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MAR 23 2011

STATUTE CLEARED

NO STATUTE CLEARED

SCANNED MAR 25 2011

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

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization DRUG INFORMATION ASSOCIATION, INC. Number and street (or P O box if mail is not delivered to street address) Room/suite 800 ENTERPRISE ROAD 200 City or town, state or country, and ZIP + 4 HORSHAM, PA 19044	<b>D</b> Employer identification number 23-7311318
Please use IRS label or print or type. See Specific Instructions		<b>E</b> Telephone number (215) 442-6100
Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).		<b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____
<b>G</b> Website: WWW.DIAHOME.ORG		<b>H</b> and <b>I</b> are not applicable to section 527 organizations
<b>J</b> Organization type (check only one) <input checked="" type="checkbox"/> 501(c)(3) (insert no) 4947(a)(1) or 527		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>K</b> Check here <input type="checkbox"/> 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		<b>H(b)</b> If "Yes," enter number of affiliates <input type="checkbox"/> N/A
		<b>H(c)</b> Are all affiliates included? (If "No," attach a list. See instructions.) <input type="checkbox"/> Yes <input type="checkbox"/> No
		<b>H(d)</b> Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		<b>I</b> Group Exemption Number <input type="checkbox"/> N/A
		<b>M</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)
<b>L</b> Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 33,868,210.		

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)									
Revenue	1	Contributions, gifts, grants, and similar amounts received							
	a	Contributions to donor advised funds							
	b	Direct public support (not included on line 1a)							
	c	Indirect public support (not included on line 1a)							
	d	Government contributions (grants) (not included on line 1a)							
	e	Total (add lines 1a through 1d) (cash \$ noncash \$ )							
	2	Program service revenue including government fees and contracts (from Part VII, line 93)							
	3	Membership dues and assessments							
	4	Interest on savings and temporary cash investments							
	5	Dividends and interest from securities STMT. 3							
Revenue	6a	Gross rents 249,273.							
	b	Less rental expenses							
	c	Net rental income or (loss) Subtract line 6b from line 6a							
	7	Other investment income (describe )							
	8a	Gross amount from sales of assets other than inventory (A) Securities 3,158,758. (B) Other							
	b	Less cost or other basis and sales expenses 2,842,650.							
	c	Gain or (loss) (attach schedule) 316,108.							
	d	Net gain or (loss) Combine line 8c, columns (A) and (B)							
	9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>							
	a	Gross revenue (not including \$ of contributions reported on line 1b)							
Expenses	b	Less direct expenses other than fundraising expenses							
	c	Net income or (loss) from special events Subtract line 9b from line 9a							
	10a	Gross sales of inventory, less returns and allowances							
	b	Less cost of goods sold							
	c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a							
	11	Other revenue (from Part VII, line 103)							
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 31,001,011.							
	13	Program services (from line 44, column (B))							
	14	Management and general (from line 44, column (C))							
	15	Fundraising (from line 44, column (D))							
Net Assets	16	Payments to affiliates (attach schedule)							
	17	Total expenses. Add lines 16 and 44, column (A) 26,418,537.							
	18	Excess or (deficit) for the year Subtract line 17 from line 12 4,582,474.							
	19	Net assets or fund balances at beginning of year (from line 73, column (A)) 13,991,762.							
	20	Other changes in net assets or fund balances (attach explanation) STMT. 4. STMT. 5. -368,214.							
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20. 18,206,022.							

**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
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ <u>NONE</u> noncash \$ <u>NONE</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>10,000</u> noncash \$ <u>NONE</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	10,000.	10,000.		
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc listed in Part V-A	975,198.	NONE	975,198.	
<b>b</b> Compensation of former officers, directors, key employees, etc listed in Part V-B	75,187.	NONE	75,187.	
<b>c</b> 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)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	5,684,861.	5,642,598.	42,263.	
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	81,317.	NONE	81,317.	
<b>28</b> Employee benefits not included on lines 25a-27	112,364.	NONE	112,364.	
<b>29</b> Payroll taxes	71,649.	NONE	71,649.	
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees	3,488,318.	1,442,989.	2,045,329.	
<b>32</b> Legal fees				
<b>33</b> Supplies	224,318.	187,304.	37,014.	
<b>34</b> Telephone	234,888.	196,131.	38,757.	
<b>35</b> Postage and shipping	36,576.	NONE	36,576.	
<b>36</b> Occupancy	294,587.	245,980.	48,607.	
<b>37</b> Equipment rental and maintenance	90,771.	75,794.	14,977.	
<b>38</b> Printing and publications	938,594.	876,104.	62,490.	
<b>39</b> Travel	1,072,304.	895,374.	176,930.	
<b>40</b> Conferences, conventions, and meetings	7,898,252.	7,879,848.	18,404.	
<b>41</b> Interest	93,134.	93,134.	NONE	
<b>42</b> Depreciation, depletion, etc (attach schedule)	614,913.	513,452.	101,461.	
<b>43</b> Other expenses not covered above (itemize)				
<b>a</b> STMT 7	4,421,306.	3,144,498.	1,276,808.	
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				
<b>f</b>				
<b>g</b>				
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	26,418,537.	21,203,206.	5,215,331.	

Joint Costs. Check ☐ if you are following SOP 98-2Are 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 \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_,

(iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments (See the instructions)**

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ►SEE STATEMENT 8

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others)

**a** SEE STATEMENT 8

(Grants and allocations \$ NONE ) If this amount includes foreign grants, check here ☐

21, 203, 206.

b

(Grants and allocations \$ ) If this amount includes foreign grants, check here ☐

**C**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ☐

**d**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ►

e Other program services (attach schedule)

(Grants and allocations \$ ) If this amount includes foreign grants, check here ☐

<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . . . . .		<b>21,203,206.</b>
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Form 990 (2007)

