

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No. 1545-0047

**2012****Open to Public Inspection**

<b>A For the 2012 calendar year, or tax year beginning</b>				<b>, and ending</b>	
<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>American Diabetes Association</b>				<b>D</b> Employer identification number <b>13-1623888</b>
	Doing Business As				<b>E</b> Telephone number <b>703-549-1500</b>
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite		
	<b>1701 N. Beauregard Street</b>				
	City, town or post office, state, and ZIP code <b>Alexandria VA 22311</b>				<b>G</b> Gross receipts \$ <b>240,406,136</b>
<b>F</b> Name and address of principal officer: <b>Larry Hausner 1701 N. Beauregard Street, Alexandria, VA 22311</b>					<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
<b>J Website:</b> ▶ <b>www.diabetes.org</b>					
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶					<b>L</b> Year of formation: <b>1940</b> <b>M</b> State of legal domicile: <b>OH</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>The mission of the American Diabetes Association (the Association) is to prevent and cure diabetes and to improve the lives of all people affected by diabetes. There are 26 million children and adults in the United States, or 8.3% of the population, who have diabetes. In addition, there are 79 million Americans who have pre-diabetes, a condition that occurs when a person's blood glucose levels are higher than normal but not high enough for diagnosis of type 2 diabetes.</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	38
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	38
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a) . . . . .	<b>5</b>	1,538
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	437,000
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	7,954,704
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	-1,796,639	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year 153,296,538	Current Year 152,820,180
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	36,142,005	35,710,854
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	783,022	768,487
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	12,573,357	14,509,113
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	202,794,922	203,808,634
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .	30,664,039	33,470,257
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . .	62,206,418	66,537,919
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	4,011,607	3,210,860
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>47,139,157</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	96,222,708	99,135,581
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . .	193,104,772	202,354,617
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 . . . . .	9,690,150	1,454,017	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) . . . . .	Beginning of Current Year 113,516,741	End of Year 124,462,724
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	33,942,612	42,433,582
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 . . . . .	79,574,129	82,029,142

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <u>Larry Hausner</u> Date <u>11/11/13</u>				
	Type or print name and title <b>Larry Hausner, Chief Executive Officer</b>				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>Scott Sherman</b>	Preparer's signature <u>Scott Sherman</u>	Date <b>11/7/13</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P00451522</b>
	Firm's name ▶ <b>KPMG LLP</b>		Firm's EIN ▶ <b>13-5565207</b>		
	Firm's address ▶ <b>1676 INTERNATIONAL DRIVE, MCLEAN, VA 22102</b>		Phone no. <b>703-286-8000</b>		
	May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2012)

HTA

**Part III** **Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III ☒ **X****1** Briefly describe the organization's mission:

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

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

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

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

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

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 43,319,469 including grants of \$ 33,216,088 ) (Revenue \$ 11,656,141 )  
Research - See Schedule O

**4b** (Code: ) (Expenses \$ 53,584,128 including grants of \$ 191,652 ) (Revenue \$ 31,998,043 )  
Information - See Schedule O

**4c** (Code: ) (Expenses \$ 47,191,094 including grants of \$ 62,517 ) (Revenue \$ 0 )  
Advocacy and Public Awareness - See Schedule O

**4d** Other program services. (Describe in Schedule O.)

(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )

**4e** Total program service expenses 144,094,691

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<b>1</b> X	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	<b>2</b> X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	<b>4</b> X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III . . . . .	<b>5</b>	N/A
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I . . . . .	<b>6</b> X	
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	<b>10</b> X	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .	<b>11b</b>	X
<b>c</b> Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII . . . . .	<b>11c</b>	X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX . . . . .	<b>11d</b> X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	<b>11e</b> X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X . . . . .	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .	<b>12a</b>	X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .	<b>12b</b> X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . .	<b>14b</b> X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV . . . . .	<b>15</b> X	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV . . . . .	<b>16</b>	X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions). . . . .	<b>17</b> X	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	<b>18</b> X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .	<b>19</b> X	
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b>	N/A

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
<b>22</b> 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	
<b>23</b> 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	
<b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		N/A
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		N/A
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		N/A
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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>b</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
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highest 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
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
<b>b</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
<b>c</b> 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
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
<b>33</b> 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
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
<b>b</b> If "Yes" to line 35a, 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>	X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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. ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. . . . .	<b>1a</b> 1,220	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . .	<b>1b</b> 7	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b> X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. . . . .	<b>2a</b> 1,538	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	<b>2b</b> X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b> X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O. . . . .	<b>3b</b> X	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>	X
<b>b</b>	If "Yes," enter the name of the foreign country: <u>N/A</u> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>	X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>	X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>	N/A
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	<b>6a</b>	X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>	N/A
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b> X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b> X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>	X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year. . . . .	<b>7d</b> N/A	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>	X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>	X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>	X
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b> X	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	<b>8</b>	X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>	X
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>	X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12. . . . .	<b>10a</b> N/A	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. . . . .	<b>10b</b> N/A	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders. . . . .	<b>11a</b> N/A	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b> N/A	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	N/A
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. . . . .	<b>12b</b> N/A	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . .	<b>13a</b>	N/A
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. . . . .	<b>13b</b> N/A	
<b>c</b>	Enter the amount of reserves on hand. . . . .	<b>13c</b> N/A	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. . . . .	<b>14b</b>	N/A

**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. ☒

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year. . . . .	<b>1a</b> 38		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent. . . . .	<b>1b</b> 38		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<b>2</b>		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . . . . .	<b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b>		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b>		X
<b>6</b> Did the organization have members or stockholders? . . . . .	<b>6</b>	X	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	<b>7a</b>	X	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<b>7b</b>		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body? . . . . .	<b>8a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O. . . . .	<b>9</b>		X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>	X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .	<b>10b</b>	X
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<b>11a</b>	X
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13. . . . .	<b>12a</b>	X
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	X
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done. . . . .	<b>12c</b>	X
<b>13</b> Did the organization have a written whistleblower policy? . . . . .	<b>13</b>	X
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	X
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official. . . . .	<b>15a</b>	X
<b>b</b> Other officers or key employees of the organization. . . . .	<b>15b</b>	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	<b>16b</b>	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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ Deborah L. Johnson, CFO 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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) L. Hunter Limbaugh Chair of the Board	6.00 0.20	X		X				0	0	0
(2) Vivian Fonseca, MD President, Science & Medicine	6.00 0.20	X		X				0	0	0
(3) Geralyn Spollett, MSN, ANP-CS, CDE President, Health Care & Education	6.00 0.20	X		X				0	0	0
(4) Pearson C. Cummin, III, MBA Secretary-Treasurer	6.00 3.20	X		X				0	0	0
(5) Karen Talmadge, PhD Chair of the Board-Elect	2.00 6.20	X		X				0	0	0
(6) John E. Anderson, MD President-Elect, Medicine & Science	2.00 0.20	X		X				0	0	0
(7) Lurelean B. Gaines, RN, MSN President-Elect, Health Care & Education	2.00 0.20	X		X				0	0	0
(8) Patrick L. Shuler, CPA Secretary/Treasurer-Elect	2.00 0.20	X		X				0	0	0
(9) Dwight Holing Vice Chair of the Board	2.00 0.20	X		X				0	0	0
(10) Elizabeth R. Seagquist, MD Vice President, Science & Medicine	2.00 0.20	X		X				0	0	0
(11) Majorie Cypress, PhD, RN, CNP, CDE Vice President, Health Care & Education	2.00 0.20	X		X				0	0	0
(12) Robert J. Singley Vice Secretary/Treasurer	2.00 0.20	X		X				0	0	0
(13) Samuel Arce, MD, FAAFP Board of Directors	1.00 0.00	X						0	0	0
(14) David K. Bloomgarden, MD, FACE Board of Directors	1.00 2.00	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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(15) Michael J. Bond Board of Directors	1.00 0.00	X						0	0	0
(16) Vanessa J. Briscoe, PhD, NP, CDE Board of Directors	1.00 0.00	X						0	0	0
(17) Jeffrey Caballero, MPH Board of Directors	1.00 0.00	X						0	0	0
(18) Michael Ching, CPA Board of Directors	1.00 0.00	X						0	0	0
(19) Kieth Cockrell Board of Directors	1.00 0.00	X						0	0	0
(20) Joe C. Cook, Jr. Board of Directors	1.00 0.00	X						0	0	0
(21) Samuel E. Dagogo-Jack, MD Board of Directors	1.00 0.00	X						0	0	0
(22) Robin L. Diehl Board of Directors	1.00 0.00	X						0	0	0
(23) Richard Farber, MBA Board of Directors	1.00 0.00	X						0	0	0
(24) James O. Hill, PhD Board of Directors	1.00 0.00	X						0	0	0
(25) Jane K. Kadohiro, DrPH, APRN, CDE Board of Directors	1.00 0.00	X						0	0	0
<b>1b Sub-total</b>								0	0	0
<b>c Total from continuation sheets to Part VII, Section A</b>								4,024,617	0	581,490
<b>d Total (add lines 1b and 1c)</b>								4,024,617	0	581,490

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **18**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual.	X	
<b>4</b> 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? If "Yes," complete Schedule J for such individual.	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person.		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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
Infocision Management Corporation 325 Springside Drive, Akron, OH 44333	Professional Fundraising	3,363,454
Blackbaud, Inc. 11501 Domain Drive, Suite 200, Austin, TX 78758	Application Technical Services	1,464,232
Mullen 40 24th Street, Pittsburg, PA 15222	Media Planning and Production	1,063,622
Thompson, Habib & Denison, Inc. 80 Hayden Avenue, Suite 300, Lexington, MA 02421	Professional Fundraising	789,500
Alexander & Partners 34 Royal James Drive, Hilton Head, SC 29926	Media Planning and Production	430,205

