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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 , 2008, and ending , 20**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C Name of organization</b> DRUG INFORMATION ASSOCIATION, INC.		<b>D Employer identification number</b> 23-7311318
		Doing Business As		<b>E Telephone number</b> (215) 442-6100
		Number and street (or P O box if mail is not delivered to street address) Room/suite 800 ENTERPRISE ROAD 200		
		City or town, state or country, and ZIP + 4 HORSHAM, PA 19044		
<b>F Name and address of principal officer</b>				<b>G Gross receipts \$</b> 32,439,283. <b>H(a) Is this a group return for affiliates?</b> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>H(b) Are all affiliates included?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list (see instructions) <b>H(c) Group exemption number</b> ▶ N/A
<b>I Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c) ( 3 ) ◀ (insert no ) 4947(a)(1) or 527		<b>J Website:</b> ▶ WWW.DIAHOME.ORG		
<b>K Type of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation</b> 1964 <b>M State of legal domicile</b> MD		

**Part I Summary**

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities SEE STATEMENT 1			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	19	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	19	
	<b>5</b> Total number of employees (Part V, line 2a)	<b>5</b>	78	
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	2,996	
	Revenue	<b>7a</b> Total gross unrelated business revenue from Part VIII, line 12, column (C)	<b>7a</b>	1,494,981.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34		<b>7b</b>	161,407.	
		<b>Prior Year</b>	<b>Current Year</b>	
<b>8</b> Contribution and grants (Part VIII, line 1h)			NONE	
<b>9</b> Program service revenue (Part VIII, line 2g)		29,172,848.	31,463,099.	
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,578,890.	636,075.	
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		249,273.	-76,500.	
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		31,001,011.	32,022,674.	
Expenses		<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,000.	104,571.
		<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		NONE
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,928,927.	9,373,026.	
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		NONE	
	<b>b</b> Total fundraising expenses, Part IX, column (D), line 25			
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	19,479,610.	21,894,602.	
	<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	26,418,537.	31,372,199.	
	<b>19</b> Revenue less expenses Subtract line 18 from line 12	4,582,474.	650,475.	
	Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Year</b>	<b>End of Year</b>
		<b>21</b> Total liabilities (Part X, line 26)	30,823,548.	27,560,322.
<b>22</b> Net assets or fund balances Subtract line 21 from line 20		12,617,526.	12,934,910.	
		18,206,022.	14,625,412.	

**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			
<b>Sign Here</b>	Signature of officer		Date 2-17-11
	Type or print name and title		
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date 2-14-11	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4		Preparer's identifying number (see instructions) P00438738
	PRICEWATERHOUSECOOPERS LLP 2001 MARKET ST, SUITE 1700 PHILADELPHIA, PA 19103		EIN ▶ 13-4008324 Phone no ▶ 267-330-3000

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

JSA  
8E1010 2 000Form **990** (2008)

TX4179 1467

SCANNED MAR 25 2011

**Part III Statement of Program Service Accomplishments** (see instructions)**1** Briefly describe the organization's mission:

SEE STATEMENT 1

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

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

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

If "Yes," describe these changes on Schedule O.

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code \_\_\_\_\_) (Expenses \$ 9,397,973. including grants of \$ \_\_\_\_\_) (Revenue \$ 22,877,544. )

SEE STATEMENT 2

**4b** (Code \_\_\_\_\_) (Expenses \$ 2,676,525. including grants of \$ \_\_\_\_\_) (Revenue \$ 4,757,210. )

SEE STATEMENT 2

**4c** (Code \_\_\_\_\_) (Expenses \$ 914,277. including grants of \$ \_\_\_\_\_) (Revenue \$ 1,360,330. )

SEE STATEMENT 2

**4d** Other program services. (Describe in Schedule O.)(Expenses \$ 12,232,844. including grants of \$ \_\_\_\_\_) (Revenue \$ 2,468,015. )**4e** Total program service expenses ► \$ 25,221,619. (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	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
5 Sections 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		
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		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the U S ?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	X	
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K If "No," go to question 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>28</b> During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
<b>a</b> Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b> X	
<b>b</b> Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b> X	
<b>c</b> Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28c</b> X	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	<b>33</b> X	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	<b>34</b> X	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>35</b> X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>	X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	<b>37</b>	X

Form **990** (2008)

**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	94
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . .	1b	NONE
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	2a	78
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	2b	X
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	3b	X
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	4a	X
b	If "Yes," enter the name of the foreign country <b>SEE STATEMENT 4</b> 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	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	5b	X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .	5c	
6a	Did the organization solicit any contributions that were not tax deductible? . . . . .	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	6b	
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75? . . . . .	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	7c	X
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	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	7f	X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	7g	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .	7h	
8	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	8	
9	<b>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</b>		
a	Did the organization make any taxable distributions under section 4966? . . . . .	9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	9b	
10	<b>Section 501(c)(7) organizations.</b> 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	<b>Section 501(c)(12) organizations.</b> 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	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> 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	

Form 990 (2008)

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

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body . . . . .	<b>1a</b> 19	
<b>b</b> Enter the number of voting members that are independent . . . . .	<b>1b</b> 19	
<b>2</b> 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? . . . . .	<b>2</b>	X
<b>3</b> 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? . . . . .	<b>3</b> X	
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .	<b>4</b>	X
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	<b>5</b>	X
<b>6</b> Does the organization have members or stockholders? . . . . .	<b>6</b> X	
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	<b>7a</b> X	
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	<b>7b</b> X	
<b>8</b> Did the organizations contemporaneously document the meetings held or written actions undertaken during the year by the following . . . . .		
<b>a</b> The governing body? . . . . .	<b>8a</b> X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b> X	
<b>9a</b> Does the organization have local chapters, branches, or affiliates? . . . . .	<b>9a</b> X	
<b>b</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? . . . . .	<b>9b</b> X	
<b>10</b> 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 . . . . .	<b>10</b> X	
<b>11</b> 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 . . . . .	<b>11</b>	X