**Part IV Balance Sheets** (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>45</b> Cash - non-interest-bearing . . . . .	119,372.	<b>45</b>	102,269.	
	<b>46</b> Savings and temporary cash investments . . . . .	7,690,319.	<b>46</b>	8,362,576.	
	<b>47a</b> Accounts receivable . . . . .	<b>47a</b> 593,483.			
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>47b</b> 66,012.	449,019.	<b>47c</b> 527,471.	
	<b>48a</b> Pledges receivable . . . . .	<b>48a</b>		<b>48c</b>	
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>48b</b>			
	<b>49</b> Grants receivable . . . . .		<b>49</b>		
	<b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule). . . . .		<b>50a</b>		
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		<b>50b</b>		
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .	<b>51a</b>			
	<b>b</b> Less allowance for doubtful accounts . . . . .	<b>51b</b>		<b>51c</b>	
	<b>52</b> Inventories for sale or use . . . . .		<b>52</b>		
	<b>53</b> Prepaid expenses and deferred charges . . . . .	1,606,051.	<b>53</b>	1,630,518.	
	<b>54a</b> Investments - publicly-traded securities <b>STMT 10.</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	9,718,719.	<b>54a</b>	12,387,647.	
	<b>b</b> Investments - other securities (attach schedule). <input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54b</b>		
<b>55a</b> Investments - land, buildings, and equipment basis . . . . .	<b>55a</b>				
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>55b</b>		<b>55c</b>		
<b>56</b> Investments - other (attach schedule) . . . . .		<b>56</b>			
<b>57a</b> Land, buildings, and equipment basis . . . . .	<b>57a</b> 10,053,233.				
<b>b</b> Less accumulated depreciation (attach schedule) . . . . .	<b>57b</b> 2,277,056.	8,046,852.	<b>57c</b>	7,776,177.	
<b>58</b> Other assets, including program-related investments (describe <input type="checkbox"/> <b>STMT 11</b> )		44,865.	<b>58</b>	36,890.	
<b>59</b> <b>Total assets</b> (must equal line 74) Add lines 45 through 58 . . . . .		27,675,197.	<b>59</b>	30,823,548.	
<b>Liabilities</b>	<b>60</b> Accounts payable and accrued expenses . . . . .	4,485,519.	<b>60</b>	3,634,413.	
	<b>61</b> Grants payable . . . . .		<b>61</b>		
	<b>62</b> Deferred revenue . . . . .	6,583,857.	<b>62</b>	6,896,961.	
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>63</b>		
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .		<b>64a</b>		
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . . <b>STMT 12</b>	2,441,353.	<b>64b</b>	2,064,782.	
	<b>65</b> Other liabilities (describe <input type="checkbox"/> <b>STMT 13</b> )	172,706.	<b>65</b>	21,370.	
<b>66</b> <b>Total liabilities.</b> Add lines 60 through 65 . . . . .		13,683,435.	<b>66</b>	12,617,526.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>				
	<b>67</b> Unrestricted . . . . .	13,991,762.	<b>67</b>	18,206,022.	
	<b>68</b> Temporarily restricted . . . . .		<b>68</b>		
	<b>69</b> Permanently restricted . . . . .		<b>69</b>		
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>				
	<b>70</b> Capital stock, trust principal, or current funds . . . . .		<b>70</b>		
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .		<b>71</b>		
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>72</b>		
	<b>73</b> <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21) . . . . .		13,991,762.	<b>73</b>	18,206,022.
	<b>74</b> <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 . . . . .		27,675,197.	<b>74</b>	30,823,548.



	Yes	No
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100

75b	X	
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75c		X
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75d	X	
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## Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

[illegible]

	Yes	No
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76		X
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77		X
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78a	X	
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78b	X	
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79		X
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80a	X	
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11/11/2016

<b>81b</b>	N/A
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**Part VI Other Information (continued)**

	Yes	No
<b>82a</b> Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
<b>b</b> If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III).		
<b>82b</b>		N/A
<b>83a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
<b>b</b> Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
<b>83b</b>		
<b>84a</b> Did the organization solicit any contributions or gifts that were not tax deductible?		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>84b</b>		N/A
<b>85a</b> 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		N/A
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?		N/A
<b>85b</b>		N/A
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
<b>c</b> Dues, assessments, and similar amounts from members		N/A
<b>85c</b>		N/A
<b>d</b> Section 162(e) lobbying and political expenditures		N/A
<b>85d</b>		N/A
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		N/A
<b>85e</b>		N/A
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)		N/A
<b>85f</b>		N/A
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
<b>85g</b>		N/A
<b>h</b> If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
<b>85h</b>		N/A
<b>86</b> 501(c)(7) orgs. Enter: <b>a</b> Initiation fees and capital contributions included on line 12		N/A
<b>86a</b>		N/A
<b>b</b> Gross receipts, included on line 12, for public use of club facilities		N/A
<b>86b</b>		N/A
<b>87</b> 501(c)(12) orgs. Enter: <b>a</b> Gross income from members or shareholders		N/A
<b>87a</b>		N/A
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		N/A
<b>87b</b>		N/A
<b>88a</b> At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX.	X	
<b>b</b> At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI.	X	
<b>88b</b>		
<b>89a</b> 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911: <u>NONE</u> , section 4912: <u>NONE</u> , section 4955: <u>NONE</u>		
<b>b</b> 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction.		X
<b>89b</b>		X
<b>c</b> Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958: <u>NONE</u>		
<b>d</b> Enter: Amount of tax on line 89c, above, reimbursed by the organization: <u>NONE</u>		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
<b>89e</b>		X
<b>f</b> All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
<b>89f</b>		X
<b>g</b> For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		N/A
<b>89g</b>		N/A
<b>90a</b> List the states with which a copy of this return is filed: <u>NONE</u>		
<b>b</b> Number of employees employed in the pay period that includes March 12, 2007 (See instructions).	82	
<b>90b</b>	82	
<b>91a</b> The books are in care of: <u>CHERYL BYRNE, CONTROLLER</u> Telephone no: <u>215-442-6100</u>		
Located at: <u>800 ENTERPRISE RD, STE 200 HORSHAM, PA</u> ZIP +4: <u>19044</u>		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
If "Yes," enter the name of the foreign country: <u>JAPAN AND SWITZERLAND</u>		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
<b>91b</b>	X	



**Part VI Other Information (continued)**

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? . . . . . 91c ☒ X ☐

If "Yes," enter the name of the foreign country ▶ JAPAN AND SWITZERLAND

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here . . . . . ☐  
and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . 92 | N/A**Part VII Analysis of Income-Producing Activities (See the instructions.)**

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a SYMPOSIA/ WORKSHOP					20,876,102.
b TRAINING COURSES					4,580,773.
c PUBLICATIONS	900004	1,056,589.			107,980.
d JOB BANK	561300	291,025.			
e					
f Medicare/Medicaid payments . . . . .					
g Fees and contracts from government agencies . . . . .					
94 Membership dues and assessments . . . . .					2,260,379.
95 Interest on savings and temporary cash investments . . . . .					
96 Dividends and interest from securities . . . . .			14	1,287,331.	
97 Net rental income or (loss) from real estate					
a debt-financed property . . . . .	532000	130,595.	16	118,678.	
b not debt-financed property . . . . .					
98 Net rental income or (loss) from personal property . . . . .					
99 Other investment income . . . . .					
100 Gain or (loss) from sales of assets other than inventory . . . . .			18	291,559.	
101 Net income or (loss) from special events . . . . .					
102 Gross profit or (loss) from sales of inventory . . . . .					
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E)) . . . . .		1,478,209.		1,697,568.	27,825,234.
105 Total (add line 104, columns (B), (D), and (E)) . . . . .					31,001,011.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93	SEE STATEMENT 8-9 FOR EXPLANATION FOR THE FOLLOWING LINE
94	NUMBERS: LINES 93A, 93B, 93C & 94

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
STMT 21	%		61,680.	302,618.
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)**(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13)**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

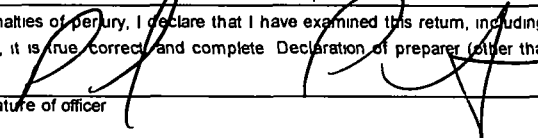
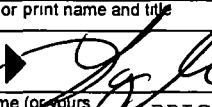
**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

<b>Please Sign Here</b>	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.			
	Signature of officer 		Date <u>2-17-11</u>	
<b>Paid Preparer's Use Only</b>	Type or print name and title			
	Preparer's signature 	Date <u>2/11/11</u>	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X) <u>P00438738</u>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>PRICEWATERHOUSECOOPERS LLP</u>		EIN <u>13-4008324</u>	
	<u>2001 MARKET ST, SUITE 1700</u>		Phone no <u>267-330-3000</u>	
<u>PHILADELPHIA, PA 19103</u>				

Form **990** (2007)

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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information - (See separate instructions.)**

► **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2007**

Name of the organization

DRUG INFORMATION ASSOCIATION, INC.

