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Form **990**

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 01-01-2008 and ending 12-31-2008

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
American Diabetes Association

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1701 N Beauregard Street

City or town, state or country, and ZIP + 4
Alexandria, VA 22311

D Employer identification number
13-1623888

E Telephone number
(703) 549-1500

G Gross receipts $ 261,332,351

F Name and address of Principal Officer
Larry Hausner
1701 N Beauregard Street
Alexandria, VA 22311

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(c) Group Exemption Number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Web site: ▶ www diabetes org

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1940

M State of legal domicile OH

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
See Additional Data Table

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	37
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	34
5	Total number of employees (Part V, line 2a)	5	1,242
6	Total number of volunteers (estimate if necessary)	6	300,000
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	10,170,443
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-683,439

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	169,900,126	166,128,320
9	Program service revenue (Part VIII, line 2g)	37,944,382	36,218,717
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,525,097	1,314,730
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,263,014	15,054,182
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	225,632,619	218,715,949
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	37,658,382	38,779,166
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	62,744,560	68,037,972
16a	Professional fundraising fees (Part IX, column (A), line 11e)	4,587,945	4,080,954
b	(Total fundraising expenses, Part IX, column (D), line 25 49,574,801)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	113,878,661	111,032,588
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	218,869,548	221,930,680
19	Revenue less expenses Subtract line 18 from line 12	6,763,071	-3,214,731

		Beginning of Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	110,471,826	106,379,505
21	Total liabilities (Part X, line 26)	33,570,871	38,418,414
22	Net assets or fund balances Subtract line 21 from line 20	76,900,955	67,961,091

Part II Signature Block

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

Please Sign Here

▶ Signature of officer — Date: 2009-08-11

▶ Larry Hausner Chief Executive Officer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Scott Sherman	Date 2009-08-11	Check if self-empolyed ▶ ☐	Preparer's PTIN (See Gen Inst)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ KPMG LLP, 2001 M Street, Washington, DC 20036			EIN ▶
			Phone no ▶ (202) 533-3300

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

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

1 Briefly describe the organization's mission

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting or make significant changes in how it conducts any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 49,834,208 including grants of $ 38,515,197) (Revenue $ 12,859,268)

Research - See Schedule O

4b (Code) (Expenses $ 61,303,824 including grants of $ 209,154) (Revenue $ 34,276,477)

Information - See Schedule O

4c (Code) (Expenses $ 51,219,132 including grants of $ 54,815) (Revenue $)

Advocacy and Public Awareness - See Schedule O

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses $ 162,357,164 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6	Yes	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17	Yes	
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19	Yes	
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27	Yes	

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV* .	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	1,055		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	15		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	1,242		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*			2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*			5c		No
6a	Did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	*Organizations that may receive deductible contributions under section 170(c).*					
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?			7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	Yes	
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		No
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*					
a	Did the organization make any taxable distributions under section 4966?			9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	Yes	
10	*Section 501(c)(7) organizations.* Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

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

Section A. Governing Body and Management

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

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed WV , WI , WA , VA , UT , TN , SC , RI , PA , OR , OK , OH , NY , NJ , NH , ND , NC , MT , MS , MO , MN , MI , ME , MD , MA , LA , KY , KS , IN , IL , HI , GA , FL , DC , CT , CO , CA , AZ , AR , AL , AK

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☑ own website ☐ another's website ☑ upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Deborah L Johnson CFO
1701 N Beauregard Street
Alexandria, VA 22311
(703) 549-1500

Part VII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations

* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations

* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	**(B)** Average hours per week	**(C)** Position (check all that apply)						**(D)** Reportable compensation from the organization (W-2/1099MISC)	**(E)** Reportable compensation from related organizations (W- 2/1099-MISC)	**(F)** Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								3,152,592		949,247

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

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Futuremarket Telecenter Inc 10201 S Padre Island Dr Suite 105 Corpus Christy, TX 78418	Fundraising support and telemarketing	4,207,624
Infocision Management Corporation 325 Springside Drive Akron, OH 44333	Professional Fundraising and Consulting	1,873,062
Healthstar Public Relations LLC P OBox 15035 Newark, NJ 07192	Media Campaign Planning and Production	1,275,000
Alexander & Partners 34 Royal Jams Drive Suite 6096 Chicago, IL 60675	Media Campaign Planning and Production	926,955
Convio Inc 11921 N Mopec Expressway Suite 200 Austin, TX 78759	Constituent Records Application Technical Services	749,136

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

Part VIII **Statement of Revenue**

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a 9,476,327				
	b	Membership dues	1b				
	c	Fundraising events	1c 46,583,569				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 207,434				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 109,860,990				
	g	Noncash contributions included in lines 1a-1f $ 4,138,273					
	h	**Total (Add lines 1a-1f)** ▶		166,128,320			
Program Service Revenue			Business Code				
	2a	Subscriptions	511,120	18,216,978	18,216,978		
	b	Registration	611,710	9,259,880	9,259,880		
	c	Sales of Material	511,130	4,654,833	4,654,833		
	d	Booth Rental	611,710	3,194,094			3,194,094
	e						
	f	All other program service revenue		892,932	892,932		
	g	**Total. Add lines 2a-2f** ▶ $ 36,218,717					
	3	Investment income (including dividends, interest other similar amounts) ▶		1,674,734			1,674,734
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties		899,366			899,366
			(i) Real	(ii) Personal			
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) ▶					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	34,030,056	1,772			
	b	Less cost or other basis and sales expenses	34,391,832				
	c	Gain or (loss)	-361,776	1,772			
	d	Net gain or (loss) ▶		-360,004			-360,004
Other Revenue	8a	Gross income from fundraising events (not including $ 8,166,354 of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* a	46,583,569				
	b	Less direct expenses b	8,166,354				
	c	Net income or (loss) from fundraising events ▶					
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000* a	139,318				
	b	Less direct expenses b	58,216				
	c	Net income or (loss) from gaming activities ▶		81,102	81,102		
	10a	Gross sales of inventory, less returns and allowances a					
	b	Less cost of goods sold b					
	c	Net income or (loss) from sales of inventory ▶					
		Miscellaneous Revenue	Business Code				
	11a	Advertising Income	541,800	8,173,202		8,173,202	
	b	Catalog Sales Income	454,110	1,997,241		1,997,241	
	c	Miscellaneous	900,099	3,903,271	3,903,271		
	d	All other revenue					
	e	**Total. Add lines 11a-11d** ▶ $ 14,073,714					
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶		218,715,949	37,008,996	10,170,443	5,408,190