**Section B. Policies**

	Yes	No
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<b>12a</b> X	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b> X	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	<b>12c</b> X	
<b>13</b> Does the organization have a written whistleblower policy? . . . . .	<b>13</b> X	
<b>14</b> Does the organization have a written document retention and destruction policy? . . . . .	<b>14</b> X	
<b>15</b> 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 . . . . .		
<b>a</b> The organization's CEO, Executive Director, or top management official? . . . . .	<b>15a</b> X	
<b>b</b> Other officers or key employees of the organization? . . . . .	<b>15b</b> X	
Describe the process in Schedule O. (see instructions) . . . . .		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b> X	
<b>b</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? . . . . .	<b>16b</b> X	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ►

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

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► CHERYL BYRNE, CONTROLLER 800 ENTERPRISE RD, STE 200 HORSHAM, PA 19044  
215-442-6100

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

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

**1a** Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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





**Part VIII Statement of Revenue**

23-7311318

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b> NONE				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>				
	<b>g</b>	Noncash contributions included in lines 1a-1f \$					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		NONE			
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2a</b>	SYMPOSIA/WORKSHOP	611710	22,877,544.	22,877,544.		
	<b>b</b>	TRAINING COURSES	611710	4,757,210.	4,757,210.		
	<b>c</b>	JOB BANK	561300	245,078.		245,078.	
	<b>d</b>	PUBLICATIONS	900004	1,360,330.	70,131.	1,290,199.	
	<b>e</b>	MEMBERSHIP DUES	900099	2,222,937.	2,222,937.		
	<b>f</b>	All other program service revenue . . . . .					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .		31,463,099			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		680,302.			680,302.
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . .		NONE			
	<b>5</b>	Royalties . . . . .		NONE			
			(i) Real (ii) Personal				
	<b>6a</b>	Gross Rents . . . . .	258,556.				
	<b>b</b>	Less rental expenses . . . . .	335,056.				
	<b>c</b>	Rental income or (loss) . . . . .	-76,500.				
	<b>d</b>	Net rental income or (loss) . . . . .		-76,500.	-36,204.	-40,296.	
			(i) Securities (ii) Other				
	<b>7a</b>	Gross amount from sales of assets other than inventory		37,326.			
	<b>b</b>	Less cost or other basis and sales expenses . . . . .		81,553.			
	<b>c</b>	Gain or (loss) . . . . .		-44,227.			
	<b>d</b>	Net gain or (loss) . . . . .		-44,227			
	<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>				
	<b>b</b>	Less direct expenses . . . . .	<b>b</b>				
	<b>c</b>	Net income or (loss) from fundraising events . . . . .		NONE			
	<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>				
	<b>b</b>	Less direct expenses . . . . .	<b>b</b>				
<b>c</b>	Net income or (loss) from gaming activities . . . . .		NONE				
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>					
<b>b</b>	Less cost of goods sold . . . . .	<b>b</b>					
<b>c</b>	Net income or (loss) from sales of inventory . . . . .		NONE				
	<b>Miscellaneous Revenue</b>	<b>Business Code</b>					
<b>11a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		NONE				
<b>12</b>	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . .		32,022,674	29,891,618.	1,494,981.	680,302	