Employer identification number

23-7311318

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 22				

Total number of other employees paid over \$50,000 . . . ► 32

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 23		

Total number of others receiving over \$50,000 for professional services . . . . . ► 14

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
SEE STATEMENT 24		

Total number of other contractors receiving over \$50,000 for other services . . . . . ► 24

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

Schedule A (Form 990 or 990-EZ) 2007

**Part III** Statements About Activities (See page 2 of the instructions.)

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ NONE (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B) . . . . .

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)

a Sale, exchange, or leasing of property? . . . . . STMT .25

2a X

b Lending of money or other extension of credit? . . . . .

2b X

c Furnishing of goods, services, or facilities? . . . . . STMT .26

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . SEE 990, PART V . . .

2d X

e Transfer of any part of its income or assets? . . . . .

2e X

- 3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments) . . . . .

3a X

b Did the organization have a section 403(b) annuity plan for its employees? . . . . .

3b X

c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement . . . . .

3c X

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .

3d X

- 4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g . . . . .

4a X

b Did the organization make any taxable distributions under section 4966? . . . . .

4b X

c Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .

4c X

d Enter the total number of donor advised funds owned at the end of the tax year . . . . . ► NONE

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year . . . . . ► NONE

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts . . . . . ► NONE

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year . . . . . ► NONE

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is (Please check only ONE applicable box.)

- 5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V )
- 7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 ☐ A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ► \_\_\_\_\_
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
- 11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☒ 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 charitable, etc., 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) (Also complete the **Support Schedule** in Part IV-A )
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
- ☐ Type I ☐ Type II ☐ Type III - Functionally Integrated ☐ Type III - Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> .....					►

- 14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 8 of the instructions.)

Schedule A (Form 990 or 990-EZ) 2007

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28) . . . . .					
16 Membership fees received . . . . .	2,261,414.	2,477,883.	2,219,671.	1,831,301.	8,790,269.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose . . . . .	26,312,208.	23,625,501.	21,294,421.	19,445,653.	90,677,783.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975. . . . .	639,928.	1,731,954.	1,034,899.	691,096.	4,097,877.
19 Net income from unrelated business activities not included in line 18 . . . . .					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf . . . . .					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge . . . . .					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets . . . . .	STMT 27	275,000.			275,000.
23 Total of lines 15 through 22 . . . . .	29,213,550.	28,110,338.	24,548,991.	21,968,050.	103,840,929.
24 Line 23 minus line 17. . . . .	2,901,342.	4,484,837.	3,254,570.	2,522,397.	13,163,146.
25 Enter 1% of line 23. . . . .	292,136.	281,103.	245,490.	219,681.	

- 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24. **NQT, APPLICABLE** . . . ▶ 26a
- b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts . . . ▶ 26b
- c Total support for section 509(a)(1) test. Enter line 24, column (e) . . . . . ▶ 26c
- d Add Amounts from column (e) for lines 18 \_\_\_\_\_ 19 \_\_\_\_\_  
22 \_\_\_\_\_ 26b \_\_\_\_\_ . . . . . ▶ 26d
- e Public support (line 26c minus line 26d total) . . . . . ▶ 26e
- f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) . . . . . ▶ 26f %
- 27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year

(2006) \_\_\_\_\_ (2005) \_\_\_\_\_ (2004) \_\_\_\_\_ (2003) \_\_\_\_\_

- b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year

(2006) \_\_\_\_\_ (2005) \_\_\_\_\_ (2004) \_\_\_\_\_ (2003) \_\_\_\_\_

- c Add Amounts from column (e) for lines 15 \_\_\_\_\_ 16 8,790,269.  
17 90,677,783. 20 \_\_\_\_\_ 21 \_\_\_\_\_ . . . . . ▶ 27c 99,468,052.
- d Add Line 27a total, \_\_\_\_\_ and line 27b total, \_\_\_\_\_ . . . . . ▶ 27d
- e Public support (line 27c total minus line 27d total) . . . . . ▶ 27e 99,468,052.
- f Total support for section 509(a)(2) test. Enter amount from line 23, column (e) . . . . . ▶ 27f 103,840,929.
- g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) . . . . . ▶ 27g 95.7889 %
- h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) . . . . . ▶ 27h 3.9463 %

- 28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15

**Part V Private School Questionnaire** (See page 9 of the instructions.)

NOT APPLICABLE

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .	<b>29</b>	
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .	<b>30</b>	
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? . . . . . If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement )	<b>31</b>	
-----		
-----		
-----		
<b>32</b> Does the organization maintain the following		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	<b>32a</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	<b>32c</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .	<b>32d</b>	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)		
-----		
-----		
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges? . . . . .	<b>33a</b>	
<b>b</b> Admissions policies? . . . . .	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff? . . . . .	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance? . . . . .	<b>33d</b>	
<b>e</b> Educational policies? . . . . .	<b>33e</b>	
<b>f</b> Use of facilities? . . . . .	<b>33f</b>	
<b>g</b> Athletic programs? . . . . .	<b>33g</b>	
<b>h</b> Other extracurricular activities? . . . . .	<b>33h</b>	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement )		
-----		
-----		
-----		
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	<b>34a</b>	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? . . . . .	<b>34b</b>	
If you answered "Yes" to either 34a or b, please explain using an attached statement.		
-----		
-----		
<b>35</b> Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 CB 587, covering racial nondiscrimination? If "No," attach an explanation . . . . .	<b>35</b>	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**Check ☐ a if the organization belongs to an affiliated group Check ☐ b if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for all electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) . . .	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . .	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37) . . . . .	<b>38</b>	
<b>39</b> Other exempt purpose expenditures . . . . .	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) . . . . .	<b>40</b>	
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table -		
<b>If the amount on line 40 is -</b>		
Not over \$500,000 . . . . . 20% of the amount on line 40 . . . . .		
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	<b>41</b>	
Over \$1,500,000 but not over \$17,000,000 . \$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000 . . . . . \$1,000,000 . . . . .		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) . . . . .	<b>42</b>	
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 . . . . .	<b>43</b>	
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38 . . . . .	<b>44</b>	

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720**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 45 through 50 on page 13 of the instructions )

	<b>Lobbying Expenditures During 4-Year Averaging Period</b>				
<b>Calendar year (or fiscal year beginning in) ►</b>	<b>(a) 2007</b>	<b>(b) 2006</b>	<b>(c) 2005</b>	<b>(d) 2004</b>	<b>(e) Total</b>
Lobbying nontaxable amount . . . . .					
<b>45</b> amount . . . . .					
Lobbying ceiling amount . . . . .					
<b>46</b> (150% of line 45(e)) . . . . .					
<b>47</b> Total lobbying expenditures . . . . .					
Grassroots nontaxable amount . . . . .					
<b>48</b> amount . . . . .					
Grassroots ceiling amount . . . . .					
<b>49</b> (150% of line 48(e)) . . . . .					
Grassroots lobbying expenditures . . . . .					
<b>50</b> . . . . .					