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **12**



**Part VIII Statement of Revenue**Check if Schedule O contains a response to any question in this Part VIII. ☐

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b> 8,099,596				
	<b>b</b> Membership dues . . . . .	<b>1b</b> 0				
	<b>c</b> Fundraising events . . . . .	<b>1c</b> 56,117,172				
	<b>d</b> Related organizations . . . . .	<b>1d</b> 0				
	<b>e</b> Government grants (contributions) . . . . .	<b>1e</b> 239,325				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b> 88,364,087				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	3,194,253				
	<b>h</b> Total. Add lines 1a-1f . . . . .	152,820,180				
	<b>Program Service Revenue</b>	<b>2a</b> Subscriptions . . . . .	Business Code 511120	15,253,005	15,253,005	0
<b>b</b> Registration . . . . .		611710	9,610,280	9,610,280	0	0
<b>c</b> Sales of Material . . . . .		511130	5,372,227	5,372,227	0	0
<b>d</b> Booth Rental . . . . .		611710	4,803,865	0	0	4,803,865
<b>e</b> Other Program Service Revenue . . . . .		900099	671,477	671,477	0	0
<b>f</b> All other program service revenue . . . . .			0	0	0	0
<b>g</b> Total. Add lines 2a-2f . . . . .			35,710,854			
<b>Other Revenue</b>		<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		762,982	0	0
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .		0	0	0	0
	<b>5</b> Royalties . . . . .		2,399,359	0	0	2,399,359
	<b>6a</b> Gross rents . . . . .	(i) Real				
		(ii) Personal				
			0	0		
	<b>b</b> Less: rental expenses . . . . .		0	0		
	<b>c</b> Rental income or (loss) . . . . .		0	0		
	<b>d</b> Net rental income or (loss) . . . . .		0	0	0	0
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities				
		(ii) Other				
			28,168,431	50,639		
			28,204,125	9,440		
	<b>b</b> Less: cost or other basis and sales expenses . . . . .		-35,694	41,199		
	<b>c</b> Gain or (loss) . . . . .		5,505	0	0	5,505
	<b>d</b> Net gain or (loss) . . . . .					
	<b>8a</b> Gross income from fundraising events (not including \$ 56,117,172 of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b> 8,341,382				
	<b>b</b> Less: direct expenses . . . . .	<b>b</b> 8,341,382				
	<b>c</b> Net income or (loss) from fundraising events . . . . .		0		0	0
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19. . . . .	<b>a</b> 78,260				
<b>b</b> Less: direct expenses . . . . .	<b>b</b> 42,555					
<b>c</b> Net income or (loss) from gaming activities . . . . .		35,705	0	0	35,705	
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b> 0					
<b>b</b> Less: cost of goods sold . . . . .	<b>b</b> 0					
<b>c</b> Net income or (loss) from sales of inventory . . . . .		0	0	0	0	
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11a</b> Advertising Income . . . . .	541800	6,612,102	0	6,612,102	0	
<b>b</b> Catalog Sales Income . . . . .	454110	1,342,602	0	1,342,602	0	
<b>c</b> Miscellaneous . . . . .	900099	4,119,345	4,119,345	0	0	
<b>d</b> All other revenue . . . . .		0	0	0	0	
<b>e</b> Total. Add lines 11a-11d . . . . .		12,074,049				
<b>12</b> Total revenue. See instructions . . . . .		203,808,634	35,026,334	7,954,704	8,007,416	

**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).

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	33,290,579	33,290,579		
<b>2</b>	Grants and other assistance to individuals in the United States. See Part IV, line 22	169,552	169,552		
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	10,126	10,126		
<b>4</b>	Benefits paid to or for members	0	0		
<b>5</b>	Compensation of current officers, directors, trustees, and key employees	3,832,236	2,525,145	279,697	1,027,394
<b>6</b>	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
<b>7</b>	Other salaries and wages	50,699,747	33,459,000	3,595,595	13,645,152
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,101,619	725,924	78,882	296,813
<b>9</b>	Other employee benefits	6,468,251	4,221,476	559,951	1,686,824
<b>10</b>	Payroll taxes	4,436,066	2,951,917	273,235	1,210,914
<b>11</b>	Fees for services (non-employees):				
<b>a</b>	Management	0	0	0	0
<b>b</b>	Legal	364,216	117,720	121,753	124,743
<b>c</b>	Accounting	230,750	0	230,750	0
<b>d</b>	Lobbying	531,762	531,762	0	0
<b>e</b>	Professional fundraising services. See Part IV, line 17	3,210,860			3,210,860
<b>f</b>	Investment management fees	95,162	0	95,162	0
<b>g</b>	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	9,525,418	7,932,320	895,439	697,659
<b>12</b>	Advertising and promotion	6,921,533	5,657,906	79,545	1,184,082
<b>13</b>	Office expenses	5,465,326	3,428,966	659,701	1,376,659
<b>14</b>	Information technology	4,859,085	3,695,780	176,666	986,639
<b>15</b>	Royalties	240,237	240,237	0	0
<b>16</b>	Occupancy	10,036,307	7,336,023	572,163	2,128,121
<b>17</b>	Travel	4,287,294	2,997,542	157,981	1,131,771
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
<b>19</b>	Conferences, conventions, and meetings	6,211,809	5,982,629	31,804	197,376
<b>20</b>	Interest	1,388	624	448	316
<b>21</b>	Payments to affiliates	0	0	0	0
<b>22</b>	Depreciation, depletion, and amortization	3,108,465	2,051,587	217,593	839,285
<b>23</b>	Insurance	540,997	379,371	33,046	128,580
<b>24</b>	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b>	Supplies	2,986,705	2,632,338	24,254	330,113
<b>b</b>	Postage and Shipping	14,292,001	7,872,017	225,500	6,194,484
<b>c</b>	Printing and Publications	22,833,791	12,741,254	1,365,118	8,727,419
<b>d</b>	Miscellaneous	6,603,335	3,142,896	1,446,486	2,013,953
<b>e</b>	All other expenses	0			
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e	202,354,617	144,094,691	11,120,769	47,139,157
<b>26</b>	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	36,847,204	11,799,735	2,193,592	22,853,877

**Part X Balance Sheet**Check if Schedule O contains a response to any question in this Part X. ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	11,458,407	<b>1</b>	6,740,096
	<b>2</b> Savings and temporary cash investments . . . . .	307,995	<b>2</b>	59,107
	<b>3</b> Pledges and grants receivable, net . . . . .	43,029,916	<b>3</b>	54,182,536
	<b>4</b> Accounts receivable, net . . . . .	3,718,047	<b>4</b>	5,989,840
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other 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). Complete Part II of Schedule L . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	1,511,099	<b>8</b>	1,558,850
	<b>9</b> Prepaid expenses and deferred charges . . . . .	3,880,436	<b>9</b>	3,987,411
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 33,995,715		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 26,521,747	<b>10c</b>	7,473,968
	<b>11</b> Investments—publicly traded securities . . . . .	18,861,440	<b>11</b>	20,571,818
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	5,169,508	<b>12</b>	5,794,738
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	17,833,137	<b>15</b>	18,104,360
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	113,516,741	<b>16</b>	124,462,724	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	15,642,568	<b>17</b>	17,771,566
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	10,627,536	<b>19</b>	12,584,797
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	7,672,508	<b>25</b>	12,077,219
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	33,942,612	<b>26</b>	42,433,582
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	23,675,062	<b>27</b>	17,734,836
	<b>28</b> Temporarily restricted net assets . . . . .	46,379,611	<b>28</b>	54,154,733
	<b>29</b> Permanently restricted net assets . . . . .	9,519,456	<b>29</b>	10,139,573
	<b>Organizations that do not follow SFAS 117 (ASC958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .	0	<b>30</b>	0
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .	0	<b>31</b>	0
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	0	<b>32</b>	0
	<b>33</b> <b>Total net assets or fund balances.</b> . . . . .	79,574,129	<b>33</b>	82,029,142
<b>34</b> <b>Total liabilities and net assets/fund balances.</b> . . . . .	113,516,741	<b>34</b>	124,462,724	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI. ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	203,808,634
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	202,354,617
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	1,454,017
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	79,574,129
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	1,206,359
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	0
<b>7</b>	Investment expenses . . . . .	<b>7</b>	0
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	-205,363
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) . . . . .	<b>10</b>	82,029,142

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII. ☐

	Yes	No
<b>1</b> 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.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> 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? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>3a</b> 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
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . . . .		N/A

# Continuation Sheet for Form 990

Page 1 of 2

Name of the Organization

American Diabetes Association

Employer identification number

13-1623888

## Part VII Section A

## Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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			
(26) Daniel B. Kohrman, JD, MPA	1.00									
Board of Directors	0.00	X						0	0	0
(27) Mary T. Korytkowski, RN, MN, MD	1.00									
Board of Directors	0.00	X						0	0	0
(28) Lorrie W. Liang	1.00									
Board of Directors	0.00	X						0	0	0
(29) Anne Peters, MD, FACP, CDE	1.00									
Board of Directors	0.00	X						0	0	0
(30) Vincent Poitout, DVM, PhD	1.00									
Board of Directors	0.00	X						0	0	0
(31) Margaret A. Powers, PhD, RD, CDE	1.00									
Board of Directors	0.00	X						0	0	0
(32) Henry Rodriguez, MD	1.00									
Board of Directors	0.00	X						0	0	0
(33) Darryl Tonemah, PhD, MEd, BS	1.00									
Board of Directors	0.00	X						0	0	0
(34) Patti Urbanski, MEd, RD, LD, CDE	1.00									
Board of Directors	0.00	X						0	0	0
(35) Gretchen A. Youssef, MS, RD, CDE	1.00									
Board of Directors	0.00	X						0	0	0
(36) John W. Griffin, Jr.	1.00									
Board of Directors	2.00	X						0	0	0
(37) Robert R. Henry, MD	1.00									
Board of Directors	0.00	X						0	0	0
(38) Elizabeth Mayer-Davis, MSPH, PhD, RD	1.00									
Board of Directors	0.00	X						0	0	0
(39) Larry Hausner, MBA	35.00									
Chief Executive Officer	2.50			X				575,132	0	260,241
(40) Deborah Johnson	34.00									
Chief Financial Officer	3.50			X				227,965	0	29,404
(41) Greg Elfers	37.50									
Chief Field Development Officer	0.00				X			358,679	0	46,065
(42) Robert Ratner, MD, FACP, FACE	35.50									
Chief Scientific Medical Officer (EFF: 5/7/2012)	2.00				X			262,801	0	942
(43) M. Sue Kirkman, MD (EFF: 1/1/2012-5/6/2012)	35.50									
SVP Medical Affairs & Community Information	2.00				X			261,022	0	21,928
(44) M. Vaneeda Bennett	37.50									
Chief Revenue Officer	0.00				X			256,343	0	22,838
(45) Don Laing	37.50									
SVP Human Resources	0.00				X			197,802	0	16,621
(46) Rodney Sampson	37.50									
SVP IT&S Chief Technical Officer	0.00				X			186,813	0	27,602

## Page 2 of 2

Employer identification number

13-1623888

## Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

[illegible]

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

American Diabetes Association

Employer identification number

13-1623888

**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—Non-functionally integrated
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box. ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .
- (ii) A family member of a person described in (i) above? . . . . .
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .

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

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 monetary support
			Yes	No	Yes	No	Yes	No	
(A) N/A									
(B)									
(C)									
(D)									
(E)									
Total									0

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

Schedule A (Form 990 or 990-EZ) 2012

HTA

**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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	166,128,320	146,831,892	143,706,525	153,296,538	152,820,180	762,783,455
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0	0	0	0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0			0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	166,128,320	146,831,892	143,706,525	153,296,538	152,820,180	762,783,455
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4. . . . .						762,783,455

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4 . . . . .	166,128,320	146,831,892	143,706,525	153,296,538	152,820,180	762,783,455
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	4,230,370	3,310,774	2,754,034	3,625,799	4,685,258	18,606,235
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	-683,436	-86,353	-986,067	-764,699	-1,796,639	-4,317,194
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	0	0	0	0	0	0
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						777,072,496
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	234,255,468
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	98.16%
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14 . . . . .	<b>15</b>	97.74%
<b>16a 33 1/3% support test—2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test—2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>17a 10%-facts-and-circumstances test—2012.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>b 10%-facts-and-circumstances test—2011.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .	<input type="checkbox"/>	



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

(Complete only if you checked the box on line 9 of Part I 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0	0			0
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .	0	0	0			0
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .	0	0	0			0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0			0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .		0	0			0
<b>6 Total.</b> Add lines 1 through 5 . . . . .	0	0	0	0	0	0
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						0
<b>b</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
<b>c</b> Add lines 7a and 7b . . . . .	0	0	0	0	0	0
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6 . . . . .	0	0	0	0	0	0
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	0	0	0			0
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .	0	0	0			0
<b>c</b> Add lines 10a and 10b . . . . .	0	0	0	0	0	0
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .	0	0	0			0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	0	0	0			0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	0	0	0	0	0	0
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	0.00%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 . . . . .	<b>16</b>	0.00%