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	38,744,242	38,744,242		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	34,924	34,924		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	2,886,454	1,995,967	85,697	804,790
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	51,947,237	35,926,497		14,488,344
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	2,403,843	1,658,183	73,287	672,373
9 Other employee benefits	6,460,247	4,460,334	239,855	1,760,058
10 Payroll taxes	4,340,191	2,995,120	129,319	1,215,752
11 Fees for services (non-employees)				
a Management	0			
b Legal	294,298		294,298	
c Accounting	248,750		248,750	
d Lobbying	495,284	495,284		
e Professional fundraising *See Part IV, line 17*	4,080,954			4,080,954
f Investment management fees	160,000		160,000	
g Other	12,637,339	10,209,287	1,403,155	1,024,897
12 Advertising and promotion	5,587,873	5,097,605	47,637	442,631
13 Office expenses	6,811,397	4,652,349	367,368	1,791,680
14 Information technology	4,621,922	3,592,463	93,106	936,353
15 Royalties	366,264	366,264		
16 Occupancy	11,060,705	8,107,260	899,033	2,054,412
17 Travel	5,158,161	3,635,021	215,183	1,307,957
18 Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19 Conferences, conventions and meetings	7,602,924	7,268,141	61,330	273,453
20 Interest	89,473		89,473	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	3,997,891	2,318,777	839,557	839,557
23 Insurance	450,307	324,377	58,363	67,567
24 Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a Supplies	3,598,377	3,220,040	26,247	352,090
b Postage and Shiping	14,568,921	8,532,648	690,905	5,345,368
c Printing and Publications	25,733,770	14,629,782	1,609,189	9,494,799
f All other expenses	7,548,932	4,092,599	834,567	2,621,766
25 **Total functional expenses.** Add lines 1 through 24f	221,930,680	162,357,164	9,998,715	49,574,801
26 **Joint Costs.** Check ☑ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	40675157	12,812,977	4,067,235	23,794,945

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	5,027,926	1	1,839,913
	2	Savings and temporary cash investments	764,167	2	604,239
	3	Pledges and grants receivable, net	35,064,516	3	36,821,326
	4	Accounts receivable, net	5,978,432	4	3,221,695
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*		6	
	7	Notes and loans receivable, net	2,018,671	7	2,711,213
	8	Inventories for sale or use	3,206,641	8	3,885,980
	9	Prepaid expenses and deferred charges	5,109,840	9	5,223,375
	10a	Land, buildings, and equipment cost basis — 10a: 32,671,807			
	b	Less accumulated depreciation *Complete Part VI of Schedule D* — 10b: 23,149,193	9,315,756	10c	7,995,079
	11	Investments—publicly traded securities	25,246,506	11	24,099,302
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*	2,211,607	12	2,945,119
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*	12,850,000	13	12,850,000
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*	3,677,764	15	4,182,264
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*	110,471,826	16	106,379,505
Liabilities	17	Accounts payable and accrued expenses	19,194,666	17	18,403,916
	18	Grants payable		18	
	19	Deferred revenue	14,175,637	19	13,433,771
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability *Complete Part IV of Schedule D*		21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	1,560,000
	25	Other liabilities *Complete Part X of Schedule D*	200,568	25	5,020,727
	26	**Total liabilities.** *Add lines 17 through 25*	33,570,871	26	38,418,414
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	33,541,512	27	15,513,868
	28	Temporarily restricted net assets	36,763,369	28	45,197,379
	29	Permanently restricted net assets	6,596,074	29	7,249,844
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	76,900,955	33	67,961,091
	34	Total liabilities and net assets/fund balances	110,471,826	34	106,379,505

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	☐ cash ☑ accrual ☐ other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits?		3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
American Diabetes Association

Employer identification number
13-1623888

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**

2 ☐ A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(See Instructions)**)	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of support?
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Public Support

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

Total Support

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

12	Gross receipts from related activities, etc (See instructions)	12	201,539,511

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

Computation of Public Support Percentage

14	Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	**96.990 %**
15	Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	**96.760 %**

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

b **33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

b **10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

18 **Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ☐

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

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

Total Support

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

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

Computation of Public Support Percentage

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	0 %
16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16	

Computation of Investment Income Percentage

17 Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17	0 %
18 Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18	

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

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

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

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

Facts and Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 13-1623888
Name: American Diabetes Association

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
R Stewart Perry , Chair of the Board	6 00	X		X				0	0	0
John B Buse MD PhD , President, Medicine Science	6 00	X		X				0	0	0
Ann Albright PhD RD , President, Health Care Education	6 00	X		X				0	0	0
Robert C Garrett FACHE , Secretary-Treasurer	6 00	X		X				0	0	0
George J Huntley CPA , Chair of the Board-Elect	2 00	X		X				0	0	0
R Paul Robertson MD , President-Elect, Medicine Science	2 00	X		X				0	0	0
Susan McLaughlin BS RD CDE , President-Elect, Health Care Education	2 00	X		X				0	0	0
T Edwin Stinson Jr , Secretary/Treasurer-Elect	2 00	X		X				0	0	0
Nash M Childs , Vice Chair	2 00	X		X				0	0	0
Richard M Bergenstal MD , Vice President, Medicine Science	2 00	X		X				0	0	0
Christine T Tobin RN MBA CDE , Vice President, Health Care Education	2 00	X		X				0	0	0
Gerald B Nee CPA , Vice Secretary/Treasurer	2 00	X		X				0	0	0
Larry Hausner , Chief Executive Officer	38 00	X		X				509,278	0	7,308
Michael A Brownlee MD , Board of Directors	1 00	X						0	0	0
Barbara E Corkey PhD , Board of Directors	1 00	X						0	0	0
Kermit R Crawford , Board of Directors	1 00	X						0	0	0
Marjorie L Cypress MS RN CDE , Board of Directors	1 00	X						0	0	0
Vivian Fonseca MD , Board of Directors	1 00	X						0	0	0
Janine C Freeman RD CDE , Board of Directors	1 00	X						0	0	0
James Garcia FMP , Board of Directors	1 00	X						0	0	0
Kenneth R Gerston , Board of Directors	1 00	X						0	0	0
John W Griffin Jr Esq , Board of Directors	1 00	X						0	0	0
Philip R Higdon , Board of Directors	1 00	X						0	0	0
Dwight Holing , Board of Directors	1 00	X						0	0	0
Wahida Karmally DrPH RD CDE CLS , Board of Directors	1 00	X						0	0	0
Lori M Laffel MD MPH , Board of Directors	1 00	X						0	0	0
Rita J Louard MD , Board of Directors	1 00	X						0	0	0
Elizabeth Mayer-Davis MS PhD RD , Board of Directors	1 00	X						0	0	0
Maren McGowan , Board of Directors	1 00	X						0	0	0
Brenda Montgomery RN MS CDE , Board of Directors	1 00	X						0	0	0

