



American Diabetes Association.
Cure • Care • Commitment.

IRS FORM 990

RETURN OF ORGANIZATION EXEMPT
FROM INCOME TAX

FOR FISCAL YEAR ENDED DECEMBER 31, 2007



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AMERICAN DIABETES ASSOCIATION, CONSOLIDATED
FOR THE YEAR ENDED DECEMBER 31, 2007

The taxpayer has prepared and attached a pro forma Form 990 for the year ended December 31, 2007, for the consolidated presentation of the American Diabetes Association, the American Diabetes Research Foundation, Inc., the Association of Weight Management and Obesity Prevention, and the American Diabetes Association Property Title Holding Corporation. Each of these four organizations is required to file a separate Form 990 with the Internal Revenue Service. This pro forma return has been attached for information purposes only to show the results as if a consolidated return had been filed.

TAB 1

ADA Consolidated

Return of Organization Exempt From Income Tax

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

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

A For the 2007 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 Consolidated
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1701 N. Beauregard Street
 City or town State or country ZIP + 4
Alexandria VA 22311

D Employer identification number
Pro- Forma

E Telephone number
703-549-1500

F Accounting method: Cash Accrual
 Other (specify) _____

G Website: **www.diabetes.org**

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

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **297,498,078**

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

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)					
1 Contributions, gifts, grants, and similar amounts received:					
a Contributions to donor advised funds		1a		33,597	
b Direct public support (not included on line 1a)		1b		165,411,492	
c Indirect public support (not included on line 1a)		1c		9,874,382	
d Government contributions (grants) (not included on line 1a)		1d		200,380	
e Total (add lines 1a through 1d) (cash \$ 171,644,150 noncash \$ 3,875,701)		1e			175,519,851
2 Program service revenue including government fees and contracts (from Part VII, line 93)		2			34,911,348
3 Membership dues and assessments		3			3,033,034
4 Interest on savings and temporary cash investments		4			1,144
5 Dividends and interest from securities		5			1,927,727
6a Gross rents		6a		0	
b Less: rental expenses		6b		0	
c Net rental income or (loss). Subtract line 6b from line 6a		6c			0
7 Other investment income (describe _____)		7			3,631,634
8a Gross amount from sales of assets other than inventory		(A) Securities	(B) Other		
		58,028,035	8a	0	
b Less: cost or other basis and sales expenses		58,063,443	8b	0	
c Gain or (loss) (attach schedule)		-35,408	8c	0	
d Net gain or (loss). Combine line 8c, columns (A) and (B)			8d		-35,408
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input checked="" type="checkbox"/>					
a Gross revenue (not including \$ 47,244,695 of contributions reported on line 1b)		9a		8,182,291	
b Less: direct expenses other than fundraising expenses		9b		8,182,291	
c Net income or (loss) from special events. Subtract line 9b from line 9a See Statement A1		9c			0
10a Gross sales of inventory, less returns and allowances		10a		0	
b Less: cost of goods sold		10b		0	
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a		10c			0
11 Other revenue (from Part VII, line 103)		11			12,263,014
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		12			231,252,344
Expenses					
13 Program services (from line 44, column (B))		13			167,769,323
14 Management and general (from line 44, column (C))		14			8,999,753
15 Fundraising (from line 44, column (D))		15			49,018,265
16 Payments to affiliates (attach schedule)		16			0
17 Total expenses. Add lines 16 and 44, column (A)		17			225,787,341
Net Assets					
18 Excess or (deficit) for the year. Subtract line 17 from line 12		18			5,465,003
19 Net assets or fund balances at beginning of year (from line 73, column (A))		19			69,869,094
20 Other changes in net assets or fund balances (attach explanation)		20			108,693
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20		21			75,442,790