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

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	0.00%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17 . . . . .	<b>18</b>	0.00%
<b>19a 33 1/3% support tests—2012.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2011.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . <input type="checkbox"/>		

**Part IV**

**Supplemental Information.** Complete this part to provide the 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).

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

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

- ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **See separate instructions.**

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

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

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.** N/A

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures . . . . . ▶ \$

3 Volunteer hours . . . . .

**Part I-B Complete if the organization is exempt under section 501(c)(3).** N/A

1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . . ☐ Yes ☐ No

4a Was a correction made? . . . . . ☐ Yes ☐ No

b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).** N/A

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$ 0

4 Did the filing organization file **Form 1120-POL** for this year? . . . . . ☐ Yes ☐ No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1) N/A				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2012

HTA

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

N/A

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).  
**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . .		0												
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .		0												
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .	0	0												
<b>d</b>	Other exempt purpose expenditures . . . . .		0												
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .	0	0												
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	0	0												
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .	0	0												
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .	0	0												
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .	0	0												
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No														

**4-Year Averaging Period Under Section 501(h)**  
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
<b>2a</b> Lobbying nontaxable amount	0	0	0	0	0
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					0
<b>c</b> Total lobbying expenditures	0	0	0	0	0
<b>d</b> Grassroots nontaxable amount	0	0	0	0	0
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					0
<b>f</b> Grassroots lobbying expenditures	0	0	0	0	0

**Part II-B** Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?	X		84,356
d Mailings to members, legislators, or the public?		X	0
e Publications, or published or broadcast statements?	X		61,200
f Grants to other organizations for lobbying purposes?		X	0
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		1,239,149
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		20,415
i Other activities?		X	0
j Total. Add lines 1c through 1i.			1,405,120
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912.			N/A
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912.			N/A
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		N/A	

**Part III-A** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

**Part III-B** Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

	N/A	
	1	2
1 Dues, assessments and similar amounts from members.	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year.	2a	
b Carryover from last year.	2b	
c Total.	2c	0
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues.	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions).	5	0

**Part IV** Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

Part II-B

Advocacy plays an integral role in our mission. The American Diabetes Association's advocacy efforts give people with diabetes, their families and health care professionals the power to influence public policy issues that affect people with diabetes at the local, state and national levels. From Capitol Hill to statehouses around the country, the Association works tirelessly to promote laws and policies that meet the needs of people who have, or are at risk for, diabetes. In addition, the American Diabetes Association leads the charge at both the federal and state levels calling for increased funding for vital research and prevention programs and improving access to affordable, quality health care.

**Part IV** Supplemental Information *(continued)*

The Association has trained advocates around the country who represent those with diabetes who need a raised voice to protect their rights at school, work and elsewhere in their lives. A growing volunteer network of attorneys, healthcare professionals and advanced school advocates help thousands facing discrimination because of their diabetes. The primary goals of the American Diabetes Association's Government Affairs & Advocacy efforts are to:

- Increase federal and state funding for diabetes prevention, treatment and research.
- Prevent diabetes through advocacy of increased funding and raising awareness on National, state, and local levels.
- Improve the availability of accessible, adequate and affordable health care.
- End the discrimination against people with diabetes face at school, work and elsewhere in their lives.

In 2012, the Association continued its leadership role in promoting equal employment opportunity for people with diabetes. Years of litigation culminated with ending a blanket ban at the Federal Bureau of Investigation that had prohibited those using insulin injections from being Special Agents; the National Fire Protection Association adopted fairer standards for firefighters with diabetes; and the Association scored victories in several states securing safe and fair rules for driving by people with diabetes.

- Through legislative, regulatory and litigation victories in Alaska, Georgia, Louisiana, and the District of Columbia, four more states meet the key tenets of our Safe at School campaign through access to insulin and glucagon and appropriate self care. In addition, legislation in Connecticut expanded access to emergency and self-care and we successfully strengthened school regulations in prohibiting segregation in Florida. A back to school promotional campaign included social media, website promotion, fundraising efforts, a petition drive and a radio media tour reaching 3.5 million listeners. In addition, The Association increased its advocacy efforts in reaching out to the health care community through a series of articles in the Association's publications, Clinical Diabetes and Diabetes Care, focusing on prevention, health disparities, and the role of health care professionals in diabetes advocacy. The Association also created a new free toolkit for pediatric health care providers aimed at educating providers and their patient about diabetes care rights at school.

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public  
Inspection

Name of the organization

American Diabetes Association

Employer identification number

13-1623888

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .	1	0
2 Aggregate contributions to (during year) . . . . .	0	0
3 Aggregate grants from (during year) . . . . .	20,251	0
4 Aggregate value at end of year . . . . .	339,054	0

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area  
☐ Protection of natural habitat ☐ Preservation of a certified historic structure  
☐ Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register . . . . .	2d

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

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

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

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

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

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

N/A

1a 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 XIII, the text of the footnote to its financial statements that describes these items.

b 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 . . . . . ▶ \$

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

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other

c ☐ Preservation for future generations

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

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

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

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

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

	Amount
c Beginning balance	1c 0
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f 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 XIII. Check here if the explanation has been provided in Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	21,974,370	21,855,975	20,659,811	19,282,060	20,888,880
b Contributions	-5,113	138,992	526,160	353,666	653,769
c Net investment earnings, gains, and losses	2,474,180	2,072,541	2,123,170	3,234,277	-519,302
d Grants or scholarships	1,843,920	2,093,138	1,453,166	2,210,192	1,741,287
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	22,599,517	21,974,370	21,855,975	20,659,811	19,282,060

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ☐ 0%

b Permanent endowment ☐ 19%

c Temporarily restricted endowment ☐ 81%

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

(i) unrelated organizations

(ii) related organizations

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	0	67,092		67,092
b Buildings	0	0	0	0
c Leasehold improvements	0	1,220,043	1,006,259	213,784
d Equipment	0	13,211,476	9,920,392	3,291,084
e Other	0	19,497,104	15,595,096	3,902,008
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				7,473,968



**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 . . . . .		
(A) . . . . .		
(B) . . . . .		
(C) . . . . .		
(D) . . . . .		
(E) . . . . .		
(F) . . . . .		
(G) . . . . .		
(H) . . . . .		
(I) . . . . .		
<b>Total.</b> (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.

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

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

(a) Description	(b) Book value
(1) Due From Property Title Holding Corporation	5,254,360
(2) Investment in Net Assets of American Diabetes Association Property Title Holding Corporation	12,850,000
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	18,104,360

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) Due to American Diabetes Association Research	12,077,219
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	12,077,219

2. FIN 48 (ASC 740) Footnote. In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII . . . . . ☒

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	228,492,598
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains on investments . . . . .	<b>2a</b>	1,206,359
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	1,700,233
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	0
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	23,088,935
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	25,995,527
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	202,497,071
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	95,162
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	1,216,401
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	1,311,563
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	203,808,634

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	206,197,157
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	1,700,233
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	0
<b>c</b>	Other losses . . . . .	<b>2c</b>	205,363
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	35,234,421
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	37,140,017
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	169,057,140
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	95,162
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	33,202,315
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	33,297,477
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	202,354,617

**Part XIII 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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V Line 4 The following was disclosed related to the intended use of the Association

endowment funds in the consolidated financial statements: The Association has adopted an

investment policy for endowment assets that provides continued financial stability for the

Association and a revenue stream for spending on the Association mission. To fulfill this

mission, the American Diabetes Association funds research, publishes scientific findings,

provides information and other services to people with diabetes, their families, health

professionals, and the public.

Part X Line 2 The following was disclosed related to uncertain tax positions in the

**Part XIII** Supplemental Information (continued)

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 Corporation 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. The Association recognizes the effects of the income tax positions only if those positions more likely than not would be sustained upon examination by the Internal Revenue Service. The Association has analyzed the tax positions taken and has concluded that as of December 31, 2012, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements.

Part XI Line 2d Donations reported by the American Diabetes Association Research Foundation's audited financial statements (EIN 54-1734511) \$22,393,842. Contributed services reported by the American Diabetes Association Research Foundation, Inc. (EIN 54-1734511) \$695,093.

Part XI Line 4b American Diabetes Association Research Foundation, Inc. (EIN 54-1734511) Management Fee reported \$1,216,401.

Part XII Line 2c Net loss from uncollectible pledges \$205,363.

Part XII Line 2d American Diabetes Association Research Foundation, Inc. (EIN 54-1734511) Expenses \$35,234,421.

Part XII Line 4b American Diabetes Association Research Foundation, Inc. (EIN 54-1734511) Grant \$33,202,315.

**Schedule F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

American Diabetes Association

Employer identification number

13-1623888

**Part I**

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

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

- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
Europe					
(1)	0	0	Program Services	Grantmaking	10,126
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .	0	0			10,126
<b>b</b> Total from continuation sheets to Part I . . . . .	0	0			0
<b>c</b> Totals (add lines 3a and 3b)	0	0			10,126

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

Schedule F (Form 990) 2012

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Europe	See Part V	10,126	Check	0		
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

1

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

0

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).* . . . . . ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A).* . . . . . ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471).* . . . . . ☐ Yes ☒ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).* . . . . . ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865).* . . . . . ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).* . . . . . ☐ Yes ☒ No

**Part V****Supplemental Information**

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Part I Line 2 The Association awarded a grant to the International Diabetes Federation

(IDF) as part of the Association's donor-advised fund program. The grantee's use of the

funds is monitored through the Association's membership in the IDF.

Part II Line 1d The primary purpose of the grant is for the annual contribution from the

Wendell Mayes donor advised fund to the International Diabetes Federation.



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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

American Diabetes Association

Employer identification number

13-1623888

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

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

**a** ☒ Mail solicitations

**e** ☒ Solicitation of non-government grants

**b** ☒ Internet and email solicitations

**f** ☒ Solicitation of government grants

**c** ☒ Phone solicitations

**g** ☒ Special fundraising events

**d** ☒ In-person solicitations

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

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 Infocision Management Corporation	Telemarketing		X	6,153,518	3,363,454	2,790,064
2 Thompson, Habib & Denison, Inc.	See Part IV		X	24,145,996	770,000	23,375,996
3 Automotive Recovery Services, Inc.	See Part IV	X		1,563,123	909,457	653,666
4 Blackbaud, Inc. (formerly Convio, Inc.)	See Part IV		X	0	61,200	0
5				0	0	0
6				0	0	0
7				0	0	0
8				0	0	0
9				0	0	0
10				0	0	0
<b>Total</b>				31,862,637	5,104,111	26,819,726

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

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		Step Out Walk Event	Tour De Cure	18	(add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
1	Gross receipts . . . . .	24,252,451	26,525,975	13,680,127	64,458,553
	2 Less: Contributions . . . . .	22,375,460	23,363,158	10,378,553	56,117,171
	3 Gross income (line 1 minus line 2) . . . . .	1,876,991	3,162,817	3,301,574	8,341,382
Direct Expenses	4 Cash prizes . . . . .	0	0	0	0
	5 Noncash prizes . . . . .	462,827	801,082	190,511	1,454,420
	6 Rent/facility costs . . . . .	596,089	764,434	581,196	1,941,719
	7 Food and beverages . . . . .	145,148	459,740	1,614,986	2,219,874
	8 Entertainment . . . . .	63,776	87,122	226,024	376,922
	9 Other direct expenses . . . . .	609,152	1,050,438	688,857	2,348,447
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶	( 8,341,382)			
11 Net income summary. Combine line 3, column (d), and line 10 . . . . . ▶	0				