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Robin Nwankwo MPH RD CDE , Board of Directors	1 00	X						0	0	0
William C Popik , Board of Directors	1 00	X						0	0	0
Robin J Richardson , Board of Directors	1 00	X						0	0	0
Peter Sheehan MD , Board of Directors	1 00	X						0	0	0
Steven A Smith MD , Board of Directors	1 00	X						0	0	0
William D Tyree III , Board of Directors	1 00	X						0	0	0
Nickolas A Vitale MBA FHFMA , Board of Directors	1 00	X						0	0	0
Donald J Wagner , Board of Directors	1 00	X						0	0	0
Richard Kahn , Chief Scientific Medical Officer	38 00				X			403,108	0	589,354
Greg Elfers , Chief Field Development Officer	38 00				X			325,012	0	6,740
Frank Hoose , Senior VP Information Technology	38 00				X			212,094	0	31,266
Vaneeda Bennett , Executive VP Development	38 00				X			199,482	0	30,169
Deborah Johnson , Executive VP/Chief Financial Officer	38 00			X				189,306	0	33,135
Martha Ramsey , VP Publications	38 00				X			163,610	0	14,720
Scott Campbell , VP Research	38 00				X			153,883	0	17,986
James Schlicht , Exec VP Govt Affairs Advocacy	38 00					X		208,198	0	118,673
Marian Kirkman , VP Clinical Affairs	38 00					X		195,808	0	23,593
Andrea Maddox , VP Eastern Division	38 00					X		147,940	0	25,471
Lewis Bartfield , VP Midwest Division	38 00					X		142,051	0	25,774
Helen Mitternight , VP Communication External Relations	38 00					X		143,907	0	17,637
Michael D Farley , Former Interim Chief Executive Officer	1 00						X	158,915	0	7,421

Form 990, Part I, Line 1 - Briefly describe the Organization's mission or most significant activities:

The mission of the American Diabetes Association the Association is to prevent and cure diabetes and to improve the lives of all people affected by diabetes. There are 23.6 million children and adults in the United States, or 7.8 of the population, who have diabetes. In addition, there are 57 million Americans who have pre-diabetes, a condition that occurs when a persons blood glucose levels are higher than normal but not high enough for a diagnosis of type 2 diabetes.

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SCHEDULE C
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2008

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)
- Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)
- Section 501(c)(4), (5), or (6) organizations complete Part III

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

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

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

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	$
3	If the organization incurred in a section 4955 tax, did it file Form 4720 for this year?	☐ Yes ☐ No
4a	Was a correction made?	☐ Yes ☐ No
b	If "Yes," describe in Part IV	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	$
2	Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities	$
3	Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b	$
4	Did the filing organization file **Form 1120-POL** for this year?	☐ Yes ☐ No

5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

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

Limits on Lobbying Expenditures— (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b	Total lobbying expenditures to influence a legislative body (direct lobbying)		
c	Total lobbying expenditures (add lines 1a and 1b)		
d	Other exempt purpose expenditures		
e	Total exempt purpose expenditures (add lines 1c and 1d)		
f	Lobbying nontaxable amount Enter the amount from the following table in both columns—		

If the amount on line 1e, column (a) or (b) is:	**The lobbying nontaxable amount is:**
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

g	Grassroots nontaxable amount (enter 25% of line 1f)		
h	Subtract line 1g from line 1a Enter -0- if line g is more than line a		
i	Subtract line 1f from line 1c Enter -0- if line f is more than line c		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

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

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

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

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

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

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

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

Part IV **Supplemental Information**

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

Identifier	Return Reference	Explanation

Part IV Supplemental Information

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
American Diabetes Association

Employer identification number
13-1623888

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	1	
2	Aggregate Contributions to (during year)	22,622	
3	Aggregate Grants from (during year)	19,848	
4	Aggregate value at end of year	229,571	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☑ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☑ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

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

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

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

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

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

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

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

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

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

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

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

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

		(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a	Beginning of year balance	24,499,756				
b	Contributions	653,770				
c	Investment earnings or losses	129,902				
d	Grants or scholarships	1,742,000				
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	23,541,428				

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 29 000 %
- c Term endowment ▶ 71 000 %

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		67,092		67,092
b Buildings				
c Leasehold improvements		1,310,027	757,142	396,831
d Equipment		10,715,866	7,305,818	3,410,048
e Other		21,512,672	15,086,233	4,121,108
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				7,995,079

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

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other Perpetual Trusts	2,945,119	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	2,945,119	

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

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

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

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

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Due to American Diabetes Association Research Foundation	5,020,727
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	5,020,727

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	218,715,949
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	221,930,680
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-3,214,731
4	Net unrealized gains (losses) on investments	4	-5,725,133
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	1,014,155
9	Total adjustments (net) Add lines 4 - 8	9	-4,710,978
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-7,925,709

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

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

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

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

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
V	4	Income on endowments is spent in the year it is earned either for purposes restricted by the donor or towards the overall mission of the American Diabetes Association
XII	2d	Donations reported by the American Diabetes Association Research Foundation, EIN 54-1734511 7285101 Contributed Services reported by the American Diabetes Association Research Foundation 527,441 Donations reported by Shaping Americas Health, EIN 20-2993719 509,653
XII	4b	American Diabetes Research Foundation Mgmt fee reported 1,457,020 Shaping Americas Health Mgmt fee reported 76,448
XIII	2d	American Diabetes Association Research Foundation Expenses 43,054,482 Shaping Americas Health Expenses 1,206,662
XIII	4b	American Diabetes Association Research Foundation Grant 38,486,522
XI	8	Excess from the American Diabetes Association Research Foundation 1,787,562 Shortfall from Shaping Americas Health 77 ,456

