

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2010, or tax year beginning _____, 2010, and ending _____, 20

2010

Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868
▶ See instructions on back.

Name of exempt organization
American Diabetes Association Research Foundation, Inc

Employer identification number
54-1734511

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here ▶ <input checked="" type="checkbox"/>	b	Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b	<u>36,425,851</u>
2a	Form 990-EZ check here ▶ <input type="checkbox"/>	b	Total revenue , if any (Form 990-EZ, line 9)	2b	_____
3a	Form 1120-POL check here ▶ <input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22).	3b	_____
4a	Form 990-PF check here ▶ <input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	_____
5a	Form 8868 check here ▶ <input type="checkbox"/>	b	Balance due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	_____

Part II Declaration of Officer

- 6** I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.
- If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here ▶ *Henry Homan* 11/14/11 ▶ **Chief Executive Officer**
Signature of officer Date Title

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature ▶ _____	Date _____	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN _____
	Firm's name (or yours if self-employed), address, and ZIP code ▶ _____				EIN _____ Phone no. _____

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only	Print/Type preparer's name Scott Sherman	Preparer's signature _____	Date 11/14/11	Check <input type="checkbox"/> if self-employed	PTIN P00451522
	Firm's name ▶ KPMG LLP	Firm's address ▶ 1676 International Dr, McLean VA 22102			Firm's EIN ▶ 13-5565207
	Phone no. 703-286-8000				

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print <small>File by the extended due date for filing your return. See instructions.</small>	Name of exempt organization American Diabetes Association Research Foundation, Inc.	Employer identification number 54-1734511
	Number, street, and room or suite no. If a P.O. box, see instructions. 1701 N. Beauregard Street	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Alexandria, VA 22311	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

- The books are in the care of **Deborah L. Johnson**
Telephone No. **703-549-1500** FAX No. **703-549-2856**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **3326**. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until **November 15**, 20 **11**.
- For calendar year **2010**, or other tax year beginning _____, 20____, and ending _____, 20_____.
- If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
- State in detail why you need the extension **Additional time is needed for final review and signature.**

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

Signature and Verification

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

Signature *Deborah L. Johnson* Title **Chief Financial Officer** Date *6/20/2011*
Deborah L. Johnson Form **8868** (Rev. 1-2011)

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization	Employer identification number
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until _____, 20____, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

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

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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)

2010

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Header section containing organization details: Name (American Diabetes Association Research Foundation, Inc.), Employer ID (54-1734511), Address (1701 N. Beauregard Street, Alexandria, VA 22311), Website (www.diabetes.org/news-research), and Form of organization (Corporation).

Part I Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, revenue breakdown, and expense breakdown for the current year and prior year.

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.

Signature and preparer information section: Signature of officer (Larry Hausner, Chief Executive Officer), Date, Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's EIN, Firm's address, Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes [] No

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2010)

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:
The Foundation was founded to give focus to the American Diabetes Association's research program and to ensure the availability of funds to support research.

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 \$ 33,241,775 including grants of \$ 33,241,775) (Revenue \$ 0)
Research
See Schedule O

4b (Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4c (Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4d Other program services. (Describe in Schedule O.)
(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses ▶ 33,241,775

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		N/A
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
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? <i>If "Yes," complete Schedule D, Part VI</i>		X
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? <i>If "Yes," complete Schedule D, Part VII</i>		X
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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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 United States? <i>If "Yes," complete Schedule F, Parts I and IV</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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		N/A

Part IV Checklist of Required Schedules (continued)

	Yes	No
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>	X	
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>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 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>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
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?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
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>		X
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>		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? <i>If "Yes," complete Schedule L, Part II</i>		X
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>	X	
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>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		X
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>		X
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>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	X	
a 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>		
	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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>		X
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>		X
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.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No response. Includes questions 1a through 14b regarding IRS filings, Form 990, and tax compliance.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (18), 1b (18), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include 10a (X), 10b (N/A), 11a (See Schedule O, X), 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (N/A), 15b (N/A), 16a (X), 16b (N/A).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed -> See Attached Statement
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. [X] Own website [] Another's website [X] 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: American Diabetes Association (703) 549-1500 1701 N. Beauregard Street, Alexandria, VA 22311

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

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

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

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 all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) Ralph Yates, DO Chair of the Board	6	X		X				0	0	0
(2) Ginger Graham Vice Chair of the Board	3	X		X				0	0	0
(3) Karen Talmadge, PhD Vice Chair of the Board	3	X		X				0	0	0
(4) Dwight Holing Secretary - Treasurer	3	X		X				0	0	0
(5) Larry Hausner Chief Executive Officer	3	X		X				0	520,929	106,086
(6) David K. Bloomgarden, MD Board of Directors	2	X						0	0	0
(7) Douglas Cole Board of Directors	2	X						0	0	0
(8) Pearson C. Cummin, III Board of Directors	2	X						0	0	0
(9) Harold Hamm Board of Directors	2	X						0	0	0
(10) S. Daniel Johnson Board of Directors	2	X						0	0	0
(11) Mehmood Khan, MD Board of Directors	2	X						0	0	0
(12) Orville G. Kolterman, MD Board of Directors	2	X						0	0	0
(13) Peter K. Kompaniez Board of Directors	2	X						0	0	0
(14) Karmeen Kulkarni, MS, RD, BC-ADM, CDE Board of Directors	2	X						0	0	0
(15) Kenneth Moritsugu, MD Board of Directors	2	X						0	0	0
(16) James W. Quinn Board of Directors	2	X						0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(17) Robert Sevier, MD Board of Directors	2	X						0	0	0
(18) Donald J. Wagner Board of Directors	2	X						0	0	0
(19) Cathy Bernstein Board of Directors	2	X						0	0	0
(20) Deborah Johnson Chief Financial Officer	2			X				0	198,099	15,001
(21) David Kendall, MD Chief Scientific & Medical Affairs Officer	2			X				0	383,921	43,161
(22)								0	0	0
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total								0	1,102,949	164,248
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								0	1,102,949	164,248

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

	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	X
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	X
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	X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
N/A		0
		0
		0
		0
		0

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

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 1,546					
	b Membership dues	1b 0					
	c Fundraising events	1c 0					
	d Related organizations	1d 31,320,809					
	e Government grants (contributions)	1e 0					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 5,101,517					
	g Noncash contributions included in lines 1a-1f: \$	0					
	h Total. Add lines 1a-1f	▶ 36,423,872					
	Program Service Revenue	Business Code					
2a			0	0	0	0	
b			0	0	0	0	
c			0	0	0	0	
d			0	0	0	0	
e			0	0	0	0	
f All other program service revenue			0	0	0	0	
g Total. Add lines 2a-2f		▶	0				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	1,979	0	0	1,979	
	4 Income from investment of tax-exempt bond proceeds	▶	0	0	0	0	
	5 Royalties	▶	0	0	0	0	
	6a Gross Rents	(i) Real	0				
		(ii) Personal	0				
			0				
	b Less: rental expenses		0				
	c Rental income or (loss)		0				
	d Net rental income or (loss)	▶	0	0	0	0	0
	7a Gross amount from sales of assets other than inventory	(i) Securities	0				
		(ii) Other	0				
			0				
			0				
	b Less: cost or other basis and sales expenses		0				
	c Gain or (loss)		0				
d Net gain or (loss)	▶	0	0	0	0	0	
8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	a	0					
	b Less: direct expenses	b 0					
	c Net income or (loss) from fundraising events	▶					0
9a Gross income from gaming activities. See Part IV, line 19.	a	0					
	b Less: direct expenses	b 0					
	c Net income or (loss) from gaming activities	▶					0
10a Gross sales of inventory, less returns and allowances	a	0					
	b Less: cost of goods sold	b 0					
	c Net income or (loss) from sales of inventory	▶					0
Miscellaneous Revenue		Business Code					
11a			0	0	0	0	
b			0	0	0	0	
c			0	0	0	0	
d All other revenue			0	0	0	0	
e Total. Add lines 11a-11d	▶		0				
12 Total revenue. See instructions.	▶		36,425,851	0	0	1,979	

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	33,220,134	33,220,134		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	21,641	21,641		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	0	0	0	0
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	0	0	0
7 Other salaries and wages	0	0	0	0
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0	0	0	0
9 Other employee benefits	0	0	0	0
10 Payroll taxes	0	0	0	0
11 Fees for services (non-employees):				
a Management	1,020,613	0	382,730	637,883
b Legal	0	0	0	0
c Accounting	0	0	0	0
d Lobbying	0	0	0	0
e Professional fundraising services. See Part IV, line 17	0			0
f Investment management fees	0	0	0	0
g Other	0	0	0	0
12 Advertising and promotion	0	0	0	0
13 Office expenses	0	0	0	0
14 Information technology	0	0	0	0
15 Royalties	0	0	0	0
16 Occupancy	0	0	0	0
17 Travel	0	0	0	0
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	0	0	0	0
20 Interest	0	0	0	0
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	0	0	0	0
23 Insurance	0	0	0	0
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 -----	0	0	0	0
b -----	0	0	0	0
c -----	0	0	0	0
d -----	0	0	0	0
e -----	0	0	0	0
f All other expenses -----	0	0	0	0
25 Total functional expenses. Add lines 1 through 24f .	34,262,388	33,241,775	382,730	637,883
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) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	2,177,518	2	2,892,372
	3 Pledges and grants receivable, net	11,265,636	3	11,574,868
	4 Accounts receivable, net	0	4	0
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	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	0	9	0
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	0		
	b Less: accumulated depreciation	0		
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	80,521	12	83,079
	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	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	13,523,675	16	14,550,319	
Liabilities	17 Accounts payable and accrued expenses	0	17	0
	18 Grants payable	10,463,523	18	9,324,146
	19 Deferred revenue	0	19	0
	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. Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	10,463,523	26	9,324,146
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	0	27	0
	28 Temporarily restricted net assets	2,979,631	28	5,143,094
	29 Permanently restricted net assets	80,521	29	83,079
	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	0	30	0
	31 Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
	32 Retained earnings, endowment, accumulated income, or other funds	0	32	0
33 Total net assets or fund balances	3,060,152	33	5,226,173	
34 Total liabilities and net assets/fund balances	13,523,675	34	14,550,319	

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	36,425,851
2	Total expenses (must equal Part IX, column (A), line 25)	2	34,262,388
3	Revenue less expenses. Subtract line 2 from line 1	3	2,163,463
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,060,152
5	Other changes in net assets or fund balances (explain in Schedule O)	5	2,558
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	5,226,173

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?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 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? See Sch O If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
2d	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 type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate 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?		X
3b	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.		N/A

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization: American Diabetes Association Research Foundation, Inc. Employer identification number: 54-1734511

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 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)**.
- 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?

	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?		X
(ii) A family member of a person described in (i) above?		X
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		X

h Provide the following information about the supported organization(s).

