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Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization's mission

DIA FOSTERS INNOVATION TO IMPROVE HEALTH AND WELL BEING WORLDWIDE BY PROVIDING INVALUABLE FORUMS TO EXCHANGE VITAL INFORMATION AND DISCUSS CURRENT ISSUES RELATED TO HEALTH PRODUCTS, TECHNOLOGIES, AND SERVICES, DELIVERING CUSTOMIZED LEARNING EXPERIENCES, BUILDING, MAINTAINING, AND FACILITATING TRUSTED RELATIONSHIPS WITH AND AMONG INDIVIDUALS AND ORGANIZATIONS THAT DRIVE AND SHARE DIA VALUES AND MANDATES, AND OFFERING A MULTIDISCIPLINARY NEUTRAL ENVIRONMENT, RESPECTED GLOBALLY FOR INTEGRITY AND RELEVANCY

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 organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 9,216,137 including grants of \$) (Revenue \$ 21,916,880)

MEETINGS AND WORKSHOPS DIA PROVIDES A NEUTRAL GLOBAL FORUM FOR THE PURPOSE OF EXCHANGE AND DISSEMINATION OF INFORMATION RELEVANT TO THE PROFESSIONAL EDUCATION AND DEVELOPMENT OF ITS MEMBERS DIA'S FOCUS IS UNBIASED, PATIENT-CENTRIC TRAINING FOR THE WORLDWIDE MEDICAL COMMUNITY DIA HAS GROWN TO A GLOBAL LEADERSHIP POSITION IN PROFESSIONAL EDUCATION, BEGINNING WITH TRADITIONAL IN-PERSON EVENTS AND EXPANDING INTO TECHNOLOGY-BASED, ELECTRONIC LEARNING MEDIA 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 370 EVENTS HELD WORLDWIDE IN 2011 THE DIA ANNUAL MEETING, THE LEADING GLOBAL CONFERENCE ON PHARMACEUTICAL INFORMATION AND EDUCATION, ATTRACTED OVER 6,800 PARTICIPANTS FROM THE US AND ACROSS THE WORLD THE ANNUAL DIA EURO MEETING, WHICH ATTRACTED APPROXIMATELY 2,900 PARTICIPANTS, IS RECOGNIZED AS ONE OF THE PREMIER FORUMS FOR EXCHANGE OF INFORMATION IN THE EUROPEAN MEDICAL/PHARMACEUTICAL COMMUNITY IN 2011, DIA CONDUCTED SIX EDUCATIONAL EVENTS IN JAPAN, ATTRACTING OVER 1,300 PARTICIPANTS FROM JAPAN AND OTHER COUNTRIES IN 2011 DIA CONDUCTED ELEVEN EDUCATIONAL EVENTS IN INDIA, WITH PARTICIPATION EXCEEDING 900 PERSONS IN 2011, DIA CONDUCTED SIX EVENTS IN CHINA, INCLUDING FIVE EDUCATIONAL WORKSHOPS, AND ONE ANNUAL MEETING COMBINED, THESE EVENTS ATTRACTED OVER 800 PARTICIPANTS IN ADDITION, DIA CONDUCTED THREE EDUCATIONAL PROGRAM EVENTS IN LATIN AMERICA, WITH PARTICIPATION OF OVER 140 PERSONS, AND ONE IN KOREA WITH A PARTICIPATION OF OVER 162 PERSONS

4b

(Code) (Expenses \$ 2,000,338 including grants of \$) (Revenue \$ 4,495,136)

TRAINING EXPENSES IN 2011 DIA CONDUCTED 195 WORKSHOPS AND TRAINING COURSES IN THE UNITED STATES WITH OVER 10,500 PARTICIPANTS IN 2011, DIA CONDUCTED 99 WORKSHOPS AND TRAINING COURSES ACROSS EUROPE, ATTRACTING OVER 4,600 PARTICIPANTS WITH AN ON-GOING COMMITMENT TO INTERNET TECHNOLOGY-BASED LEARNING, DIA CONTINUED TO EXPAND ITS GLOBAL REACH AND ADVANCE ITS MISSION BY OFFERING VARIOUS WORKSHOPS IN ELECTRONIC WEBINAR FORMAT IN 2011 DIA CONDUCTED 48 WEBINARS, ATTRACTING OVER 320 INDIVIDUAL AND GROUP PARTICIPANTS