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

than \$10,000 on Form 990-EZ, line 6d.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	1	Gross revenue . . . . .		78,260	78,260
Direct Expenses	2	Cash prizes . . . . .		13,932	13,932
	3	Noncash prizes . . . . .		28,206	28,206
	4	Rent/facility costs . . . . .		0	0
	5	Other direct expenses . .		417	417
	6	Volunteer labor . . . . .	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 78.00% <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ►				( 42,555)
8	Net gaming income summary. Combine line 1, column d, and line 7 . . . . . ►				35,705

9 Enter the state(s) in which the organization operates gaming activities: AK, HI, IL, MI, NJ, OH, OK, PA, TX

a Is the organization licensed to operate gaming activities in each of these states? . . . . . ☒ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☒ No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☒ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☒ No
- 13 Indicate the percentage of gaming activity operated in:
- |                               |     |         |
|-------------------------------|-----|---------|
| a The organization's facility | 13a | %       |
| b An outside facility         | 13b | 100.00% |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ See Part IV Supplemental Info

Address ▶ 1701 N. Beauregard Street Alexandria, VA 22311

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☒ No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ 0 and the amount of gaming revenue retained by the third party ▶ \$ 0
- c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

## 16 Gaming manager information:

Name ▶ See Part IV Supplemental Info

Gaming manager compensation ▶ \$ 0

Description of services provided ▶

☐ Director/officer
☐ Employee
☐ Independent contractor

## 17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☒ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 35,705

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Part I Line 2 The amounts reported in column (v) represent fees paid to registered professional fundraisers. Additional payments to these vendors include the following: consulting fees related to programmatic content \$1,445,000; printing \$415,000; postage and shipping cost \$210,000; marketing expense \$448,000; and total data processing \$175,000. The amounts paid for these expenses were determined by review of the detailed invoices supplied by the service provider.

Part I Line 2(ii) Thompson, Habib, & Denison, Inc. activities are creative, strategic, and production services for direct mail appeals.

Part I Line 3(ii) Automotive Recovery Services, Inc. activities are advertising, acquisition and disposal of donated vehicles solicited by American Diabetes Association.

Part I Line 4(ii) Convio's activities are product and interactive consulting, content management, website administration, email implementation, reporting, data management, technical programming, user/website experience consulting, design services and project/campaign management.

Part III Line 14 The Association's records are centralized at the home office at 1701 N. Beauregard St., Alexandria, VA 22311 based on the information submitted by each Executive Director located in field offices.

Part III Line 16 The management and administration of the Association's gaming/special events are the responsibility of the local Executive Director of each office. Compensation is based on size of the market and is not specific to the results of an individual gaming activity.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Employer identification number

13-162388

Name of the organization

American Diabetes Association

**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. 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	(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) American Diabetes Association Research Foundation, Inc. 1701 N. Beauregard St. Alexandria, VA 22311	54-1734511	501 (c)(3)	33,202,315	0			Research
(2) Barton Center for Diabetes Education P.O. Box 356 North Oxford, MA 01593	22-2701822	501 (c)(3)	33,000	0			Camperships
(3) Lions Camp Merrick 11855 Holly Lane Suite 104 Waldorf, MD 20601	52-1289731	501 (c)(3)	29,297	0			Camperships
(4) Washington State University 255 E. Main Street, Suite 301 P.O. Box 641925 Pullman, WA 99164	91-1075541	501 (c)(3)	24,897	0			Education and Development
(5) University of Florida 302 Tigert Hall, P.O. Box 113001 Gainesville, FL 32610	59-6002052	501 (c)(3)	24,618	0			Education and Development
(6) National Council of Asian Pacific Islander Physicians 1322 18th St. NW Suite 200 Washington D.C. 20036	27-3429376	501 (c)(3)	20,000	0			Advocacy
(7) Family HealthCare Network 305 E. Center Ave. Visalia, CA 93291	94-2525145	501 (c)(3)	18,750	0			Education and Development
(8) North Chicago Community Unit School District 187 2000 Lewis Avenue North Chicago, IL 60064	36-3660804	501 (c)(3)	12,500	0			Education and Development
(9) Florida Camp for Children and Youth with Diabetes, Inc. P.O. Box 14136 Gainesville, FL 32604	23-7098099	501 (c)(3)	7,000	0			Camperships
(10) Alliance for Rural Community Health 1165 South Dora Street Suite A3 Ukiah, CA 95482	68-0407601	501 (c)(3)	6,250	0			Education and Development

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. (10 Grants under \$5,000 threshold) ▶ 20
- 3 Enter total number of other organizations listed in the line 1 table. ▶

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

Cat. No. 50055P

Schedule I (Form 990) (2012)

**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 Camperships	12	114,950			
2 Lecture Honoraria	12	31,000			
3 Travel to Scientific Conferences	12	23,602			
4					
5					
6					
7					

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

Part I Line 2 The American Diabetes Association provides grant funding for Research grants to the American Diabetes Association

Research Foundation. The American Diabetes Association closely monitors the use of all 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. This process is monitored and reviewed by the American Diabetes Association

Scientific/Medical Management for award status and compliance.

Part I Line 2 Continued...The Association provides grants and scholarships for persons with diabetes and their families. Each summer,

**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					
2					
3					
4					
5					
6					
7					

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

thousands of children have the opportunity to spend time at diabetes camp, meeting other children with diabetes, sharing their

experiences, challenges, hopes and dreams. In 2012, the Association's Camp Program served 6,500 children and teens with type 1 and type

2 diabetes. 5,300 youth attended one of 40 Association camps in 25 states or at one of the camps hosted by their organizations that met

the Association's high standards of care.

Part I Line 2 Continued... Camp provides an outdoor recreational experience in which the child (for children with diabetes ages 8-18)

can develop as a person while including informal education about the management of diabetes. Children are carefully supervised by a

staff of doctors, nurses, dietitians, and other volunteers and staff. Program Evaluation and outcome measurement provide valuable data

to the Association regarding camp programs and how to improve them.

Part I Line 2 Continued... An assessment/planning meeting including camp volunteers and staff leadership is held within two months of

the conclusion of the camp session. At this time, camp results are evaluated and compared to goals. The strengths and weaknesses of the

camp program, opportunities for growth and improvement, emerging issues and needs and the viability of continuation/initiation of new

**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					
2					
3					
4					
5					
6					
7					

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

programs are evaluated.

Part I Line 2 Continued...In 2012, the American Diabetes Association launched the High Risk Minority Pilot Program grant mechanism to

support community-based pilot projects targeting minority populations at risk for diabetes or diabetes-related complications. This

mechanism is designed to benefit the Association's Latino and African American Initiatives programs by expanding the Association's

reach to minority populations in underrepresented markets, refining research methodology to measure community-based impact among these

populations, and establishing an evidence-base for program expansion. The overarching short-term goal is to improve diabetes prevention

and treatment behaviors, and impact associated psychosocial variables among high-risk populations. The long-term goal is to improve

health outcomes and reduce diabetes-related disparities.

Part I Line 2 Continued...One-year High Risk Minority Pilot Program grants were awarded to 4 recipients: Alliance for Rural Community

Health, Family Healthcare Network, Washington State University, and University of Florida. The Association closely monitors the proper

use of the funds. Periodic financial and scientific progress and final reports (at 6 and 12 months) are required from each supported

**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					
2					
3					
4					
5					
6					
7					

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

site. Program members also administer surveys before and after interventions to assess impact on knowledge and health behaviors. In

addition, the American Diabetes Association provides grants to support Advocacy programs. In 2012, the Association awarded grant funds

to The National Council of Asian Pacific Islander Physicians (NCAPIP). The grant contribution was made in recognition of the

coalition's outstanding work to address the disparate impact of diabetes on vulnerable populations. The Association monitors the use of

the funds by maintaining an on-going communication and periodic financial reports.



**SCHEDULE J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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

**2012**

**Open to Public  
Inspection**

Name of the organization

American Diabetes Association

Employer identification number

13-1623888

**Part I Questions Regarding Compensation**

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

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

**b** If 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 . . . . .

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

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

**Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5–9.**

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

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

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

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

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

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

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

Yes No

1b

X

2

X

4a

X

4b

X

4c

X

5a

X

5b

X

6a

X

6b

X

7

X

8

X

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Larry Hausner, MBA	(i)	468,031	81,090	26,011	236,772	23,469	835,373	81,090
1 Chief Executive Officer	(ii)	0	0	0	0	0	0	0
Deborah Johnson	(i)	225,984	0	1,981	9,894	19,510	257,369	0
2 Chief Financial Officer	(ii)	0	0	0	0	0	0	0
Greg Elfers	(i)	309,612	0	49,067	33,738	12,327	404,744	0
3 Chief Field Development Officer	(ii)	0	0	0	0	0	0	0
Robert Ratner, MD, FACP, FACE Chief Scientific Medical Officer (EFF: 5/7/2012)	(i)	259,570	0	3,231	0	942	263,743	0
4	(ii)	0	0	0	0	0	0	0
M. Sue Kirkman, MD SVP Medical Affairs & Community Information (EFF: 1/1/2012-5/6/2012)	(i)	210,527	39,089	11,406	9,726	12,202	282,950	0
5	(ii)	0	0	0	0	0	0	0
M. Vaneeda Bennett	(i)	231,394	0	24,949	9,808	13,030	279,181	0
6 Chief Revenue Officer	(ii)	0	0	0	0	0	0	0
Don Laing	(i)	195,263	0	2,539	7,965	8,655	214,422	0
7 SVP Human Resources	(ii)	0	0	0	0	0	0	0
Rodney Sampson	(i)	184,944	0	1,868	7,539	20,062	214,413	0
8 SVP IT&S Chief Technical Officer	(ii)	0	0	0	0	0	0	0
Andrea Maddox	(i)	185,553	0	2,211	7,500	13,114	208,378	0
9 SVP Eastern Key Markets & Program Implementation	(ii)	0	0	0	0	0	0	0
Lori Stevens	(i)	163,852	0	1,525	5,768	7,520	178,665	0
10 VP Key Markets West	(ii)	0	0	0	0	0	0	0
Richard Erb	(i)	161,001	0	1,671	5,678	1,801	170,151	0
11 VP Direct Response Marketing	(ii)	0	0	0	0	0	0	0
Shereen Arent	(i)	210,956	0	2,547	28,398	1,247	243,148	0
12 Exec VP Gov't Affairs & Advocacy	(ii)	0	0	0	0	0	0	0
Lois Witkop, MBA	(i)	193,444	0	1,679	7,730	1,988	204,841	0
13 SVP Marketing Communication	(ii)	0	0	0	0	0	0	0
Tamara Darsow	(i)	177,233	0	1,634	4,282	20,620	203,769	0
14 VP Research Programs	(ii)	0	0	0	0	0	0	0
Peter Braun	(i)	161,809	0	1,971	5,710	7,393	176,883	0
15 Exec Director Los Angeles	(ii)	0	0	0	0	0	0	0
Kate Rooper	(i)	158,101	0	1,584	5,561	7,510	172,756	0
16 VP Campaign Development	(ii)	0	0	0	0	0	0	0

# Continuation Sheet for Schedule J (Form 990)

Page 1 of 1

Name of the organization

American Diabetes Association

Employer identification number

13-1623888

## Part II Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(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				
Lewis Bartfield	(i)	154,163	0	4,626	5,642	18,386	182,817	0
17 VP Mid Markets East	(ii)	0	0	0	0	0	0	
Richard Kahn, PhD	(i)	0	0	112,500	0	0	112,500	112,500
18 Chief Scientific & Medical Officer	(ii)	0	0	0	0	0	0	
19	(i)							
	(ii)							
20	(i)							
	(ii)							
21	(i)							
	(ii)							
22	(i)							
	(ii)							
23	(i)							
	(ii)							
24	(i)							
	(ii)							
25	(i)							
	(ii)							
26	(i)							
	(ii)							
27	(i)							
	(ii)							
28	(i)							
	(ii)							
29	(i)							
	(ii)							
30	(i)							
	(ii)							
31	(i)							
	(ii)							
32	(i)							
	(ii)							
33	(i)							
	(ii)							

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Part I Line 1a The Chief Executive Officer is provided compensation for travel companion included in other reportable compensation.