**Part VI-B Lobbying Activity by Nonelecting Public Charities****NOT APPLICABLE**

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

	<b>Yes</b>	<b>No</b>	<b>Amount</b>
<b>a</b> Volunteers . . . . .			
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h) . . . . .			
<b>c</b> Media advertisements . . . . .			
<b>d</b> Mailings to members, legislators, or the public . . . . .			
<b>e</b> Publications, or published or broadcast statements . . . . .			
<b>f</b> Grants to other organizations for lobbying purposes . . . . .			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .			
<b>i</b> Total lobbying expenditures (Add lines c through h) . . . . .			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.



## 21

Form **5713**  
(Rev. December 2004)

Department of the Treasury  
Internal Revenue Service

# International Boycott Report

For tax year beginning January 1, 20 07,  
and ending December 31, 20 07.

OMB No 1545-0216

Attachment  
Sequence No. 123

File in Duplicate  
(See Instructions)

► **Controlled groups, see page 3 of instructions.**

Name

**Drug Information Association, Inc.**

Identifying number

**23-7311318**

Number, street, and room or suite no. (If a P O box, see page 2 of instructions)

**800 Enterprise Road, Suite 200**

City or town, state, and ZIP code

**Horsham, PA 19044**

Address of service center where your tax return is filed

**Ogden, UT 84201-0027**

Type of filer (check one):

☐ Individual ☐ Partnership ☒ Corporation ☐ Trust ☐ Estate ☐ Other

**1 Individuals**—Enter adjusted gross income from your tax return (see page 2 of instructions)

**2 Partnerships and corporations:**

**a Partnerships**—Enter each partner's name and identifying number.

**b Corporations**—Enter the name and employer identification number of each member of the controlled group (as defined in section 993(a)(3)). Do not list members included in the consolidated return; instead, attach a copy of Form 851. List all other members of the controlled group not included in the consolidated return.

**If you list any corporations below or if you attach Form 851, you must designate a common tax year. Enter on line 4b the name and employer identification number of the corporation whose tax year is designated.**

Name

Identifying number

If more space is needed, attach additional sheets and check this box ☐

**c** Enter principal business activity code and description (see instructions)

Code

Description

**611000**

**Continuing Medical Education**

**d** IC-DISCs—Enter principal product or service code and description (see instructions)

**3 Partnerships**—Each partnership filing Form 5713 must give the following information:

**a** Partnership's total assets (see instructions)

**b** Partnership's ordinary income (see instructions)

**4 Corporations**—Each corporation filing Form 5713 must give the following information:

**a** Type of form filed (Form 1120, 1120-F, 1120-FSC, 1120-IC-DISC, 1120-L, 1120-PC, etc)

**990 & 990-T**

**b** Common tax year election (see page 2 of instructions)

(1) Name of corporation ►

(2) Employer identification number

(3) Common tax year beginning , 20 , and ending , 20

**c** Corporations filing this form enter:

(1) Total assets (see instructions)

**30,823,548**

(2) Taxable income before net operating loss and special deductions (see instructions).

**188,885**

**5 Estates or trusts**—Enter total income (Form 1041, page 1)

**-0-**

**6** Enter the total amount (before reduction for boycott participation or cooperation) of the following tax benefits (see instructions):

**a** Foreign tax credit

**b** Deferral of earnings of controlled foreign corporations

**c** Deferral of IC-DISC income

**d** FSC exempt foreign trade income

**e** Foreign trade income qualifying for the extraterritorial income exclusion

**-0-**

**-0-**

**-0-**

**-0-**

**-0-**

**Please  
Sign  
Here**

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

Signature

Date

**Executive Director**

Title

	Yes	No
<b>7a</b> Are you a U.S. shareholder (as defined in section 951(b)) of any foreign corporation (including a FSC that does not use the administrative pricing rules) that had operations reportable under section 999(a)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> If the answer to question 7a is "Yes," is any foreign corporation a controlled foreign corporation (as defined in section 957(a))?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>c</b> Do you own any stock of an IC-DISC?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>d</b> Do you claim any foreign tax credit?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>e</b> Do you control (within the meaning of section 304(c)) any corporation (other than a corporation included in this report) that has operations reportable under section 999(a)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," did that corporation participate in or cooperate with an international boycott at any time during its tax year that ends with or within your tax year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>f</b> Are you controlled (within the meaning of section 304(c)) by any person (other than a person included in this report) who has operations reportable under section 999(a)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," did that person participate in or cooperate with an international boycott at any time during its tax year that ends with or within your tax year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>g</b> Are you treated under section 671 as the owner of a trust that has reportable operations under section 999(a)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>h</b> Are you a partner in a partnership that has reportable operations under section 999(a)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>i</b> Are you a foreign sales corporation (FSC) (as defined in section 922(a), as in effect before its repeal)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>j</b> Are you excluding extraterritorial income (defined in section 114(e)) from gross income?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Part I Operations in or Related to a Boycotting Country** (See instructions beginning on page 3.)

	Yes	No
<b>8 Boycott of Israel</b> —Did you have any operations in or related to any country (or with the government, a company, or a national of that country) associated in carrying out the boycott of Israel which is on the list maintained by the Secretary of the Treasury under section 999(a)(3)? (See <b>Boycotting Countries</b> on page 2 of the instructions.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box <input type="checkbox"/>		

Name of country (1)	Identifying number of person having operations (2)	Principal business activity		IC-DISCs only—Enter product code (5)
		Code (3)	Description (4)	
<b>a</b> Lebanon	23-7311318	611000	Continuing Medical Education	
<b>b</b> Saudi Arabia	23-7311318	611000	Continuing Medical Education	
<b>c</b> United Arab Emirates	23-7311318	611000	Continuing Medical Education	
<b>d</b>				
<b>e</b>				
<b>f</b>				
<b>g</b>				
<b>h</b>				
<b>i</b>				
<b>j</b>				
<b>k</b>				
<b>l</b>				
<b>m</b>				
<b>n</b>				
<b>o</b>				

- 9 Nonlisted countries boycotting Israel**—Did you have operations in any nonlisted country which you know or have reason to know requires participation in or cooperation with an international boycott directed against Israel?

Yes	No
	✓

If "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box ☐

Name of country (1)	Identifying number of person having operations (2)	Principal business activity		IC-DISCs only—Enter product code (5)
		Code (3)	Description (4)	
a				
b				
c				
d				
e				
f				
g				
h				

- 10 Boycotts other than the boycott of Israel**—Did you have operations in any other country which you know or have reason to know requires participation in or cooperation with an international boycott other than the boycott of Israel?