4c

(Code) (Expenses \$ 968,908 including grants of \$) (Revenue \$ 1,145,563)

PUBLICATIONS FIRST PUBLISHED IN 1969, "DRUG INFORMATION JOURNAL" IS A CAPTIVE PUBLICATION DESIGNED FOR THE BENEFIT OF ASSOCIATION MEMBERS IT IS PUBLISHED BI-MONTHLY, IN PERIODICAL FORM ALL ELIGIBLE MEMBERS (APPROX 18,000) RECEIVE THE PUBLICATION IN ELECTRONIC FORMAT IN ADDITION, APPROXIMATELY 16,000 MEMBERS RECEIVE A HARD COPY VERSION AS WELL THE "DRUG INFORMATION 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 THE "GLOBAL FORUM" IS THE ASSOCIATION'S BI-MONTHLY, 4-COLOR MAGAZINE THE "GLOBAL FORUM" PRESENTS IMPORTANT NEWS FROM DIA CONFERENCES AND WORKSHOPS, VOLUNTEER REPORTS, REPORTS OF THE BOARD OF DIRECTORS AND REGIONAL ADVISORY COUNCILS THAT DIRECTLY IMPACT DIA MEMBERS AND AS WELL AS PRACTICAL TIPS, REGULATORY AND GLOBAL UPDATES, AND UPCOMING DIA EVENTS ALL ELIGIBLE MEMBERS RECEIVE BOTH PUBLICATIONS IN ALTERNATING MONTHS THROUGHOUT THE YEAR

4d

Other program services (Describe in Schedule O)

(Expenses \$ 12,157,465 including grants of \$ 83,989) (Revenue \$ 2,139,107)

4e

Total program service expenses

\$ 24,342,848

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.	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III.		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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.		No
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.		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	Yes	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I.	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II and IV.	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV.		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I.		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance		
Check if Schedule O contains a response to any question in this Part V <input checked="" type="checkbox"/>		
		YesNo
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a116
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1cYes
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. .	2a92
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2bYes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3aYes
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3bYes
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 or securities account)?	4aYes
b	If "Yes," enter the name of the foreign country: JA, SZ, IN, CH See instructions for 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?	5aNo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5bNo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6aNo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b
7	Organizations that may receive deductible contributions under section 170(c).	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7aNo
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?	7cNo
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7eNo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7fNo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8
9	Sponsoring organizations maintaining donor advised funds.	
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	Section 501(c)(7) organizations. Enter	
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b
11	Section 501(c)(12) organizations. Enter	
a	Gross income from members or shareholders.	11a
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b
c	Enter the aggregate amount of reserves on hand.	13c
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14aNo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b

Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1a	23		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	23
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	Yes
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, 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	9	No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed ▶ _____
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ F ANDREW PEPITO 800 ENTERPRISE RD SUITE 200 HORSHAM, PA 19044 (215) 442-6126

Check if Schedule O contains a response to any question in this Part VII ☒

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- 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 neither the organization nor any related organizations compensated any current or former officer, director, or trustee

[illegible]

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	2,470,024	0	259,769

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 17

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
NON-LINEAR CREATIONS INC 987A WELLINGTON STREET OTTAWA, ONTARIO CA	IT CONSULTING	495,796
FRY COMMUNICATIONS INC 800 WEST CHURCH RD MECHANICSBURG, PA 17055	COMMUNICATION SERVIC	427,290
PRICEWATERHOUSECOOPERS BIRCHSTRASSE 160 ZURICH, 0 SZ	FINANCIAL CONSULTING	336,228
AV EXPERIENCE INC NA 825-43 AVENUE LACHINE, QUEBEC H8T2J6 CA	AUDIO VISUAL SERVICE	266,559
BROKERS WORLDWIDE 701 ASHLAND AVENUE FOLCROFT, PA 19032	INFORMATION TECH	236,841