Part I Line 1a Greg Elfers, Chief Field Development Officer is provided housing on a continuing basis.

Part I Line 1a Payments related to housing and excess pension benefits are grossed up for individual tax reporting purposes.

Part I Line 4b The Chief Executive Officer is compensated by the American Diabetes Association and participates in its supplemental retirement plan. The reported retirement and other deferred compensation includes contributions to the Chief Executive Officer's 457(f) plan in the amounts of \$76,919 for an annual contribution and \$58,385 for a long term incentive contribution.

Part I Line 7 The following non-fixed payments based on completion of annual performance objectives are reported for the Chief Executive Officers: (1) an accrued 2012 bonus of \$81,090, and (2) an accrued 457(f) deferred compensation contribution of \$58,385.

Part II Line 5a The employment term for M. Sue Kirkman, Senior Vice President Medical Affairs & Community Information ended in November 2012.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

▶ Complete if the organizations answered "Yes" on Form  
990, Part IV, lines 29 or 30.  
▶ Attach to Form 990.

OMB No. 1545-0047

**2012**

**Open To Public  
Inspection**

Name of the organization

American Diabetes Association

Employer identification number

13-1623888

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .	X	2,032	673,913	See Part II
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	63	852,451	Fair Market Value
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .	X	35,075	1,667,889	Fair Market Value
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( ) . . . . .				
26 Other ▶ ( ) . . . . .				
27 Other ▶ ( ) . . . . .				
28 Other ▶ ( ) . . . . .				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment . . . . . **29** 0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? . . . . .

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	
33		

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Part I Line 6d The method of determining noncash contributions amounts is the sales of

comparable property and/or opinion of expert to determine the Fair Market Value.

Part I Line 32B Part I, Line 32b American Diabetes Association contracts with Automotive

Recovery Services, Inc. 13085 Hamilton Crossing, Suite 500, Carmel, IN 46032, to advertise

for donation of vehicles, receive and sell/dispose of the donated vehicles on behalf of

the American Diabetes Association.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

American Diabetes Association

Employer identification number

13-1623888

Please see attached statement.

## (Sch O (990/990EZ)) - Supplemental Information

Form	Part	Section	Line	Explanation
1	Form 990	Part III	4	<p><b>Together we Can Change the Future of Diabetes</b></p> <p>Diabetes is a devastating disease affecting nearly 26 million people are living with diabetes and another 79 million with prediabetes and are at risk of developing the disease. Our mission to prevent and cure diabetes and to improve the lives of all people affected by diabetes is more urgent than ever. The American Diabetes Association is the moving force and trusted leader in the diabetes community. We are working tirelessly every day to provide targeted programs and lifesaving resources for those living with diabetes, their families, and health care professionals.</p>
2	Form 990	Part III	4 Continued...	<p><b>Research</b></p> <p><b>Fostering Innovation, Propelling Innovation, Powering Discovery</b></p> <p>Throughout our history, we have been the leader in funding and supporting the research the world needs to stop the impact of diabetes. We've funded nearly 4,000 projects and invested almost \$640 million in diabetes research. In 2012, under the guidance and direction of the American Diabetes Association Research Foundation, Inc®, we accelerated our commitment to research with the launch of Pathway to Stop Diabetes®. This transformational program will inspire a new generation of scientists to apply their innovative thinking to the myriad issues of diabetes.</p> <p>Every hour, every day, someone, somewhere is working to move all of us closer to a cure. What unites diabetes researchers – from graduate students to established scientists – in the fight against diabetes? A passion for their work. A desire to make a difference. And the American Diabetes Association. The Association's direct involvement in diabetes research extends back to the 1940s. Dr. Charles H. Best, one of four scientists credited with discovering insulin in the early 1920s, provided the Association with the framework and early leadership for a formalized program for diabetes research. And for more than half a century, the American Diabetes Association has been a world leader in supporting, funding, and honoring those who have dedicated themselves to diabetes research.</p> <p>The primary goals of the Association's Research Program are:</p> <ol style="list-style-type: none"> <li>1. Support the highest quality science across the broad spectrum of diabetes research.</li> <li>2. Support investigators early in their careers to encourage them to dedicate their efforts to diabetes research</li> <li>3. Support innovative research with a high potential to have a significant impact for patients with diabetes.</li> </ol> <p>To understand the impact and outcomes associated with our research funding, we initiated a comprehensive baseline program assessment of investigators. In 2012, our findings were published in Diabetes and Diabetes Care:</p> <ul style="list-style-type: none"> <li>• The average Association grant leads to more than six publications, providing the foundation for future advancements</li> <li>• Our funding expands the field by attracting and retaining diabetes researchers, with 98% of Association-supported scientists still focused on our cause</li> <li>• 85% of researchers received subsequent financial support for their work within five years of their award</li> <li>• A significant return on investments: \$56 million in grants invested in researchers in 2005 resulted in \$421 million of subsequent allowance for those same investigators by 2011 — a 7.5-fold increase</li> </ul>



3	Form 990	Part III	4 Continued...	<p><b>Types of Research Awards</b></p> <p>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 behavioral issues. Our core program offers investigator-initiated funding for basic science and clinical/translational research awards. Approximately 80% of Association-funded research falls under the Investigator-Initiated 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. In fact, 98% 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.</p> <p>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.</p> <p>Headlines from projects supported by the American Diabetes Association Research Program in 2012 included:</p> <ul style="list-style-type: none"> <li>• Type 2 Diabetes Deteriorates Brain Function, January 2012</li> <li>• Innovative Immune Cell Re-education Technique Holds Promise for Type 1 Diabetes, February 2012</li> <li>• ADA Researcher Receives Top Award in Medicine, March 2012</li> <li>• Diabetes May Originate in the Intestines, April 2012</li> <li>• Identifying Type 2 Diabetes Risk in Obese Children, May 2012</li> <li>• Improving Cardiovascular Outcomes in Patients with Diabetes, June 2012</li> <li>• Accelerating Wound Closure in Patients with Diabetes, July 2012</li> <li>• Chemicals in Popular Consumer Products Associated with Increased Risk of Diabetes in Women, August 2012</li> <li>• Impact of Diet on Weight Loss: High Protein vs. High Carbohydrate, September 2012</li> <li>• Novel Insight on Fat Cell Regulation May Hold Key for Anti-Obesity Drugs, October 2012</li> <li>• Association-Funded Researcher Honored with Prestigious Massachusetts Award, November 2012</li> </ul>
4	Form 990	Part III	4 Continued...	<p><b>Pathway to Stop Diabetes</b></p> <p>To accelerate the research needed to discover solutions and ultimately cure diabetes, the Association has launched a bold new initiative, Pathway to Stop Diabetes, to inspire a new generation of diabetes researchers. With a goal of funding 100 new diabetes researchers over the next decade, Pathway will provide crucial support to individuals focusing on innovative ideas and transformational approaches that will lead to new discoveries in diabetes prevention and treatment.</p> <p>In 2012, contributions to the campaign included \$20 million from founding corporate sponsors and \$800,000 from individuals for a total of \$20.8 million. Grand totals for the campaign are now \$27.2 million.</p> <p>Pathway to Stop Diabetes is in addition to ongoing Association research activities, and will significantly expand our research efforts by supporting innovative, basic, clinical, translation, epidemiological or health services research that is relevant to any type of diabetes, diabetes-related disease state of complication. Pathway will support creative scientists who are early in their career, or who are established but would like to expand their focus on diabetes research — regardless of their current field of study. Through awards of \$1.625 million over the course of five to seven years, the program will allow researchers to have the time and focus needed to explore new ideas.</p> <p><b>Promotion of Scientific &amp; Medical Research</b></p> <p>Scientific Sessions – the world's largest scientific and medical meeting focused on diabetes and its complications – exemplifies the American Diabetes Association's leading role in the diabetes landscape, while functioning as an important platform for driving diabetes awareness. The Association's 72nd Scientific Sessions, held in Philadelphia June 8-12, 2012, focused on the latest basic and clinical science related to diabetes and its complications. This year, it brought together more than 17,700 scientists, health care professionals and industry representatives from 110 countries.</p> <p>Throughout the five days of the meeting, the program included over 3,000 educational presentations that included lectures, debates, case discussions and original research in oral and poster presentations. Presentations covered a broad range of topics which focused on the latest basic and clinical science research related to diabetes and its complications. In addition, more than 170 companies showcased their latest products and services in the exhibit hall.</p>
5	Form 990	Part III	4 Continued...	<p><b>Information</b></p> <p><b>Imposing Numbers</b></p> <p>Nothing is more important in the fight against diabetes than knowledge. As the trusted voice in the diabetes community, the American Diabetes Association is committed to providing credible, relevant and up-to-date information, tools, resources and support to all people affected by diabetes, the health care professionals who work on their behalf, as well as the general public.</p> <p>Whether its diet and nutrition advice for someone recently diagnosed, or information on diabetes management at school for the parent of a child, the American Diabetes Association offers guidance and answers. From a toll-free, bi-lingual national call center to an award-winning magazine that tackles the latest news and offers stories of hope, as well as a comprehensive website, we are leading the way in diabetes information.</p> <p>We focus our efforts on three outcomes:</p> <ol style="list-style-type: none"> <li>1. Raising awareness of diabetes as a serious disease.</li> <li>2. Raising the visibility of the epidemic of diabetes through awareness and education initiatives.</li> <li>3. Reaching diverse groups of people who are at risk for or have diabetes, their families and health care professionals with the goal of reducing the incidence of diabetes and the impact of complications.</li> </ol>

