

# Return of Organization Exempt From Income Tax

# 2020

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

**A** For the **2020** calendar year, or tax year beginning **07/01, 2020**, and ending **06/30, 20 21**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization JDRF INTERNATIONAL				<b>D</b> Employer identification number 23-1907729	
	Doing business as				<b>E</b> Telephone number (212) 689-2860	
	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite			
	200 VESEY STREET 28TH FLOOR					
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10281				<b>G</b> Gross receipts \$ 304,175,124.	
<b>F</b> Name and address of principal officer: AARON KOWALSKI 200 VESEY STREET 28TH FLOOR, NEW YORK, NY 10281				<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
				<b>H(b)</b> Are all subordinates 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>H(c)</b> Group exemption number ▶		
<b>J</b> Website: ▶ WWW.JDRF.ORG						
<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: 1970 <b>M</b> State of legal domicile: PA		

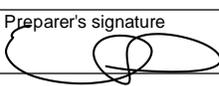
## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: IMPROVING LIVES TODAY AND TOMORROW BY ACCELERATING LIFE-CHANGING BREAKTHROUGHS TO CURE, PREVENT AND TREAT T1D AND ITS COMPLICATIONS. SEE SCHEDULE O, ATTACH. 1.		
	<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>	15.
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	15.
	<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	748.
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	235,000.
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	73,056.
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	58,494.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	194,074,339.	190,647,071.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16,238,938.	28,497,433.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,289,173.	3,878,139.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	212,602,450.	223,022,643.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	68,847,301.	28,823,131.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	77,701,531.	53,217,471.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 23,281,291.	27,446.	46,678.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	46,029,373.	33,383,167.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	192,605,651.	115,470,447.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	19,996,799.	107,552,196.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	268,023,077.	361,315,226.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.	134,322,376.	100,761,301.
		133,700,701.	260,553,925.

## 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>		01/21/2022
	Signature of officer	Date
	ROBERT KING	CFO
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name EVAN W SEEKAMP	Preparer's signature 	Date 01/21/2022	Check <input type="checkbox"/> if self-employed	PTIN P01907071
	Firm's name ▶ KPMG, LLP	Firm's EIN ▶ 13-5565207			
	Firm's address ▶ 345 PARK AVE. NEW YORK, NY 10154	Phone no. 212-758-9700			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

ATTACHMENT 1

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

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 \$ 28,823,131. including grants of \$ 28,823,131. ) (Revenue \$ )

RESEARCH FUNDING - FOR THE FY21 PERIOD ENDING JUNE 30, 2021, JDRF DIRECTLY FUNDED RESEARCH GRANTS AND INDUSTRY AGREEMENTS FOR WHICH \$29 MILLION IN RESEARCH GRANT EXPENSE, NET WAS RECOGNIZED ACCORDING TO GAAP AND EXCLUDING \$15.2 MILLION OF PROGRAMMATIC RESEARCH INVESTMENTS WHICH ARE RECORDED TO THE ORGANIZATION'S BALANCE SHEET. FOR AN EXPANDED DESCRIPTION OF PROGRAM SERVICE ACTIVITIES RELATED TO DIRECT RESEARCH FUNDING, SEE SCHEDULE O.

4b (Code: ) (Expenses \$ 13,263,191. including grants of \$ ) (Revenue \$ )

RESEARCH SUPPORT - JDRF MAINTAINS AN IN-HOUSE TEAM OF SKILLED SCIENTIFIC, MEDICAL, POLICY AND GOVERNMENT RELATIONS PROFESSIONALS WHO PLAY A CRITICAL ROLE IN LEADING AND SUPPORTING THE EVALUATION OF RESEARCH FUNDING OPPORTUNITIES BY JDRF AND INFLUENCING RESEARCH DIRECTION AND THE DISBURSEMENT OF RESEARCH FUNDS FROM OTHERS. THESE PROFESSIONALS ALSO WORK WITH REGULATORY AND POLICY OFFICIALS TO ENSURE THAT RESEARCH CAN PROCEED WITHOUT DELAY AND RESULTS ARE UNDERSTOOD BY HEALTHCARE DECISION MAKERS. FOR AN EXPANDED DESCRIPTION OF PROGRAM SERVICE ACTIVITIES RELATED TO RESEARCH SUPPORT, SEE SCHEDULE O.