**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 . . .	23,356.	23,356.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . .	354.	354.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . .	80,861.	80,861.		
4 Benefits paid to or for members . . . . .	NONE			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	1,108,719.	893,738.	214,981.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	NONE			
7 Other salaries and wages . . . . .	6,195,381.	4,991,391.	1,203,990.	
8 Pension plan contributions (include section 401 (k) and section 403(b) employer contributions) . .	633,424.	510,603.	122,821.	
9 Other employee benefits . . . . .	872,480.	703,306.	169,174.	
10 Payroll taxes . . . . .	563,022.	453,852.	109,170.	
11 Fees for services (non-employees)				
a Management . . . . .	424,724.	45,080.	379,644.	
b Legal . . . . .	602,636.	120,901.	481,735.	
c Accounting . . . . .	95,870.	1,072.	94,798.	
d Lobbying . . . . .	NONE			
e Professional fundraising services See Part IV, line 17	NONE			
f Investment management fees . . . . .	106,226.	NONE	106,226.	
g Other . . . . .	202,850.	NONE	202,850.	
12 Advertising and promotion . . . . .	780,089.	NONE	780,089.	
13 Office expenses . . . . .	312,687.	252,026.	60,661.	
14 Information technology . . . . .	594,834.	539,389.	55,445.	
15 Royalties . . . . .	NONE			
16 Occupancy . . . . .	292,122.	228,342.	63,780.	
17 Travel . . . . .	1,213,294.	977,915.	235,379.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings . . . .	97,001.	NONE	97,001.	
20 Interest . . . . .	103,093.	83,093.	20,000.	
21 Payments to affiliates . . . . .	NONE			
22 Depreciation, depletion, and amortization . . .	641,473.	517,027.	124,446.	
23 Insurance . . . . .	52,828.	32,828.	20,000.	
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 MEETING AND WORKSHOP EXPENSE	9,397,973.	9,397,973.	NONE	
b TRAINING EXPENSE	2,676,525.	2,676,525.	NONE	
c PUBLIC EXPENSE	914,277.	914,277.	NONE	
d TAX SERVICES	773,024.	686,579.	86,445.	
e STRATEGIC PLANNING EXPENSE	503,799.	NONE	503,799.	
f All other expenses	2,109,277.	1,091,131.	1,018,146.	
25 Total functional expenses. Add lines 1 through 24f	31,372,199.	25,221,619.	6,150,580.	
26 Joint Costs. Check here <input type="checkbox"/> If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing . . . . .	102,269.	1	216,520.
	2 Savings and temporary cash investments . . . . .	7,186,750.	2	6,891,392.
	3 Pledges and grants receivable, net . . . . .		3	
	4 Accounts receivable, net . . . . .	527,471.	4	426,197.
	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 . . . . .		7	
	8 Inventories for sales or use . . . . .		8	
	9 Prepaid expenses and deferred charges . . . . .	1,630,518.	9	2,125,680.
	10a Land, buildings, and equipment cost basis . . . . .	10a 10,403,321.		
	b Less accumulated depreciation. Complete Part VI of Schedule D. . . . .	10b 2,889,492.		
		7,776,177.	10c	7,513,829.
	11 Investments - publicly traded securities. . . . . SFMT. 6 . . . . .	13,563,473.	11	10,010,457.
	12 Investments - other securities. See Part IV, line 11 . . . . .		12	
	13 Investments - program-related. See Part IV, line 11 . . . . .		13	
	14 Intangible assets . . . . .		14	
15 Other assets. See Part IV, line 11 . . . . .	36,890.	15	376,247.	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	30,823,548.	16	27,560,322.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses . . . . .	3,634,413.	17	3,726,194.
	18 Grants payable . . . . .		18	
	19 Deferred revenue . . . . .	6,896,961.	19	7,296,696.
	20 Tax-exempt bond liabilities . . . . .		20	
	21 Escrow account liability. Complete Part IV of Schedule D . . . . .		21	
	22 Payables 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 SFMT. 7 . . . . .	2,064,782.	23	1,890,650.
	24 Unsecured notes and loans payable . . . . .		24	
	25 Other liabilities. Complete Part X of Schedule D . . . . .	21,370.	25	21,370.
	26 <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	12,617,526.	26	12,934,910.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets . . . . .	18,206,022.	27	14,625,412.
	28 Temporarily restricted net assets . . . . .		28	
	29 Permanently restricted net assets . . . . .		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds . . . . .		30	
	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 . . . . .	18,206,022.	33	14,625,412.
	34 <b>Total liabilities and net assets/fund balances.</b> . . . . .	30,823,548.	34	27,560,322.

**Part XI Financial Statements and Reporting**

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .	2a	X
b	Were the organization's financial statements audited by an independent accountant? . . . . .	2b	X
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .	2c	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	3a	X
b	If "Yes," did the organization undergo the required audit or audits? . . . . .	3b	

Department of the Treasury  
Internal Revenue Service

**To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.**

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2008

**Open to Public  
Inspection**

Name of the organization

Employer identification number

DRUG INFORMATION ASSOCIATION, INC.

23-7311318

<b>Part I</b>	<b>Reason for Public Charity Status</b> (All organizations must complete this part ) (see instructions)
---------------	---

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

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

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

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

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

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

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

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

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

9 ☒ An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )

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

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

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

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

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

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

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(ii) A family member of a person described in (i) above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

h Provide the following information about the organizations the organization supports

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 US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2008

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .						
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 <b>Total.</b> Add lines 1-3 . . . . .						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						
6 <b>Public support.</b> Subtract line 5 from line 4						

**Section B. 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. . . . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .						
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						
12 Gross receipts from related activities, etc. (See instructions) . . . . .						12
13 <b>First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .	2,219,671	2,477,883	2,261,414	2,260,379	2,222,937	11,442,284
<b>2</b> 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 . . . . .	21,294,421	23,625,501	26,312,208	25,564,855	27,751,063	124,548,048
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1-5 . . . . .	23,514,092	26,103,384	28,573,622	27,825,234	29,974,000	135,990,332
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6) . . . . .						135,990,332

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6 . . . . .	23,514,092	26,103,384	28,573,622	27,825,234	29,974,000	135,990,332
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	1,034,899	1,731,954	639,928	1,287,331	680,364	5,374,476
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .	1,034,899	1,731,954	639,928	1,287,331	680,364	5,374,476
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .		275,000				275,000
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12) . . . . .						141,639,808
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	96.01 %
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g . . . . .	<b>16</b>	95.79 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	3.79 %
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h . . . . .	<b>18</b>	3.95 %
<b>19a 33 1/3% support tests - 2008.</b> 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 . . . . . <input checked="" type="checkbox"/>		
<b>b 33 1/3% support tests - 2007.</b> 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 . . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . <input type="checkbox"/>		

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

## SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2004	2005	2006	2007	2008	TOTAL
SETTLEMENT INCOME		275,000.				275,000.
TOTALS		275,000.				275,000.



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

Department of the Treasury  
Internal Revenue Service

# International Boycott Report

For tax year beginning January 1, 20 08,  
and ending December 31, 20 08.