6	Form 990	Part III	4 Continued...	<p><b>Professional Education &amp; Outreach</b></p> <p>The primary goal of the American Diabetes Association's professional education program is to affect the quality of treatment and improve patient outcomes for people with diabetes by providing quality education for those health care professionals who provide their care. The Association conducts professional education activities directed toward enhancing knowledge, competence, advancing skills and apprising health care professionals of the latest developments in diabetes research and clinical practice.</p> <p>The American Diabetes Association has been accredited to provide continuing education for health care professionals for more than 25 years and is accredited by seven accrediting boards. In 2012, the Association received Accreditation with Commendation from the Accreditation Council for Continuing Medical Education (ACCME) (MD board). Only 28% of organizations that are ACCME accredited providers have received this highest designation. In addition, the Association was awarded reaccreditation through the American Nurses Credentialing Center and the American Psychological Association. The Association developed several print and online Continuing Education (CE) programs focused on specific topics for improving clinical practice. These were delivered as case simulations and self-assessment modules. Through these programs, the Scientific Sessions, Postgraduate Course and Market-based CE programs, the Association reached more than 30,000 health care providers.</p> <p>Through its International Continuing Medical Education (CME) programs, the Association collaborated with other organizations and corporate partners to conduct educational programs in Spain, Hong Kong, India, China, Indonesia and the United Arab Emirates. These programs gave the Association the opportunity to provide high quality education in areas of the world where there is a high prevalence of diabetes. One program of particular note was the initiation of a program with the Ministry of Health and Endocrine Society in Indonesia for a train-the-trainer program that will reach 5,000 physicians over a five-year period. All of these international programs were developed with corporate support and provided additional revenue to the Association.</p> <p>The 59th Annual Advanced Postgraduate Course, held February 17-19, 2012 in San Francisco, brought together more than 600 health care professionals for educational sessions that focused on the translation of the latest diabetes research into clinical practice strategies for improving patient care and outcomes. The webcasts of the course were viewed by an additional 1,500 health care professionals.</p> <p>In conjunction with the Scientific Sessions in Philadelphia, the Association brought together physicians, physician assistants and nurse practitioners for a day-long program entitled Diabetes is Primary. This innovative educational activity was developed specifically for the primary care community and focused on clinical information and tools to improve outcomes in patients with diabetes. It was attended by 150 health care professionals.</p>
7	Form 990	Part III	4 Continued...	<p><b>Education Recognition Program</b></p> <p>Designed to ensure and promote quality education for people with diabetes, the American Diabetes Association's Education Recognition Program (ERP) began in 1986 with 35 recognized diabetes education programs. Today, the ERP features more than 3,500 program sites nationwide.</p> <p>In 2012, the number of programs using Chronicle Diabetes, an electronic health record for diabetes education offered to the Association's recognized programs, more than doubled, with almost 50,000 patient records currently available in the database. This provided a new opportunity for the ERP to share aggregate data at the 72nd Annual Scientific Sessions. The data included types of outcomes being collected in diabetes education programs, variety of diabetes education practice settings, types of educators involved in diabetes education and clinical outcomes of patients participating in self management education programs. This data informed subject matter experts who reviewed and revised the National Standards for Diabetes Self Management Education and Support in 2012. These revised standards were the first to be posted for public comments via the Association's professional website where nearly 300 public comments were received over a two-week comment period. These comments were incorporated in the final publication of the standards which appeared in the November 2012 issue of Diabetes Care.</p> <p>In addition, the Education Recognition Program committee developed a comprehensive, two-day Certified Diabetes Educator (CDE) Preparation Course which is aimed at growing the diabetes educator workforce in underserved areas. In collaboration with the Mississippi Department of Health, the course was offered twice to nearly 100 individuals in the state of Mississippi which currently has 127 CDEs (according to the National Certification Board for Diabetes Educators) serving its more than 250,000 persons burdened with diabetes.</p>
8	Form 990	Part III	4 Continued...	<p><b>Center for Information and Community Support</b></p> <p>American Diabetes Association representatives at the Center for Information and Community Support (1-800-DIABETES) are our constituents' personal guides to information on diabetes, as well as Association programs and events. In 2012, the Association's Center for Information and Community Support expanded its channels of contact to include online chat. Chat added approximately 300 contacts per month to its total volume of almost 200,000 contacts for the year. This includes phone calls, emails and chat. The center also mailed out approximately 60,000 information packets. The Center is a beacon of hope for many who might otherwise go without critical help and information.</p> <p><b>Digital Engagement</b></p> <p>The American Diabetes Association offers a variety of targeted online properties to connect with its consumer and professional audiences, while providing the latest diabetes-related information and news. From our award-winning website, <a href="http://www.diabetes.org">www.diabetes.org</a>, to our Diabetes Stops Here blog and ever-growing presence on Facebook, Twitter and YouTube, the American Diabetes Association is there for its constituents 24/7. In 2012, the Association's online properties saw more than 24 million visits and more than 16 million visitors.</p> <p>Websites: <a href="http://www.diabetes.org">www.diabetes.org</a> and <a href="http://www.professional.diabetes.org">www.professional.diabetes.org</a></p> <p>The American Diabetes Association's award-winning content website for consumers and professionals, <a href="http://diabetes.org">diabetes.org</a>, is widely regarded as the most informative and credible diabetes and nutrition resource on the Internet. Consumers, health care professionals and scientists can get the information they need 24/7. In 2012, the site had 14.5 million visits, up 2% from 2011. Visits to the mobile version of <a href="http://m.diabetes.org">diabetes.org</a> at <a href="http://m.diabetes.org">http://m.diabetes.org</a> continued to pick up the pace in 2012 with a 46% increase. The site, which launched in late 2011, has mobile browser detection, features a streamlined design and provides quick access to some of the Association's most popular and useful web content and features, such as Diabetes Symptoms, What Can I Eat?, and the Diabetes Risk Test.</p>

9	Form 990	Part III	4 Continued...	<p>The Association's newest online acquisition campaigns, Living with Type 2 Diabetes and MyFoodAdvisor: Recipes for Healthy Living continued to thrive:</p> <ul style="list-style-type: none"> <li>• Living with Type 2 Diabetes provides people who are newly diagnosed with type 2 diabetes a series of information packets to help them navigate their first year with the disease. In 2012, more than 101,000 people registered online for Living with Type 2 Diabetes, bringing the total number of registrants to more than 175,200.</li> <li>• MyFoodAdvisor: Recipes for Healthy Living, which launched in October 2011, far exceeded its goal of obtaining 100,000 users by the end of 2012. More than 140,000 people registered online for this free interactive nutrition resource geared toward people with and at risk for diabetes, their families and caretakers, and those who want to eat healthy, bringing the total number of new registrants to nearly 170,000.</li> </ul> <p>For health care professionals and scientists, DiabetesPro at <a href="http://www.professional.diabetes.org">www.professional.diabetes.org</a> provides the latest resources in diabetes care and research. DiabetesPro is the most advanced professional education website in any branch of medicine, giving those who have placed diabetes in the center of their careers the opportunity to stay informed and take advantage of various resources and educational offerings. Featured content includes diabetes meetings and continuing education opportunities, news, clinical practice recommendations, webcasts and podcasts, journals and books, research grants, recognition programs and professional section interest groups.</p> <p><b>www.stopdiabetes.com</b>  Stopdiabetes.com is the online hub of the American Diabetes Association's Stop Diabetes movement. In 2012, stopdiabetes.com continued to be essential in engaging people nationwide. The site invites visitors to pledge their support, add their name to the map and take action in the Association's fight to Stop Diabetes. Five different sections – including "Ways to Act," "What's Happening," "Get the Facts," "Advocacy Center," and "Donate Now" – provide concrete options for involvement as well as increased awareness.</p>
10	Form 990	Part III	4 Continued...	<p><b>Youth and Diabetes: Family Link®</b></p> <p>Children affected by diabetes and their families have unique needs. When children are initially diagnosed, it can be a difficult and confusing time for parents and other family members. Family Link programs are the American Diabetes Association's commitment to connecting families to expert guidance, peer support and tools that help them care for a child with diabetes. A total of 48 Association Markets offer Family Link program components, including:</p> <ul style="list-style-type: none"> <li>• Family Link Parent Mentors</li> <li>• Everyday Wisdom Kit</li> <li>• Social and Educational Events in Local Communities</li> <li>• Family Link Web Community</li> <li>• Planet D Web Community</li> <li>• Family Link E-news</li> <li>• Safe at School</li> <li>• American Diabetes Association Diabetes Camp</li> <li>• Classroom Lessons</li> <li>• Family Link Parent Mentors</li> </ul> <p><b>Local Social and Educational Activity included:</b></p> <ul style="list-style-type: none"> <li>• 19,817 family members participated in 210 activities in 35 communities</li> <li>• 13 Family and Youth Retreats served 1,160 people</li> <li>• 65 new Parent Mentors reached out to 331 newly diagnosed families to provide emotional support</li> <li>• 48 Association Markets offer Family Link activities to connect families to expert guidance, peer support and tools</li> <li>• 2,206 school personnel attended training workshops led by Association health care professional volunteers to learn how to assist children with diabetes in 171 schools</li> <li>• 7,036 students participated in 38 school-based activities to learn more about diabetes</li> <li>• More than 10,500 Everyday Wisdom kits were distributed nationwide</li> </ul> <p><b>Everyday Wisdom™ Kit</b>  The Everyday Wisdom kit continued to be in high demand with more than 10,500 kits distributed in 2012. The Everyday Wisdom Kit is designed to help families of children with diabetes live with diabetes every day, assisting families in planning for everyday moments and events such as birthday parties, playing sports and getting behind the wheel. The Kit comes in a reusable lunch bag and includes guides for the child with diabetes, parents and siblings, as well as a number of fun, interactive tools to keep the whole family engaged.</p>
11	Form 990	Part III	4 Continued...	<p><b>American Diabetes Association Diabetes Camp</b>  Each summer, thousands of children have the opportunity to spend time at diabetes camp, meeting other children with diabetes, sharing their experiences, challenges, hopes and dreams.</p> <p><b>Camp Facts for 2012:</b></p> <ul style="list-style-type: none"> <li>• 6,500 children and teens with type 1 and type 2 diabetes served</li> <li>• 5,300 attendees in 40 Association Camps across 25 states</li> <li>• 1,840 volunteers, the majority of whom are health professionals, made camp possible by donating their time and expertise.</li> <li>• Initiatives to recruit family teams for Step Out: Walk to Stop Diabetes through Camp and Family Link contributed to 8,017 family teams who raised almost \$5 million.</li> <li>• Assistance provided to 1,200 additional to attend non-Association camps</li> </ul> <p><b>Publications</b>  The American Diabetes Association is the leading authority in creating and publishing the world's most respected consumer magazine, books, and professional journals about diabetes.</p> <p>In 2012, the Association's Book Publishing group expanded its digital offerings by converting even more titles to the eBook format and also expanded its reach with print books into new outlets. Working with Publishers Group West, Book Publishing created a special-format version of key titles for sales in Walgreens and Rite-Aid locations throughout the nation. Based on the success of these efforts, distribution of these titles may expand to additional national retailers in 2013.</p> <p>The Living With Type 2 Diabetes program enrolled a total of 175,206 new participants and more than 55,000 completed the yearlong program. A total of 370,060 booklets were distributed and we received an increase of 9,712 more orders from health care professionals than in 2011. Primary care providers support patients at initial diagnosis with a free booklet that provides an introduction to diabetes and the Living With Type 2 Diabetes program that can help patients navigate their first year with the disease. We continue to increase our outreach to providers as 6,166 new primary care providers joined the program.</p> <p>Several Association titles received national or international recognition. The latest edition of American Diabetes Association Diabetes Complete Guide to Diabetes received a 2012 National Health Information Silver Award, while Diabetes &amp; Pregnancy and Guide to Raising a Healthy Child with Diabetes both earned Bronze. Guide to Raising a Healthy Child and the American Diabetes Association Comfort Food Cookbook were awarded a Nautilus Award Silver Medal. In all, we published 23 new books for people with diabetes and health care providers.</p>