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
American Diabetes Association

Employer identification number
13-1623888

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance . . . . . ☑ Yes ☐ No

2 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
Europe			Grant	Grant to International Diabetes Federation	9,924
North America			Grant	Grant to the International Diabetes Epidemiology Group IDEG for education development	25,000
Totals . . . . ▶					34,924

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Schedule F-1 if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe	Year End Distribution from Wendell Mayes Endowment to the International Diabetes Federation	9,924	Check			
		North America	Grants for education and development to IDEG	25,000	Wire Transfer			

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 2

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	ReturnReference	Explanation

Additional Data

Return to Form

Software ID: 08000033
Software Version: 2008.1.20
EIN: 13-1623888
Name: American Diabetes Association

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		Europe	Year End Distribution from Wendell Mayes Endowment to the International Diabetes Federation	9,924	Check			
		North America	Grants for education and development to IDEG	25,000	Wire Transfer			

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
American Diabetes Association

Employer identification number
13-1623888

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

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

- **a** ☑ Mail solicitations
- **b** ☑ Email solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☑ Solicitation of government grants
- **g** ☑ Special fundraising events

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

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

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

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

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

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

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

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

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

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

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	**13a**		
b	An outside facility	**13b**	100 000 %	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ See Schedule O

Address ▶ 1701 N Beauregard Street
Alexandria, VA 22311

15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**		No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶ See Schedule O

Gaming manager compensation ▶ $ _____

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	**17a**	Yes	

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $ 81,102

Additional Data

Software ID:
Software Version:
EIN: 13-1623888
Name: American Diabetes Association

Form 990 Schedule G - Licensed States

Licensed States

Form 990 Schedule G Part III Line 9

Enter the state(s) in which the organization operates gaming activities	WI, VT, VA, TX, RI, PA, OR, OH, NY, NJ, MO, MI, MA, IL, IA, GA, DE, DC, CT, CA, AZ, AK

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
American Diabetes Association

Employer identification number
13-1623888

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 if additional space is needed . . . . . ▶ ☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Diabetes Association Research Foundation Inc1701 N Beauregard St Alexandria, VA 22311	54-1734511	501 C 3	38,486,522				RESEARCH
Barton Center for Diabetes EducationP O Box 356 North Oxford, MA 01593	22-2701822	501 C 3	20,000				CAMPERSHIPS
Campfire USA Camping Services8511 15th Avenue NE Seattle, WA 98115	91-0575953	501 C 3	7,473				CAMPERSHIPS
Camp Hertko Hollow Inc101 Locust Street Des Moines, IA 50309	76-0717999	501 C 3	25,902				CAMPERSHIPS
Lions Camp Merrick11855 Holly Lane Suite 104 Waldorf, MD 20601	52-1289731	501 C 3	39,740				CAMPERSHIPS
Florida Camp for Children and Youth with Diabetes Inc PO Box 14136 Gainesville, FL 32604	23-7098099	501 C 3	9,120				CAMPERSHIPS
Lions of Illinois Foundation 2814 Dekalb Avenue Sycamore, IL 60178	23-7379629	501 C 3	21,828				CAMPERSHIPS
YMCA909 4th Avenue Seattle, WA 98104	53-0207403	501 C 3	8,641				CAMPERSHIPS
Emory University School of Medicine1599 Clifton Road NE 4th Floor Atlanta, GA 30322	58-0566256	501 C 3	100,012				EDUCATION DEVELOPMENT
KeyStone Center1628 St John Road Keystone, CO 80435	84-0688506	501 C 3	7,500				EDUCATION DEVELOPMENT

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 22

3 Enter total number of other organizations . . . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

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

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
American Diabetes Association

Employer identification number
13-1623888

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First class or charter travel ☑ Housing allowance or residence for personal use ☑ Travel for companions ☐ Payments for business use of personal residence ☑ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No

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

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

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

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

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

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

Additional Data

Return to Form

Software ID: 08000033
Software Version: 2008.1.20
EIN: 13-1623888
Name: American Diabetes Association

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
American Diabetes Association

Employer identification number
13-1623888

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance
See Additional Data Table		

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No

Additional Data

Software ID:
Software Version:
EIN: 13-1623888
Name: American Diabetes Association

Form 990, Schedule L, Part III - Grants or Assistance Benefitting Interested Persons

(a) Name of interested person	**(b)** Relationship between interested person and the organization	**(c)** Amount of grant or type of assistance
Barbara E Corkey PhD Boston Medical	Current Board Director	22,500
Vivian Fonseca MD Tulane University	Current Board Director	202,085
R Paul Robertson MD Pacific Northwe	Current Officer - President-Elect, Medicine Science	45,000
Alan Altschuler Massachusetts Gener	Former Board Director	22,500
Mark A Atkinson PhD University of F	Former Board Director	100,000
Eugene J Barrett MD PhD University	Former Board Officer	99,993
Thomas A Buchanan MD University of	Former Board Director	99,977
Alan D Cherrington PhD Vanderbilt U	Former Board Officer	45,000
Phillip E Cryer MD Washington Unive	Former Board Director	45,000
Robert R Henry MD Veterans Medical	Former Board Director	200,000
Barbara B Kahn MD Beth Isreal Deaco	Former Board Director	45,000
Steven B Kahn MB ChB Seattle Instit	Former Board Director	100,000
Steven E Kahn MB ChB University of	Former Board Director	45,000
Christopher D Saudek MD Johns Hopki	Former Board Officer	49,964
Robert S Sherwin MD Yale University	Former Board Officer	145,000
Gerald Shulman MD PhD Yale Universi	Former Board Director	100,000
Michael A Weiss Case Western Reserv	Former Board Officer	100,000

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
American Diabetes Association

Employer identification number
13-1623888

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles	X	1,010	1,200,178	Sale of comparable property and/or opinion of expert to determine Fair Market Value
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	96	715,074	Fair Market Value
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution (historic structures)				
14	Qualified conservation contribution (other)				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies	X	55,233	2,223,021	Fair Market Value
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (describe _____)				
26	Other (describe _____)				
27	Other (describe _____)				
28	Other (describe _____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, *Part IV, Donee Acknowledgement* **29**

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? **30a**		No
b	If "Yes", describe the arrangement in Part II		
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? **31**	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? **32a**	Yes	
b	If "Yes", describe in Part II		
33	If the organization did not report revenues in Column (c) for a type of property for which Column (a) is checked, describe in Part II		