OMB No 1545-0216

Attachment  
Sequence No. 123

File in Duplicate  
(See Instructions)

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

Name

**Drug Information Association, Inc.**

Identifying number

**23-7311318**

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

**800 Enterprise Road, Suite 200**

City or town, state, and ZIP code

**Horsham, PA 19044**

Address of service center where your tax return is filed

**Ogden, UT 84201-0027**

Type of filer (check one):

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

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

**2 Partnerships and corporations:**

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

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

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

Name	Identifying number
<b>DIA (India) Private Limited</b>	<b>NA</b>
<b>DIA Europe, GmbH</b>	<b>NA</b>
<b>DIA eLearning Europe, GmbH</b>	<b>NA</b>

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

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

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

Code	Description
<b>611000</b>	<b>Continuing Medical Education</b>

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

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

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

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

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

**990 & 990-T**

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

(1) Name of corporation ► **Drug Information Association, Inc.**

(2) Employer identification number

**23-7311318**

(3) Common tax year beginning **January 1,** 20 **08**, and ending **December 31**, 20 **08**

**c** Corporations filing this form enter:

(1) Total assets (see instructions)

**27,560,322**

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

**162,407**

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

**-0-**

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

**a** Foreign tax credit

**-0-**

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

**-0-**

**c** Deferral of IC-DISC income

**-0-**

**d** FSC exempt foreign trade income

**-0-**

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

**-0-**

**Please  
Sign  
Here**

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

Signature

Date

**2-27-11**

Executive Director

Title

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

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

**8 Boycott of Israel**—Did you have any operations in or related to any country (or with the government, a company, or a national of that country) associated in carrying out the boycott of Israel which is on the list maintained by the Secretary of the Treasury under section 999(a)(3)? (See **Boycotting Countries** on page 2 of the instructions.)

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

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

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

Yes	No
	✓

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

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

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

Yes	No
	✓

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

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

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

Yes	No
	✓

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

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

Yes	No
	✓

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

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

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

Requests		Agreements	
Yes	No	Yes	No

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

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

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

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

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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**

DRUG INFORMATION ASSOCIATION, INC.

Employer identification number

23-7311318

**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 . . . . .		
2 Aggregate contributions to (during year) . . . . .		
3 Aggregate grants from (during year) . . . . .		
4 Aggregate value at end of year . . . . .		

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)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically importantly land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> 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 d ☐ Loan or exchange programs  
 b ☐ Scholarly research e ☐ Other \_\_\_\_\_  
 c ☐ Preservation for future generations

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

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

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

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

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

	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 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 . . . . .					
b Contributions . . . . .					
c Investment earnings or losses . . . . .					
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .					

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

- a Board designated or quasi-endowment ▶ \_\_\_\_\_ %  
 b Permanent endowment ▶ \_\_\_\_\_ %  
 c Term endowment ▶ \_\_\_\_\_ %

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

- (i) unrelated organizations . . . . .  
 (ii) related organizations . . . . .

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land . . . . .	NONE	2,589,372.		2,589,372.
b Buildings . . . . .	NONE	5,236,068.	1,215,825.	4,020,243.
c Leasehold improvements . . . . .	NONE	377,145.	216,520.	160,625.
d Equipment . . . . .	NONE	1,804,153.	1,251,811.	552,342.
e Other . . . . .	NONE	396,583.	205,336.	191,247.
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c) ) . . . . .				7,513,829.



**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	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	

**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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1		3	
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		
b	Other (Describe in Part XIV)	4b		
c	Add lines 4a and 4b	4c		
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)		5	

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

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Losses reported on Form 990, Part IX, line 25	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1		3	
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		
b	Other (Describe in Part XIV)	4b		
c	Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)		5	

**Part XIV Supplemental Information**

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

SEE PAGE 5



**Part XIV** • **Supplemental Information** (continued)

## RECONCILIATION OF CHANGE IN NET ASSETS FROM 990 TO FINANCIAL STATEMENTS

SCHEDULE D, PART XI, LINE 8

FOREIGN SUB NET LOSS \$( 304,950)

## RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS WITH FORM 990

SCHEDULE D, PART XII, LINE 2D

RENTAL EXPENSES REPORTED ON FORM 990 PART VIII LINE 6B \$335,056

FOREIGN SUB REVENUE 60,610

## RECONCILIATION OF EXPENSES PER AUDITED FINANCIAL STATEMENTS WITH 990

SCHEDULE D, PART XIII, LINE 2D

RENTAL EXPENSES REPORTED ON FORM 990 PART VIII LINE 6B \$335,056

FOREIGN SUB EXPENSES 365,560

PART X FIN 48 FOOTNOTE

SCHEDULE D, PART XIV, SUPPLEMENTAL INFORMATION

MANAGEMENT HAS ELECTED TO DEFER THE ADOPTION OF FASB INTERPRETATION NO 48

**Schedule F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990. Complete if the organization answered "Yes" to  
Form 990, Part IV, line 14b line 15, or line 16.**

Name of the organization

Employer identification number

DRUG INFORMATION ASSOCIATION, INC.

23-7311318

**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 Activities 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
EAST ASIA AND THE PACIFIC	1		PROGRAM SERVICES	WORKSHOPS & TRAINING	570,367.
<b>Totals</b>	1				570,367.

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

Schedule F (Form 990) 2008

JSA

8E1274 1 000

TX4179 1467





**Part IV****Supplemental Information**

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

FORM 990, SCHEDULE F, PART 1

DEPENDING ON THE USE OF FUNDS (E.G., EDUCATIONAL PROGRAMS, RESEARCH,

MEETING ATTENDANCE, ETC.), EACH GRANTEE IS REQUIRED TO REPORT TO DIA

MANAGEMENT, ON A REGULAR SCHEDULE, THE FOLLOWING: DETAILED PROGRAM

CONTENT DOCUMENTS; NUMBER OF PARTICIPANTS; ONGOING RELEVANCE OF SUBJECT

MATTER TO DIA'S MISSION; ACTUAL VS. PROPOSED TIMELINE; PROOF OF BUDGETARY

ALLOCATION TO TIMELINE; REVISED TIMELINE FOR GRANT CYCLE; PROJECTED

OUTCOME OF PROJECT; AND A FINAL REPORT ON THE OUTCOME OF THE PROJECT.