12	Form 990	Part III	4 Continued...	<p><b>Publications for Consumers</b></p> <p>Diabetes Forecast, the Association's healthy living magazine for consumers, was mailed to more than 435,000 subscribers monthly and earned a readership of 5.2 million annually. Forecast created apps on Kindle Fire, Android and Apple digital were downloaded 45,000 times. Newsstand distribution grew by 305% with new sales locations at Barnes &amp; Noble, CVS/pharmacy and RiteAid stores.</p> <ul style="list-style-type: none"> <li>• In March, the magazine's website celebrated its largest number of visits, 204,269, and the second most page views, 380,646, in the site's history.</li> <li>• The magazine unveiled a fresh new look for its logo and page design and launched the Diabetes Forecast Reader Panel (diverse panel members provide authentic feedback and suggest story ideas).</li> </ul> <p><b>Publications for Professionals</b></p> <p>The Association continued to publish the leading scientific and medical journals related to the prevention and treatment of diabetes and its complications. In 2012, Diabetes, Diabetes Care, Clinical Diabetes and Diabetes Spectrum reached more than 51,000 health care professionals, including researchers, physicians and diabetes educators, with information on cutting-edge diabetes research, state-of-the-art treatment advances and clinical treatment guidelines. The Association's professional journals can be accessed online by visiting <a href="http://www.diabetesjournals.org">http://www.diabetesjournals.org</a>.</p> <p>The Association continued to expand the digital reach of its professional journals, launching new journal features and projects to promote and disseminate its journal content as widely as possible.</p> <p>The 2011 impact factors for Diabetes and Diabetes Care were released in July 2012. Diabetes (8.3) and Diabetes Care (8.1) rank 5th and 7th, respectively, of 116 publications in the field of endocrinology/metabolism and 2nd and 5th among journals publishing original research in that field. Impact factor is a measure of a journal's prestige, and is calculated by determining the frequency with which the "average" article in a journal is cited by other publications. Diabetes and Diabetes Care are the highest ranked journals devoted exclusively to diabetes-related research.</p>
13	Form 990	Part III	4 Continued...	<p>The Association published its annual Clinical Practice Recommendations, which provide information to physicians and health professionals to guide the delivery of effective diabetes care to millions of patients each year. In addition to publication of the Association's Clinical Practice Recommendations in January 2012, numerous Association position and other professional papers were published including: Macronutrients, Food Groups and Eating Patterns in the Management of Diabetes; one Consensus Statement: Diabetes in Older Adults; two Position Statements: Management of Hyperglycemia in Type 2 Diabetes: A Patient-Centered Approach. Position Statement of the American Diabetes Association and the EASD and Diabetes Management at Camps for Children with Diabetes; one Scientific Statement: Nonnutritive Sweeteners: Current Use and Health Perspectives. A Scientific Statement from the American Heart Association and the American Diabetes Association.</p>
14	Form 990	Part III	4 Continued...	<p><b>Awareness &amp; Advocacy</b></p> <p><b>Growing Realization</b></p> <p>Early diagnosis is critical to the successful treatment of diabetes complications. As this disease has reached epidemic proportions, the Association is leading the call to all Americans to ensure that diabetes is not merely considered a "condition," but something that has deadly consequences. To increase the public's awareness, the Association reaches out to everyone affected via targeted public awareness efforts and educational programs.</p> <p>One of our biggest efforts turned out to be one of our most well-received. The 24th American Diabetes Association® Alert Day® took place on March 27, 2012. We challenged Americans to take the all-new Diabetes Risk Test and share it with loved ones. It was available through a number of Association and partner channels. More than 567,000 took it online, 52,457 of whom took it on Alert Day alone. Overall, 897 million impressions were garnered between local and national media outreach, social media efforts, Association promotional channels, collaborative efforts and unique opportunities.</p> <p>Another cornerstone event, American Diabetes Month® (ADM), focused on a Facebook-generated campaign. We asked Americans to share what "A Day in the Life of Diabetes" meant to them by adding a personal photo to a mosaic on the Association's Facebook page. Through various promotional activities, we gained thousands of additional supporters and helped people understand the devastating effects of diabetes by giving people a channel to share their story.</p> <p>Total outreach was tallied at more than 622 million impressions, which was highlighted by the mosaic's projection on the interior of Union Station in Washington D.C. on World Diabetes Day.</p> <p>A key component in making a difference in the fight against diabetes is to help people understand their risk. If we can educate people about the warning signs and dangers surrounding this disease, then we can promote healthy eating, physical activity, and appropriate clinical care. The Association's residential program enlists neighborhood representatives to share American Diabetes Association's diabetes information with people living in their communities. In 2012 this program engaged 192,588 volunteers to distribute 1.4 million Diabetes Risk Tests throughout the country.</p>

15	Form 990	Part III	4 Continued...	<p>Additionally, the Association mailed diabetes information directly to the homes of 41 million individuals. The messaging is clear that diabetes is a serious disease and that individuals need to know the warning signs and health risks of diabetes. The mail program focuses on individuals who are at high risk for diabetes because of known family history or public health trends. The information educates individuals not only on the disease, but also on ways to prevent diabetes and its complications through healthy eating and physical activity. To underscore the seriousness of the disease, the Association asks individuals to seek help from a physician if the individual, a friend, or relative shows any symptom. The public health information coupled with the request to take specific action combines to create a powerful educational tool, especially in the hands of persons already concerned with health risks.</p> <p>All of our mail recipients are considered to be affected by diabetes. Research has proven that just about all Americans are affected by diabetes – if not through known direct contact with the disease, then through legislation or rising costs of a health system which must support the cost of diabetes, or perhaps they are one of the millions with diabetes who are unaware they have the disease or even one of the 79 million Americans who have pre-diabetes, a type of high blood sugar that puts them at high risk for getting the disease.</p> <p>We also focused on gaining attention for our mission on a local level. Nearly 55,000 people attended the American Diabetes Association EXPO® in 11 communities around the country to learn how to be healthy and active and to live well with diabetes. Another 23,000 participated in health screenings supported by more than 2,100 volunteers.</p> <p>The 5th Disparities Partnership Forum hosted nearly 300 registered attendees from targeted backgrounds. It educated participants on the topic of Cultural Competency, Health Literacy and Health Equity. This year's forum was made available online and drew hundreds of viewers.</p> <p>We were also able to address the needs of individuals in high-risk populations through diverse organizations. The Awakening the Spirit staff participated in multiple conferences and meetings to encourage continued support for the Special Diabetes Programs for Indians (SDPI). Their blog promoted American Diabetes Month®, Native American Heritage Month and Elders. The New Patient Initiative received exposure through print, social media and web ads in Indian Country Today Media Network (ICTMN). ICTMN has a weekly circulation of 22,000 and monthly website hits in the hundreds of thousands.</p>
16	Form 990	Part III	4 Continued...	<p>Our African American Initiative showed notable progress as well. Live EMPOWERED reached more than 2 million people last year, and collaborated with more than 1,300 churches in November for its major annual education awareness event: I Decide to Stop Diabetes Day. Three-hundred churches signed on to participate in a workshop series that begins in 2013. Local markets participating in the campaign reached more than 700,000 African-Americans across the country during ADM. The Association also unveiled the new Choose to Live: Sisters Strong Together series and the Vanderbilt/Meharry Be Heart Smart pilot study. In conjunction with Alpha Kappa Alpha Sorority, they examine biometrics and the impact on lifestyle behaviors and how they correlate to cardiovascular disease.</p> <p>Our Latino initiative, Por Tu Familia®, launched the Association's Promotoras Program in collaboration with Community Health Corps/AmeriCorps with placement of full time AmeriCorps members in Northern California and the Central Valley.</p> <p>The Asian American, Native Hawaiian and Pacific Islander (AANHPI) Subcommittee participated in the 10th Annual Korean American Association of Greater Washington Festival in Bull Run Park, Virginia. We shared information about the Risk Test, healthy habits and the importance of general awareness about type 2 diabetes with more than 22,000 attendees.</p> <p><b>SIGNATURE CAMPAIGNS</b></p> <p>Fundraising special events is yet another opportunity for the Association to raise awareness of diabetes. All of the Association's events, including our signature events Step Out: Walk to Stop Diabetes® and Tour de Cure®, incorporate our educational message and brought awareness to the seriousness of diabetes.</p>
17	Form 990	Part III	4 Continued...	<p><b>Prevention</b> <b>Progressive Measures</b></p> <p>To drive people to the Diabetes Risk Test, the Association launched two new CheckUp America public service announcements (PSAs) in 2012. This campaign, along with three other CheckUp America campaigns, earned top airplay awards based on Nielsen Media Service rankings. One of the PSAs, A Toast, ranked 21st out of more than 2,000 PSAs aired last year and earned a Top 1 Award. Collectively, they had 1.2 billion audience impressions in 2012.</p> <p>The Preventive Health Partnership (PHP), the Association's collaboration with the American Cancer Society and American Heart Association, continued work in the fields of outpatient quality improvement, international health, promotion of physical activity in schools and worksite wellness.</p>

18	Form 990	Part III		4 Continued...	<p><b>Advocacy</b> <b>Advancing Rights</b></p> <p>The American Diabetes Association's advocacy efforts give people with diabetes, their families and health care professionals the power to influence public policy issues that affect people with diabetes at the local, state and national levels. Through Advocacy, the Association works to leverage its voice to promote laws and policies that best meet the needs of people who have, or are at risk for, diabetes. From Capitol Hill to statehouses around the country, the Association works tirelessly to promote laws and policies that meet the needs of people who have, or are at risk for, diabetes. In addition, the American Diabetes Association leads the charge at both the federal and state levels calling for increased funding for vital research and prevention programs and improving access to affordable, quality health care.</p> <p>The Association has trained advocates around the country who represent those with diabetes who need a raised voice to protect their rights at school, work and elsewhere in their lives. A growing volunteer network of attorneys, healthcare professionals and advanced school advocates help thousands facing discrimination because of their diabetes.</p> <p>In an effort to increase funding and raise awareness for prevention, research and treatment, Capitol Hill Advocacy Day brought Diabetes Advocates from across the country to meet with Members of Congress who serve on the powerful Appropriations Committees. Joined by tens of thousands of other Advocates who contacted their Members of Congress throughout the year through email, letters, phone calls, and in-district meetings and events, they urged Congress to make critical investments to alter the course of diabetes in the nation.</p> <p>The Association continued work to expand access to health care for people living with, or at risk for, diabetes. Our efforts ensure diabetes care and prevention are included as the Affordable Care Act (ACA) is rolled out at both the national and state levels. In 2012, the U.S. Supreme Court upheld the law, a crucial victory in the ongoing fight to Stop Diabetes®. As the law is fully implemented, those affected will continue to see benefits including consumer information about diabetes, coverage of diabetes care in state health care marketplaces, the end of discrimination based on pre-existing conditions and the expansion of the National Diabetes Prevention Program.</p>
19	Form 990	Part III		4 Continued...	<p>The Special Statutory Funding Program for Type 1 Diabetes Research and the Special Diabetes Program for Native Americans will receive an additional \$300 million as a result of our successful efforts to secure reauthorization of the Program. This means more research to prevent, treat and cure diabetes and more support for initiatives aimed at those disproportionately affected by the disease.</p> <p>In continued efforts to build outside support for our advocacy efforts in disparately impacted populations, the Association carried its message to major conferences including the National Council of La Raza, the Congressional Black and Hispanic Caucuses and the National Indian Health Board to name a few.</p> <p><b>Safe At School</b> Our Safe at School® campaign continues to gain ground. As a result of legislation and state-wide policy changes, Alaska, Georgia, Louisiana and the District of Columbia now meet the key tenets of the campaign through access to insulin, glucagon and appropriate self-care. In addition, Connecticut expanded access to emergency and self-care, and school regulations in Florida were strengthened to ensure students with diabetes have the same privileges and access as all other students. A Back to School promotional campaign included social media, website promotion, fundraising efforts, a petition drive and a radio media tour that reached more than three million listeners. The Association also reached out to pediatric health care providers through a new toolkit aimed at educating families about rights to diabetes care at school.</p> <p>The Advocates in Action initiative includes an expanded online Hometown Advocacy Kit with an extensive library of resources.</p> <p><b>Together, We Can Stop Diabetes</b> Imagine the day when diabetes will be powerless. Powerless to threaten our families and communities. Imagine a future without compromise and complications. Without confusion, fear or discrimination. Fortunately, more and more Americans have stepped forward to lend their voices, passion, money and time to stop this devastating disease. The tide is turning, and we know in our hearts that one day, diabetes will be powerless.</p> <p>Learn more at <a href="http://diabetes.org">diabetes.org</a> and <a href="http://stopdiabetes.com">stopdiabetes.com</a>.</p>
20	Form 990	Part VI	A	6, 7a	<p>The American Diabetes Association has established the Voting Membership of the Association to the National Leadership Council. The National Leadership Council comprised of, all of the members of the Board of Directors and additional Delegates. No governance decisions are reserved to or subject to approval by the membership.</p>
21	Form 990	Part VI	B	11	<p><b>IRS Review Process by the Governing Body:</b> The American Diabetes Association Board of Directors assigns the Audit Committee the oversight responsibility of the IRS Form 990 and its supplemental schedules prior to completion. After review by management and KPMG, the final signed 990 was provided to the Associations Board of Directors prior to filing with the IRS.</p>