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 23

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f		0				
Program Service Revenue			Business Code					
	2a	MEETINGS AND WORKSHOPS	611710	21,916,880	21,916,880			
	b	TRAINING	611710	4,495,136	4,495,136			
	c	PUBLICATIONS	900004	1,145,563	66,730	1,078,833		
	d	MEMBERSHIP DUES	900099	2,136,971	2,136,971			
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		29,694,550				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		-16,127			-16,127	
	4	Income from investment of tax-exempt bond proceeds . . .		0				
	5	Royalties		0				
	6a	Gross rents	(i) Real	(ii) Personal				
			72,736					
		b	Less rental expenses					
			51,375					
	c	Rental income or (loss)						
		21,361						
	d	Net rental income or (loss)		21,361			21,361	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less cost or other basis and sales expenses		1,473			
	c	Gain or (loss)			-1,473			
	d	Net gain or (loss)		-1,473			-1,473	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b	Less direct expenses	b					
	c	Net income or (loss) from fundraising events . . .		0				
	9a	Gross income from gaming activities See Part IV, line 19	a					
	b	Less direct expenses	b					
	c	Net income or (loss) from gaming activities . . .		0				
	10a	Gross sales of inventory, less returns and allowances	a					
b	Less cost of goods sold	b						
c	Net income or (loss) from sales of inventory . . .		0					
Miscellaneous Revenue		Business Code						
11a	OTHER INCOME	900099	2,136	2,136				
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d		2,136					
12	Total revenue. See Instructions		29,700,447	28,617,853	1,078,833	3,761		

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)

Check if Schedule O contains a response to any question in this Part IX

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 United States See Part IV, line 21	50,879	50,879		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	3,110	3,110		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	30,000	30,000		
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,896,294	1,232,591	663,703	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	7,724,914	5,021,194	2,703,720	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	760,793	494,515	266,278	
9	Other employee benefits	1,032,451	671,093	361,358	
10	Payroll taxes	575,286	373,936	201,350	
11	Fees for services (non-employees)				
a	Management	942,292	850,276	92,016	
b	Legal	241,964	122,029	119,935	
c	Accounting	89,800		89,800	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	664,987		664,987	
13	Office expenses	309,074	202,350	106,724	
14	Information technology	587,254	375,101	212,153	
15	Royalties	0			
16	Occupancy	712,636	474,306	238,330	
17	Travel	1,041,148	665,009	376,139	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	33,535	33,535		
19	Conferences, conventions, and meetings	98,947		98,947	
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	519,974	337,983	181,991	
23	Insurance	140,432	91,281	49,151	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	MEETING AND WORKSHOP EXPENSE	9,216,137	9,216,137		
b	TRAINING EXPENSE	2,000,338	2,000,338		
c	PUBLICATION EXPENSE	968,908	968,908		
d	MARKETING CONSULTING EXPENSES	446,427	438,952	7,475	
e					
f	All other expenses	1,197,304	689,325	507,979	
25	Total functional expenses. Add lines 1 through 24f	31,284,884	24,342,848	6,942,036	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			0	1	0
	2	Savings and temporary cash investments			2,679,710	2	1,366,854
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			394,078	4	262,119
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			0	6	0
	7	Notes and loans receivable, net			0	7	0
	8	Inventories for sale or use			0	8	0
	9	Prepaid expenses and deferred charges			1,385,168	9	1,544,519
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	10,636,541			
	b	Less: accumulated depreciation	10b	4,021,156	6,735,603	10c	6,615,385
	11	Investments—publicly traded securities			12,581,115	11	10,731,248
	12	Investments—other securities. See Part IV, line 11			0	12	0
	13	Investments—program-related. See Part IV, line 11			0	13	0
	14	Intangible assets			0	14	0
	15	Other assets. See Part IV, line 11			225,617	15	362,229
	16	Total assets. Add lines 1 through 15 (must equal line 34)			24,001,291	16	20,882,354
Liabilities	17	Accounts payable and accrued expenses			3,094,479	17	2,351,937
	18	Grants payable			0	18	0
	19	Deferred revenue			5,762,515	19	5,236,085
	20	Tax-exempt bond liabilities			0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties			0	23	0
	24	Unsecured notes and loans payable to unrelated third parties			0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			6,434	25	6,434
	26	Total liabilities. Add lines 17 through 25			8,863,428	26	7,594,456
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			15,137,863	27	13,287,898
	28	Temporarily restricted net assets			0	28	0
	29	Permanently restricted net assets			0	29	0
	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			15,137,863	33	13,287,898
	34	Total liabilities and net assets/fund balances			24,001,291	34	20,882,354