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	ReturnReference	Explanation
I	32b	American Diabetes Association contracts with Car Program LLC 3755 Omec Circle, 4, Rancho Cordova, CA 95742, to advertise for donation of vehicles, receive and dispose of the donated vehicles on behalf of the American Diabetes Association

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SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
American Diabetes Association

Employer identification number
13-1623888

Identifier	Return Reference	Explanation
990 VI	10	IRS Review process by the Governing Body The American Diabetes Associations Board of Directors assigns the Audit Committee the oversight responsibility of the IRS Form 990 and its supplemental schedules prior to filing The final and signed 990 w as provided to the Associations Board of Directors prior to filing w ith the IRS

Identifier	Return Reference	Explanation
990 VI	12c	Managing a Conflict of Interest To identify potential conflicts of interest w ith appropriate due diligence, Officers, Directors, members of select Board appointed committees and their related subcommittees, journal/periodical editors, and senior staff of the Association and its subsidiaries must annually disclose any potential conflicts of interest The American Diabetes Associations Audit Committee and senior staff in Legal Affairs manage the disclosure and monitoring processes Through review of the annual disclosures and review of the agendas of relevant Board, Committee and other meetings, appropriate efforts are made in advance of the meetings to identify potential conflicts of interest Each person also has the responsibility to report his/her ow n conflicts of interest actual or perceived as those conflicts may arise during a meeting Based on the situation, senior volunteers and staff presiding over the discussion are responsible to ensure appropriate action is taken for the individual to publicly disclose the conflict, for the individual to recuse him or herself from the discussion, vote or room as appropriate and to ensure the disclosure and action is documented in the minutes of the meeting

Identifier	Return Reference	Explanation
990 VI		Compensation ProcessAnnually, the American Diabetes Associations Principal Officers Chair of the Board, President, Medicine Science, President, Health Care Education and Secretary/Treasurer are responsible for establishing executive compensation consistent w ith the guidelines approved by the Compensation Committee The Principal Officers of the Association use a Compensation Committee, w ritten employment contract, compensation studies and an independent consultant to establish the compensation of the Chief Executive Officer The Chief Executive Officer is responsible for the individual performance evaluations of the Senior Management team, and determines merit increase and/or bonus as appropriate and w ithin guidelines established by the Compensation Committee

Identifier	Return Reference	Explanation
990 VI	17	Filing Jurisdiction - Registration NumberAlabama AL97-256Alaska N/AArizona 10145Arkansas N/ACalifornia CT81471Colorado 2002-3003670Connecticut 5084Delaw are N/ADistrict of Columbia 981855Florida CH1618Georgia CH-001422Illinois CO01-025537Indiana 000103829-000Kansas 177-257-3SOKentucky 01-0239Kentucky 45 Kentucky 2202 Louisiana N/AMaine CO-1247Maryland 102Massachusetts O29317Michigan MICS 10326

Identifier	Return Reference	Explanation
990 VI	17 - Continued	Filing Jurisdiction - Registration NumberMinnesota N/AMississippi 100000294Missouri CO-021-87Nevada 5482New Hampshire 5006New Jersey CH-0581900New Mexico N/ANew York 01/30/65North Carolina SL000618North Dakota 7894Ohio 01-0239Oklahoma N/AOregon 16402Pennsylvania No 21Rhode Island 95-233South Carolina 641Tennessee 1919Tennessee 5104Utah 6536093-CharVirginia N/AWashington 167Washington 7664West Virginia N/AWisconsin 3020-800

Identifier	Return Reference	Explanation
990 VI	19	The follow ing documents are available on the American Diabetes Association w ebsite w w w diabetes org http//w w w diabetes orgBoard of DirectorsAudited Consolidated Financial StatementsLatest 990 filed Whistleblow er policyAvailable subject to request to the American Diabetes Association Legal Affairs department are the follow ingCurrent Bylaw sArticles of IncorporationConflict of Interest Policy

Identifier	Return Reference	Explanation
990 VI	4	The Association amended its Articles of Incorporation and its Bylaw s in 2008 Copies w ere filed w ith the appropriate regulatory agencies

Identifier	Return Reference	Explanation
Schedule G III	14	The Associations records are centralized at the home office at 1701 N Beauregard St, Alexandria, VA 22311 based on the information submitted by each Executive Director located in field offices

Identifier	Return Reference	Explanation
Schedule G III	16	The management and adminstration of the Associations gaming/special events are the responsibility of the local Executive Director of each office Compensation is based on total fundraising performance and is not specific to the results of an individual gaming activity

Identifier	Return Reference	Explanation
Schedule G I	v	Schedule GThe amounts reported ın column v represent fees paıd to regıstered professıonal fundraısers for the Assocıatıons car program and for the dual purpose publıc awareness and fundraısıng actıvıtıes of the dırect maıl and resıdentıal programs In addıtıon, amounts totalıng 1,827,922 were paıd to these servıce provıders to cover other expenses such as postage and prıntıng The amounts paıd for these expenses were determıned by revıew of the detaıled ınvoıces supplıed by the servıce provıder On Form 990, Part IX, lıne 11e, amounts reported as professıonal fundraısıng servıces represent the fees on Schedule G that have been functıonally allocated to the fundraısıng category The remaınder of the fees are reported on lıne 11g and have been functıonally allocated to the publıc awareness program category because of the educatıonal and call to actıon components of the ınformatıon