(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	
(A)									0
(B)									0
(C)									0
(D)									0
(E)									0
Total									0

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 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) 2006 - 6 Month	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	23,150,623	43,144,248	45,771,623	35,815,958	36,423,872	184,306,324
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total. Add lines 1 through 3	23,150,623	43,144,248	45,771,623	35,815,958	36,423,872	184,306,324
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.						184,306,324

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006 - 6 Month	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	23,150,623	43,144,248	45,771,623	35,815,958	36,423,872	184,306,324
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	193	1,979	2,172
9 Net income from unrelated business activities, whether or not the business is regularly carried on		0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0
11 Total support. Add lines 7 through 10						184,308,496
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 section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	100.00%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	100.00%
16a 33 1/3% support test-2010. 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 checked="" type="checkbox"/>		
b 33 1/3% support test-2009. 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 stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test-2010. 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-2009. 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 III Support Schedule for Organizations Described in Section 509(a)(2) N/A

(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0	0	0	0	0
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	0	0	0	0	0	0
3 Gross receipts from activities that are not an unrelated trade or business under section 513		0	0	0	0	0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6 Total. Add lines 1 through 5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
13 Total support. (Add lines 9, 10c, 11, and 12.)	0	0	0	0	0	0
14 First five years. 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

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	0.00%

- 19a 33 1/3% support tests–2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- b 33 1/3% support tests–2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

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

Area with horizontal dashed lines for supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization: American Diabetes Association Research Foundation, Inc. Employer identification number: 54-1734511

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. N/A

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year, and two questions about donor advisement with Yes/No checkboxes.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: Purpose(s) of conservation easements (checkboxes for various types), Total number of conservation easements, Total acreage restricted, Number of conservation easements on a certified historic structure, Number of conservation easements included in (c) acquired after 8/17/06, Number of conservation easements modified, Number of states where property is located, Does the organization have a written policy regarding monitoring, Staff and volunteer hours, Amount of expenses incurred, Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, In Part XIV, describe how the organization reports 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. N/A

Table with 2 columns: \$, \$, \$, \$. Rows include: If the organization elected, as permitted under SFAS 116 (ASC 958), 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. If the organization elected, as permitted under SFAS 116 (ASC 958), 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. 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV 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. N/A

- 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 | 0 |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | 0 |
- 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. N/A

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	0				
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	0	0	0		

- 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:
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | | |
| (ii) related organizations | | |
- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 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. N/A

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	0		0
b Buildings	0	0	0	0
c Leasehold improvements	0	0	0	0
d Equipment	0	0	0	0
e Other	0	0	0	0

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 0

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives	0	
(2) Closely-held equity interests	0	
(3) Other -----	0	
(A) -----	0	
(B) -----	0	
(C) -----	0	
(D) -----	0	
(E) -----	0	
(F) -----	0	
(G) -----	0	
(H) -----	0	
(I) -----	0	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	0	

Part VIII Investments—Program Related. See Form 990, Part X, line 13. **N/A**

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)	0	
(2)	0	
(3)	0	
(4)	0	
(5)	0	
(6)	0	
(7)	0	
(8)	0	
(9)	0	
(10)	0	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶	0	

Part IX Other Assets. See Form 990, Part X, line 15. **N/A**

(a) Description	(b) Book value
(1)	0
(2)	0
(3)	0
(4)	0
(5)	0
(6)	0
(7)	0
(8)	0
(9)	0
(10)	0
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	0

Part X Other Liabilities. See Form 990, Part X, line 25. **N/A**

1. (a) Description of liability	(b) Amount	
(1) Federal income taxes	0	
(2)	0	
(3)	0	
(4)	0	
(5)	0	
(6)	0	
(7)	0	
(8)	0	
(9)	0	
(10)	0	
(11)	0	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	0	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1 36,425,851
2	Total expenses (Form 990, Part IX, column (A), line 25)	2 34,262,388
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3 2,163,463
4	Net unrealized gains (losses) on investments	4 2,558
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 through 8	9 2,558
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10 2,166,021

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 36,710,492
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	2a 2,558
b	Donated services and use of facilities	2b 282,083
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV.)	2d
e	Add lines 2a through 2d	2e 284,641
3	Subtract line 2e from line 1	3 36,425,851
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 0
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5 36,425,851

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	1 34,544,471
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	2a 282,083
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIV.)	2d
e	Add lines 2a through 2d	2e 282,083
3	Subtract line 2e from line 1	3 34,262,388
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 0
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5 34,262,388

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, line 2; 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.

Part X Line 2 The following was disclosed related to uncertain tax positions in the
 audited financial statements: The American Diabetes Association and the American Diabetes
 Association Research Foundation, Inc. are exempt from income taxes under Section 501(c)(3)
 of the Internal Revenue Code (the Code) and charitable contributions to these
 organizations qualify for tax deductions as described in the Code. The American Diabetes
 Association Property Title Holding Company, Inc. is exempt from income taxes under Section
 501(c)(2) of the Code. These entities have been classified as organizations that are not
 private foundations under Section 509(a) of the Code.

Part XIV Supplemental Information *(continued)*

Part X Line 2 Continued... The Association recognizes the effect of income tax positions
only if those positions are more likely than not of being sustained. The Association does
not believe its financial statements include (or reflect) any significant uncertain tax
positions.

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury Internal Revenue Service
Name of the organization

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
Attachment to Form 990.

Employer identification number

American Diabetes Association Research Foundation, Inc.

54-1734511

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. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) National Institute of Diabetes and Digestive and Kidney Diseases - National Institutes of Health Building 31, Room 9A04 Center Drive, MSC 2560 Bethesda, MD 20892	52-1986675	501 (c)(3)	22,500	0			ADA-American Podiatric Medical Association Fellowship Award
(2) Albert Einstein College of Medicine 1300 Morris Park Ave Bronx, NY 10461	13-1624225	501 (c)(3)	60,690	0			ADA-Merck Clinical/Translational Postdoctoral Fellowship
(3) Joslin Diabetes Center One Joslin Place Boston, MA 02215	04-2203836	501 (c)(3)	75,000	0			ADA-Merck Clinical/Translational Postdoctoral Fellowship
(4) University of Michigan 3003 S State St., Rm 1054 Ann Arbor, MI 48109	38-6006309	501 (c)(3)	75,000	0			ADA-Merck Clinical/Translational Postdoctoral Fellowship
(5) Yale University School of Medicine 155 Whitney Avenue, Room 230, P.O. Box 208250 New Haven, CT 06510	06-0646973	501 (c)(3)	75,000	0			ADA-Merck Clinical/Translational Postdoctoral Fellowship
(6) Joslin Diabetes Center One Joslin Place Boston, MA 02215	04-2203836	501 (c)(3)	45,000	0			ADA-Takeda Cardiovascular Postdoctoral Fellowship
(7) University of Colorado Health Sciences Center P.O. Box 238 Denver, CO 80291	84-6000555	501 (c)(3)	45,000	0			ADA-Takeda Cardiovascular Postdoctoral Fellowship
(8) University of Texas Southwestern Medical Center at Dallas P.O. Box 841753 Dallas, TX 75284	75-6002868	170 (c)(1)	45,000	0			ADA-Takeda Cardiovascular Postdoctoral Fellowship
(9) Washington University in St. Louis 700 Rose Dale Ave., Box 1034 St. Louis, MO 63112	43-0653611	501 (c)(3)	45,000	0			ADA-Takeda Cardiovascular Postdoctoral Fellowship
(10) Burnham Institute for Medical Research at Lake Nona 6400 Sanger Road Orlando, FL 32827	51-0197108	501 (c)(3)	45,000	0			ADA-Takeda Pharmaceuticals Beta Cell Award
(11) Duke University 2424 Erwin Road, Suite 1103 Hock Plaza Durham, NC 27705	56-0532129	501 (c)(3)	45,000	0			ADA-Takeda Pharmaceuticals Beta Cell Award
(12) Indiana University P.O. Box 66057 Indianapolis, IN 46266	35-6001673	501 (c)(3)	45,000	0			ADA-Takeda Pharmaceuticals Beta Cell Award

2 Enter total number of section 501(c)(3) and government organizations 133

3 Enter total number of other organizations 4

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.

Part III can be duplicated 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 Stipend - Student Loan Repayment	3	21,641	0		N/A
2	0	0	0		
3	0	0	0		
4	0	0	0		
5	0	0	0		
6	0	0	0		
7	0	0	0		

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

Part I Line 2 The American Diabetes Association Research Foundation closely monitors the use of grant funds. Each grantee is required to submit an Annual Progress Report, which includes a scientific and a financial portion, 30 days after the end of each previously committed funding year. Each year of funding after the first is contingent upon approval of the Annual Progress Report and the availability of funds. If the complete report is not received within 90 days after the due date, the award will be terminated.

Part I Line 2, Continued: After the completion of the final year of the grant, a Cumulative Final Report, which includes a scientific and financial portion, is due within 60 days after the expiration date of the grant. If the complete final report is not received by the due date, the grantee will not be eligible to apply for any future American Diabetes Association Research Foundation awards until the obligations for the award are complete.

Continuation Sheet for Schedule I (Form 990)

Name of the organization American Diabetes Association Research Foundation, Inc.	Employer identification number 54-1734511
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(13) Massachusetts General Hospital 50 Staniford Street, 10th Floor Boston, MA 02114	04-2697983	501 (c)(3)	45,000	0			ADA-Takeda Pharmaceuticals Beta Cell Award
(14) Trustees of the University of Pennsylvania 3451 Walnut St., P-221 Frankin Building Philadelphia, PA 19104	23-1352685	501 (c)(3)	45,000	0			ADA-Takeda Pharmaceuticals Beta Cell Award
(15) University of Louisville Office of Controller, Service Complex Bldg Louisville, KY 40292	61-1014882	501 (c)(3)	45,000	0			ADA-Takeda Pharmaceuticals Beta Cell Award
(16) University of Massachusetts Medical School 55 Lake Avenue North Worcester, MA 01655	04-3167352	115	45,000	0			ADA-Takeda Pharmaceuticals Beta Cell Award
(17) Vanderbilt University Medical Center 3319 West End Avenue, Ste 800, Crystal Ter Nashville, TN 37203	62-0476822	501 (c)(3)	45,000	0			ADA-Takeda Pharmaceuticals Beta Cell Award
(18) Albert Einstein College of Medicine 1300 Morris Park Ave Bronx, NY 10461	13-1624225	501 (c)(3)	207,000	0			Basic Science
(19) Benaroya Research Institute at Virginia Mason 1201 Ninth Ave, Grants Administration Seattle, WA 98101	91-1351110	501 (c)(3)	103,500	0			Basic Science
(20) Beth Israel Deaconess Medical Center 330 Brookline Ave, E BR-259 Boston, MA 02219	04-2103881	501 (c)(3)	207,000	0			Basic Science
(21) City of Hope, National Medical Center 1450 E. Duarte Road Duarte, CA 91010	95-3432210	501 (c)(3)	103,500	0			Basic Science
(22) Emory University School of Medicine 1599 Clifton Road NE, 4th Floor, MAILSTOP 1599/001-1BH Atlanta, GA 30322	58-0566256	501 (c)(3)	103,500	0			Basic Science
(23) Harvard University 1033 Massachusetts Ave Ste 3 Cambridge, MA 02138	04-2103580	501 (c)(3)	103,500	0			Basic Science
(24) Harvard University School of Public Health 677 Huntington Avenue, 5th Floor Boston, MA 02115	04-2103580	501 (c)(3)	103,477	0			Basic Science
(25) Johns Hopkins University 1101 E 33RD St Ste D200 Baltimore, MD 21218	52-0595110	501 (c)(3)	103,500	0			Basic Science
(26) Joslin Diabetes Center One Joslin Place Boston, MA 02215	04-2203836	501 (c)(3)	103,500	0			Basic Science
(27) Louisiana State University Health Sciences Center New Orleans 433 Bolivar Street, Suite 206 New Orleans, LA 70112	72-6087770	501 (c)(3)	51,750	0			Basic Science
(28) Louisiana State University Health Sciences Center Shreveport 1501 Kings Highway Shreveport, LA 71130	72-0702002	501 (c)(3)	103,500	0			Basic Science
(29) Massachusetts General Hospital 50 Staniford Street, 10th Floor Boston, MA 02114	04-2697983	501 (c)(3)	207,000	0			Basic Science