22	Form 990	Part VI	B	12c	<p><b>Managing Conflict of Interest:</b> To identify potential conflicts of interest with appropriate due diligence, Officers, Directors, and members of select Board appointed committees and their related subcommittees, journal/periodical editors, and senior staff of the Association 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. Through review of the annual disclosures and review of the agendas of the 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. Based on the situation, senior volunteers and staff presiding over the discussion are responsible to ensure appropriate action is taken: for the individual to publicly disclose the conflict, for the individual to recuse him or herself from the discussion, vote or room as appropriate and to ensure the disclosure and action is documented in the minutes of the meeting.</p>
23	Form 990	Part VI	B	15a	<p><b>Compensation Process:</b> Annually, the American Diabetes Association Principal Officers (Chair of the Board; President, Medicine &amp; Science; President, Health Care &amp; Education; and Secretary/Treasurer) are responsible for establishing executive compensation consistent with the guidelines approved by the Compensation Committee. The Principal Officers of the Association use a Compensation Committee, compensation studies and an independent consultant to establish the compensation of the Chief Executive Officer and other Key employees.</p> <p>The Chief Executive Officer is responsible for the individual performance evaluations of staff officers and key employees, and establishes the total compensation for key employees subject to the guidelines established by the Executive Compensation Committee.</p> <p>The Executive Compensation Committee develops guidelines for the key employee (executive) positions listed below following the process described in the IRS intermediate sanctions rules when determining compensation. Specifically, the Committee (1) Is composed entirely of non-employee volunteer leaders who have no familial, business or significant personal relationships with the American Diabetes Association or its executives (2) Assesses the short-term and long-term contribution and performance of CEO and other senior executive employees in meeting very definitive and quantifiable objectives focused on the Association's mission success (3) Engages an independent compensation consulting firm to compile appropriate comparability data (including compensation market information for peers with whom the American Diabetes Association competes for executive talent). (4) The Committee reviews this data in detail for all elements of each executive's total compensation, including but not limited to base salary, bonuses, perquisites, fringe benefits, and incentive and deferred compensation arrangements. Upon the executive's hire, and at each point in time thereafter at which a new or revised compensation arrangement is under consideration with respect to the executive, the Committee meets before the arrangement is implemented to evaluate the reasonableness of the arrangement by comparing both the arrangement itself and the executive's entire compensation package to compensation packages paid by similarly situated organizations for functionally comparable positions (5) Documents, concurrently with its determination, the basis for its determination in the minutes of its meeting. These minutes are reviewed, revised if necessary and approved at the following meeting of the Executive Compensation Committee. The process described above was used to establish compensation for the following positions: Chief Executive Officer, Chief Field Development Officer, Chief Financial Officer, Chief Medical Officer, Chief Revenue Office, Executive Vice President of Government Affairs &amp; Advocacy, Senior Vice President and Chief Technology Officer Senior Vice President of Human Resources, Senior Vice President of Marketing &amp; Communications. The total compensation of executives at the American Diabetes Association is specifically designed to attract and retain the highest qualified executive talent to fulfill the critically important mission to prevent and cure diabetes and to improve the lives of all people affected by diabetes.</p>
24	Form 990	Part VI	C	17	<p>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-029317, 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- 1/30/1965, North Carolina- SL000618, North Dakota-7894, Ohio- 01-0239, Oklahoma- N/A, Oregon- 18402, 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.</p>
25	Form 990	Part VI	C	19	<p>The following information is available on the American Diabetes Association's website: &lt;<a href="http://www.diabetes.org">http://www.diabetes.org</a>&gt;: Board of Directors, Audited Consolidated Financial Statements, Latest 990 filed, Whistleblower policy.</p> <p>Available subject to request to the American Diabetes Association Legal Affairs department are the following: Current Bylaws, Articles of Incorporation, Conflict of Interest Policy.</p>
26	Form 990	Part VII	A	1a(13)	<p>The Chief Executive Officer of the Association is a non-voting member of the Board of Directors.</p>
27	Form 990	Part VII	A	1a(43)	<p>Employment term for M. Sue Kirkman, Senior Vice President, Medical Affairs and Community Information, ended in November 2012.</p>
28	Form 990	Part XI		9	<p>Other changes in net assets or fund balances of -\$205,363 is the result of net loss from uncollectible pledges.</p>

**SCHEDULE R**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

▶ 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.

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Name of the organization

American Diabetes Association

Employer identification number  
13-1623888

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

(a) Name, address, and EIN (if applicable) 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) .....					
(2) .....					
(3) .....					
(4) .....					
(5) .....					
(6) .....					

**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 Research Foundation, Inc. 51-1734511 1701 N. Beauregard St., Alexandria, VA 22311	See Part VII	VA	501 (c) (3)	7	American Diabetes Association	X	
(2) American Diabetes Association-Property Title Holding Corporations (54-1948004) 1701 N. Beauregard St., Alexandria, VA 22311	See Part VII	VA	501 (c) (2)	N/A	American Diabetes Association	X	
(3) .....							
(4) .....							
(5) .....							
(6) .....							
(7) .....							

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

HTA

Schedule R (Form 990) 2012



**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) _____												
(2) _____												
(3) _____												
(4) _____												
(5) _____												
(6) _____												
(7) _____												

**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	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) 3 Various Charitable remainder Trusts	Fiduciary	OR, FL & CA	American Diabetes Association	T					
(2) 3 Various Perpetual Trusts	Fiduciary	PA, NC & OK	American Diabetes Association	T					
(3) 1 Charitable Lead Trust	Fiduciary	NJ	American Diabetes Association	T					
(4) 1 Charitable Trust - Other	Fiduciary	TX	American Diabetes Association	T					
(5) Charitable Gift A Annuity - Pooled Income Account	Fiduciary		American Diabetes Association	T					
(6) _____									
(7) _____									

**Part V** Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity . . . . .	<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b> X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	X
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	X
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	X
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	X
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b> X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b> X	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b> X	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	X
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	X
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b> 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–s)	(c) Amount involved	(d) Method of determining amount involved
(1) American Diabetes Association Research Foundation Inc.	b	32,202,314	Cash
(2) American Diabetes Association Research Foundation Inc.	l,n,o	1,216,401	Fair value estimate based on donation activity
(3) American Diabetes Association Property Title Holding Corporation	s	1,587,618	Cash
(4)			
(5)			
(6)			

**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) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
(6) .....													
(7) .....													
(8) .....													
(9) .....													
(10) .....													
(11) .....													
(12) .....													
(13) .....													
(14) .....													
(15) .....													
(16) .....													

**Part VII** Supplemental Information

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

Part II Line 1b The Foundation's objective is to secure major gifts and grants to fund  
diabetes related research leading to the prevention and cure of diabetes, the prevention and  
cure of the complications of diabetes, and new therapies for individuals affected by diabetes

Part II Line 2b The mission of the American Diabetes Association Property Title Holding Corp.  
is to hold title to real property, collect the income therefrom, and remit to the American  
Diabetes Association.

Part IV Reported entities are trust in which the American Diabetes Association has a greater  
than 50% beneficial interest. The EIN and state of legal domicile vary by trust.

Form **8453-EO****Exempt Organization Declaration and Signature for  
Electronic Filing**

OMB No. 1545-1879

For calendar year 2012, or tax year beginning \_\_\_\_\_, 2012, and ending \_\_\_\_\_, 20

**2012**Department of the Treasury  
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

Name of exempt organization

Employer identification number

American Diabetes Association

13-1623888

**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	203,808,634
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 2012 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

Signature of officer

Date 11/11/13

Chief Executive Officer  
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.

<b>ERO's Use Only</b>	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.

<b>Paid Preparer Use Only</b>	Print/Type preparer's name Scott Sherman	Preparer's signature <i>Scott Sherman</i>	Date 11/7/13	Check <input type="checkbox"/> if self-employed	PTIN P00451522
	Firm's name ▶ KPMG LLP	Firm's EIN ▶ 13-5565207			
	Firm's address ▶ 1676 INTERNATIONAL DRIVE, MCLEAN, VA 22102	Phone no. 703-286-8000			

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Cat. No. 36606Q

Form **8453-EO** (2012)



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

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

Type or print	Name of exempt organization or other filer, see instructions.	Enter filer's identifying number, see instructions
	American Diabetes Association	Employer identification number (EIN) or
	Number, street, and room or suite no. If a P.O. box, see instructions.	13-1623888
	1701 N. Beauregard Street	Social security number (SSN)
File by the due date for filing your return. See instructions.	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 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	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.

- 4 I request an additional 3-month extension of time until **November 15**, 20 **13**.
- 5 For calendar year **2012**, or other tax year beginning **20**, and ending **20**.
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
- ☐ Change in accounting period
- 7 State in detail why you need the extension

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

**Signature and Verification must be completed for Part II only.**

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

Title **Chief Financial Officer**

Date

Form 8868 (Rev. 1-2013)



**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-1709

► **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](http://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.*

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
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 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	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

<b>3a</b> 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.	<b>3a</b>	\$
<b>b</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.	<b>3b</b>	\$
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$

**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.

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

Cat. No. 27916D

Form **8868** (Rev. 1-2013)



Department of the Treasury  
Internal Revenue Service  
Ogden UT 84201

For assistance, call:

1-877-829-5500

FAX 801-620-5670

Notice Number: CP211A

Date: August 26, 2013

Taxpayer Identification Number:

13-1623888

Tax Form: 990

Tax Period: December 31, 2012

034709.215862.0133.003 1 AB 0.384 373



AMERICAN DIABETES ASSOCIATION INC  
NATIONAL OFFICE  
1701 N BEAUREGARD STREET  
ALEXANDRIA VA 22311-1742

034709

## APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is **November 15, 2013**.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at [www.irs.gov/eo](http://www.irs.gov/eo). This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.

RECEIVED

2013 AUG 19 P 2:49