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

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service	Name of the organization
--	--------------------------

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

## Open to Public Inspection

Name of the organization

DRUG INFORMATION ASSOCIATION, INC.

## 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

**Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.**

Use Part IV and Schedule I-1 (Form 990) if additional space is needed

[illegible]

- |   |  |   |
|---|--|---|
| 2 | Enter total number of section 501(c)(3) and government organizations | 1 |
| 3 | Enter total number of other organizations                            | 1 |
- For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
- Schedule | (Form 990) 2008

Schedule I (Form 990) 2008



**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

DRUG INFORMATION ASSOCIATION, INC.

Employer identification number

23-7311318

**Part I Questions Regarding Compensation**

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

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

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

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

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

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations                | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

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

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

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

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

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

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

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2008



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

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

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

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
LINDA MCGOLDRICK	(i) 301,850.	NONE	NONE	7,880.	8,562.	318,292.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
CAROL LAYER	(i) 182,497.	43,599.	NONE	21,507.	18,378.	265,981.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
WILLIAM BRASSINGTON	(i) 287,600.	50,000.	NONE	NONE	NONE	337,600.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
LISA ZOKS	(i) 137,345.	32,813.	NONE	15,834.	12,733.	198,725.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
TOMMY GEORGE	(i) 122,202.	29,194.	NONE	14,561.	23,024.	188,981.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
INGRID KLINGMANN	(i) NONE	NONE	100,388.	NONE	NONE	100,388.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
MICHAEL ERNST	(i) 120,507.	5,928.	NONE	12,687.	23,017.	162,139.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
DONNA HASSLINGER	(i) 136,737.	NONE	NONE	12,409.	8,867.	158,013.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
BRIGITTE FRANK BRAY	(i) NONE	NONE	259,219.	NONE	NONE	259,219.	NONE
	(ii) NONE	NONE	NONE	NONE	NONE	NONE	NONE
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

Schedule J (Form 990) 2008

**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.

SCHEDULE J, PART 1, LINE 1A

WHEN FLYING ON OFFICIAL BUSINESS FOR DIA, THE SENIOR MANAGEMENT TEAM IS  
PERMITTED TO FLY BUSINESS CLASS AT DIA'S EXPENSE ON FLIGHTS IN EXCESS OF  
SIX HOURS FLIGHT TIME ONE-WAY.

SCHEDULE J, PART 1, LINE 2

ALL EMPLOYEE BUSINESS EXPENSES ARE REIMBURSED UNDER AN ACCOUNTABLE PLAN  
THAT INCLUDES SUBMISSION OF EXPENSE REPORTS WITH APPROPRIATE SUPPORT.  
CERTAIN SENIOR MANAGERS ARE ISSUED CORPORATE CREDIT CARDS TO BE USED FOR  
NECESSARY BUSINESS EXPENSES. EXPENSE REPORTS AND CREDIT CARD STATEMENTS  
ARE REVIEWED AND APPROVED BY THE APPROPRIATE MANAGERS TO ENSURE  
COMPLIANCE WITH EXPENSE REPORT POLICIES AND PROCEDURES. SENIOR MANAGERS'  
EXPENSES ARE REVIEWED AND APPROVED BY THE CFO. THE EXECUTIVE DIRECTOR'S  
EXPENSES ARE REVIEWED AND APPROVED BY THE FINANCE COMMITTEE CHAIR.

**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.

SCHEDULE J, PART I, LINE 4A

LINDA MCGOLDRICK \$87,500

**SCHEDULE J-2**  
**(Form 990)**

**Continuation Sheet for Form 990**

OMB No 1545-0047

**2008**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

Name of the Organization

Employer Identification number

DRUG INFORMATION ASSOCIATION, INC.

23-7311318

**Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
RONALD D FITZMARTIN PRESIDENT	20.	X		X				NONE	NONE	NONE
MARIE A DRAY PRESIDENT ELECT/PRESIDENT	20.	X		X				NONE	NONE	NONE
CYNTHIA L KIRK IMMEDIATE PAST PRESIDENT	20.	X		X				NONE	NONE	NONE
MINNIE BAYLOR HENRY TREASURER	20.	X		X				NONE	NONE	NONE
JEFFREY W SHERMAN PRESIDENT ELECT	20.	X		X				NONE	NONE	NONE
DEBORAH BURNS MEMBER	20.	X						NONE	NONE	NONE
SERGIO GUERRERO MEMBER	20.	X						NONE	NONE	NONE
YVES M JUILLET MEMBER	20.	X						NONE	NONE	NONE
THOMAS KUHLE MEMBER	20.	X						NONE	NONE	NONE
JACQUES MASCARO MEMBER	20.	X						NONE	NONE	NONE
TAKATOSHI SATO MEMBER	20.	X						NONE	NONE	NONE
NANCY D SMITH MEMBER	20.	X						NONE	NONE	NONE
STEPHEN A SONSTEIN MEMBER	20.	X						NONE	NONE	NONE
PER SPINDLER MEMBER	20.	X						NONE	NONE	NONE
CATHY STEIN IZSAK MEMBER	20.	X						NONE	NONE	NONE
SANDRA L KWEDER MEMBER	20.	X						NONE	NONE	NONE
JENNIFER L RIGGINS MEMBER	20.	X						NONE	NONE	NONE
LING SU MEMBER	20.	X						NONE	NONE	NONE
BEAT WIDLER MEMBER	20.	X						NONE	NONE	NONE
NANDKUMAR K CHODANKAR MEMBER	20.	X						NONE	NONE	NONE
JUDITH GLENNIE MEMBER	20.	X						NONE	NONE	NONE

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

Schedule J-2 (Form 990) 2008

JSA

8E1294 1 000

TX4179 1467

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990. Part VII, Section A, line 1a.