4c (Code: ) (Expenses \$ 31,744,403. including grants of \$ ) (Revenue \$ )

PUBLIC EDUCATION AND OUTREACH - JDRF EDUCATES THE COMMUNITY AND PROVIDES OUTREACH SERVICES TO NEWLY DIAGNOSED CHILDREN AND ADULTS, THEIR FAMILIES AND OTHERS ABOUT T1D AND ITS COMPLICATIONS. FOR AN EXPANDED DESCRIPTION OF PROGRAM SERVICE ACTIVITIES RELATED TO PUBLIC EDUCATION AND OUTREACH, SEE SCHEDULE O.

4d Other program services (Describe on Schedule O.)

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

4e Total program service expenses 73,830,725.

**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)? <i>If "Yes," complete Schedule A.</i> . . . . .	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions? . . . . .	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? <i>If "Yes," complete Schedule C, Part I.</i> . . . . .		X
<b>4 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? <i>If "Yes," complete Schedule C, Part II.</i> . . . . .	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? <i>If "Yes," complete Schedule C, Part III</i>		X
<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? <i>If "Yes," complete Schedule D, Part I.</i> . . . . .		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? <i>If "Yes," complete Schedule D, Part II.</i> . . . . .		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> . . . . .		X
<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? <i>If "Yes," complete Schedule D, Part IV</i> . . . . .		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> . . . . .	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? <i>If "Yes," complete Schedule D, Part VI</i> . . . . .	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? <i>If "Yes," complete Schedule D, Part VII</i> . . . . .		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? <i>If "Yes," complete Schedule D, Part VIII.</i> . . . . .	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? <i>If "Yes," complete Schedule D, Part IX.</i> . . . . .		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> . . . . .	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)? <i>If "Yes," complete Schedule D, Part X</i> . . . . .	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i> . . . . .		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> . . . . .		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?. . . . .	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? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . .	X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> . . . . .	X	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . . .		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? <i>If "Yes," complete Schedule G, Part I</i> See instructions . . . . .	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? <i>If "Yes," complete Schedule G, Part II</i> . . . . .	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .	X	
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [ ]

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and charitable trusts.

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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (15), 1b (15), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 2
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, 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.
19 Describe on 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, address, and telephone number of the person who possesses the organization's books and records

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

Check if Schedule O contains a response or note to any line in this Part VII  X

**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.
- See instructions for the order in which to list the persons above.

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 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) STEVEN ST. PETER MG DIR JDRF T1D FUND/BEG 11/19	50.00 0.				X			565,167.	0.	11,220.
(2) AARON KOWALSKI CEO & PRESIDENT	50.00 0.			X				522,416.	0.	34,398.
(3) HELEN ELIAS MANAGING DIR. JDRF T1D FUND	50.00 0.				X			426,585.	0.	18,562.
(4) TROY LINDLOFF CDO/ASST. TREASURER/BEG 02/20	50.00 0.			X				394,614.	0.	1,730.
(5) JOANNE MARTZ CFO/TREASURER/END 05/21	50.00 0.			X				330,025.	0.	24,714.
(6) ALISA NORRIS CMO/END 08/20	50.00 0.					X		322,747.	0.	20,066.
(7) CYNTHIA RICE CHIEF MISSION OFFICER	50.00 0.					X		304,647.	0.	18,562.
(8) SRINIVAS MISHRA CHIEF DATA & TECH/END 08/21	50.00 0.					X		285,551.	0.	34,398.
(9) GILLIAN GREEN VP LEADERSHIP GIVING/BEG 05/19	50.00 0.					X		249,986.	0.	33,061.
(10) SANJOY DUTTA VP, RESEARCH	50.00 0.					X		264,293.	0.	3,223.
(11) DEREK RAPP FMR PRESIDENT & CEO/END 04/19	0. 0.						X	215,625.	0.	0.
(12) SYDNEY YOVIC CHIEF OF STAFF/ASST. SECRETARY	0. 0.			X				171,334.	0.	25,378.
(13) SANDRA HIJIKATA FMR CDO & ASST SECY/END 04/20	0. 0.						X	132,572.	0.	10,971.
(14) SUSAN YUN FMR CPO/ASST. SEC/END 05/20	0. 0.						X	110,042.	0.	968.