Continuation Sheet for Schedule I (Form 990)

Name of the organization American Diabetes Association Research Foundation, Inc.	Employer identification number 54-1734511
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(30) Medical College of Wisconsin 8701 Watertown Plank Rd Milwaukee, WI 53226	39-0806261	501 (c)(3)	207,000	0			Basic Science
(31) Pacific Northwest Research Institute 720 Broadway Seattle, WA 98122	91-0667886	501 (c)(3)	103,500	0			Basic Science
(32) The Pennsylvania State University College of Medicine Office of the Controller, MC-G230, P.O. Box 850 Hershey, PA 17033	24-6000376	501 (c)(3)	316,250	0			Basic Science
(33) Pennington Biomedical Research Center 6400 Perkins Road Baton Rouge, LA 70808	72-6000848	501 (c)(3)	206,976	0			Basic Science
(34) Portland VA Research Foundation PO Box 69539 Portland, OR 97239	94-3090170	501 (c)(3)	103,455	0			Basic Science
(35) Stanford University School of Medicine 300 Pasteur Drive Stanford, CA 94305	94-1156365	501 (c)(3)	103,500	0			Basic Science
(36) The Cleveland Clinic Foundation 9500 Euclid Avenue Cleveland, OH 44195	34-0714585	501 (c)(3)	109,250	0			Basic Science
(37) The Hamner Institutes 6 Davis Drive Research Triangle Park, NC 27709	20-3692587	501 (c)(3)	103,500	0			Basic Science
(38) The Pennsylvania State University 201 Old Main State College, PA 16802	24-6000376	501 (c)(3)	103,500	0			Basic Science
(39) The Regents of the University of California, San Francisco 3333 California Street, Ste. 315 San Francisco, CA 94143	94-6036493	501 (c)(3)	206,617	0			Basic Science
(40) University of Cincinnati P.O. Box 210061 Cincinnati, OH 45221	31-6000989	501 (c)(3)	103,500	0			Basic Science
(41) University of Colorado, Denver P.O. Box 238 Denver, CO 80291	84-6000555	501 (c)(3)	207,000	0			Basic Science
(42) University of Connecticut, School of Allied Health 263 Farmington Ave. Farmington, CT 06030	52-1725543	501 (c)(1)	103,500	0			Basic Science
(43) University of Illinois at Chicago 809 S. Marshfield Ave Chicago, IL 60612	37-6000511	501 (c)(3)	103,500	0			Basic Science
(44) University of Iowa 4 Jessup Hall, Room B5 Iowa City, IA 52242	42-6004813	115	103,473	0			Basic Science
(45) University of Louisville Research Foundation Inc. Office of Controller, Service Complex Bldg Louisville, KY 40292	61-1029626	501 (c)(3)	103,500	0			Basic Science
(46) University of Massachusetts Medical School 55 Lake Avenue North Worcester, MA 01655	04-3167352	115	102,999	0			Basic Science

Continuation Sheet for Schedule I (Form 990)

Name of the organization American Diabetes Association Research Foundation, Inc.	Employer identification number 54-1734511
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(47) University of Medicine and Dentistry of New Jersey PO Box 2685 New Brunswick, NJ 08903	22-1775306	501 (c)(3)	103,500	0			Basic Science
(48) University of Michigan 3003 S State St., Rm 1054 Ann Arbor, MI 48109	38-6006309	501 (c)(3)	101,663	0			Basic Science
(49) University of Minnesota NW 5957, P.O. Box 1450 Minneapolis, MN 55455	41-6007513	501 (c)(3)	103,500	0			Basic Science
(50) University of Oklahoma Health Sciences Center P.O. Box 26901 SCB228 Oklahoma City, OK 73190	73-6017987	501 (c)(3)	103,500	0			Basic Science
(51) University of Pittsburgh P.O. Box 371220 Pittsburgh, PA 15251	25-0965591	501 (c)(3)	103,500	0			Basic Science
(52) University of Texas Southwestern Medical Center at Dallas P.O. Box 841753 Dallas, TX 75284	75-6002868	170 (c)(1)	207,000	0			Basic Science
(53) University of Utah 201 South President's Circle, Rm 406 Salt Lake City, UT 84112	87-6000525	501 (c)(3)	103,500	0			Basic Science
(54) University of Vermont 340 Waterman Building Burlington, VT 05405	03-0179440	501 (c)(3)	103,500	0			Basic Science
(55) University of Wisconsin-Madison 21 N. Park Street, Suite 6401 Madison, WI 53715	39-6006492	501 (c)(3)	103,500	0			Basic Science
(56) Vanderbilt University Medical Center 3319 West End Avenue, Ste 800, Crystal Ter Nashville, TN 37203	62-0476822	501 (c)(3)	103,500	0			Basic Science
(57) Wayne State University 5057 Woodward Avenue, 13th Floor, Suite 13203 Detroit, MI 48202	38-6028429	501 (c)(3)	103,500	0			Basic Science
(58) Winthrop University Hospital 259 1ST St Mineola, NY 11501	11-1633486	501 (c)(3)	103,500	0			Basic Science
(59) Wright State University 3640 Colonel Glenn Hwy Dayton, OH 45435	31-0732831	501 (c)(3)	103,500	0			Basic Science
(60) Beth Israel Deaconess Medical Center 330 Brookline Ave, E BR-259 Boston, MA 02219	04-2103881	501 (c)(3)	155,250	0			Career Development
(61) Brigham and Women's Hospital 75 Francis Street Boston, MA 02115	04-2312909	501 (c)(3)	154,818	0			Career Development
(62) Children's Hospital Boston P.O. Box 414413 Boston, MA 02241	04-2774441	501 (c)(3)	155,250	0			Career Development
(63) Children's Hospital of Pittsburgh 3705 Fifth Avenue Pittsburgh, PA 15213	25-0402510	501 (c)(3)	310,500	0			Career Development

Continuation Sheet for Schedule I (Form 990)

Name of the organization American Diabetes Association Research Foundation, Inc.	Employer identification number 54-1734511
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(64) Duke University 2424 Erwin Road, Suite 1103 Hock Plaza Durham, NC 27705	56-0532129	501 (c)(3)	155,250	0			Career Development
(65) Joslin Diabetes Center One Joslin Place, Boston, MA 02215 Boston, MA 02215	04-2203836	501 (c)(3)	155,250	0			Career Development
(66) Northwestern University 633 Clark Street, Room 2-502 Evanston, IL 60208	36-2167817	501 (c)(3)	155,250	0			Career Development
(67) The Research Foundation of State University of New York P.O. Box 9 Albany, NY 12201	14-1368361	501 (c)(3)	126,931	0			Career Development
(68) Scripps Research Institute 10550 N. Torrey Pines Rd, TPC-7 La Jolla, CA 92037	33-0435954	501 (c)(3)	155,250	0			Career Development
(69) South Dakota Health Research Foundation 1100 E 21st St, Suite 700 Sioux Falls, SD 57105	46-0450378	501 (c)(3)	170,798	0			Career Development
(70) The Regents of the University of California, San Diego 9500 Gilman Drive #0954 La Jolla, CA 92093	95-6006144	501 (c)(3)	155,250	0			Career Development
(71) The Regents of the University of Michigan 3003 S State St., Rm 1054 Ann Arbor, MI 48109	38-6006309	501 (c)(3)	155,250	0			Career Development
(72) University of Alabama at Birmingham 1530 3rd Ave. South, AB 990 Birmingham, AL 35294	63-6005396	501 (c)(3)	97,250	0			Career Development
(73) University of Colorado Health Science Center P.O. Box 238 Denver, CO 80291	84-6000555	501 (c)(3)	309,874	0			Career Development
(74) University of Kentucky 10 Funkhouser Building Lexington, KY 40506	61-6001218	501 (c)(3)	155,250	0			Career Development
(75) University of Kentucky Research Foundation 109 Kinkead Hall Lexington, KY 40506	61-6033693	501 (c)(3)	177,750	0			Career Development
(76) University of Michigan 3003 S State St., Rm 1054 Ann Arbor, MI 48109	38-6006309	501 (c)(3)	155,250	0			Career Development
(77) University of Minnesota NW 5957, P.O. Box 1450 Minneapolis, MN 55455	41-6007513	501 (c)(3)	154,783	0			Career Development
(78) University of Rochester 1325 Mt. Hope Avenue, Suite 260 Rochester, NY 14620	16-0743209	501 (c)(3)	155,250	0			Career Development
(79) University of Washington Gerberding Hall G80, Box 351202 Seattle, WA 98195	91-6001537	115	177,750	0			Career Development
(80) Vanderbilt University Medical Center 3319 West End Avenue, Ste 800, Crystal Ter Nashville, TN 37203	62-0476822	501 (c)(3)	155,250	0			Career Development

Continuation Sheet for Schedule I (Form 990)

Name of the organization American Diabetes Association Research Foundation, Inc.	Employer identification number 54-1734511
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(81) Albert Einstein College of Medicine 1300 Morris Park Ave Bronx, NY 10461	13-1624225	501 (c)(3)	180,000	0			Clinical Research
(82) Arizona State University PO Box 873503 Tempe, AZ 85287	86-0196696	115	277,023	0			Clinical Research
(83) Baylor Regional Transplant Institute 3310 Live Oak, Ste 501 Dallas, TX 75206	75-1921898	501 (c)(3)	180,000	0			Clinical Research
(84) Charles R. Drew University of Medicine & Science 1731 E. 120th Street Los Angeles, CA 90059	95-6151774	501 (c)(3)	360,000	0			Clinical Research
(85) Columbia University P.O. Box 29789 New York, NY 10987	13-5598093	501 (c)(3)	175,627	0			Clinical Research
(86) Eastern Virginia Medical School P.O. Box 1980 Norfolk, VA 23501	54-6055378	501 (c)(3)	180,000	0			Clinical Research
(87) Emory University School of Medicine 1599 Clifton Road NE, 4th Floor, MAILSTOP 1599/001-1BH Atlanta, GA 30322	58-0566256	501 (c)(3)	360,000	0			Clinical Research
(88) Harvard Pilgrim Health Care 93 Worcester St. Wellesley, MA 02481	04-2452600	501 (c)(3)	179,966	0			Clinical Research
(89) Johns Hopkins University 1101 E 33RD St Ste D200 Baltimore, MD 21218	52-0595110	501 (c)(3)	179,229	0			Clinical Research
(90) Joslin Diabetes Center One Joslin Place Boston, MA 02215	04-2203836	501 (c)(3)	177,277	0			Clinical Research
(91) Kaiser Foundation Research Institute 1800 Harrison Street, 16th Floor Oakland, CA 94612	94-1105628	501 (c)(3)	179,476	0			Clinical Research
(92) Los Angeles Biomedical Research Institute at Harbor-UCLA Medical Center 1124 West Carson Street, Bldg N-16 Torrance, CA 90502	95-2138184	501 (c)(3)	180,000	0			Clinical Research
(93) Medical College of Georgia P.O. Box 945552 Atlanta, GA 30394	58-1418202	501 (c)(3)	179,970	0			Clinical Research
(94) National Institute of Diabetes and Digestive and Kidney Diseases - National Institutes of Health Building 31, Room 9A04 Center Drive, MSC 2560 Bethesda, MD 20892	52-1986675	501 (c)(3)	51,760	0			Clinical Research
(95) Old Dominion University P.O. Box 6369 Norfolk, VA 23508	54-6068198	501 (c)(3)	180,000	0			Clinical Research
(96) The Research Foundation of State University of New York P.O. Box 9 Albany, NY 12201	14-1368361	501 (c)(3)	180,000	0			Clinical Research
(97) St Luke's Roosevelt Institute for Health Sciences 1111 Amsterdam Avenue New York, NY 10025	13-2997301	501 (c)(3)	176,585	0			Clinical Research