2008

**Open to Public  
Inspection**

Employer Identification number

23-7311318

[illegible]

Schedule J-2 (Form 990) 2008

JSA

8E1294 1 000

TX4179 1467

**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

DRUG INFORMATION ASSOCIATION, INC.

Employer identification number

23-7311318

**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, lines 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?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	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

**Part IV Business Transactions Involving Interested Persons.**

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 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
WILLIAM BRASSINGTON	ACTING EXEC DIR OF DIA &	393,822.	CONTRACT ACCOUNTING AND		X
" "	CEO OF RELEVANTE INC		MANAGEMENT SERVICES		X

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

Schedule L (Form 990 or 990-EZ) 2008

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

DRUG INFORMATION ASSOCIATION, INC.

**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**

Employer identification number

23-7311318

FORM 990, PART VI, SECTION B, LINE 15A & 15B

POLICIES

ON A REGULAR BASIS, BUT NO LESS THAN BIENNIALY, THE COMPENSATION

COMMITTEE OF THE BOARD OF DIRECTORS EVALUATES THE COMPLETE COMPENSATION

PROGRAMS OF ALL KEY EMPLOYEES TO ENSURE THEY ARE COMPLIANT WITH ALL

APPLICABLE LAWS AND CONSISTENT WITH THE PROVISIONS OF STANDING

COMPENSATION POLICY. THIS INCLUDES SALARY, BENEFITS, BONUSES AND OTHER

PAYMENTS MADE TO BOTH SENIOR MANAGEMENT AND ALL OTHERS DEEMED TO BE

SUBJECT TO COMPENSATION REVIEW. THE RESULTS OF THE EVALUATION ARE

PRESENTED TO THE BOARD OF DIRECTORS IN A FORMAL, WRITTEN COMPENSATION

REPORT.

FORM 990, PART VI, SECTION B, LINE 15A & 15B

ON A REGULAR BASIS, BUT NO LESS THAN BIENNIALY, THE COMPENSATION

COMMITTEE OF THE BOARD OF DIRECTORS EVALUATES THE COMPLETE COMPENSATION

PROGRAMS OF ALL KEY EMPLOYEES TO ENSURE THEY ARE COMPLIANT WITH ALL

APPLICABLE LAWS AND CONSISTENT WITH THE PROVISIONS OF STANDING

COMPENSATION POLICY. THIS INCLUDES SALARY, BENEFITS, BONUSES AND OTHER

PAYMENTS MADE TO BOTH SENIOR MANAGEMENT AND ALL OTHERS DEEMED TO BE

SUBJECT TO COMPENSATION REVIEW. THE RESULTS OF THE EVALUATION ARE

PRESENTED TO THE BOARD OF DIRECTORS IN A FORMAL, WRITTEN COMPENSATION

REPORT.

FORM 990, PART VI, SECTION C, LINE 19

THE ORGANIZATION'S BYLAWS ARE AVAILABLE TO THE PUBLIC ON ITS WEBSITE.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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**

Employer identification number

CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE NOT MADE  
AVAILABLE TO THE PUBLIC. FINANCIAL INFORMATION CONTAINED ON THE FORM 990  
IS MADE PUBLIC.

FORM 990, PART III, LINE 2  
DIA OPENED A NEW OFFICE IN BEIJING TO PROVIDE PROGRAM SERVICES TO THE  
CHINA MARKET AND OPENED AN OFFICE IN MUMBAI TO PROVIDE PROGRAM SERVICES  
TO THE INDIA MARKET.

FORM 990, PART VI, SECTION A, LINE 3  
THE ACTING EXECUTIVE DIRECTOR PROVIDES SERVICES IN THAT CAPACITY AS WELL  
AS CFO. ALL OF HIS TIME IS BILLED TO DIA THROUGH A THIRD-PARTY  
PROFESSIONAL SERVICES FIRM OWNED BY HIM. THE DIA CHINA OFFICE IS RUN BY A  
THIRD-PARTY MANAGEMENT COMPANY NOT RELATED TO ANY OFFICER OR DIRECTOR.

FORM 990, PART VI, SECTION A, LINE 6  
THE ORGANIZATION HAS MEMBERS WHO PAY DUES BUT HAVE NO OWNERSHIP INTEREST  
IN THE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7A  
EACH MEMBER IS ENTITLED TO ONE VOTE TO ELECT DIRECTORS, ONE VOTE TO ELECT  
OFFICERS AND ONE VOTE TO CHANGE THE BY-LAWS OF THE ORGANIZATION. SERVICE  
AS OFFICER AND/OR BOARD DIRECTOR IS ON A VOLUNTEER BASIS.

FORM 990, PART VI, SECTION A, LINE 7B



**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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**

Employer identification number

EACH MEMBER OF THE BOARD (THE GOVERNING BODY) IS DULY ELECTED BY A PROXY  
VOTE OF THE MEMBERSHIP. THE ORGANIZATION'S BY-LAWS DEFINE THE DUTIES,  
RESPONSIBILITIES AND POWERS OF THE BOARD, INCLUDING THOSE ACTIONS SUBJECT  
TO MEMBERSHIP APPROVAL.

