual for salary to be paid in 2009 and 2010 as Dr. Kahn completes his service to the Association. Benefits over this time period and expected payouts for accrued leave are also included in the deferred compensation disclosure.
6	II	Deferred compensation reported for James Schlicht includes accrued severance that will be paid in 2009.
7	II	Other reportable compensation for Michael Farley includes severance payments that were accrued in 2007 and paid in 2008.
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		