Continuation Sheet for Schedule I (Form 990)

Name of the organization American Diabetes Association Research Foundation, Inc.	Employer identification number 54-1734511
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(98) The Regents of the University of California, Irvine 111 Academy Way, Suite 210 Irvine, CA 92697	95-2226406	501 (c)(3)	178,816	0			Clinical Research
(99) The Regents of the University of California, San Francisco 3333 California Street, Ste. 315 San Francisco, CA 94143	94-6036493	501 (c)(3)	136,443	0			Clinical Research
(100) The Regents of the University of Michigan 3003 S State St., Rm 1054 Ann Arbor, MI 48109	38-6006309	501 (c)(3)	180,000	0			Clinical Research
(101) The University of North Carolina Chapel Hill 104 Airport Dr, Ste 2200, CD#1350 Chapel Hill, NC 27599	56-6001393	501 (c)(3)	86,742	0			Clinical Research
(102) The University of Tennessee Research Foundation 600 Henley St, Suite 211 Knoxville, TN 37996	62-6047697	501 (c)(3)	179,992	0			Clinical Research
(103) The University of Texas Health Science Center at San Antonio 7703 Floyd Curl Drive San Antonio, TX 78229	74-1586031	170 (c)(1)	180,000	0			Clinical Research
(104) Yeshiva University 27-33 West 23rd Street, RM509 New York, NY 10010	13-2676570	501 (c)(3)	180,000	0			Clinical Research
(105) Trustees of the University of Philadelphia 3451 Walnut St., P221 Franklin Bldg Philadelphia, PA 19104	23-1352685	501 (c)(3)	176,456	0			Clinical Research
(106) Tufts University School of Medicine 136 Harrison Ave Boston, MA 02111	04-2103634	501 (c)(3)	138,296	0			Clinical Research
(107) University of Arizona 888 N. Euclid Ave., Room 510, P.O. Box 3308 Tucson, AZ 85719	74-2652689	115	157,563	0			Clinical Research
(108) University of Chicago 1225 E. 60th Street Chicago, IL 60637	36-2177139	501 (c)(3)	178,703	0			Clinical Research
(109) University of Colorado Health Sciences Center P.O. Box 238 Denver, CO 80291	84-6000555	501 (c)(3)	179,281	0			Clinical Research
(110) University of Maryland PO Box 41428 Baltimore, MD 21203	52-6002033	115	359,132	0			Clinical Research
(111) University of New Mexico Health Sciences Center 1 Univ of New Mexico Albuquerque, NM 87131	85-6000642	115	180,000	0			Clinical Research
(112) University of North Carolina at Chapel Hill 104 Airport Dr, Ste 2200, CD#1350 Chapel Hill, NC 27599	56-6001393	501 (c)(3)	132,202	0			Clinical Research
(113) University of Oklahoma Health Sciences Center P.O. Box 26901 SCB228 Oklahoma City, OK 73190	73-6017987	501 (c)(3)	177,482	0			Clinical Research
(114) University of Pennsylvania 3451 Walnut St., P-221 Frankin Building Philadelphia, PA 19104	23-1352685	501 (c)(3)	177,415	0			Clinical Research

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

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(115) University of Southern California, Davis School of Gerontology 1540 Alcazar Street, CHP 100 Los Angeles, CA 90033	95-1642394	501 (c)(3)	175,417	0			Clinical Research
(116) University of Texas Health Science Center at San Antonio 7703 Floyd Curl Drive San Antonio, TX 78229	74-1586031	170 (c)(1)	179,931	0			Clinical Research
(117) University of Texas Southwestern Medical Center at Dallas P.O. Box 841753 Dallas, TX 75284	75-6002868	170 (c)(1)	180,000	0			Clinical Research
(118) University of Utah 201 South President's Circle, Rm 406 Salt Lake City, UT 84112	87-6000525	501 (c)(3)	178,664	0			Clinical Research
(119) VA New York Harbor Health Care System 800 Poly Place Brooklyn, NY 11209	11-3059470	501 (c)(3)	179,959	0			Clinical Research
(120) Pennsylvania State University School of Medicine Office of the Controller, MC-G230, P.O. Box 850 Hershey, PA 17033	24-6000376	501 (c)(3)	27,000	0			Clinical Scientist Training
(121) Rosalind Franklin University of Medicine and Science 3333 Green Bay Road North Chicago, IL 60064	36-2181973	501 (c)(3)	27,000	0			Clinical Scientist Training
(122) The Burnham Institute 10901 N Torrey Pines Rd La Jolla, CA 92037	51-0197108	501 (c)(3)	27,000	0			Clinical Scientist Training
(123) University of South Dakota 414 E. Clark St. Vermillion, SD 57069	46-6000364	501 (c)(3)	27,000	0			Clinical Scientist Training
(124) Arizona State University PO Box 873503 Tempe, AZ 85287	86-0196696	115	180,000	0			Clinical/Translational Research
(125) Baylor College of Medicine One Baylor Plaza Houston, TX 77030	74-1613878	501 (c)(3)	180,000	0			Clinical/Translational Research
(126) Carl T. Hayden Medican Research Foundation 650 E. Indian School Road Pheonix, AZ 85012	86-0907729	501 (c)(3)	180,000	0			Clinical/Translational Research
(127) Fred Hutchinson Cancer Research Center 1100 Fairview Ave. N, J6-500, PO Box 19024 Seattle, WA 98109	23-7156071	501 (c)(3)	180,000	0			Clinical/Translational Research
(128) Massachusetts General Hospital Biostatistics 50 Staniford Street, 10th Floor Boston, MA 02114	04-2697983	501 (c)(3)	179,992	0			Clinical/Translational Research
(129) Mayo Clinic Rochester 200 First Street Southwest Rochester, MN 55906	41-6011702	501 (c)(3)	87,031	0			Clinical/Translational Research
(130) Oregon Health & Science University 3181 SW Sam Jackson Park Rd., L106, Room 220 Portland, OR 97239	93-1176109	501 (c)(3)	164,634	0			Clinical/Translational Research
(131) St. Luke's Roosevelt Hospital Center, Obesity Research Center 1111 Amsterdam Avenue New York, NY 10025	13-2997301	501 (c)(3)	179,991	0			Clinical/Translational Research

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(132) Stanford University School of Medicine 300 Pasteur Drive Stanford, CA 94305	94-1156365	501 (c)(3)	179,841	0			Clinical/Translational Research
(133) Temple University School of Medicine PO Box 824242 Philadelphia, PA 19182	23-1365971	501 (c)(3)	177,948	0			Clinical/Translational Research
(134) Trustees of the University of Pennsylvania 3451 Walnut St., P-221 Frankin Building Philadelphia, PA 19104	23-1352685	501 (c)(3)	72,705	0			Clinical/Translational Research
(135) University of Kentucky Research Foundation 109 Kinkead Hall Lexington, KY 40506	61-6033693	501 (c)(3)	180,000	0			Clinical/Translational Research
(136) University of Oklahoma Health Sciences Center P.O. Box 26901 SCB228 Oklahoma City, OK 73190	73-6017987	501 (c)(3)	70,994	0			Clinical/Translational Research
(137) University of Pittsburgh P.O. Box 371220 Pittsburgh, PA 15251	25-0965591	501 (c)(3)	330,410	0			Clinical/Translational Research
(138) University of Southern California 3500 S. Figuero Suite 102, File# 52095 Los Angeles, CA 90074	95-1642394	501 (c)(3)	123,683	0			Clinical/Translational Research
(139) University of Texas Health Science Center 7703 Floyd Curl Drive San Antonio, TX 78229	74-1586031	170 (c)(1)	112,758	0			Clinical/Translational Research
(140) Washington University 700 Rose Dale Ave., Box 1034 St. Louis, MO 63112	43-0653611	501 (c)(3)	56,522	0			Clinical/Translational Research
(141) University of Minnesota NW 5957, P.O. Box 1450 Minneapolis, MN 55455	41-6007513	501 (c)(3)	178,171	0			Distinguished Clinical Scientist
(142) Yale University School of Medicine 155 Whitney Avenue, Room 230, P.O. Box 208250 New Haven, CT 06510	06-0646973	501 (c)(3)	360,000	0			Distinguished Clinical Scientist
(143) Georgetown University 3300 Whitehaven Street NW, Suite 1100 Washington, DC 20057	53-0196603	501 (c)(3)	49,989	0			Henry Becton Innnovation
(144) Seattle Institute for Biomedical and Clinical Research 1660 South Columbian Way No S-151F Seattle, WA 98108	91-1452438	501 (c)(3)	50,000	0			Henry Becton Innnovation
(145) Emory University School of Medicine 1599 Clifton Road NE, 4th Floor, MAILSTOP 1599/001 1BH Atlanta, GA 30322	58-0566256	501 (c)(3)	45,000	0			Innovation
(146) Michigan State University 301 Administration Bldg East Lansing, MI 48824	38-6005984	501 (c)(3)	45,000	0			Innovation
(147) Pennington Biomedical Research Center 6400 Perkins Road Baton Rouge, LA 70808	72-6000848	501 (c)(3)	45,000	0			Innovation
(148) The Regents of the University of California, San Diego 9500 Gilman Drive #0954 La Jolla, CA 92093	95-6006144	501 (c)(3)	48,874	0			Innovation

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(149) Torrey Pines Institute for Molecular Studies 11350 SW Village Parkway Port St. Lucie, FL 34987	33-0319501	501 (c)(3)	45,000	0			Innovation
(150) University of Alabama at Birmingham 1530 3rd Ave. South, AB 990 Birmingham, AL 35294	63-6005396	501 (c)(3)	37,479	0			Innovation
(151) University of Illinois at Chicago 809 S. Marshfield Ave Chicago, IL 60612	37-6000511	501 (c)(3)	45,000	0			Innovation
(152) University of Iowa 4 Jessup Hall, Room B5 Iowa City, IA 52242	42-6004813	115	45,000	0			Innovation
(153) University of Tennessee 1534 White Avenue Knoxville, TN 37996	62-6001636	170 (c)(1)	45,000	0			Innovation
(154) Vanderbilt University Medical Center 3319 West End Avenue, Ste 800, Crystal Ter Nashville, TN 37203	62-0476822	501 (c)(3)	75,000	0			Innovation-Geriatric Endocrinology
(155) Albert Einstein College of Medicine 1300 Morris Park Ave Bronx, NY 10461	13-1624225	501 (c)(3)	124,200	0			Junior Faculty
(156) Boston Medical Center 660 Harrison Avenue, 2nd Floor Boston, MA 02118	04-3314093	501 (c)(3)	96,495	0			Junior Faculty
(157) Burnham Institute for Medical Research at Lake Nona 6400 Sanger Road Orlando, FL 32827	51-0197108	501 (c)(3)	124,135	0			Junior Faculty
(158) Case Western Reserve University 10900 Euclid Avenue Cleveland, OH 44106	34-1018992	501 (c)(3)	124,200	0			Junior Faculty
(159) City of Hope, National Medical Center 1450 E. Duarte Road Duarte, CA 91010	95-3432210	501 (c)(3)	124,200	0			Junior Faculty
(160) Cornell University P.O. Box 22 Ithaca, NY 14850	15-0532082	501 (c)(3)	124,200	0			Junior Faculty
(161) Duke University 2424 Erwin Road, Suite 1103 Hock Plaza Durham, NC 27705	56-0532129	501 (c)(3)	123,255	0			Junior Faculty
(162) Louisiana State University Health Sciences Center Shreveport 1501 Kings Highway Shreveport, LA 71130	72-0702002	501 (c)(3)	124,200	0			Junior Faculty
(163) Marine Biological Laboratory 215 Homestead Bldg, 7 MBL Street Woods Hole, MA 02543	04-2104690	501 (c)(3)	123,201	0			Junior Faculty
(164) Marquette University 915 W. Wisconsin Ave., Straz Tower 175 Milwaukee, WI 53233	39-0806251	501 (c)(3)	123,234	0			Junior Faculty
(165) Pennington Biomedical Research Center 6400 Perkins Road Baton Rouge, LA 70808	72-6000848	501 (c)(3)	247,914	0			Junior Faculty