Yes	No
	✓

If "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box ☐

Name of country (1)	Identifying number of person having operations (2)	Principal business activity		IC-DISCs only—Enter product code (5)
		Code (3)	Description (4)	
a				
b				
c				
d				
e				
f				
g				
h				

- 11** Were you requested to participate in or cooperate with an international boycott?

Yes	No
	✓

If "Yes," attach a copy (in English) of any and all such requests received during your tax year. If the request was in a form other than a written request, attach a separate sheet explaining the nature and form of any and all such requests (See page 4 of instructions.)

- 12** Did you participate in or cooperate with an international boycott?

	✓
--	---

If "Yes," attach a copy (in English) of any and all boycott clauses agreed to, and attach a general statement of the agreement. If the agreement was in a form other than a written agreement, attach a separate sheet explaining the nature and form of any and all such agreements. (See page 4 of instructions.)

**Note:** If the answer to either question 11 or 12 is "Yes," you must complete the rest of Form 5713. If you answered "Yes" to question 12, you must complete Schedules A and C or B and C (Form 5713).

**Part II Requests for and Acts of Participation in or Cooperation With an International Boycott**

Requests		Agreements	
Yes	No	Yes	No

**13a** Did you receive requests to enter into, or did you enter into, any agreement (see page 4 of instructions):

- (1) As a condition of doing business directly or indirectly within a country or with the government, a company, or a national of a country to—
- (a) Refrain from doing business with or in a country which is the object of an international boycott or with the government, companies, or nationals of that country? . . . . .
- (b) Refrain from doing business with any U.S. person engaged in trade in a country which is the object of an international boycott or with the government, companies, or nationals of that country? . . . . .
- (c) Refrain from doing business with any company whose ownership or management is made up, in whole or in part, of individuals of a particular nationality, race, or religion, or to remove (or refrain from selecting) corporate directors who are individuals of a particular nationality, race, or religion? . . . . .
- (d) Refrain from employing individuals of a particular nationality, race, or religion? . . . . .
- (2) As a condition of the sale of a product to the government, a company, or a national of a country, to refrain from shipping or insuring products on a carrier owned, leased, or operated by a person who does not participate in or cooperate with an international boycott? . . . . .

**b Requests and agreements**—If the answer to any part of 13a is "Yes," complete the following table. If more space is needed, attach additional sheets using the exact format and check this box. ☐

Name of country (1)	Identifying number of person receiving the request or having the agreement (2)	Principal business activity		IC-DISCs only—Enter product code (5)	Type of cooperation or participation			
		Code (3)	Description (4)		Number of requests		Number of agreements	
					Total (6)	Code (7)	Total (8)	Code (9)
a								
b								
c								
d								
e								
f								
g								
h								
i								
j								
k								
l								
m								
n								
o								
p								



FORM 990 - GENERAL EXPLANATION ATTACHMENT

DETAIL OF LAND, BUILDINGS, EQUIPMENT & DEPRECIATION  
FORM 990, PART II, LINE 42 & PART IV, LINE 57

DESCRIPTION	12/31/2007	12/31/2006
LAND	\$ 2,589,372	\$ 2,589,372
LAND IMPROVEMENTS	133,128	133,128
BUILDING	4,555,896	4,555,896
BUILDING IMPROVEMENTS	779,994	733,784
LEASEHOLD IMPROVEMENTS	119,817	65,082
OFFICE EQUIPMENT	445,723	472,367
COMPUTER EQUIPMENT	1,048,303	892,403
FURNITURE AND FIXTURES	293,465	250,566
BOOTHES	87,535	87,535
SUBTOTAL	\$10,053,233	\$9,780,133
LESS: ACCUMULATED DEPRECIATION	(2,277,056)	(1,733,281)
NET PROPERTY, PLANT, AND EQUIPMENT	\$7,776,177	\$8,046,852

DEPRECIATION EXPENSE FOR THE YEAR ENDED DECEMBER 31, 2007 WAS \$614,913.  
DEPRECIATION WAS CALCULATED USING THE STRAIGHT LINE METHOD OVER THE  
ESTIMATED USEFUL LIVES OF THE ASSETS.

FORM 990 - GENERAL EXPLANATION ATTACHMENT

GAIN/(LOSS) FROM SALE OF ASSETS OTHER THAN INVENTORY  
FORM 990, PART I, LINE 8

(A). SECURITIES:

DESCRIPTION	DATE SOLD	SALES PRICE	ADJUSTED BASIS	GAIN/ (LOSS)
MARKETABLE SECURITIES	VARIOUS	\$3,158,758	\$ \$2,482,658	\$ 316,108

THE GAINS REPORTED ARE THE RESULT OF NUMEROUS TRANSACTIONS CONDUCTED BY  
DRUG INFORMATION ASSOCIATION, INC. DETAILED INFORMATION IS ON FILE AT  
THE INSTITUTION AND IS AVAILABLE UPON REQUEST.

FORM 990, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

=====

DESCRIPTION	AMOUNT
-----	-----
INVESTMENT INCOME	1,287,331.
	-----
TOTAL	1,287,331.
	=====



FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

=====

DESCRIPTION

-----

AMOUNT

-----

GAIN FROM TERMINATION OF  
POSTRETIREMENT BENEFIT PLAN

60,164.

-----

TOTAL

60,164.

=====

FORM 990, PART I - OTHER DECREASES IN FUND BALANCES  
=====

DESCRIPTION -----	AMOUNT -----
UNREALIZED LOSS	428,378.
	-----
TOTAL	428,378.
	=====

FORM 990, PART II - OTHER GRANTS AND ALLOCATIONS PAID DURING THE YEAR  
=====

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR  
AND

RECIPIENT NAME AND ADDRESS  
-----

FOUNDATION STATUS OF RECIPIENT  
-----

PURPOSE OF GRANT OR CONTRIBUTION  
-----

AMOUNT  
-----

GRANTS PAID

=====

DR COTTFRIED KREUTZ

C/O WORLD HEALTH ORGANIZATION CH-1211

AVENUE APPIA 20

GENEVA 27

SWITZERLAND

SECRETARY-GENERAL, CIOMS

REVISING AND UPDATING INTERNATIONAL ETHICAL

GUIDELINES FOR ETHICAL REVIEW OF EPIDEMIOLOGICAL

STUDIES.

10,000.

TOTAL CONTRIBUTIONS PAID

10,000.