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	29,700,447
2	Total expenses (must equal Part IX, column (A), line 25)	2	31,284,884
3	Revenue less expenses Subtract line 2 from line 1	3	-1,584,437
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15,137,863
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-265,528
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	13,287,898

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
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?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization DRUG INFORMATION ASSOCIATION INC	Employer identification number 23-7311318
--	--

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches **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).**
- 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).**
- 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?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 Total. Add lines 1 through 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 Public Support. Subtract line 5 from line 4						

Section B. Total Support							
Calendar year (or fiscal year beginning in)		(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11	Total support (Add lines 7 through 10)						
12	Gross receipts from related activities, etc (See instructions)					12	
13	First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15
16a	33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>
17a	10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
b	10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization	<input type="checkbox"/>
18	Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions	<input type="checkbox"/>

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,260,379	2,222,937	2,258,742	2,162,718	2,136,971	11,041,747
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	25,564,855	27,751,063	26,063,903	24,287,432	26,478,746	130,145,999
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	27,825,234	29,974,000	28,322,645	26,450,150	28,615,717	141,187,746
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						141,187,746

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	27,825,234	29,974,000	28,322,645	26,450,150	28,615,717	141,187,746
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,287,331	680,364	1,883,998	1,495,316	0	5,347,009
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,287,331	680,364	1,883,998	1,495,316	0	5,347,009
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			275,000	4,738	2,136	281,874
13 Total support (Add lines 9, 10c, 11 and 12.)	29,112,565	30,654,364	30,481,643	27,950,204	28,617,853	146,816,629
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage		
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	96.166 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	95.749 %

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	3.642 %
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	4.061 %
19a 33 1/3% support tests—2011. 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 type="checkbox"/>	
b 33 1/3% support tests—2010. 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"/>	
20 Private Foundation 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.** 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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)

Supplemental Financial Statements

Department of the Treasury
Internal Revenue Service

OMB No 1545-0047

2011

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

Attach to Form 990. See separate instructions.

Name of the organization
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?	
	<div>Yes</div> <div>No</div>	
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 for any other purpose conferring impermissible private benefit	
	<div>Yes</div> <div>No</div>	

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

1

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

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

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

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes

No

6

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

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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

▶ \$

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

Cat No 52283D

Schedule D (Form 990) 2011

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

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

	Amount
1c	
1d	
1e	
1f	

1c

Beginning balance

1d

Additions during the year

1e

Distributions during the year

1f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance				
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

3a(i)

☐ Yes

☐ No

(ii)

related organizations

3a(ii)

☐ Yes

☐ No

b

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

3b

☐ Yes

☐ No

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,589,372		2,589,372
b Buildings		5,423,598	1,889,696	3,533,902
c Leasehold improvements		132,513	88,802	43,711
d Equipment		2,054,205	1,715,662	338,543
e Other		436,883	326,996	109,887
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				6,615,415

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)	129,700,447
2	Total expenses (Form 990, Part IX, column (A), line 25)	231,284,884
3	Excess or (deficit) for the year Subtract line 2 from line 1	3-1,584,437
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)	8-265,528
9	Total adjustments (net) Add lines 4 - 8	9-265,528
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10-1,849,965

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	130,087,816
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a	
b	Donated services and use of facilities2b	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d369,769	
e	Add lines 2a through 2d2e369,769	
3	Subtract line 2e from line 13	329,718,047
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 7b4a	
b	Other (Describe in Part XIV)4b-17,600	
c	Add lines 4a and 4b4c-17,600	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)5	529,700,447

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	131,937,781
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d635,297	
e	Add lines 2a through 2d2e635,297	
3	Subtract line 2e from line 13	331,302,484
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 7b4a	
b	Other (Describe in Part XIV)4b-17,600	
c	Add lines 4a and 4b4c-17,600	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)5	531,284,884