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(166) Salk Institute for Biological Studies 10010 N. Torrey Pines Road La Jolla, CA 92037	95-2160097	501 (c)(3)	117,990	0			Junior Faculty
(167) State University of New York Upstate Medical Center P.O. Box 9 Albany, NY 12201	14-1368361	501 (c)(3)	124,200	0			Junior Faculty
(168) The Texas A&M University System Health Science Center 400 Harvey Mitchell Parkway South College Station, TX 77845	74-1238434	501 (c)(3)	124,200	0			Junior Faculty
(169) The Miriam Hospital Aldrich Bldg. 3, 593 Eddy Street Providence, RI 02903	05-0258905	501 (c)(3)	124,195	0			Junior Faculty
(170) University of Arizona 888 N. Euclid Ave., Room 510, P.O. Box 3308 Tucson, AZ 85719	74-2652689	115	124,200	0			Junior Faculty
(171) University of Chicago 1225 E. 60th Street Chicago, IL 60637	36-2177139	501 (c)(3)	124,200	0			Junior Faculty
(172) University of Colorado, Denver P.O. Box 238 Denver, CO 80291	84-6000555	501 (c)(3)	76,147	0			Junior Faculty
(173) University of Connecticut Health Center 263 Farmington Ave. Farmington, CT 06030	52-1725543	501 (c)(1)	124,200	0			Junior Faculty
(174) University of Florida 302 Tigert Hall, PO Box 113001 Gainesville, FL 32610	59-6002052	501 (c)(3)	123,496	0			Junior Faculty
(175) University of Kentucky 10 Funkhouser Building Lexington, KY 40506	61-6001218	501 (c)(3)	124,200	0			Junior Faculty
(176) University of Minnesota NW 5957, P.O. Box 1450 Minneapolis, MN 55455	41-6007513	501 (c)(3)	124,200	0			Junior Faculty
(177) University of Missouri-Columbia 310 Jesse Hall Columbia, MO 65211	43-6003859	501 (c)(3)	124,200	0			Junior Faculty
(178) University of Pittsburgh P.O. Box 371220 Pittsburgh, PA 15251	25-0965591	501 (c)(3)	372,400	0			Junior Faculty
(179) University of Miami School of Medicine P.O. Box 025405 Miami, FL 33102	59-0624458	501 (c)(3)	124,200	0			Junior Faculty
(180) Utah State University 1400 Old Main Hill Logan, UT 84322	87-6000528	115	118,977	0			Junior Faculty
(181) Virginia Polytechnic Institute and State University 1880 Pratt Drive, Suite 2006 Blacksburg, VA 24060	54-6001805	501 (c)(3)	124,070	0			Junior Faculty
(182) Wright State University 3640 Colonel Glenn Hwy Dayton, OH 45435	31-0732831	501 (c)(3)	122,131	0			Junior Faculty

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(183) Yale University School of Medicine 155 Whitney Avenue, Room 230, P.O. Box 208250 New Haven, CT 06510	06-0646973	501 (c)(3)	124,200	0			Junior Faculty
(184) City of Hope, National Medical Center 1450 E. Duarte Road Duarte, CA 91010	95-3432210	501 (c)(3)	40,500	0			Mentor-Based Minority Postdoctoral Fellowship
(185) Schepens Eye Research Institute 20 Staniford Street Boston, MA 02114	04-2129889	501 (c)(3)	40,500	0			Mentor-Based Minority Postdoctoral Fellowship
(186) The Regents of the University of California, Los Angeles 10920 Wilshire Boulevard, Suite 107 Los Angeles, CA 90024	95-6006143	501 (c)(3)	40,500	0			Mentor-Based Minority Postdoctoral Fellowship
(187) The University of Arizona 888 N. Euclid Ave., Room 510, P.O. Box 3308 Tucson, AZ 85719	74-2652689	115	40,500	0			Mentor-Based Minority Postdoctoral Fellowship
(188) University of Chicago 1225 E. 60th Street Chicago, IL 60637	36-2177139	501 (c)(3)	40,500	0			Mentor-Based Minority Postdoctoral Fellowship
(189) Translational Genomics Research Institute 445 North Fifth Street, Suite 1600 Pheonix, AZ 85004	75-3065445	501 (c)(3)	4,500	0			Mentor-Based Minority Postdoctoral Fellowship
(190) University of California, San Francisco 3333 California Street, Ste. 315 San Francisco, CA 94143	94-6036493	501 (c)(3)	39,168	0			Mentor-Based Minority Postdoctoral Fellowship
(191) University of Miami School of Medicine P.O. Box 025405 Miami, FL 33102	59-0624458	501 (c)(3)	31,500	0			Mentor-Based Minority Postdoctoral Fellowship
(192) University of Southern California, Davis School of Gerontology 1540 Alcazar Street, CHP 100 Los Angeles, CA 90033	95-1642394	501 (c)(3)	40,500	0			Mentor-Based Minority Postdoctoral Fellowship
(193) Vanderbilt University Medical Center 3319 West End Avenue, Ste 800, Crystal Ter Nashville, TN 37203	62-0476822	501 (c)(3)	40,500	0			Mentor-Based Minority Postdoctoral Fellowship
(194) Yale University of Medicine 155 Whitney Avenue, Room 230, P.O. Box 208250 New Haven, CT 06510	06-0646973	501 (c)(3)	40,500	0			Mentor-Based Minority Postdoctoral Fellowship
(195) Albert Einstein College of Medicine 1300 Morris Park Ave Bronx, NY 10461	13-1624225	501 (c)(3)	50,625	0			Mentor-Based Postdoctoral Fellowship
(196) Beth Israel Deaconess Medical Center 330 Brookline Ave, E BR-259 Boston, MA 02219	04-2103881	501 (c)(3)	81,000	0			Mentor-Based Postdoctoral Fellowship
(197) Boston Medical Center 660 Harrison Avenue, 2nd Floor Boston, MA 02118	04-3314093	501 (c)(3)	81,000	0			Mentor-Based Postdoctoral Fellowship
(198) Children's Hospital Boston PO Box 414413 Boston, MA 02241	04-2774441	501 (c)(3)	40,500	0			Mentor-Based Postdoctoral Fellowship
(199) Columbia University P.O. Box 29789 New York, NY 10987	13-5598093	501 (c)(3)	121,500	0			Mentor-Based Postdoctoral Fellowship

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(200) Dana Farber Cancer Institute 44 Binney Street, BP 431C Boston, MA 02115	04-2263040	501 (c)(3)	40,500	0			Mentor-Based Postdoctoral Fellowship
(201) Foundation for Advanced Education in the Sciences, Inc. One Cloister Court, NIH, Suite 230 Bethesda, MD 20814	52-0743814	501 (c)(3)	23,552	0			Mentor-Based Postdoctoral Fellowship
(202) Harvard Medical School 25 Shattuck Street Boston, MA 02115	04-2103580	501 (c)(3)	85,500	0			Mentor-Based Postdoctoral Fellowship
(203) Harvard University School of Public Health 677 Huntington Avenue, 5th Floor Boston, MA 02115	04-2103580	501 (c)(3)	81,000	0			Mentor-Based Postdoctoral Fellowship
(204) Johns Hopkins University 1101 E 33RD St Ste D200 Baltimore, MD 21218	52-0595110	501 (c)(3)	40,500	0			Mentor-Based Postdoctoral Fellowship
(205) Joslin Diabetes Center One Joslin Place Boston, MA 02215	04-2203836	501 (c)(3)	202,500	0			Mentor-Based Postdoctoral Fellowship
(206) La Jolla Institute for Allergy and Immunology 9420 Athena Circle La Jolla, CA 92037	33-0328688	501 (c)(3)	40,500	0			Mentor-Based Postdoctoral Fellowship
(207) Massachusetts General Hospital 50 Staniford Street, 10th Floor Boston, MA 02114	04-2697983	501 (c)(3)	40,500	0			Mentor-Based Postdoctoral Fellowship
(208) Mount Sinai School of Medicine One Gustav L. Levy Place, Box 3500 New York, NY 10029	13-6171197	501 (c)(3)	40,500	0			Mentor-Based Postdoctoral Fellowship
(209) Pacific Northwest Research Institute 720 Broadway Seattle, WA 98122	91-0667886	501 (c)(3)	40,500	0			Mentor-Based Postdoctoral Fellowship
(210) Regents of the University of California, San Diego 9500 Gilman Drive #0954 La Jolla, CA 92093	95-6006144	501 (c)(3)	81,000	0			Mentor-Based Postdoctoral Fellowship
(211) Salk Institute for Biological Studies 10010 N. Torrey Pines Road La Jolla, CA 92037	95-2160097	501 (c)(3)	40,500	0			Mentor-Based Postdoctoral Fellowship
(212) The J. David Gladstone Institutes 1455 Market Street, Lockbox Services Unit 5190 San Francisco, CA 94103	23-7203666	501 (c)(3)	40,500	0			Mentor-Based Postdoctoral Fellowship
(213) The Regents of the University of California, San Diego 9500 Gilman Drive #0954 La Jolla, CA 92093	95-6006144	501 (c)(3)	40,500	0			Mentor-Based Postdoctoral Fellowship
(214) The Regents of the University of California, San Francisco 3333 California Street, Ste. 315 San Francisco, CA 94143	94-6036493	501 (c)(3)	81,000	0			Mentor-Based Postdoctoral Fellowship
(215) The Regents of the University of Michigan 3003 S State St., Rm 1054 Ann Arbor, MI 48109	38-6006309	501 (c)(3)	80,435	0			Mentor-Based Postdoctoral Fellowship
(216) The University of Wisconsin-Madison 21 N. Park Street, Suite 6401 Madison, WI 53715	39-6006492	501 (c)(3)	81,000	0			Mentor-Based Postdoctoral Fellowship