**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) JAMES MCDONALD BOARD LIAISON/SECRETARY	50.00 0.			X				104,696.	0.	1,016.
( 16) LISA WALLACK VICE-CHAIR OF THE BOARD	5.00 0.	X		X				0.	0.	0.
( 17) PAUL HEATH CHAIR, ADVOCACY & IMPACT	5.00 0.	X						0.	0.	0.
( 18) JEFF PLUMER CHAIR, TALENT & COMPENSATION	5.00 0.	X						0.	0.	0.
( 19) GRANT BEARD CHAIR, AUDIT & RISK COMMITTEE	5.00 0.	X						0.	0.	0.
( 20) STEVEN DAVIS CHAIR, NOMINATING & GOVERNANCE	5.00 0.	X						0.	0.	0.
( 21) JOE LACHER CHAIR OF THE BOARD	5.00 0.	X		X				0.	0.	0.
( 22) JENNIFER SCHNEIDER, M.D. BOARD MEMBER	3.00 0.	X						0.	0.	0.
( 23) MATT VAREY BOARD MEMBER	3.00 0.	X						0.	0.	0.
( 24) CHRISTOPHER TURNER CHAIR, FINANCE & INVESTMENTS	5.00 0.	X						0.	0.	0.
( 25) MICHAEL ALTER CHAIR, FUNDING COMMITTEE	5.00 0.	X						0.	0.	0.
<b>1b Sub-total</b>								4,400,300.	0.	238,267.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								4,400,300.	0.	238,267.

**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 **▶** 141

	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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
ATTACHMENT 3		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶** 73



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>	3,558,562.				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>	81,792,174.				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>					
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>	10,000,000.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	95,296,335.				
	<b>g</b>	Noncash contributions included in lines 1a-1f. . . . .	<b>1g</b>	\$ 11,210,087.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .			190,647,071.			
	<b>Program Service Revenue</b>	<b>2a</b>	Business Code					
<b>b</b>								
<b>c</b>								
<b>d</b>								
<b>e</b>								
<b>f</b>		All other program service revenue . . . . .						
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .			0.			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts). . . . .			2,370,940.	73,056.	2,297,884.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .			0.			
	<b>5</b>	Royalties . . . . .			0.			
	<b>6a</b>	Gross rents . . . . .	(i) Real	(ii) Personal				
			<b>6a</b>					
			<b>6b</b>					
	<b>c</b>	Rental income or (loss) . . . . .	<b>6c</b>					
	<b>d</b>	Net rental income or (loss) . . . . .			0.			
	<b>7a</b>	Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other				
			<b>7a</b>	101,763,318.				
			<b>7b</b>	75,636,825.				
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>	26,126,493.				
	<b>d</b>	Net gain or (loss) . . . . .			26,126,493.		26,126,493.	
	<b>8a</b>	Gross income from fundraising events (not including \$ 81,792,174. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>	5,479,656.				
	<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>	5,479,656.				
<b>c</b>	Net income or (loss) from fundraising events. . . . .			0.				
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>	568,617.					
<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>	36,000.					
<b>c</b>	Net income or (loss) from gaming activities. . . . .			532,617.		532,617.		
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>	0.					
<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>	0.					
<b>c</b>	Net income or (loss) from sales of inventory. . . . .			0.				
<b>Miscellaneous Revenue</b>	<b>11a</b>	MISC REVENUE	Business Code	900099	3,345,522.		3,345,522.	
	<b>b</b>							
	<b>c</b>							
	<b>d</b>	All other revenue . . . . .						
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .			3,345,522.			
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .			223,022,643.		73,056.	32,302,516.	