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. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
SCHEDULE D, PART X		SHOULD SETTLEMENT OF AN EXAMINATION OR OTHER EVENT RESULT IN A CHANGES IN MANAGEMENT'S EVALUATION OF A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN FILINGS THAT HAVE NOT BEEN CLOSED BY STATUE OR EXAMINATION, ANY ADDITIONAL INTEREST AND PENALTIES RELATED TO THE UNRECOGNIZED TAX BENEFIT AS A RESULT OF THE UNCERTAIN TAX POSITION WILL BE INCLUDED IN OPERATING EXPENSES
SCHEDULE D, PART XI, LINE 8		SUBSIDIARY REVENUE \$318,394 SUBSIDIARY EXPENSES (583,922) ----- TOTAL (\$265,528)
SCHEDULE D, PART XII, LINE 2D		SUBSIDIARIES REVENUE \$318,394 RENTAL EXPENSES 51,375 ----- TOTAL \$369,769
SCHEDULE D, PART XII, LINE 4B		INVESTMENT LOSS (\$16,127) LOSS ON SALE OF EQUIPMENT (1,473) ----- TOTAL (\$17,600)
SCHEDULE D, PART XIII, LINE 2D		SUBSIDIARIES EXPENSE \$583,922 RENTAL EXPENSES 51,375 ----- TOTAL \$635,297
SCHEDULE D, PART XIII, LINE 4B		INVESTMENT LOSS (\$16,127) LOSS ON SALE OF EQUIPMENT (1,473) ----- TOTAL (\$17,600)

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ☐

Use Part V if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			Europe/Iceland/Greenland	EURODIS SUMMER SCHOOL IN REGULATORY AFFAIRS AND HEALTH TECHNOLOGY ASSESSMENT FOR ADVANCED PATIENT ADVOCATES	30,000	WIRE TRSF			

2

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

1

3

Enter total number of other organizations or entities

Part III

[illegible]

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*

☒ Yes ☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐ Yes ☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*

☒ Yes ☐ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*

☐ Yes ☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*

☐ Yes ☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*

☒ Yes ☐ No

Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

[illegible]

Name of the organization
DRUG INFORMATION ASSOCIATION INC

Employer identification number
23-7311318

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" to 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 ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) TUFTS CENTER FOR THE STUDY OF DRUG DEVELOPMENT75 KNEELAND STREET SUITE 100 BOSTON,MA 21111	04-2103634	501(C)(3)	24,416				TUFTS CSDD FORUM ON THE IMPACT OF CAPARATIVE EFFEC ON OFF LABEL USE FOR THE ICH
(2) OHIO STATE UNIVERSITYOFFICE OF SPONSORED PROGRAMS 1960 KENNY ROAD COLUMBUS,OH 43210	52-6002033	501(C)(3)	19,213				DECISION PATH-A POWERFUL METHOD FOR ANALYZING MULT BEHAVIOURS OF CANCER PATIENTS IN AMBULATORY HEALTH CARE SETTINGS
(3) HERALD CANCER CARE NETWORK3131 Bowers Ave PO BOX 1450 Santa Clara,CA 95954	41-6007513	501(C)(3)	5,750				TRAINING WORKSHOPS FOR CANCER CAREGIVERS DESIGNATED ORPHAN PRODUCTS

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) GRANTS	8	3,110		FMV	

Part IV

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

Identifier	Return Reference	Explanation
SCHEDULE I, PART I, LINE 2		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

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
DRUG INFORMATION ASSOCIATION INC

Employer identification number
23-7311318

Part I

Questions Regarding Compensation

	Yes	No
<div>1a</div> <div>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</div> <div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div>		
<div>1b</div> <div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain</div>		
<div>2</div> <div>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?</div>		
<div>3</div> <div>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</div> <div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div>		
<div>4</div> <div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</div>		
<div>4a</div> <div>Receive a severance payment or change-of-control payment?</div>		No
<div>4b</div> <div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div>		No
<div>4c</div> <div>Participate in, or receive payment from, an equity-based compensation arrangement?</div>		No
<div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>		
<div></div> <div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div>		
<div>5</div> <div>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</div>		
<div>5a</div> <div>The organization?</div>		No
<div>5b</div> <div>Any related organization?</div>		No
<div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>		
<div>6</div> <div>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</div>		
<div>6a</div> <div>The organization?</div>		No
<div>6b</div> <div>Any related organization?</div>		No
<div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>		
<div>7</div> <div>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</div>		No
<div>8</div> <div>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</div>		No
<div>9</div> <div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div>		