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(217) University of Colorado Health Sciences Center P.O. Box 238 Denver, CO 80291	84-6000555	501 (c)(3)	21,313	0			Mentor-Based Postdoctoral Fellowship
(218) University of Maryland, Baltimore 620 W. Lexington Street Baltimore, MD 21201	52-6002033	115	40,500	0			Mentor-Based Postdoctoral Fellowship
(219) University of Pennsylvania 3451 Walnut St., P-221 Frankin Building Philadelphia, PA 19104	23-1352685	501 (c)(3)	121,500	0			Mentor-Based Postdoctoral Fellowship
(220) University of Tennessee, Health Science Center 62 Dunlap, Suite 300 Memphis, TN 38163	62-6001636	170 (c)(1)	40,500	0			Mentor-Based Postdoctoral Fellowship
(221) University of Texas Southwestern Medical Center at Dallas P.O. Box 841753 Dallas, TX 75284	75-6002868	170 (c)(1)	202,500	0			Mentor-Based Postdoctoral Fellowship
(222) University of Washington 12455 Collections Drive Chicago, IL 60693	91-6001537	115	40,239	0			Mentor-Based Postdoctoral Fellowship
(223) Vanderbilt University Medical Center 3319 West End Avenue, Ste 800, Crystal Ter Nashville, TN 37203	62-0476822	501 (c)(3)	40,500	0			Mentor-Based Postdoctoral Fellowship
(224) Washington University in St. Louis 700 Rose Dale Ave., Box 1034 St. Louis, MO 63112	43-0653611	501 (c)(3)	157,429	0			Mentor-Based Postdoctoral Fellowship
(225) Weill Medical College of Cornell University 100 Broadway, 8th Floor New York, NY 10005	13-1623978	501 (c)(3)	40,500	0			Mentor-Based Postdoctoral Fellowship
(226) Yale University School of Medicine 155 Whitney Avenue, Room 230, P.O. Box 208250 New Haven, CT 06510	06-0646973	501 (c)(3)	161,842	0			Mentor-Based Postdoctoral Fellowship
(227) The University of Texas Health Science Center at San Antonio 7703 Floyd Curl Drive San Antonio, TX 78229	74-1586031	170 (c)(1)	40,500	0			Minority Mentor
(228) The University of Wisconsin-Madison 21 N. Park Street, Suite 6401 Madison, WI 53715	39-6006492	501 (c)(3)	40,500	0			Minority Mentor
(229) Translational Genomics Research Institute 445 North Fifth Street, Suite 1600 Pheonix, AZ 85004	75-3065445	501 (c)(3)	40,500	0			Minority Mentor
(230) University of Southern California Keck School of Medicine 3500 S. Figuero Suite 102 Los Angeles, CA 90074	95-1642394	501 (c)(3)	40,500	0			Minority Mentor
(231) Stanford University 450 Serra Mall Stanford, CA 94305	94-1156365	501 (c)(3)	200,000	0			Novo Nordisk Clinical/Translational Research
(232) University of Virginia PO Box 400195 Charlottesville, VA 22904	54-6001796	501 (c)(3)	200,000	0			Novo Nordisk Clinical/Translational Research
(233) Beth Israel Deaconess Medical Center 330 Brookline Ave, E BR-259 Boston, MA 02219	04-2103881	501 (c)(3)	103,500	0			Research

Continuation Sheet for Schedule I (Form 990)

Name of the organization: American Diabetes Association Research Foundation, Inc. Employer identification number: 54-1734511

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(234) Case Western Reserve University 10900 Euclid Avenue Cleveland, OH 44106	34-1018992	501 (c)(3)	177,293	0			Research
(235) Cleveland State University 2121 Euclid Avenue, AC 244 Cleveland, OH 44115	34-0966056	115	89,999	0			Research
(236) Colorado State University 408 University Services Center Fort Collins, CO 80523	84-6000545	115	83,277	0			Research
(237) Duke University Medical Center 2424 Erwin Road, Suite 1103 Hock Plaza Durham, NC 27705	56-0532129	501 (c)(3)	89,996	0			Research
(238) Evanston Northwestern Healthcare Research Institute 1001 University Place Evanston, IL 60201	36-2167817	501 (c)(3)	103,500	0			Research
(239) Indiana University P.O. Box 66057 Indianapolis, IN 46266	35-6001673	501 (c)(3)	89,999	0			Research
(240) Joslin Diabetes Center One Joslin Place Boston, MA 02215	04-2203836	501 (c)(3)	179,999	0			Research
(241) Massachusetts General Hospital 50 Staniford Street, 10th Floor Boston, MA 02114	04-2697983	501 (c)(3)	89,843	0			Research
(242) Mayo Clinic 200 First Street Southwest Rochester, MN 55906	41-6011702	501 (c)(3)	90,000	0			Research
(243) Mount Sinai School of Medicine One Gustav L. Levy Place, Box 3500 New York, NY 10029	13-6171197	501 (c)(3)	103,500	0			Research
(244) Oregon Health & Science University 3181 SW Sam Jackson Park Rd., L106, Room 220 Portland, OR 97239	93-1176109	501 (c)(3)	103,500	0			Research
(245) Pennington Biomedical Research Center 6400 Perkins Road Baton Rouge, LA 70808	72-6000848	501 (c)(3)	90,000	0			Research
(246) Pennsylvania State University School of Medicine Office of the Controller, MC-G230, P.O. Box 850 Hershey, PA 17033	24-6000376	501 (c)(3)	100,000	0			Research
(247) Regents of the University of California, San Diego 9500 Gilman Drive #0954 La Jolla, CA 92093	95-6006144	501 (c)(3)	90,000	0			Research
(248) The Research Foundation of State University of New York P.O. Box 9 Albany, NY 12201	14-1368361	501 (c)(3)	90,000	0			Research
(249) Texas Tech University Health Sciences Center 3601 4th Street MS 6274 Lubbock, TX 79430	75-2668014	115	73,119	0			Research
(250) The Regents of the University of California, Los Angeles 10920 Wilshire Boulevard, Suite 107 Los Angeles, CA 90024	95-6006143	501 (c)(3)	90,000	0			Research

Continuation Sheet for Schedule I (Form 990)

Name of the organization American Diabetes Association Research Foundation, Inc.	Employer identification number 54-1734511
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(251) The Regents of the University of Michigan 3003 S State St., Rm 1054 Ann Arbor, MI 48109	38-6006309	501 (c)(3)	276,472	0			Research
(252) The Scripps Research Institute 10550 N. Torrey Pines Rd, TPC-7 La Jolla, CA 92037	33-0435954	501 (c)(3)	90,000	0			Research
(253) The University of California Davis Medical Center 3135C Meyer Hall, One Shields Avenue Davis, CA 95616	94-6036494	501 (c)(3)	90,000	0			Research
(254) The University of Iowa 4 Jessup Hall, Room B5 Iowa City, IA 52242	42-6004813	115	89,999	0			Research
(255) The University of Toledo Health Science Campus (FKA Med.Univ. Ohio) 2801 West Bancroft Street, 1730 Rocket Hall, MS #326 Toledo, OH 43606	34-6401483	115	103,407	0			Research
(256) Thomas Jefferson University 201 South 11th Street, Martin Building Rm 303 Philadelphia, PA 19107	23-1352651	501 (c)(3)	90,000	0			Research
(257) Tufts University School of Medicine 136 Harrison Ave Boston, MA 02111	04-2103634	501 (c)(3)	90,000	0			Research
(258) University of Alabama at Birmingham 1530 3rd Ave. South, AB 990 Birmingham, AL 35294	63-6005396	501 (c)(3)	102,123	0			Research
(259) University of Maryland PO Box 41428 Baltimore, MD 21203	52-6002033	115	87,975	0			Research
(260) University of Massachusetts Medical School 55 Lake Avenue North Worcester, MA 01655	04-3167352	115	90,000	0			Research
(261) University of Miami School of Medicine P.O. Box 025405, Miami, FL 33102	59-0624458	501 (c)(3)	103,500	0			Research
(262) University of Michigan 3003 S State St., Rm 1054 Ann Arbor, MI 48109	38-6006309	501 (c)(3)	103,500	0			Research
(263) University of Nebraska Medical Center 985100 Nebraska Medical Ctr. Omaha, NE 68198	47-0049123	501 (c)(3)	103,349	0			Research
(264) University of Nevada School of Medicine OSPA, MS325, Account 0807040 Reno, NV 89557	88-6000024	501 (c)(3)	90,000	0			Research
(265) University of Oklahoma Health Sciences Center P.O. Box 26901 SCB228 Oklahoma City, OK 73190	73-6017987	501 (c)(3)	270,000	0			Research
(266) University of Pittsburgh P.O. Box 371220 Pittsburgh, PA 15251	25-0965591	501 (c)(3)	84,933	0			Research
(267) University of Rochester 1325 Mt. Hope Avenue, Suite 260 Rochester, NY 14620	16-0743209	501 (c)(3)	90,000	0			Research

Continuation Sheet for Schedule I (Form 990)

Name of the organization: American Diabetes Association Research Foundation, Inc. Employer identification number: 54-1734511

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(268) University of Utah 201 South President's Circle, Rm 406 Salt Lake City, UT 84112	87-6000525	501 (c)(3)	180,000	0			Research
(269) University of Virginia PO Box 400195 Charlottesville, VA 22904	54-6001796	501 (c)(3)	179,838	0			Research
(270) University of Washington 12455 Collections Drive Chicago, IL 60693	91-6001537	115	103,500	0			Research
(271) University of Wyoming 1000 E. University Ave., Department 3355 Laramie, WY 82071	83-6000311	115	90,000	0			Research
(272) Virginia Commonwealth University P.O. Box 843039 Richmond, VA 23284	54-6001758	115	89,999	0			Research
(273) Washington University St. Louis 700 Rose Dale Ave., Box 1034 St. Louis, MO 63112	43-0653611	501 (c)(3)	188,325	0			Research
(274) Yale University School of Medicine 155 Whitney Avenue, Room 230, P.O. Box 208250 New Haven, CT 06510	06-0646973	501 (c)(3)	283,500	0			Research
(275) Beth Israel Deaconess Medical Center 330 Brookline Ave, E BR-259 Boston, MA 02219	04-2103881	501 (c)(3)	392,953	0			The Richard & Susan Smith Family Fdn Pinnacle Program Project
(276) Massachusetts General Hospital 50 Staniford Street, 10th Floor Boston, MA 02114	04-2697983	501 (c)(3)	352,927	0			The Richard & Susan Smith Family Fdn Pinnacle Program Project
(277) Baylor College of Medicine One Baylor Plaza Houston, TX 77030	74-1613878	501 (c)(3)	-9,341	0			Prior Year Award Refund
(278) Boston University School of Medicine 715 Albany Street, M-921 Boston, MA 02118	04-2103547	501 (c)(3)	-88,332	0			Prior Year Award Refund
(279) Clark University 950 Main Street Worcester, MA 1610	04-2111203	501 (c)(3)	-63,708	0			Prior Year Award Refund
(280) Foundation for Advanced Education in the Sciences, Inc. One Cloister Court, NIH, Suite 230 Bethesda, MD 20814	52-0743814	501 (c)(3)	-3,000	0			Prior Year Award Refund
(281) Johns Hopkins University 1101 E 33RD St Ste D200 Baltimore, MD 21218	52-0595110	501 (c)(3)	-25,958	0			Prior Year Award Refund
(282) Joslin Diabetes Center One Joslin Place Boston, MA 02215	04-2203836	501 (c)(3)	-35	0			Prior Year Award Refund
(283) Kaiser Permanente One Kaiser Plaza Oakland, CA 94612	94-1340523	501 (c)(3)	-2,350	0			Prior Year Award Refund
(284) Partners Healthcare 800 Boylston Street Boston, MA 02199	04-3230035	501 (c)(3)	-150,503	0			Prior Year Award Refund