Identifier	Return Reference	Explanation
990 III	a	MıssıonThe mıssıon of the Amerıcan Dıabetes Assocıatıon the Assocıatıon ıs to prevent and cure dıabetes and to ımprove the lıves of all people affected by dıabetes Dıabetes ıs a dısease ın whıch the body does not produce or properly use ınsulın Insulın ıs a hormone that ıs needed to convert sugar, starches and other food ınto energy needed for daıly lıfe The cause of dıabetes contınues to be a mystery, although both genetıcs and envıronmental factors such as obesıty and lack of exercıse appear to play roles There are 23 6 mıllıon chıldren and adults ın the Unıted States, or 7 8 of the populatıon, who have dıabetes Whıle an estımated 17 9 mıllıon have been dıagnosed wıth dıabetes, unfortunately, 5 7 mıllıon people or nearly one quarter are unaware that they have the dısease Pre-dıabetes ıs a condıtıon that occurs when a persons blood glucose levels are hıgher than normal but not hıgh enough for a dıagnosıs of type 2 dıabetes There are 57 mıllıon Amerıcans who have pre-dıabetes, ın addıtıon to the 23 6 mıllıon wıth dıabetes The Amerıcan Dıabetes Assocıatıon ıs leadıng the fıght agaınst the deadly consequences of dıabetes and fıghtıng for those affected by dıabetes The Assocıatıon funds research to prevent, cure and manage dıabetes and ıts complıcatıons delıvers servıces to communıtıes across the Unıted States provıdes objectıve and credıble ınformatıon through multıple medıa and channels and stays ınvolved wıth advocacy and awareness efforts to educate people about the dısease and to gıve voıce to those denıed theır rıghts because of dıabetes RESEARCHFundıng for Dıabetes ResearchFundıng both type 1 and type 2 dıabetes research ıs a crıtıcal component of the Assocıatıons mıssıon A prımary goal of the research program ıs to support the careers of young scıentısts The Career Development and Junıor Faculty awards provıde young scıentısts the salary and research support necessary to establısh a track record of success that wıll allow them to get further fundıng from the NIH Other awards match recent doctoral candıdates wıth outstandıng senıor scıentısts to help them get started ın research, and awards that provıde clınıcal students a year of research experıence before or after graduatıon The Assocıatıons research program also provıdes general grant support to both new and establıshed ınvestıgators, specıalızed grants assıstıng clınıcal and ınnovatıve researchers, and opportunıtıes for establıshed ınvestıgators as they advance theır careers and the fıeld of dıabetes research and care With all of the award programs, the goal of the Amerıcan Dıabetes Assocıatıon and ıts Research Foundatıon ıs to make a unıque contrıbutıon that wıll accelerate the search for the preventıon and cure of dıabetes and ıts complıcatıons In 2008, the Amerıcan Dıabetes Assocıatıon and ıts Research Foundatıon provıded a total of 42 5 mıllıon ın research grants, fundıng 492 awards at 172 leadıng research ınstıtutıons ın the Unıted States Headlınes from projects supported by the Amerıcan Dıabetes Assocıatıons research program ıncluded the followıng- Study Suggests That Obesıty-Preventıon Efforts Should Begın Prıor to Adolescence, January 2008- Pre-exıstıng Dıabetes on the Rıse ın Women Havıng Chıldren, February 2008- Eleven Genes Identıfıed ın Connectıon wıth Cholesterol Levels and Coronary Artery Dısease, February 2008- U S and European Scıentısts have Found Sıx More Genes that Make People More Susceptıble to Developıng Type 2 Dıabetes, March 2008- Hıgh Glucose Levels ın Pregnant Women Lead to Pregnancy Complıcatıons Even ın Non-Dıabetıc Ranges, May 2008- C Elegans Worm Helps to Identıfy Specıfıc Genes ın Fat Regulatıon, August 2008- Obesıty Pathway ın the Braın Trıggered by Overeatıng ın Mıce, November 2008- Researchers Identıfy Immune System Educator Cells Outsıde of the Thymus, December 2008Promotıon of Scıentıfıc Medıcal Research In 2008, the Assocıatıons annual Scıentıfıc Sessıons - the worlds largest scıentıfıc and medıcal conference focused on dıabetes and ıts complıcatıons - was held ın San Francısco and drew more than 15,000 top scıentısts, physıcıans and other healthcare professıonals from around the world Through sessıons focused on the latest ınformatıon ın the areas of basıc and clınıcal research and on the applıcatıon of thıs ınformatıon to clınıcal practıce, attendees developed skılls enablıng them to- Revıew the latest research related to mıcrovascular complıcatıons ın dıabetes ıncludıng nephropathy, perıpheral arterıal dısease and neuropathy - Evaluate novel measures for cardıovascular rısk assessment and treatment targets - Descrıbe behavıoral ıssues related to weıght gaın and obesıty ın adults, adolescents and chıldren, and ımplıcatıons for clınıcal practıce - Revıew current research related to the nutrıtıonal components of meals, ıncludıng the latest fındıngs on carbohydrates and glycemıc control - Evaluate novel and emergıng pharmacologıc treatment optıons for people wıth dıabetes and theır ımplıcatıons for clınıcal practıce - Crıtıque research related to ınflammatıon and oxıdatıve stress and theır relatıonshıp to cardıovascular dısease ın dıabetes - Revıew the progress of genetıc studıes focused on predıctıng dıabetes and pre-dıabetes - Assess the latest fındıngs on ıslet transplantatıon research and ıts future - Evaluate current basıc and clınıcal research focused on mechanısms of ınsulın resıstance and the ımplıcatıons for the development and progressıon of dıabetes and ıts complıcatıons - Dıscuss the results of research on energy balance, exercıse, and nutrıtıon and ımplıcatıons for clınıcal practıce - Compare and contrast varıous studıes focused on regeneratıon of pancreatıc endocrıne cells from stem cells SEE NEXT FOR CONTINUATION OF PROGRAM ACCOMPLISHMENTS