FORM 990, PART VI, SECTION A, LINE 10  
THE DRAFT 990 IS REVIEWED JOINTLY BY THE EXECUTIVE DIRECTOR, THE CFO AND  
THE FINANCE COMMITTEE CHAIR. AFTER THIS REVIEW IS COMPLETE, A COPY OF  
THE FINAL RETURN IS PROVIDED TO EACH SITTING BOARD MEMBER. AFTER EACH  
BOARD MEMBER RECEIVES A FINISHED COPY, THE COMPLETE RETURN IS FILED.

FORM 990, PART XI, LINE 2B  
THE FINANCIAL STATEMENTS WERE AUDITED ON A CONSOLIDATED BASIS WITH DRUG  
INFORMATION ASSOCIATION, INC. AND AFFILIATES.

FORM 990, PART VI, SECTION B, LINE 12C  
PERIODICALLY MANAGEMENT EVALUATES ALL EXISTING PAID VENDOR RELATIONSHIPS  
FOR GOODS AND/OR SERVICES. THEY ASSESS THE PARTIES INVOLVED AND THE  
RELATIONSHIPS BETWEEN THEM AND DIA WHERE CONFLICTS WITH STANDING POLICY  
MAY DEVELOP OR EXIST, APPROPRIATE CORRECTIVE ACTIONS ARE TAKEN, UP TO AND  
INCLUDING REPLACEMENT OF THE VENDOR WITH A SUITABLE AND QUALIFIED  
SUBSTITUTE THAT POSES NO CONFLICT OF INTEREST. NEW VENDORS ARE  
EVALUATED TO DETERMINE IF POTENTIAL CONFLICTS EXIST BEFORE APPROVAL OF  
ANY PAID RELATIONSHIP IS GRANTED.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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**

Employer identification number

FORM 990, PART VI, SECTION C, LINE 18

DIA'S FORM 990 IS AVAILABLE ON GUIDESTAR.COM AND AVAILABLE UPON REQUEST.

DIA'S FORM 990-T IS AVAILABLE UPON REQUEST.

FORM 990, PART VI, SECTION A, LINE 1A

TWO OF THE 21 BOARD MEMBERS LISTED ON SCH. J-2, PART I, LING SU AND

NANDKUMAR CHODANKAR, ARE PROVISIONAL ADVISORY COUNCIL MEMBERS OF THE

BOARD. THEY SERVE AS GUESTS OF THE BOARD IN AN ADVISORY CAPACITY BUT HAVE

NO VOTING RIGHTS. DURING THE YEAR 2008 THERE WERE 19 VOTING MEMBERS OF

THE BOARD.

## Identification of Disregarded Entities

[illegible]

## Identification of Related Tax-Exempt Organizations

[illegible]

Schedule R (Form 990) 2008



**Part V Transactions With Related Organizations****Note.** Complete line 1 if any entity is listed in Parts II, III, or IV.**1** During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity . . . . .		X
<b>b</b> Gift, grant, or capital contribution to other organization(s) . . . . .		X
<b>c</b> Gift, grant, or capital contribution from other organization(s) . . . . .		X
<b>d</b> Loans or loan guarantees to or for other organization(s) . . . . .	X	
<b>e</b> Loans or loan guarantees by other organization(s) . . . . .	X	
<b>f</b> Sale of assets to other organization(s) . . . . .		X
<b>g</b> Purchase of assets from other organization(s) . . . . .		X
<b>h</b> Exchange of assets . . . . .		X
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s) . . . . .		X
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s) . . . . .		X
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s) . . . . .		X
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s) . . . . .		X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets . . . . .		X
<b>n</b> Sharing of paid employees . . . . .		X
<b>o</b> Reimbursement paid to other organization for expenses . . . . .		X
<b>p</b> Reimbursement paid by other organization for expenses . . . . .		X
<b>q</b> Other transfer of cash or property to other organization(s) . . . . .		X
<b>r</b> Other transfer of cash or property from other organization(s) . . . . .		X

**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) DIA (INDIA) PRIVATE LIMITED	D	425,874.
(2)		
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2008



FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

=====

USING MODERN TECHNOLOGY TO PROVIDE A WORLDWIDE FORUM FOR THE EXCHANGE  
AND DISSEMINATION OF INFORMATION THAT IS INTENDED TO ADVANCE THE  
DISCOVERY, DEVELOPMENT, EVALUATION AND USE OF MEDICINES AND RELATED  
HEALTH CARE TECHNOLOGIES AND TO FOSTER COOPERATIVE EFFORTS AMONG  
EDUCATIONAL, RESEARCH, HOSPITAL, INDUSTRIAL AND GOVERNMENTAL  
PERSONNEL ENGAGED IN DRUG INFORMATION.