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 a	Grants paid from donor advised funds (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
22 b	Other grants and allocations (attach schedule) (cash \$ 42,034,614 noncash \$ 79,726) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	42,114,340	42,114,340		
23	Specific assistance to individuals (attach schedule)	0	0		
24	Benefits paid to or for members (attach schedule)	0	0		
25 a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	1,277,904	913,213	42,270	322,421
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	28,967	18,547	1,698	8,722
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
26	Salaries and wages of employees not included on lines 25a, b, and c	49,172,412	34,034,896	1,472,551	13,664,965
27	Pension plan contributions not included on lines 25a, b, and c	2,400,821	1,657,471	72,139	671,211
28	Employee benefits not included on lines 25a - 27	6,086,465	4,246,557	263,106	1,576,802
29	Payroll taxes	4,221,056	2,916,523	126,426	1,178,107
30	Professional fundraising fees	7,240,755	4,943,153	371,616	1,925,986
31	Accounting fees	380,682	0	380,682	0
32	Legal fees	150,762	76,170	20,977	53,615
33	Supplies	4,533,377	3,877,905	109,323	546,149
34	Telephone	3,171,956	2,190,311	94,790	886,855
35	Postage and shipping	15,548,493	9,320,614	676,456	5,551,423
36	Occupancy	10,440,554	7,664,871	845,881	1,929,802
37	Equipment rental and maintenance	2,305,025	1,599,847	81,181	623,997
38	Printing and publications	35,562,714	22,705,673	1,656,522	11,200,519
39	Travel	3,683,100	2,635,414	136,071	911,615
40	Conferences, conventions, and meetings	10,395,227	9,671,084	201,706	522,437
41	Interest	455,618	279,232	90,882	85,504
42	Depreciation, depletion, etc. (attach schedule)	3,747,743	2,252,846	863,591	631,306
43	Other expenses not covered above (itemize):				
a	Statement A2	22,869,370	14,650,656	1,491,885	6,726,829
b		0	0	0	0
c		0	0	0	0
d		0	0	0	0
e		0	0	0	0
f		0	0	0	0
g		0	0	0	0
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	225,787,341	167,769,323	8,999,753	49,018,265

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

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

If "Yes," enter (i) the aggregate amount of these joint costs \$ 44,149,478 ; (ii) the amount allocated to Program services \$ 15,774,780 ; (iii) the amount allocated to Management and general \$ 3,676,449 ; and (iv) the amount allocated to Fundraising \$ 24,698,249

Part IV Balance Sheets (See the instructions.)

				(A)		(B)
				Beginning of year		End of year
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.						
Assets	45	Cash—non-interest-bearing		9,725,902	45	5,525,541
	46	Savings and temporary cash investments		3,999,296	46	1,768,132
	47 a	Accounts receivable	47a 11,763,195			
	b	Less: allowance for doubtful accounts	47b 2,107,000	4,038,376	47c	9,656,195
	48 a	Pledges receivable	48a 45,851,277			
	b	Less: allowance for doubtful accounts	48b 2,216,000	34,046,283	48c	43,635,277
	49	Grants receivable			49	
	50 a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		0	50a	0
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b	
	51 a	Other notes and loans receivable (attach schedule)				
	b	Less: allowance for doubtful accounts	51b 0	0	51c	0
	52	Inventories for sale or use		3,757,126	52	3,206,641
	53	Prepaid expenses and deferred charges		3,958,139	53	5,109,860
	54 a	Investments—publicly-traded securities.	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	36,139,792	54a	27,458,113
	b	Investments—other securities (attach schedule).	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54b	0
	55 a	Investments—land, buildings, and equipment: basis				
	b	Less: accumulated depreciation (attach schedule)	55b 0	0	55c	0
	56	Investments—other (attach schedule)		12,850,000	56	12,850,000
	57 a	Land, buildings, and equipment: basis		57a 32,671,807		
b	Less: accumulated depreciation (attach schedule)	57b 23,356,051	13,063,708	57c	9,315,756	
58	Other assets, including program-related investments (describe <input checked="" type="checkbox"/> Deferred and Deposited Rent)		1,232,864	58	0	
59	Total assets (must equal line 74). Add lines 45 through 58		122,811,486	59	118,525,515	
Liabilities	60	Accounts payable and accrued expenses		26,080,660	60	19,228,629
	61	Grants payable		9,781,074	61	9,678,459
	62	Deferred revenue		14,102,289	62	14,175,637
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		0	63	0
	64 a	Tax-exempt bond liabilities (attach schedule)		0	64a	0
	b	Mortgages and other notes payable (attach schedule)		0	64b	0
	65	Other liabilities (describe <input type="checkbox"/>)		0	65	0
66	Total liabilities. Add lines 60 through 65		49,964,023	66	43,082,725	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted		27,650,794	67	31,987,512
	68	Temporarily restricted		36,421,575	68	36,859,204
	69	Permanently restricted		5,796,725	69	6,596,074
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.					
	70	Capital stock, trust principal, or current funds			70	
	71	Paid-in or capital surplus, or land, building, and equipment fund			71	
	72	Retained earnings, endowment, accumulated income, or other funds			72	
	73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		69,869,094	73	75,442,790
	74	Total liabilities and net assets/fund balances. Add lines 66 and 73.		119,833,117	74	118,525,515