=====

FORM 990, PART II - OTHER EXPENSES  
=====

DESCRIPTION -----	TOTAL -----	PROGRAM SERVICES -----	MANAGEMENT AND GENERAL -----
TRAINING	2,550,704.	2,550,704.	NONE
MEMBERSHIP DEVELOPMENT	408,988.	309,470.	99,518.
REPAIRS & MAINTENANCE	329,398.	275,047.	54,351.
INSURANCE	11,110.	9,277.	1,833.
ADVERTISING	539,077.	NONE	539,077.
BANK CHARGES	81,988.	NONE	81,988.
DONATIONS, GRANTS AND AWARDS	9,885.	NONE	9,885.
DUES AND SUBSCRIPTIONS	323,266.	NONE	323,266.
FOREIGN CURRENCY TRANSACTIONS	-132,506.	NONE	-132,506.
MISCELLANEOUS TAXES	117,803.	NONE	117,803.
INVESTMENT FEES	64,026.	NONE	64,026.
INCOME TAX EXPENSE	117,567.	NONE	117,567.
TOTALS	4,421,306.	3,144,498.	1,276,808.
	=====	=====	=====

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

1. USING MODERN TECHNOLOGY TO PROVIDE A WORLDWIDE FORUM FOR THE EXCHANGE AND DISSEMINATION OF INFORMATION THAT IS INTENDED TO ADVANCE THE DISCOVERY, DEVELOPMENT, EVALUATION, AND USE OF MEDICINES AND RELATED HEALTH CARE TECHNOLOGIES.
2. TO FOSTER COOPERATIVE EFFORTS AMONG EDUCATIONAL, RESEARCH, HOSPITAL, INDUSTRIAL, AND GOVERNMENTAL PERSONNEL ENGAGED IN DRUG INFORMATION.
3. TO ENCOURAGE IMPROVED METHODS OF COLLECTING, SELECTING, ABSTRACTING, INDEXING, STORING, RETRIEVING, PROCESSING, ANALYZING, EVALUATING, AND PRESENTING RESEARCH DATA GENERATED FROM CHEMICAL, TOXICOLOGICAL, PHARMACOLOGICAL, AND CLINICAL STUDIES OF DRUGS AND DEVICES.
4. TO ENCOURAGE THE USE OF ACCEPTABLE STANDARDS OF TERMINOLOGY FOR USE IN MODERN COMMUNICATION SYSTEMS AND OF APPROPRIATE CODES THAT FACILITATES PROCESSING DRUG INFORMATION OR OTHER DATA.
5. TO ENCOURAGE AND ENGAGE IN THE DISSEMINATION OF ACCURATE INFORMATION IN MEDICINE, BIOLOGY, PHARMACY, AND ALLIED HUMAN AND ANIMAL HEALTH FIELDS.
6. TO EXCHANGE IDEAS FOR THE DEVELOPMENT OF MANUAL AND AUTOMATED DRUG INFORMATION SYSTEMS.

MEMBERSHIP GROWTH:

THE MEMBERSHIP HAS INCREASED FROM 800 INDIVIDUALS IN 1980 TO OVER 17,000 AT THE END OF 2007.

MEETING ATTENDANCE/NUMBER OF MEETINGS AND WORKSHOPS:

THE NUMBER OF MEETINGS AND WORKSHOPS HELD EACH YEAR IN THE US HAS RISEN FROM 2 IN 1980 TO 28 IN 2007. TOTAL ATTENDANCE AT DIA MEETINGS/WORKSHOPS EXCEEDED 11,000 IN 2007. THERE WERE 34 WEBINARS IN 2007 WITH ATTENDANCE OF OVER 2,500 ATTENDEES.

JOURNAL GROWTH:

FIRST PUBLISHED IN 1969, THE DIA JOURNAL HAS BECOME A LEADING SOURCE FOR EXCHANGE OF INFORMATION CONCERNING ALL ASPECTS OF DRUG DEVELOPMENT, REGULATION, AND UTILIZATION. THE JOURNAL IS NOW INCLUDED IN MANY MAJOR INDICES OF SCIENTIFIC AND MEDICAL LITERATURE AND IS AVAILABLE ON LINE.

EXTERNAL EDUCATIONAL PROGRAMS, FELLOWSHIPS, GRANTS, AND COURSES:

AN EDUCATIONAL PROGRAM SUPPORTING FELLOWSHIPS HAVE BEEN FUNDED BY THE DIA ON AN ONGOING BASIS. THE PURPOSE OF THESE FELLOWSHIPS IS TO

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

=====

TRAIN QUALIFIED SCIENTISTS IN CLINICAL PHARMACOLOGY, PHARMACOEPIDEMIOLGY AND DRUG EVALUATION AND REGULATION. A PROGRAM OF GRANTS HAS BEEN INITIATED TO STIMULATE DRUG INFORMATION TOPICS IN ACADEMIC INSTITUTIONS.

INTERNAL EDUCATION PROGRAMS:

DIA BEGAN A SERIES OF TRAINING COURSES IN 1991. THE COURSES ARE NOW OFFERED THROUGHOUT THE USA AND EUROPE. IN 2007, DIA SPONSORED 114 OFFERINGS OF ITS TRAINING COURSES WITH OVER 3,600 ATTENDEES. SINCE TRAINING COURSES ARE A VITAL PART OF THE DIA'S MISSION TO PROVIDE A SERVICE AND AN EDUCATIONAL FORUM FOR ITS MEMBERS, A TRAINING COURSE COMMITTEE, CONSISTING OF THE COURSE LEADERS, WAS ESTABLISHED TO DEVELOP NEW IDEAS FOR COURSES AS WELL AS UPDATES AND FORUMS FOR EXCHANGE OF IDEAS AND EXPERIENCES FOR COURSE ATTENDEES.

EUROPEAN PROGRAM AND EXPANSION:

A STEERING COMMITTEE FOR EUROPE WAS ESTABLISHED IN 1989 TO PROVIDE DIRECTION AND FOCUS TO EUROPEAN DIA ACTIVITIES. IN 2007, 21 WORKSHOPS AND MEETINGS AND THE ANNUAL EUROMEETING WERE HELD IN EUROPE, AN INCREASE IN ACTIVITY FROM 5 EVENTS HELD IN 1990. TOTAL ATTENDANCE FOR THESE MEETINGS AND WORKSHOPS EXCEEDED 4,500 IN 2007. THE ANNUAL EUROMEETING AND CLINICAL DATA MANAGEMENT MEETING HAVE BECOME MAJOR EVENTS OF THEIR TYPE IN THE EUROPEAN PHARMACEUTICAL ARENA.

JAPANESE PROGRAM AND EXPANSION:

A PROVISIONAL STEERING COMMITTEE FOR JAPAN WAS ESTABLISHED IN 2003 TO PROVIDE DIRECTION AND FOCUS TO JAPANESE DIA ACTIVITIES. IN 2007, 3 WORKSHOPS AND MEETINGS WERE HELD IN JAPAN.