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other 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				
(1) PAUL POMERANTZ	(i)	392,044	61,800	0	32,592	9,368	495,804	0
	(ii)	0	0	0	0	0	0	0
(2) CARLOS FULCHER	(i)	223,300	48,766	0	16,148	3,064	291,278	0
	(ii)	0	0	0	0	0	0	0
(3) ANDREW PEPITO	(i)	177,625	15,134	0	10,707	3,055	206,521	0
	(ii)	0	0	0	0	0	0	0
(4) KO SEKIGUCHI	(i)	143,115	0	0	15,709	1,025	159,849	0
	(ii)	0	0	0	0	0	0	0
(5) JANE CAI	(i)	169,505	11,754	0	6,241	9,326	196,826	0
	(ii)	0	0	0	0	0	0	0
(6) BRIGITTE-FRANKE-BRAY	(i)	311,420	36,818	0	38,137	7,838	394,213	0
	(ii)	0	0	0	0	0	0	0
(7) SUSAN CANTRELL	(i)	115,385	25,000	0	3,923	7,495	151,803	0
	(ii)	0	0	0	0	0	0	0
(8) LISA ZOKS	(i)	149,065	24,496	0	14,438	12,814	200,813	0
	(ii)	0	0	0	0	0	0	0
(9) EILEEN ROTH	(i)	42,451	143,540	0	7,167	630	193,788	0
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III **Supplemental Information**

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

Identifier	Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
DRUG INFORMATION ASSOCIATION INC

Employer identification number
23-7311318

Identifier	Return Reference	Explanation
FORM 990-PART III LINE 4D	PROGRAM SERVICE	DIA'S 18,000 MEMBERS ARE PROFESSIONALS AND EXPERTS FROM AROUND THE GLOBE WORKING TO ADVANCE INNOVATION IN THE PHARMACEUTICAL, BIOTECHNOLOGY , MEDICAL DEVICE, AND RELATED FIELDS PROFESSIONALS WORLDWIDE LOOK TO DIA AS THE ONLY GLOBAL MULTIDISCIPLINARY ASSOCIATION THAT PROVIDES A NEUTRAL FORUM TO ADDRESS THE CHALLENGES YOU FACE EVERY DAY TAKE ADVANTAGE OF ALL THE BENEFITS OF MEMBERSHIP TO NETWORK, LEARN, AND LEAD
FORM 990, PART VI, LINE 3		THE DIA CHINA OFFICE WAS RUN BY A SEPARATE, UNRELATED, THIRD-PARTY MANAGEMENT COMPANY FOR PART OF THE YEAR 2011
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		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 B, LINE 11A		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 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
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		DIA'S FORM 990 AND FORM 990-T ARE AVAILABLE UPON REQUEST THE FORM 990 IS ALSO AVAILABLE ON GUIDESTAR.COM THE ORGANIZATION'S BYLAWS ARE AVAILABLE TO THE PUBLIC ON ITS WEBSITE CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC
FORM 990, PART XI, LINE 5		SUBSIDIARY REVENUE \$318,394 SUBSIDIARY EXPENSES (583,922) ----- TOTAL (\$265,528)

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
► Attach to Form 990. ► See separate instructions.

Name of the organization
DRUG INFORMATION ASSOCIATION INC

Employer identification number
23-7311318

Part I

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) DRUG INFORMATION ASSOCIATION LLC 800 ENTERPRISE ROAD SUITE 200 HORSHAM, PA 19044	DRUG EDUCATIO	PA	993,241	369,503	DIA
(2) DIA GLOBAL HEALTHCARE LLC 800 ENTERPRISE ROAD SUITE 200 HORSHAM, PA 19044	DRUG EDUCATIO	PA	111	219,397	DIA

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) DIA (INDIA) PRIVATE LIMITED A303 ANDHERI KURLA RD MAROL ANDHERI MUMBAI, India 400 059 IN	DRUG RESEARCH	IN	DIA INC	PRIVATE LC	226,645	42,686	100 000 %
(2) DIA EUROPE GMBH ELISABETHENANLAGE 25 POSTFACH, BASEL 4002 SZ	DRUG RESEARCH	SZ	DIA INC	LLC	31	140,201	100 000 %
(3) DIA E-LEARNING EUROPE GMBH ELISABETHENANLAGE 25 POSTFACH, BASEL 4002 SZ	E-EDUCATION	SZ	DIA INC	LLC	18	20,637	100 000 %
(4) DIA (BEIJING) HEALTHCARE INFORMATION GATEWAY PLAZA BEIJING CH	DRUG EDUCATION	CH	DIA INC	PRIVATE LLC	92,114	127,083	100 000 %