AMERICAN DIABETES ASSOCIATION, CONSOLIDATED
SPECIAL EVENTS
FORM 990, PART I, Line 9 2007

	<u>Step Out Walk Event</u>	<u>Tour de Cure</u>	<u>Big Ticket</u>	<u>All Other</u>	<u>Total</u>
Gross Receipts	\$ 19,057,531	14,223,349	11,835,051	10,311,055	55,426,986
Less: Contributions	<u>(17,350,179)</u>	<u>(12,973,244)</u>	<u>(8,989,929)</u>	<u>(7,931,343)</u>	<u>(47,244,695)</u>
Gross Revenue	1,707,352	1,250,105	2,845,122	2,379,712	8,182,291
Less: Direct Benefit Costs	<u>1,707,352</u>	<u>1,250,105</u>	<u>2,845,122</u>	<u>2,379,712</u>	<u>8,182,291</u>
Net Revenue	<u>\$ -</u>	<u>-</u>	<u>-</u>	<u>-</u>	<u>-</u>

AMERICAN DIABETES ASSOCIATION, CONSOLIDATED
 SCHEDULE OF OTHER EXPENSES
 FORM 990, PART II, LINE 43 2007

Description	Total	Program Services	Management & General	Fundraising
Professional Fees	\$ 14,427,413	\$ 10,229,024	\$ 369,047	\$ 3,829,342
Provision for Doubtful Accounts	2,302,424	1,082,892	414,341	805,191
Data Processing	2,475,065	1,385,532	114,296	975,237
Banking Fees	1,912,543	898,895	344,258	669,390
Insurance	509,063	348,400	75,390	85,273
Membership Dues	423,132	333,663	28,679	60,790
Miscellaneous	819,730	372,250	145,874	301,606
Totals	<u>\$ 22,869,370</u>	<u>\$ 14,650,656</u>	<u>\$ 1,491,885</u>	<u>\$ 6,726,829</u>

AMERICAN DIABETES ASSOCIATION, CONSOLIDATED
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS
FORM 990, PART III 2007

MISSION

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

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

AMERICAN DIABETES ASSOCIATION, CONSOLIDATED
RECONCILIATION OF CONSOLIDATED REVENUE AND EXPENSES AS REPORTED
ON THE FINANCIAL STATEMENTS CY07 TO CONSOLIDATED
REVENUE AND EXPENSES REPORTED ON PROFORMA FORM 990 2007

REVENUE

Total consolidated revenue reported on the financial statements 2007	\$ 233,775,354
American Diabetes Association (EIN 13-1623888) contributed services	(1,943,275)
American Diabetes Association Research Foundation, Inc. (EIN 54-1734511) contributed services	(471,042)
American Diabetes Association (EIN 13-1623888) unrealized gain on investments reported as other changes in net assets	(108,693)
	<hr/>
Total consolidated revenue reported on line 12 of the pro forma return	<u><u>\$ 231,252,344</u></u>

EXPENSES

Total consolidated expenses reported on the financial statements for 2007	\$ 228,201,658
American Diabetes Association (EIN 13-1623888) contributed services	(1,943,275)
American Diabetes Association Research Foundation, Inc. (EIN 54-1734511) contributed services	(471,042)
	<hr/>
Total consolidated expenses reported on line 17 of the pro forma return	<u><u>\$ 225,787,341</u></u>

TAB 2

American Diabetes Association

Return of Organization Exempt From Income Tax

2007

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning _____, and ending _____