FORM 990, PART IV - INVESTMENTS - PUBLICLY TRADED SECURITIES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----	COST OR FMV -----
MUTUAL FUNDS	9,718,719.	12,387,647.	FMV
	-----	-----	
TOTALS	9,718,719.	12,387,647.	
	=====	=====	

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
OTHER ASSETS	44,865.	36,890.
	-----	-----
TOTALS	44,865.	36,890.
	=====	=====



FORM 990, PART IV - MORTGAGES AND OTHER NOTES PAYABLE

LENDER: SUSQUEHANNA PATRIOTS BANK ( FKA FOUNDERS)  
 ORIGINAL AMOUNT: 4,500,000.  
 INTEREST RATE: 6.000000  
 DATE OF NOTE: 07/01/2004  
 MATURITY DATE: 05/31/2010  
 REPAYMENT TERMS: 25 YEARS AMORTIZATION SCHEDULE  
 SECURITY PROVIDED: GOOD FAITH AND CONSIDERATION  
 PURPOSE OF LOAN: CONSTRUCT A 51,000 SF OFFICE BUILDING  
 DESCRIPTION AND FMV BUILDING - AMOUNT WAS AMENDED TO \$2,500,000 7/1/04  
 OF CONSIDERATION:

BEGINNING BALANCE DUE .....	2,039,480.
ENDING BALANCE DUE .....	1,967,633.

LENDER: JKK CONSULTING, LLC  
 ORIGINAL AMOUNT: 1,000,000.  
 INTEREST RATE: 3.650000  
 DATE OF NOTE: 03/27/2003  
 MATURITY DATE: 03/27/2008  
 REPAYMENT TERMS: \$217,000 UP FRONT, BALANCE IN 4 EQUAL INSTALLMENTS  
 SECURITY PROVIDED: OF \$217,000  
 PURPOSE OF LOAN: FACILITATE CLINICAL INVESTIGATOR PROGRAM

BEGINNING BALANCE DUE .....	209,357.
ENDING BALANCE DUE .....	NONE

LENDER: JKK CONSULTING, LLC  
 ORIGINAL AMOUNT: 306,016.  
 INTEREST RATE: 3.650000  
 DATE OF NOTE: 03/27/2004  
 MATURITY DATE: 10/01/2008  
 REPAYMENT TERMS: DUE IN QUARTERLY PAYMENTS OF \$25,000  
 PURPOSE OF LOAN: TO FACILITATE CLINICAL INVESTIGATOR PROGRAM

BEGINNING BALANCE DUE .....	192,516.
ENDING BALANCE DUE .....	97,149.

TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	2,441,353.
---	------------

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	2,064,782.
--	------------

DRUG INFORMATION ASSOCIATION, INC.

23-7311318

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION -----	BEGINNING BOOK VALUE -----	ENDING BOOK VALUE -----
SECURITY DEPOSIT PAYABLE	21,370.	21,370.
OTHER LIABILITIES	151,336.	NONE
	-----	-----
TOTALS	172,706.	21,370.
	=====	=====

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

DESCRIPTION -----	AMOUNT -----
GAIN FROM TERMINATION OF POST RETIREMENT BENEFIT PLAN	60,164.
TOTAL	60,164.

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
<p>THERESA K. MUSSER 800 ENTERPRISE ROAD SUITE 200 HORSHAM, PA 19044</p>	<p>IMMEDIATE PAST PRESIDENT 20.00</p>	NONE	NONE	NONE
<p>CAROL LAYER 800 ENTERPRISE ROAD SUITE 200 HORSHAM, PA 19044</p>	<p>ASST. EXECUTIVE DIRECTOR 50.00</p>	232,462.	15,500.	NONE
<p>RONALD D. FITZMAN 800 ENTERPRISE ROAD SUITE 200 HORSHAM, PA 19044</p>	<p>PRESIDENT ELECT/PRESIDENT 20.00</p>	NONE	NONE	NONE
<p>STUART CUMMINGS, PHD, MSC 800 ENTERPRISE ROAD SUITE 200 HORSHAM, PA 19044</p>	<p>SECRETARY/TREASURER 20.00</p>	NONE	NONE	NONE
<p>CYNTHIA KIRK 800 ENTERPRISE ROAD SUITE 200 HORSHAM, PA 19044</p>	<p>PRESIDENT/IMMEDIATE PAST PRES. 20.00</p>	NONE	NONE	NONE
<p>MINNIE BAYLOR-HENRY 800 ENTERPRISE ROAD SUITE 200 HORSHAM, PA 19044</p>	<p>MEMBER/TREASURER 20.00</p>	NONE	NONE	NONE
<p>DEBORAH BURNS</p>	<p>MEMBER 20.00</p>	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
800 ENTERPRISE ROAD SUITE 200 HORSHAM, PA 19044				
GABY DANAN 800 ENTERPRISE ROAD SUITE 200 HORSHAM, PA 19044	DIRECTOR 20.00	NONE	NONE	NONE
RICHARD O. DAY 800 ENTERPRISE ROAD SUITE 200 HORSHAM, PA 19044	MEMBER 20.00	NONE	NONE	NONE
MARIE A. DRAY 800 ENTERPRISE ROAD SUITE 200 HORSHAM, PA 19044	PRESIDENT ELECT/MEMBER 20.00	NONE	NONE	NONE
YVES M. JULLIET 800 ENTERPRISE ROAD SUITE 200 HORSHAM, PA 19044	MEMBER 20.00	NONE	NONE	NONE
THOMAS KUHLER 800 ENTERPRISE ROAD SUITE 200 HORSHAM, PA 19044	MEMBER 20.00	NONE	NONE	NONE
SERGIO GUERRERO 800 ENTERPRISE ROAD SUITE 200	MEMBER 20.00	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
HORSHAM, PA 19044				
JACQUES C. MASCARO 800 ENTERPRISE ROAD SUITE 200 HORSHAM, PA 19044	MEMBER 20.00	NONE	NONE	NONE
JEFFREY SHERMAN 800 ENTERPRISE ROAD SUITE 200 HORSHAM, PA 19044	MEMBER 20.00	NONE	NONE	NONE
NANCY D. SMITH 800 ENTERPRISE ROAD SUITE 200 HORSHAM, PA 19044	MEMBER 20.00	NONE	NONE	NONE
STEPHEN A SONSTEIN 800 ENTERPRISE ROAD SUITE 200 HORSHAM, PA 19044	MEMBER 20.00	NONE	NONE	NONE
TOMMY GEORGE 800 ENTERPRISE ROAD SUITE 200 HORSHAM, PA 19044	WORLDWIDE DIRECTOR OF IT 50.00	126,623.	15,442.	NONE
WILLIAM BRASSINGTON 800 ENTERPRISE ROAD SUITE 200 HORSHAM, PA 19044	ACTING EXECUTIVE DIRECTOR 50.00	175,000.	NONE	NONE

AMOUNTS PAID TO RELEVANTE, INC. FOR HIS SERVICES.

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
CATHY STEIN-IZSAK 800 ENTERPRISE ROAD SUITE 200 HORSHAM, PA 19044	MEMBER 20.00	NONE	NONE	NONE
BRIGITTE FRANKIE 800 HORSHAM ROAD, SUITE 200 HORSHAM, PA 19044	DIRECTOR DIA EUROPE 50.00	235,538.	NONE	2,548.
TAKATOSHI SATO 800 HORSHAM ROAD SUITE 200 HORSHAM, PA 19044	MEMBER/DIRECTOR DIA JAPAN 50.00	NONE	NONE	NONE
MIKE ERNST 800 HORSHAM ROAD SUITE 200 HORSHAM, PA 19044	WORLDWIDE DIRECTOR HUMAN RES. 50.00	NONE	NONE	NONE
LISA ZOKS 800 HORSHAM ROAD SUITE 200 HORSHAM, PA 19044	WORLDWIDE DIR. OF MARKETING 50.00	156,585.	15,500.	NONE
PER SPINDLER 800 HORSHAM ROAD SUITE 200 HORSHAM, PA 19044	MEMBER 20.00	NONE	NONE	NONE
GRAND TOTALS		926,208.	46,442.	2,548.