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

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?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

Lease of facilities, equipment, or other assets to related organization(s)

j

Lease of facilities, equipment, or other assets from related organization(s)

k

Performance of services or membership or fundraising solicitations for related organization(s)

l

Performance of services or membership or fundraising solicitations by related organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

Yes

Yes

Yes

No

Yes

No

Yes

No

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	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) DIA(INDIA) PRIVATE LIMITED	B	70,000	FMV
(2) DIA EUROPE GMBH	B	108,600	FMV
(3)			
(4)			
(5)			
(6)			

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

[illegible]

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	
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Additional Data

Software ID:

Software Version:

EIN: 23-7311318

Name: DRUG INFORMATION ASSOCIATION INC

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
YVES JUILLET PRESIDENT-ELECT	10 0	X		X				0	0	0
RICHARD O DAY IMMEDIATE PAST PRESIDENT	10 0	X		X				0	0	0
LING SU PRESIDENT ELECT	10 0	X		X				0	0	0
MINNIE BAYLOR-HENRY TREASURER	10 0	X		X				0	0	0
STEVE CAFFEE MEMBER	5 0	X						0	0	0
SERGIO GUERRERO MEMBER	5 0	X						0	0	0
TRUUS JANSE-DE HOOG MEMBER	5 0	X						0	0	0
TATSUO KUROKAWA MEMBER	5 0	X						0	0	0
SANDRA L KWEDER MEMBER	5 0	X						0	0	0
JENNIFER L RIGGINS MEMBER	5 0	X						0	0	0
JOHN A ROBERTS MEMBER	5 0	X						0	0	0
LARISA NAGRA SINGH MEMBER	5 0	X						0	0	0
PER SPINDLER MEMBER	5 0	X						0	0	0
BEAT E WIDLER MEMBER	5 0	X						0	0	0
NING XU MEMBER	5 0	X						0	0	0
JEAN A YAGER MEMBER	5 0	X						2,100	0	0
MICHELE C LIVESEY MEMBER	5 0	X						0	0	0
SANDRA A MILLIGAN MEMBER	5 0	X						0	0	0
DEBORAH DOLAN MEMBER	5 0	X						0	0	0
JEFFREY W SHERMAN MEMBER	5 0	X						0	0	0
JUDITH GLENNIE MEMBER	5 0	X						0	0	0
NANDKUMAR K CHOODANKAR MEMBER	5 0	X						0	0	0
THOMAS KUHLER MEMBER	5 0	X						0	0	0
PAUL POMERANTZ EXECUTIVE DIRECTOR	50 0			X				453,844	0	41,960
CARLOS FULCHER WORLDWIDE DEPUTY EXEC- DIR	50 0			X				272,066	0	19,212

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
ANDREW PEPITO CFO/WORLDWIDE DIR OF FINANCE	50 0			X				192,759	0	13,762
KO SEKIGUCHI DIRECTOR-JAPAN	50 0				X			143,115	0	16,734
JANE CAI DIRECTOR-CHINA	50 0				X			181,259	0	15,567
BRIGITTE-FRANKE-BRAY DIRECTOR-EUROPE	50 0				X			348,238	0	45,975
LISA ZOKS WORLDWIDE DRCT OF MARKETING	50 0				X			173,561	0	27,252
SUSAN CANTRELL DIRECTOR-NORTH AMERICA	50 0					X		140,385	0	11,418
EILEEN ROTH EXHIBITS MANAGER	50 0					X		185,991	0	7,797
LORRAINE RISBOSKIN PROGRAM DIRECTOR	50 0					X		120,121	0	20,084
JENNIFER ANDREE-WEBB ASSOC DIRECTOR TRAINING	50 0					X		116,623	0	31,748
ELIZABETH LINCOLN WORLDWIDE HR DIRECTOR	50 0					X		139,962	0	8,260