FORM 990, PART III - PROGRAM SERVICES

4A PROGRAM SERVICE

4A & 4B

DOMESTIC AND INTERNATIONAL WORKSHOPS, MEETINGS AND TRAINING:

THE NUMBER OF MEETINGS AND WORKSHOPS HELD HAS INCREASED FROM A TOTAL OF TWO EVENTS HELD IN THE UNITED STATES IN 1980, TO A TOTAL OF 214 EVENTS HELD WORLDWIDE IN 2008. IN 2008, DIA CONDUCTED 99 WORKSHOPS AND TRAINING COURSES IN THE UNITED STATES WITH OVER 8,300 PARTICIPANTS. IN ADDITION TO THESE EVENTS, THE DIA ANNUAL MEETING, THE LEADING GLOBAL CONFERENCE ON PHARMACEUTICAL INFORMATION AND EDUCATION, ATTRACTED OVER 8,800 PARTICIPANTS FROM THE US AND ACROSS THE WORLD. IN 2008, DIA CONDUCTED 60 WORKSHOPS AND TRAINING COURSES ACROSS EUROPE, ATTRACTING OVER 2,400 PARTICIPANTS. IN ADDITION, THE ANNUAL DIA EUROMEETING, WHICH ATTRACTED OVER 2,800 PARTICIPANTS, IS RECOGNIZED AS ONE OF THE PREMIER FORUMS FOR EXCHANGE OF INFORMATION IN THE EUROPEAN MEDICAL/PHARMACEUTICAL COMMUNITY. IN 2008, DIA CONDUCTED FOUR MEETINGS IN JAPAN, ATTRACTING OVER 1,200 PARTICIPANTS FROM JAPAN AND OTHER COUNTRIES. IN 2008, DIA ENTERED THE NEW MARKET OF INDIA AND CONDUCTED ITS VERY FIRST WORKSHOP IN THAT COUNTRY, WITH NEARLY 200 PARTICIPANTS IN ATTENDANCE. WITH THE DEVELOPMENT OF INTERNET-BASED TECHNOLOGY, DIA CONTINUED TO EXPAND ITS GLOBAL REACH AND ADVANCE ITS MISSION BY OFFERING A NUMBER OF WORKSHOPS IN ELECTRONIC WEBINAR FORMAT. IN 2008, DIA CONDUCTED 48 WEBINARS, ATTRACTING OVER 2,000 PARTICIPANTS.

IN ADDITION TO ITS REGULAR PROGRAM SERVICES, THE ASSOCIATION MAINTAINS A PHILANTHROPY COMMITTEE THAT SERVES AS A VEHICLE OF SUPPORT FOR ONGOING STUDY OF DRUG INFORMATION. THE COMMITTEE RECEIVES GRANT PROPOSALS AND OTHER REQUESTS, EVALUATES THEM AND AWARDS GRANTS, FELLOWSHIPS AND OTHER SUPPORT USED TO TRAIN QUALIFIED SCIENTISTS IN CLINICAL PHARMACOLOGY, PHARMACOEPIDEMIOLOGY, DRUG EVALUATION, AND DRUG REGULATION. A GRANT PROGRAM ALSO EXISTS TO ADVANCE THE STUDY OF DRUG INFORMATION IN ACADEMIC INSTITUTIONS.

4C PROGRAM SERVICE

PUBLICATIONS:

FIRST PUBLISHED IN 1969, "THE DIA JOURNAL" IS A CAPTIVE PUBLICATION DESIGNED FOR THE BENEFIT OF ASSOCIATION MEMBERS. IT IS PUBLISHED BI-MONTHLY, IN PERIODICAL FORM, WITH AN AVERAGE



## FORM 990, PART III - PROGRAM SERVICES

=====

PRINTED CIRCULATION OF 16,000, AND AN ADDITIONAL 2,000 COPIES DISTRIBUTED IN ELECTRONIC FORMAT. "THE DIA JOURNAL" IS RECOGNIZED AS A LEADING SOURCE FOR THE EXCHANGE OF INFORMATION CONCERNING ALL ASPECTS OF DRUG DEVELOPMENT, REGULATION AND UTILIZATION. IT IS REGULARLY INCLUDED IN MANY MAJOR INDICES OF SCIENTIFIC AND MEDICAL LITERATURE. "DIA TODAY" IS THE ASSOCIATION'S BI-MONTHLY NEWSLETTER PROVIDING NEWS AND CURRENT EVENTS ABOUT THE ASSOCIATION AND ITS ACTIVITIES. ALL ELIGIBLE MEMBERS RECEIVE BOTH PUBLICATIONS IN ALTERNATING MONTHS THROUGHOUT THE YEAR.

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES .  
=====

JAPAN  
SWITZERLAND  
INDIA

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS -----	DESCRIPTION OF SERVICES -----	COMPENSATION -----
PRICewaterhouseCOOPERS - EUROPE STAMPFENBACHSTRASSE 73 CH-8035 ZURICH SWITZERLAND	TAX CONSULTING	902,823.
RELEVANTE INC 1400 N. PROVIDENCE ROAD, SUITE 4025 MEDIA, PA 19063	FINANCIAL CONSULTING	731,422.
LIQUIDHUB INC 500 E. SWEDES FORD ROAD, SUITE 300 WAYNE, PA 19087	IT CONSULTING	377,375.
NAYAK REISEN AG STEINGRABEN 42 CH-9001 BASEL SWITZERLAND	INT. TRAVEL AGENCY	375,953.
DIRECT MARKETING ALLIANCE 104 PARK DRIVE MONTGOMERYVILLE, PA 18936	MARKETING CONSULTING	350,627.
TOTAL COMPENSATION		----- 2,738,200. =====

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	COST OR FMV
MUTUAL FUNDS	12,387,647.	9,047,184.	FMV
MONEY MARKET FUND	147,402.	31,136.	FMV
LIMITED PARTNERSHIPS	500,000.	370,679.	FMV
FIXED INCOME SECURITIES	528,424.	561,458.	FMV
TOTALS	13,563,473.	10,010,457.	

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

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

BEGINNING BALANCE DUE .....	1,967,633.
ENDING BALANCE DUE .....	1,890,650.

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

BEGINNING BALANCE DUE .....	97,149.
ENDING BALANCE DUE .....	NONE

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

TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	1,890,650.
--	------------