Continuation Sheet for Schedule I (Form 990)

Name of the organization American Diabetes Association Research Foundation, Inc.	Employer identification number 54-1734511
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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(285) Stanford University 450 Serra Mall Stanford, CA 94305	94-1156365	501 (c)(3)	-11,043	0			Prior Year Award Refund
(286) The Methodist Hospital System 6565 Fannin MT709 Houston, TX 77030	76-0125391	501 (c)(3)	-1,025	0			Prior Year Award Refund
(287) The University of California Davis Medical Center 3135C Meyer Hall , One Shields Avenue Davis, CA 95616	94-6036494	501 (c)(3)	-145	0			Prior Year Award Refund
(288) The University of Iowa 4 Jessup Hall, Room B5 Iowa City, IA 52242	42-6004813	115	-7,105	0			Prior Year Award Refund
(289) University of Tennessee 1534 White Avenue Knoxville, TN 37996	62-6001636	170 (c)(1)	-494	0			Prior Year Award Refund
(290) Thomas Jefferson University 201 South 11th Street, Martin Building Rm 303 Philadelphia, PA 19107	23-1352651	501 (c)(3)	-886	0			Prior Year Award Refund
(291) University of Cincinnati P.O. Box 210061 Cincinnati, OH 45221	31-6000989	501 (c)(3)	-148	0			Prior Year Award Refund
(292) University of Colorado P.O. Box 238 Denver, CO 80291	84-6000555	501 (c)(3)	-24,690	0			Prior Year Award Refund
(293) University of Kentucky 10 Funkhouser Building Lexington, KY 40506	61-6001218	501 (c)(3)	-13,417	0			Prior Year Award Refund
(294) University of Pennsylvania 3451 Walnut St., P-221 Frankin Building Philadelphia, PA 19104	23-1352685	501 (c)(3)	-24,000	0			Prior Year Award Refund
(295) UNT Health Science Center 3500 Camp Bowie Blvd Fort Worth, TX 76107	75-6064033	115	-3,114	0			Prior Year Award Refund
(296) Veterans Medical Research Foundation 3350 La Jolla Village Dr 13-MC151A San Diego, CA 92161	33-0189397	501 (c)(3)	-7,116	0			Prior Year Award Refund
(297)			0	0			
(298)			0	0			
(299)			0	0			
(300)			0	0			
(301)			0	0			

Continuation Sheet for Schedule I (Form 990)

Name of the organization American Diabetes Association Research Foundation, Inc.	Employer identification number 54-1734511
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Part III Continuation of Grants and Other Assistance to Individuals in the United States

(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
8	0	0	0		
9	0	0	0		
10	0	0	0		
11	0	0	0		
12	0	0	0		
13	0	0	0		
14	0	0	0		
15	0	0	0		
16	0	0	0		
17	0	0	0		
18	0	0	0		
19	0	0	0		
20	0	0	0		
21	0	0	0		
22	0	0	0		
23	0	0	0		
24	0	0	0		
25	0	0	0		
26	0	0	0		

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

American Diabetes Association Research Foundation, Inc.

Employer identification number

54-1734511

Part I Questions Regarding Compensation

	Yes	No
<p>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.</p> <p> <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) </p>		
<p>b If any of the boxes on line 1a are 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</p>	1b	N/A
<p>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?</p>	2	N/A
<p>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. See Part III</p> <p> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Approval by the board or compensation committee </p>		
<p>4 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:</p>		
<p>a Receive a severance payment or change-of-control payment from the organization or a related organization?</p>	4a	X
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	X
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	X
<p>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.</p>		
<p>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:</p>		
<p>a The organization?</p>	5a	X
<p>b Any related organization?</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>	5b	X
<p>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:</p>		
<p>a The organization?</p>	6a	X
<p>b Any related organization?</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>	6b	X
<p>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</p>	7	X
<p>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 Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	X
<p>9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	N/A

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies 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) 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 Larry Hausner	(i)	0	0	0	0	0	0	0
	(ii)	421,721	50,000	49,208	88,189	17,897	627,015	0
2 Deborah Johnson	(i)	0	0	0	0	0	0	0
	(ii)	196,429	0	1,670	8,226	6,775	213,100	0
3 David Kendall, MD	(i)	0	0	0	0	0	0	0
	(ii)	355,417	0	28,504	25,675	17,486	427,082	0
4	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
5	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
6	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
7	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
8	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
9	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
10	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
11	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
12	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
13	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
14	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
15	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
16	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0

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.

Part I Line 3 The Chief Executive Officer, the Chief Financial Officer, and the Chief Scientific & Medical Officer of the American Diabetes Association (the Association) also serve in these roles for the American Diabetes Association Research Foundation (the Foundation). The Principal Officers of the Board of Directors of the Association use a Compensation Committee, compensation studies and an independent consultant to establish the compensation of the Chief Executive Officer. The committee also reviews the compensation of the other officers to ensure compensation is appropriate based on industry benchmarks.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

**Open To Public
Inspection**

Name of the organization

American Diabetes Association Research Foundation, Inc.

Employer identification number

54-1734511

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ 0

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ 0

Part II Loans to and/or From Interested Persons.

Complete if the organization 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
(1)			0	0						
(2)			0	0						
(3)			0	0						
(4)			0	0						
(5)			0	0						
(6)			0	0						
(7)			0	0						
(8)			0	0						
(9)			0	0						
(10)			0	0						
Total				\$ 0						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1) See attached statement		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Part III (Sch L (990/990EZ)) - Grants or Assistance Benefiting Interested Persons

	Name	Check ("X") if a Business	Relationship with Organization	Amount of Grant	Type of Assistance
1	Samuel E. Dagogo-Jack, MD University of Tennessee, Health Science Center		Grant Review Committee member	40,500	Mentor-Based Postdoctoral Fellowship
2	A Gordon Smith, MD University of Utah		Grant Review Committee Member	178,664	Clinical Research
3	Aaron I. Vinik, MD, PhD Eastern Virginia Medical School		Grant Review Committee Member	180,000	Clinical Research
4	Adolfo Garcia-Ocana, PhD University of Pittsburgh		Grant Review Committee Member	103,500	Basic Science
5	Alex F. Chen, MD, PhD University of Pittsburgh Medical Center		Grant Review Committee Member	90,000	Research Award
6	Alyssa H. Hasty, PhD Vanderbilt University Medical Center		Grant Review Committee Member	155,250	Career Development
7	Andrea M Vincent, PhD University of Michigan		Grant Review Committee Member	96,472	Research Award
8	Arun J. Sharma, PhD Joslin Diabetes Center		Grant Review Committee Member	89,999	Research Award
9	Chih-Hao Lee, PhD Harvard University School of Public Health		Grant Review Committee Member	103,500	Basic Science
10	Christoph Buettner, MD, PhD Mount Sinai School of Medicine		Grant Review Committee Member	103,500	Research Award
11	Christopher G Kevil, Ph.D. Louisiana State University Health Sciences Center Shreveport		Grant Review Committee Member	103,500	Basic Science
12	Deborah Young-Hyman, PhD Medical College of Georgia		Grant Review Committee Member	179,970	Clinical Research
13	Dennis C. Bruemmer, M.D., Ph.D. University of Kentucky Research Foundation		Grant Review Committee Member	177,750	Career Development
14	Guillermo E. Umpierrez, MD Emory University, School of Medicine		Grant Review Committee Member	180,000	Clinical Research
15	James William Russell, MD University of Maryland Baltimore		Grant Review Committee Member	87,975	Research Award
16	Jiandie Lin, PhD University of Michigan		Grant Review Committee Member	155,250	Career Development
17	Jianhua Shao, PhD University of California, San Diego		Grant Review Committee Member	155,250	Career Development
18	Jon D. Piganelli, PhD Children's Hospital of Pittsburgh UPMC		Grant Review Committee Member	155,250	Career Development

Part III (Sch L (990/990EZ)) - Grants or Assistance Benefiting Interested Persons

	Name	Check ("X") if a Business	Relationship with Organization	Amount of Grant	Type of Assistance
19	Judith G. Regensteiner, Ph.D. University of Colorado Health Sciences Center		Grant Review Committee Member	179,281	Clinical Research
20	Julio Enrique Ayala, PhD Burnham Institute for Medical Research at Lake Nona		Grant Review Committee Member	124,135	Junior Faculty
21	Katalin Susztak, MD, PhD Albert Einstein College of Medicine		Grant Review Committee Member	103,500	Basic Science
22	Kelle Harbert Moley, MD Washington University, St. Louis		Grant Review Committee Member	98,325	Research Award
23	Kendra Pauline Rumbaugh, PhD Texas Tech University Health Sciences Center		Grant Review Committee Member	73,119	Research Award
24	Kenneth Cusi, MD University of Texas Health Science Center at San Antonio		Grant Review Committee Member	179,931	Clinical Research
25	Liangyou Rui, PhD University of Michigan		Grant Review Committee Member	103,500	Research Award
26	Mandeep Bajaj, MD Baylor College of Medicine		Grant Review Committee Member	180,000	Clinical Research
27	Melissa K. Thomas, MD, PhD Massachusetts General Hospital		Grant Review Committee Member	148,500	Basic Science and ADA-Takeda Pharmaceuticals Beta Cell Award
28	Michael A. Harris, PhD Oregon Health & Science University		Grant Review Committee Member	164,634	Clinical Research
29	Michael J. Quon, MD, PhD University of Maryland School of Medicine		Grant Review Committee Member	180,000	Clinical Research
30	Nader Sheibani, PhD University of Wisconsin-Madison		Grant Review Committee Member	103,500	Basic Science
31	Nikhil V Dhurandhar, PhD Pennington Biomedical Research Center		Grant Review Committee Member	45,000	Innovation
32	Nuria Morral, PhD Indiana University		Grant Review Committee Member	89,999	Research Award
33	Paresh Dandona, MD, PhD The Research Foundation of State University of New York		Grant Review Committee Member	180,000	Clinical Research
34	Rohit N. Kulkarni, MD, PhD Joslin Diabetes Center		Grant Review Committee Member	40,500	Mentor-Based Postdoctoral Fellowship
35	Shannon Margaret Wallet, PhD University of Florida, College of Dentistry		Grant Review Committee Member	134,200	Junior Faculty
36	Shawn C. Burgess, PhD University of Texas Southwestern Medical Center at Dallas		Grant Review Committee Member	103,500	Basic Science

Part III (Sch L (990/990EZ)) - Grants or Assistance Benefiting Interested Persons

	Name	Check ("X") if a Business	Relationship with Organization	Amount of Grant	Type of Assistance
37	Susanna Maria Hofmann, M.D. University of Cincinnati		Grant Review Committee Member	103,500	Basic Science
38	Tamas Laszlo Horvath, DVM, PhD Yale University, School of Medicine		Grant Review Committee Member	40,500	Mentor-Based Postdoctoral Fellowship
39	Todd Leff, PhD Wayne State University		Grant Review Committee Member	103,500	Basic Science
40	Wenhong Cao, MD The Hamner Institutes		Grant Review Committee Member	103,500	Basic Science
41	Xinliang Ma, MD, PhD Thomas Jefferson University		Grant Review Committee Member	90,000	Research Award
42	Young-Bum Kim, PhD Beth Israel Deaconess Medical Center		Grant Review Committee Member	103,500	Research Award

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization

Employer identification number

American Diabetes Association Research Foundation, Inc.