Identifier	Return Reference	Explanation
990 III	4b	INFORMATIONConsumer Outreach EducationThe Association provides the most comprehensive source of useful information to support people with diabetes, their loved ones and their caregivers Our dedicated staff are committed to helping people take care of their diabetes every step along the way through a number of channels including the National Call Center, the Associations website, consumer publications and community outreach events across the country American Diabetes Association representatives at the National Call Center 1-800-DIABETES are personal guides to information on diabetes, as well as the Associations programs and events Over the last year, more than 300,000 people contacted the Call Center with questions and concerns, or to seek support or direction regarding diabetes and its management Many more people chose to obtain information online at diabetes org - the Associations web site - with more than 22 8 million visits by 18 9 million visitors These visitors viewed more than 188 million pages to learn about diabetes and diabetes control, take an online risk test, answer questions on nutrition, use interactive tools to make healthy foods choices, or participate in online communities developed specifically for children or adults The Associations consumer publications achieves a broad reach through both a monthly healthy living magazine and a full range of consumer books Each month, Diabetes Forecast magazine provides the best information on diabetes research, treatment and practical tips for day-to-day coping In 2008, this publication had an audited circulation of just over 507,000 with a pass-along readership of well over one million copies each month Nutrition and diet titles continue to be the most popular books sold to consumers The Associations best selling books in 2008 included the following Your First Year with Diabetes, a month-by-month guide to managing diabetes Diabetes 911, a guide to handling diabetes emergencies and Diabetes Heart Healthy Meals for Two, a cookbook co-published with the American Heart Association to promote healthy eating for people with diabetes When it comes to effective outreach and education, the American Diabetes Association recognizes that a community-based approach that collaborates with local leaders and other organizations is essential for programs reaching the general diabetes population as well as targeted efforts to families with children and high risk populations Family Link continues to provide programming in support of children and families affected by type 1 diabetes Through this program, the Association connects parents of newly diagnosed children with parent mentors and offers fun and social diabetes education events enabling parents to learn more about diabetes while meeting other families of children with diabetes These events are also an opportunity to learn about the cherished summer Diabetes Camp programs offered by the American Diabetes Association Kids with diabetes often feel like they are the only ones living with diabetes - but not at Diabetes Camp Here, they have a great time making new friends and participating in fun outdoor activities while building confidence in managing their diabetes Parents are able to send their children to camp with the confidence that trained staff, who often have diabetes themselves, have medical safety as a top priority In 2008, the Association hosted approximately 7,000 children at 60 summer camp locations across the country African Americans and Hispanic Latinos are two populations that are especially hard hit by diabetes In 2008, the Association continued its outreach efforts into these communities, delivering targeted prevention and diabetes management education The African American initiative-Live Empowered- reached more than one million people throughout the year A new component of this program implemented I Decide to Fight Diabetes Day at Church, a one-day, faith-based program that reached tens of thousands of individuals by delivering education and support for living healthier lives The Por Tu Familia program continued work with the Hispanic Latino population through collaborations with key organizations such as the National Association of Hispanic Nurses, the National Hispanic Council on Aging, and the National Council of La Raza Professional EducationThe primary goal of the Associations professional education program is to affect the quality of treatment and improve patient outcomes for persons with diabetes by providing quality education for those healthcare professionals who provide their care In 2008, the American Diabetes Association reached over 30,000 health care professionals with its live, print and electronic education activities The Association conducts several Continuing Education programs for healthcare professionals as well as educational opportunities without continuing education credit To make resources available to the most professionals, these programs are provided throughout the year through live conferences, webcasts, online interactive programs and in print In addition, the American Diabetes Association coordinates Professional Section Interest Groups to provide a forum for the exchange of information in specific areas of diabetes research and care The Interest Groups have more than 13,000 members Professional Journals are another method of outreach for the Association to healthcare providers In 2008, the Association continued its premier diabetes journals that disseminate important scientific and clinical information about the prevention and treatment of diabetes In total, the professional journals reached more than 84,000 health care professionals including researchers, physicians and diabetes educators The Education Recognition Program of the American Diabetes Association is an important effort to ensure diabetes education programs meet the National Standards for Diabetes Self Management Education In 2008, the Association certified that 2,060 programs at more than 3,200 U S sites met these standards Recognition by the American Diabetes Association ensures reimbursement to healthcare professionals for delivering diabetes education in the certified program To further support healthcare providers, the Association completed the annual update to its Clinical Practice Guidelines, providing a resource for effective diabetes care to millions of patients each year

Identifier	Return Reference	Explanation
990 III	c	ADVOCACY AND PUBLIC AWARENESSGovernment Affairs and Legal Advocacy The Associations work in the area of government relations and legal advocacy is a major tenet of its mission that positively impacts individuals with diabetes every year In addition to the advocacy work done to secure additional federal funding for diabetes research and programs, the Association achieved a significant number of additional victories for its state and federal advocacy efforts in 2008 The Association is especially proud of its role in the passing of the Americans with Disabilities Act Amendments Act of 2008, one of the most important pieces of diabetes legislation of the past decade The American Diabetes Association persistently advocated to protect people with diabetes by calling for a change to the existing law which often penalized people with diabetes for keeping good glucose control The new law, which went into effect on January 1, 2009, overturned a series of Supreme Court decisions and provides greater legal protection for people with diabetes and with other serious diseases In a strong collaborative effort, the Association successfully lobbied Congress to extend funding for the Special Diabetes Programs for Indians and the Special Statutory Funding Program for Type 1 Diabetes Research at Indian Health Service and the National Institutes of Health This funding extension of 600 million ensures that programs to advance type 1 diabetes research and to prevent and treat diabetes among the American Indian and Native Alaskan populations are continued through September 2011 Efforts at the state level achieved success in California, New York, Pennsylvania, Rhode Island, Iowa, Massachusetts and New Mexico Legislation passed in these states on research funding, nutrition, food labeling and school safety will significantly improve the lives of people affected by diabetes Public AwarenessAs previously noted, there are 23 6 million children and adults in the United States, or 7 8 of the population, who have diabetes While an estimated 17 9 million have been diagnosed with diabetes, unfortunately, 5 7 million people or nearly one quarter are unaware that they have the disease The most recent study, with 2007 data, estimates the total annual economic cost of diabetes to be 174 billion Medical expenditures totaled 116 billion and were comprised of 27 billion for diabetes care, 58 billion for chronic diabetes-related complications, and 31 billion for excess general medical costs With these staggering statistics, the American Diabetes Association must promote public awareness programs for the disease to be diagnosed, for people with diabetes to be appropriately treated and for people at risk of diabetes to take steps to prevent the onset of diabetes The American Diabetes Association integrates a public awareness message into virtually every program and fundraising activity Each of the 42 7 million pieces of direct mail that the Association sends out contains a call to action message to take the diabetes risk test, go see a healthcare professional or learn more about preventing diabetes and its complications All of our special event activities reach out to participants with the same calls to action, and we incorporate this program message into our community-based outreach events In addition, we have activities that are specifically focused on increasing the publics awareness of diabetes and its effectsIn 2008, the Association held a Diabetes EXPO in 17 locations across the country This event serves as a product and education showcase to bring together a wide range of local resources into one location These events contain a significant healthy living component to appeal not only to people with diabetes but also others who are not yet directly affected Over 83,000 people attended Diabetes EXPOs in 2008 to receive free health screenings, attend cooking and fitness demonstrations and learn about living with and managing diabetes Diabetes Alert is a one day concentrated effort in March to reach the people with diabetes who have not yet been diagnosed This nationwide, multi-channel program reaches out to Americans through television, radio programs, print pieces, and community activities Through these efforts, we realize record volumes of calls to the National Call Center and visits to diabetes org as the public responds to our call to action National Diabetes Month in November gives us a 30 day opportunity for enhanced public awareness activities In 2008, the Association received substantial media support to kick off the month as we leveraged the concluding Halloween activities to ask Americans what they were afraid of The fact that Americans werent particularly afraid of diabetes fed into multiple news stories about the true seriousness of the disease On a lighter side, the Association conducted a dual purpose awareness and fundraising activity to Kiss Diabetes Good-bye Celebrity health role-model, Laila Ali joined this awareness effort to urge individuals to send diabetes awareness messages to friends and loved ones and to make a donation to the American Diabetes Association Diabetes is a serious disease - learn more and take the Diabetes Risk Test at www diabetes org