<p>B Check if applicable:</p> <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<p>Please use IRS label or print or type. See Specific Instructions.</p>	<p>C Name of organization American Diabetes Association</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1701 N. Beauregard Street</p> <p>City or town State or country ZIP + 4 Alexandria VA 22311</p>	<p>D Employer identification number 13-1623888</p> <p>E Telephone number 703-549-1500</p> <p>F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶</p>
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: ▶ **www.diabetes.org**

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

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **291,878,353**

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

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

	<p>1 Contributions, gifts, grants, and similar amounts received:</p> <p>a Contributions to donor advised funds 1a 33,597</p> <p>b Direct public support (not included on line 1a) 1b 159,792,139</p> <p>c Indirect public support (not included on line 1a) 1c 9,874,010</p> <p>d Government contributions (grants) (not included on line 1a) 1d 200,380</p> <p>e Total (add lines 1a through 1d) (cash \$ 166,024,425 noncash \$ 3,875,701) 1e 169,900,126</p> <p>2 Program service revenue including government fees and contracts (from Part VII, line 93) 2 34,911,348</p> <p>3 Membership dues and assessments 3 3,033,034</p> <p>4 Interest on savings and temporary cash investments 4 1,144</p> <p>5 Dividends and interest from securities 5 1,927,727</p> <p>6a Gross rents 6a</p> <p>b Less: rental expenses 6b</p> <p>c Net rental income or (loss). Subtract line 6b from line 6a 6c 0</p> <p>7 Other investment income (describe ▶) 7 3,631,634</p> <p>8a Gross amount from sales of assets other than inventory (A) Securities (B) Other</p> <p style="padding-left: 20px;">58,028,035 8a 0</p> <p style="padding-left: 20px;">58,063,443 8b 0</p> <p style="padding-left: 20px;">-35,408 8c 0</p> <p>d Net gain or (loss). Combine line 8c, columns (A) and (B) 8d -35,408</p> <p>9 Special events and activities (attach schedule). If any amount is from gaming, check here <input checked="" type="checkbox"/> 9</p> <p>a Gross revenue (not including \$ 47,244,695 of contributions reported on line 1b) 9a 8,182,291</p> <p style="padding-left: 20px;">8,182,291 9b 8,182,291</p> <p>c Net income or (loss) from special events. Subtract line 9b from line 9a 9c 0</p> <p>10a Gross sales of inventory, less returns and allowances 10a 0</p> <p style="padding-left: 20px;">0 10b 0</p> <p>c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a 10c 0</p> <p>11 Other revenue (from Part VII, line 103) 11 12,263,014</p> <p>12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 12 225,632,619</p>	
Expenses	<p>13 Program services (from line 44, column (B)) 13 161,050,782</p> <p>14 Management and general (from line 44, column (C)) 14 8,933,336</p> <p>15 Fundraising (from line 44, column (D)) 15 48,885,430</p> <p>16 Payments to affiliates (attach schedule) 16 0</p> <p>17 Total expenses. Add lines 16 and 44, column (A) 17 218,869,548</p>	
Net Assets	<p>18 Excess or (deficit) for the year. Subtract line 17 from line 12 18 6,763,071</p> <p>19 Net assets or fund balances at beginning of year (from line 73, column (A)) 19 70,029,191</p> <p>20 Other changes in net assets or fund balances (attach explanation) 20 108,693</p> <p>21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20 21 76,900,955</p>	

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

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

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

• The books are in the care of ▶ **Deborah L. Johnson**

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 _____, 20____, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20_____ or
- ▶ tax year beginning _____, 20____, and ending _____, 20_____.

2 If 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	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	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 American Diabetes Association	Employer identification number 13 1623888
	Number, street, and room or suite no. If a P.O. box, see instructions. 1701 N Beauregard Street	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Alexandria, VA 22311	

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

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

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

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

- 4 I request an additional 3-month extension of time until **November 15**, 20**08**.
- 5 For calendar year **2007**, or other tax year beginning _____, 20____, and ending _____, 20____.
- 6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- 7 State in detail why you need the extension **Additional time is needed to ensure a complete and accurate return.**

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 **7/31/2008**
Deborah L. Johnson

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).

Section 501(c) corporations 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 section 501(c) corporations 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 section 501(c) corporation required to file Form 990-T) extension of time until August 15, 2008, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 2007 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.