54-1734511

Form 990 Part III Line 4 We envision a world where research leads the way to putting an end to
diabetes. Our funding creates a strong pipeline of innovative diabetes investigators who are
dedicated to uncovering new ideas in diabetes research, translating discoveries into improved
treatments and leading us toward an eventual cure for diabetes. Our commitment has contributed
to hundreds of scientific accomplishments that help people with diabetes lead healthier, more
productive lives, including drugs to control the disease like newer forms of insulin; and new
diabetes management technologies, including insulin pumps and handheld blood glucose meters.
The American Diabetes Association Research Foundation allocated 100% of its funds to support
scientific investigators around the country who are engaging in research aimed at preventing,
treating, and curing diabetes.

Form 990 Part III Line 4 Continued... In 2010 alone, the Association committed \$34.1 million
in research funding and supported more than 400 active investigators at 146 leading research
institutions in the United States. In fact, since its inception, the Association's research
programs have funded nearly 4,000 research projects and invested more than \$550 million in
diabetes research. The Association's research program supported the Diabetes Prevention
Program, a landmark clinical study that uncovered the dramatic role lifestyle changes and
weight loss play in reducing the risk of developing diabetes. The primary goals of the
Association's Research Program are:

Form 990 Part III Line 4 Continued... 1. Support the highest quality science across the broad
spectrum of diabetes research, 2. Support investigators early in their careers to encourage
them to dedicate their efforts to diabetes research, and 3. Support innovative research with a
high potential to have a significant impact for patients with diabetes.

Form 990 Part III Line 4 Continued... Types of Research Awards: The American Diabetes
Association Research Program supports basic and clinical/translational diabetes research aimed
at preventing, treating and curing the disease. The diabetes research projects we support
cover the spectrum from islet cell biology and transplantation techniques, to education and

Name of the organization American Diabetes Association Research Foundation, Inc.	Employer identification number 54-1734511
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behavioral issues. Our core program offers investigator-initiated funding for basic science and clinical/translational research awards. Believing in the drive and potential of young and promising researchers, we also offer training awards to support scientists interested in diabetes research at various stages through their careers -- from medical school through assistant professorship.

Form 990 Part III Line 4 Continued... In fact, 97% of researchers supported by the Association continue their careers in diabetes research. In addition, the Association supports targeted and "donor-driven" research grants, funding specific program areas that are of interest to both the donor and the Association.

Form 990 Part III Line 4 Continued... The Career Development and Junior Faculty awards, for example, provide young scientists the salary and research support necessary to establish a track record of success that will allow them to receive increased funding opportunities from the National Institutes of Health (NIH). Our mentor-based training awards match clinical students and recent doctoral candidates with outstanding senior scientists to help them strive towards careers in research. The Association's Research Program provides general grant support to both new and established investigators, specialized grants assisting clinical and innovative researchers, and opportunities for investigators as they advance their careers and the field of diabetes research and care.

Form 990 Part III Line 4 Continued... Headlines from projects supported by the American Diabetes Association Research Program in 2010 included: Ethnicity plays a role in the development of gestational diabetes for Chinese and Korean-Americans - January 2010, Saving limbs using gene therapy and stem cells - February 2010, Links Between Immune System and Metabolism Uncovered - March 2010, Critical Enzyme in Fat Metabolism Provides Protection against Diet-induced Insulin Resistance in Mice - March 2010, Cell Function Regulated by Insulin in Healthy Humans - March 2010, Brain Hormones Regulate Diabetes and Female Fertility - April 2010, Obesity and Diabetes Lower Testosterone Levels in Men - June 2010, Genetic Markers for End-Stage Renal Disease in Type 1 Diabetes Identified - June 2010, Diet, Exercise, Anti-Diabetic Drugs Can Delay or Prevent Type 2 Diabetes for 10+ Years - June 2010,

Name of the organization American Diabetes Association Research Foundation, Inc.	Employer identification number 54-1734511
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Form 990 Part III Line 4 Continued... Serotonin and Dietary Protein Control Risk for

Gestational Diabetes - September 2010, Sugar-Sweetened Beverages Increase Risk of Type 2

Diabetes and Metabolic Syndrome - November 2010, Association-funded Software Accurately

Predicts Optimization of Type 1 Diabetes Treatment - December 2010, Sperm Stem Cells Hold

Promise for Type 1 Diabetes Treatment - December 2010.....

Form 990 VI Section B Line 11a IRS Form 990 Review Process by the Governing Body: The American

Diabetes Association (the Association) conducts the responsibility to review and comment on

the American Diabetes Association Research Foundation (the Foundation) draft IRS Form 990

through the Association's Audit Committee. The final and signed 990 was provided to the

Association's Board of Directors prior to filing with the IRS. The form was made available to

the Foundation's Board of Directors after filing with the IRS.....

Form 990 VI Section B Line 12c Managing a Conflict of Interest: To identify potential

conflicts of interest with appropriate due diligence, the Foundation's Officers, Directors.....

and members of the Grant Review Panel must annually disclose any potential conflicts of

interest. The American Diabetes Association's Audit Committee and senior staff in legal

affairs manage the disclosure and monitoring processes of the Board. The senior staff on the

Association's Scientific and Medical Division manage the disclosure and monitoring processes

of the Grant Review Panel.....

Form 990 VI Section B Line 12c Continued... Through review of the annual disclosures and

review of the agendas of relevant Board, Committee and other meetings, appropriate efforts are

made in advance of the meetings to identify potential conflicts of interest. Each person also

has the responsibility to report his/her own conflicts of interest (actual or perceived) as

those conflicts may arise during a meeting.....

Form 990 VI Section B Line 12c Continued... Research Grants Review Committee: Conflict of

Interest with Research Grants Review Committee is managed through a written COI policy and

acknowledged through COI declarations (signed both before and after the review cycle). The COI

for grant reviewers is self-reported. The primary considerations addressed in the COI policy

and program guidelines are outlined below: - Institutional: Individuals are required to recuse

Name of the organization American Diabetes Association Research Foundation, Inc.	Employer identification number 54-1734511
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themselves from reviewing grants for scientists at the same institution, including any
institutions with which they may be negotiating employment. - Financial: Individuals are
required to recuse themselves from reviewing grants that they stand to gain financially from
if the grant were awarded (co-PI, collaborator, subcontracts, etc.)

Form 990 VI Section B Line 12c Continued... - Personal: Individuals are required to recuse
themselves from reviewing grants for investigators with whom they either have a personal or
professional relationship (collaborators, colleagues or personal friends), or a long standing
professional or scientific disagreement that prevents them from unbiased review. - Concurrent
Application: If a Grant Review Panel member has submitted a grant application to the ADA in
any particular grant cycle, they may review grants for the preliminary round of reviews (done
electronically). However, if their grant passes through the preliminary triage and will be
reviewed during the final review, they are not permitted to participate in the final round of
reviews or to attend the live review meeting.

Form 990 VI Section B Line 13 The American Diabetes Association has a written Whistleblower
policy that applies to the Association and its subsidiary organizations.

Form 990 VI Section B Line 14 The American Diabetes Association has a written Document
Retention and Destruction policy that applies to the Association and its subsidiary
organizations.

Form 990 VI Section C Line 17 Filing Jurisdiction - Registration Number: Alabama - AL97-256,
Alaska - N/A, Arizona - 10145, Arkansas - N/A, California - CT81471, Colorado - 2002-3003670,
Connecticut - 5084, District of Columbia - 981855, Florida - CH1618, Georgia - CH-001422,
Hawaii - N/A, Illinois - CO 01-025537, Indiana - 000103829-000, Kansas - 177-257-3SO, Kentucky
- 45, Louisiana - N/A, Maine - CO-1247, Maryland - 102, Massachusetts - O29317, Michigan -
MICS 10326, Minnesota - N/A, Mississippi - 100000294, Missouri - CO-021-87, New Hampshire -
5006, New Jersey - CH-0581900, New Mexico - N/A, New York - 01/30/65, North Carolina -
SL000618, North Dakota - 7894, Ohio - 01-0239, Oklahoma - N/A, Oregon - 16402, Pennsylvania -
No. 21, Rhode Island - 95-233, South Carolina - 641, Tennessee - 5104, Utah - 6536093-Char,
Virginia - N/A, Washington - 7664, West Virginia - N/A, Wisconsin -3020-800.

Name of the organization American Diabetes Association Research Foundation, Inc.	Employer identification number 54-1734511
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Form 990 VI Section C Line 19 Document Disclosure: The following documents are available on

the American Diabetes Association website: <<http://www.diabetes.org>>: Board of Directors.....

Audited Consolidated Financial Statements, Latest 990 filed, and Whistleblower policy.....

Available subject to request to the American Diabetes Association Legal Affairs department are

the following: Current Bylaws, Articles of Incorporation, and Conflict of Interest Policy.....

Form 990 Part VII Section A The Chief Executive Officer, the Chief Financial Officer, and the

Chief Scientific & Medical Officer are compensated by the American Diabetes Association based

on a standard average of 38 hours per week.....

Form 990 XI Line 5 Other changes in net assets or fund balances of \$2,558 is the result of net

unrealized gains on investments from the perpetual trust.....

Form 990 XII Line 2c The responsibility of audit oversight for the Research Foundation is

conducted by its parent organization, the American Diabetes Association (the Association). The

audit committee of the Association provides independent oversight into the accounting and

financial reporting of the Association and subsidiary organizations and provides oversight to

the annual audits of the Association and subsidiary organizations. The Audit Committee makes

recommendations to the Association's Board of Directors on the hiring and firing of

independent certified public accountants.....

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**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2010

**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

American Diabetes Association Research Foundation, Inc.

Employer identification number

54-1734511

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to 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) -----			0	0	
(2) -----			0	0	
(3) -----			0	0	
(4) -----			0	0	
(5) -----			0	0	
(6) -----			0	0	

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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 entity?	
						Yes	No
(1) American Diabetes Association 13-1623888 1701 N. Beauregard Street, Alexandria, VA 22311 American Diabetes Association - Property Title Holding Corporation 54-1948004	To prevent and cure diabetes and to improve the lives of all people affected by diabetes.	OH	501 (c) (3)	7	N/A		X
(2) -----	To hold title to real property, collect the income therefrom, and remit the income to the American Diabetes Association.	VA	501 (c) (2)	N/A	American Diabetes Association	X	
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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	
(1)					0	0			0			%
(2)					0	0			0			%
(3)					0	0			0			%
(4)					0	0			0			%
(5)					0	0			0			%
(6)					0	0			0			%
(7)					0	0			0			%

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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)					0	0	%
(2)					0	0	%
(3)					0	0	%
(4)					0	0	%
(5)					0	0	%
(6)					0	0	%
(7)					0	0	%

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to 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 of this schedule.

	Yes	No
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 or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)	X	
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)	X	
m Sharing of facilities, equipment, mailing lists, or other assets	X	
n Sharing of paid employees	X	
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r 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	(b) Transaction type (a–r)	(c) Amount involved	(d) Method of determining amount involved
(1) American Diabetes Association	c	31,320,809	Cash
(2) American Diabetes Association	l, m, n	1,020,613	FMV
(3)		0	
(4)		0	
(5)		0	
(6)		0	

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No
(1)					0			0		
(2)					0			0		
(3)					0			0		
(4)					0			0		
(5)					0			0		
(6)					0			0		
(7)					0			0		
(8)					0			0		
(9)					0			0		
(10)					0			0		
(11)					0			0		
(12)					0			0		
(13)					0			0		
(14)					0			0		
(15)					0			0		
(16)					0			0		