**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 or note to any line 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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	20,153,906.	20,153,906.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	8,669,225.	8,669,225.		
4 Benefits paid to or for members . . . . .	0.			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	2,730,474.	1,638,284.	382,267.	709,923.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0.			
7 Other salaries and wages . . . . .	41,192,494.	22,884,706.	7,560,454.	10,747,334.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	0.			
9 Other employee benefits . . . . .	6,370,270.	3,364,599.	1,137,013.	1,868,658.
10 Payroll taxes . . . . .	2,924,233.	1,592,797.	530,338.	801,098.
11 Fees for services (nonemployees):				
a Management . . . . .	953,482.	386,423.	69,535.	497,524.
b Legal . . . . .	324,319.	172,081.	119,691.	32,547.
c Accounting . . . . .	215,417.		215,417.	
d Lobbying . . . . .	132,520.	132,520.		
e Professional fundraising services. See Part IV, line 17 . . . . .	46,678.			46,678.
f Investment management fees . . . . .	406,809.		406,809.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	1,638,397.	808,880.	409,831.	419,686.
12 Advertising and promotion . . . . .	2,852,613.	1,312,857.	179,768.	1,359,988.
13 Office expenses . . . . .	1,288,268.	328,496.	791,409.	168,363.
14 Information technology . . . . .	5,890,663.	2,755,339.	1,102,158.	2,033,166.
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	7,614,131.	2,318,765.	3,781,095.	1,514,271.
17 Travel . . . . .	83,250.	49,603.	8,207.	25,440.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0.			
19 Conferences, conventions, and meetings . . . . .	94,042.	40,047.	8,772.	45,223.
20 Interest . . . . .	164,426.	58,488.	43,571.	62,367.
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	5,231,136.	2,055,590.	1,103,525.	2,072,021.
23 Insurance . . . . .	534,308.	180,024.	196,278.	158,006.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OUTREACH EXPENSES	4,992,224.	4,382,713.	110,445.	499,066.
b DUES & FEES	934,836.	525,539.	197,407.	211,890.
c OTHER MISC EXPENSES	32,326.	19,843.	4,441.	8,042.
d _____				
e All other expenses _____				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	115,470,447.	73,830,725.	18,358,431.	23,281,291.
<b>26 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) . . . . .	1,589,017.	397,585.		1,191,432.

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	18,028,084.	<b>1</b>	26,785,629.
	<b>2</b> Savings and temporary cash investments . . . . .	29,732,492.	<b>2</b>	19,599,908.
	<b>3</b> Pledges and grants receivable, net . . . . .	36,176,968.	<b>3</b>	51,322,172.
	<b>4</b> Accounts receivable, net. . . . .	7,962,575.	<b>4</b>	3,785,572.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). . . . .	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	3,870,000.	<b>7</b>	3,450,000.
	<b>8</b> Inventories for sale or use . . . . .	0.	<b>8</b>	0.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	7,022,535.	<b>9</b>	6,454,865.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 25,031,598.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 13,213,450.	11,404,680.	<b>10c</b> 11,818,148.
	<b>11</b> Investments - publicly traded securities. . . . .	<b>ATCH 4</b>	102,925,827.	<b>11</b> 174,011,783.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .		857,686.	<b>12</b> 748,528.
	<b>13</b> Investments - program-related. See Part IV, line 11. . . . .		50,042,230.	<b>13</b> 63,338,621.
	<b>14</b> Intangible assets . . . . .		0.	<b>14</b> 0.
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		0.	<b>15</b> 0.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .		268,023,077.	<b>16</b> 361,315,226.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	24,845,175.	<b>17</b>	23,190,389.
	<b>18</b> Grants payable . . . . .	99,239,193.	<b>18</b>	61,750,136.
	<b>19</b> Deferred revenue. . . . .	7,730,761.	<b>19</b>	13,236,673.
	<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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	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 . . . . .	2,507,247.	<b>25</b>	2,584,103.
	<b>26 Total liabilities.</b> Add lines 17 through 25. . . . .	134,322,376.	<b>26</b>	100,761,301.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	85,538,657.	<b>27</b>	193,001,095.
	<b>28</b> Net assets with donor restrictions. . . . .	48,162,044.	<b>28</b>	67,552,830.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund. . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds. . . . .		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	133,700,701.	<b>32</b>	260,553,925.	
<b>33</b> Total liabilities and net assets/fund balances. . . . .	268,023,077.	<b>33</b>	361,315,226.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	223,022,643.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	115,470,447.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	107,552,196.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	133,700,701.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	19,301,028.
<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 on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	260,553,925.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII.