Identifier	Return Reference	Explanation
990 IV	12	The financial results of the legal entity of the American Diabetes Association are reported and audited through consolidated financial statements which also contain the results of three subsidiary organizations The financial results are consolidated to be in compliance with generally accepted accounting principles, and the legal entity of the American Diabetes Association comprises 99 of the consolidated results In addition, the audit opinion references supplemental consolidating schedules which separately report the revenues and expenses of the legal entity of the American Diabetes Association Therefore, the entity is considered to have received an audit even though the opinion is issued on consolidated financials statements

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
American Diabetes Association

Employer identification number
13-1623888

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
American Diabetes Association Research Foundation Inc 1701 N Beauregard St Alexandria, VA22311 54-1734511	The objective of the Foundation is to secure major gifts and grants to fund diabetes- related resear	VA	501 c 3	170 b 1 A vi	N/A
Shaping Americas Health Association for Weight Mgmt & Obesity Prevention 1701 N Beauregard St Alexandria, VA22311 20-2993719	To prevent and treat excess weight and obesity, and to facilitate a better scientific understanding o	VA	501 c 3	170 b 1 A vi	N/A
American Diabetes Association Property Title Holding Corporation 1701 N Beauregard St Alexandria, VA22311 54-1948004	To hold title to property utilized by the American Diabetes Association and to perform related servi	VA	501 c 2		N/A

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations? Yes	(H) Disproprtionate allocations? No	(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) General or managing partner? No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V Transactions with Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a**		**No**
b	Gift, grant, or capital contribution to other organization(s)	**1b**	**Yes**	
c	Gift, grant, or capital contribution from other organization(s)	**1c**		**No**
d	Loans or loan guarantees to or for other organization(s)	**1d**	**Yes**	
e	Loans or loan guarantees by other organization(s)	**1e**		**No**
f	Sale of assets to other organization(s)	**1f**		**No**
g	Purchase of assets from other organization(s)	**1g**		**No**
h	Exchange of assets	**1h**		**No**
i	Lease of facilities, equipment, or other assets to other organization(s)	**1i**		**No**
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j**		**No**
k	Performance of services or membership or fundraising solicitations for other organization(s)	**1k**	**Yes**	
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**		**No**
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**	**Yes**	
n	Sharing of paid employees	**1n**	**Yes**	
o	Reimbursement paid to other organization for expenses	**1o**		**No**
p	Reimbursement paid by other organization for expenses	**1p**		**No**
q	Other transfer of cash or property to other organization(s)	**1q**		**No**
r	Other transfer of cash or property from other organization(s)	**1r**	**Yes**	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)	American Diabetes Association Research Foundation Inc	b	38,486,522
(2)	Shaping America's Health Assoc for Weight Mgmt and Obesity Prevention	d	773,455
(3)	American Diabetes Association Research Foundation Inc	k, m,	1,457,020
(4)	Shaping America's Health Assoc for Weight Mgmt and Obesity Prevention	k, m,	76,448
(5)	American Diabetes Association Property Title Holding Corporation	r	1,656,270
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Form **8868**
(Rev April 2008)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

- 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	Employer identification number
	American Diabetes Association	**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):

☑ Form 990	☐ Form 990-T (corporation)	☐ Form 4720
☐ Form 990-BL	☐ Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 5227
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 6069
☐ Form 990-PF	☐ Form 1041-A	☐ Form 8870

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

Telephone No. ▶ (**703**) **549-1500** FAX No. ▶ (**703**) **549-2856**

- If the organization does not have an office or place of business in the United States, check this box . . . . ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)_____. If this is for the whole group, check this box . . . . . ▶ ☐ . If it is for part of the group, check this box . . . . . ▶ ☐ and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **August 15** , 20**09** , to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶ ☑ calendar year 20**08** 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	Name of Exempt Organization		**Employer identification number**
File by the extended due date for filing the return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions.		For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions		

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

☐ Form 990	☐ Form 990-PF	☐ Form 1041-A	☐ Form 6069
☐ Form 990-BL	☐ Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 4720	☐ Form 8870
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 5227	

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

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

4 I request an additional 3-month extension of time until ....., 20.....

5 For calendar year ....., 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 .....

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$
c	**Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	$

Signature and Verification

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

Signature ▶ Deborah L. Johnson Title ▶ **Chief Financial Officer** Date ▶ 4/17/2009

Deborah L. Johnson

- 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.** Only file the original (no copies needed).

Type or print	Name of Exempt Organization	Employer identification number
File by the extended due date for filing the return. See instructions.	American Diabetes Association	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):

☑ Form 990	☐ Form 990-PF	☐ Form 1041-A	☐ Form 6069
☐ Form 990-BL	☐ Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 4720	☐ Form 8870
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ 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 09.

5 For calendar year 2008, 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 for final review and signature.

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 ▶ 7/17/2009

Form **8868**
(Rev. April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- 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	**Employer identification number**
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	

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

☐ Form 990	☐ Form 990-T (corporation)	☐ Form 4720
☐ Form 990-BL	☐ Form 990-T (sec. 401(a) or 408(a) trust)	☐ Form 5227
☐ Form 990-EZ	☐ Form 990-T (trust other than above)	☐ Form 6069
☐ Form 990-PF	☐ Form 1041-A	☐ Form 8870

- The books are in the care of ▶ _____

Telephone No. ▶ (_____) _____ FAX No. ▶ (_____) _____

- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . . . . . ▶ ☐. If it is for part of the group, check this box . . . . . ▶ ☐ and attach a list with the names and EINs of all members the extension 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.