FORM 990, PART V-A RELATIONSHIP SCHEDULE

RELATIONSHIP SCHEDULE

NAME OF OFFICER, DIRECTOR, ETC:	WILLIAM BRASSINGTON
NAME OF RELATED ENTITY:	RELEVANTE, INC.
TITLE OR ROLE:	ACTING EXECUTIVE DIRECTOR OF DIA
RELATIONSHIP:	OWNER - RELEVANTE, INC.

NAME OF PROFESSIONAL OR OTHER:	RELEVANTE, INC
NAME OF RELATED ENTITY:	WILLIAM BRASSINGTON
TITLE OR ROLE:	ACTING EXEC DIRECTOR OF DIA
RELATIONSHIP:	OWNER OF RELEVANTE, INC

NAME OF PROFESSIONAL OR OTHER:	LIQUIDHUB
NAME OF RELATED ENTITY:	WILLIAM BRASSINGTON
TITLE OR ROLE:	ACTING EXEC DIRECTOR OF DIA
RELATIONSHIP:	BROTHER IS OWNER OF LIQUIDHUB



DRUG INFORMATION ASSOCIATION, INC.

23-7311318

FORM 990, PART V-B - FORMER OFFICERS, DIRECTORS, AND TRUSTEES  
=====

NAME AND ADDRESS -----	LOANS AND ADVANCES -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
DAVID MAOLA 800 ENTERPRISE ROAD 200 HORSHAM, PA 19044	NONE	21,250.	NONE	NONE
MARLYNN ORLANDO 800 ENTERPRISE ROAD 200 HORSHAM, PA 19044	NONE	51,369.	2,568.	NONE
GRAND TOTALS	NONE	72,619.	2,568.	NONE

FORM 990, PART IX - INFORMATION REGARDING TAXABLE SUBSIDIARIES  
=====

NAME AND ADDRESS EMPLOYER IDENTIFICATION NUMBER	PERCENTAGE OWNERSHIP INTEREST	NATURE OF BUSINESS ACTIVITIES	TOTAL INCOME	ENDING ASSETS
DRUG INFORMATION ASSOC., LLC 800 ENTERPRISE ROAD, STE 200 HORSHAM, PA 19044 N/A	100.000000	ASIAN PRESENTANCE OF DIA	61,680.	302,618.
TOTAL INCOME			61,680.	302,618.

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCOUNT
KATIE SHEARER MACKINNON 800 ENTERPRISE ROAD SUITE 200 HORSHAM, PA 19044	50.00	133,296.	NONE	5,150.
LORI RIBOSKIN 800 ENTERPRISE ROAD SUITE 200 HORSHAM, PA 19044	50.00	100,795.	3,151.	NONE
DEBI LO PUMO 800 ENTERPRISE ROAD SUITE 200 HORSHAM, PA 19044	50.00	96,222.	NONE	2,462.
MICHAEL HUNTER 800 ENTERPRISE ROAD SUITE 200 HORSHAM, PA 19044	50.00	94,123.	2,957.	NONE
JENNIFER ANDRE-WEBB 800 ENTERPRISE ROAD SUITE 200 HORSHAM, PA 19044	50.00	91,697.	2,775.	NONE
TOTAL COMPENSATION		516,133.	8,883.	7,612.

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.  
=====

NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
RELEVANTE, INC 15 E. RIDGE PIKE CONSHOHOCKEN, PA 19428	FINANCIAL CONSULTING	930,302.
LIQUIDHUB 1030 CONTINENTAL DRIVE, 3RD FLOOR KING OF PRUSSIA, PA 19406	IT CONSULTING	252,443.
MEDMEDIA (K. I. LIPTON, INC.) 132 WELSH ROAD, SUITE 120 HORSHAM, PA 19044	ADVERTISING	204,247.
JKK CONSULTANT, LLC 4260 SUNNYBROOK ROAD KALAMAZOO, MI 490008	CONSULTING	292,000.
PRICEWATERHOUSECOOPERS - EUROPE STAMPFENBACHSTRASSE 73 CH-8035 ZURICH SWITZERLAND	TAX PREPARERS	577,927.
TOTAL COMPENSATION		----- 2,256,919. =====

SCH. A, PART II-B COMPENSATION OF THE 5 HIGHEST PAID FOR OTHER SERV.

NAME AND ADDRESS -----	TYPE OF SERVICE -----	COMPENSATION -----
NAYAK RIESEN AG STEINGRABEN 42 CH-9001 BASEL SWITZERLAND	INT. TRAVEL AGENCY	304,192.
ADP, INC 1125 VIRGINIA DRIVE FORT WASHINGTON, PA 19034	PAYROLL PROCESSOR	210,721.
TMA RESOURCES 1919 GALLOWS ROAD, SUITE 400 VIENNA, VA 22182	SOFTWARE	174,322.
GES EXPOSITION SERVICES 7050 LINDELL AVENUE LAS VEGAS, NV 89118	EXHIBIT HALL SRVCS	547,488.
AV EXPERIENCE, INC. ( NA) 825-43 AVENUE H8T 2J6 LACHINE QUEBEC CANADA	AUDIO VISUAL SERVICE	231,550.
TOTAL COMPENSATION		----- 1,468,273. =====

SCHEDULE A, PART III - EXPLANATION FOR LINE 2A

=====

DIA LEASES A PORTION OF ITS BUILDING TO RELEVANTE INC., WHICH IS OWNED BY AN OFFICER OF DIA. IN THIS REGARD, DIA ADHERES TO A CONFLICTS OF INTEREST POLICY AND SUCH TRANSACTION OCCURS AT AN ARMS-LENGTH BASIS AND AT FAIR MARKET RENT.

SCHEDULE A, PART III - EXPLANATION FOR LINE 2C

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DURING THE NORMAL COURSE OF ITS OPERATIONS, AFTER APPROPRIATE REVIEW, THE ORGANIZATION OCCASIONALLY TRANSACTS BUSINESS WITH PERSONS DESCRIBED IN QUESTION 2. IN THIS REGARD, THE ORGANIZATION ADHERES TO A CONFLICTS OF INTEREST POLICY AND ANY SUCH TRANSACTIONS OCCUR AT AN ARMS-LENGTH BASIS.

SCHEDULE A, PART IV-A - OTHER INCOME  
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DESCRIPTION -----	2006 ----	2005 ----	2004 ----	2003 ----	TOTAL -----
SETTLEMENT INCOME		275,000.			275,000.
TOTALS		275,000.			275,000.
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