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** 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 on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- 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 on Schedule O and describe any steps taken to undergo such audits . . . . .

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form **990** (2020)

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

JDRF INTERNATIONAL

Employer identification number

23-1907729

**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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . .

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

Schedule A (Form 990 or 990-EZ) 2020

**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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	199,896,852.	219,968,105.	215,659,011.	194,074,339.	190,647,071.	1,020,245,378.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0.
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0.
<b>4 Total.</b> Add lines 1 through 3. . . . .	199,896,852.	219,968,105.	215,659,011.	194,074,339.	190,647,071.	1,020,245,378.
<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). . . . .						0.
<b>6 Public support.</b> Subtract line 5 from line 4						1,020,245,378.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4. . . . .	199,896,852.	219,968,105.	215,659,011.	194,074,339.	190,647,071.	1,020,245,378.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	548,825.	1,309,523.	2,439,225.	2,918,738.	2,297,884.	9,514,195.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	33,150.	138,747.	186,965.	29,579.	73,056.	461,497.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . <b>ATCH. 1</b> . . . . .	283,014.	1,793,044.	2,313,482.	1,671,720.	3,345,522.	9,406,782.
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						1,039,627,852.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First 5 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 2020 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	98.14%
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 . . . . .	<b>15</b>	98.62%
<b>16a 33 1/3% support test - 2020.</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 - 2019.</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 - 2020.</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 VI 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 - 2019.</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 VI 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 10 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5. . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

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

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2020</b> (line 10c, column (f), divided by line 13, column (f)), . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2019</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .

**b 33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in line 11a above?		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

**1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):	<b>1e</b>		
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by 0.035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>		
<b>2</b> Enter 0.85 of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	5
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015 . . . . .			
b	From 2016 . . . . .			
c	From 2017 . . . . .			
d	From 2018 . . . . .			
e	From 2019 . . . . .			
f	<b>Total</b> of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7	<b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2016 . . . .			
b	Excess from 2017 . . . .			
c	Excess from 2018 . . . .			
d	Excess from 2019 . . . .			
e	Excess from 2020 . . . .			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2016	2017	2018	2019	2020	TOTAL
MISC INCOME	283,014.	1,793,044.	2,313,482.	1,671,720.	3,345,522.	9,406,782.
<b>TOTALS</b>	<u>283,014.</u>	<u>1,793,044.</u>	<u>2,313,482.</u>	<u>1,671,720.</u>	<u>3,345,522.</u>	<u>9,406,782.</u>

**Schedule of Contributors**

**2020**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization JDRF INTERNATIONAL	Employer identification number 23-1907729
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Organization type (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ  501(c)(3 ) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF  501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **JDRF INTERNATIONAL**

**Employer identification number**  
23-1907729

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	SBA 409 3RD ST., SW WASHINGTON, DC 20416	\$ 10,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **JDRF INTERNATIONAL**

Employer identification number

23-1907729

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_____	_____ _____ _____	\$ _____	_____

Name of organization **JDRF INTERNATIONAL**

Employer identification number

23-1907729

**Part III** **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

**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.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

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

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

Name of organization JDRF INTERNATIONAL	Employer identification number 23-1907729
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (See instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (See instructions) ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities (See instructions) . . . . .

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

- 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).**

- 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 . . . . . ▶ \$ \_\_\_\_\_
- 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)				
(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) 2020

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

**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.

<b>Limits on Lobbying Expenditures</b> (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 (grassroots lobbying) . . . . .															
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .															
<b>c</b> Total lobbying expenditures (add lines 1a and 1b) . . . . .															
<b>d</b> Other exempt purpose expenditures . . . . .															
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) . . . . .															
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.															
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">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) . . . . .															
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .															
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -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 separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

**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 on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> 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:			
<b>a</b> Volunteers? . . . . .		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? . . . . .		X	
<b>c</b> Media advertisements? . . . . .		X	
<b>d</b> Mailings to members, legislators, or the public? . . . . .		X	
<b>e</b> Publications, or published or broadcast statements? . . . . .		X	
<b>f</b> Grants to other organizations for lobbying purposes? . . . . .	X		2,199.
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? . . . . .	X		238,424.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? . . . . .		X	
<b>i</b> Other activities? . . . . .		X	
<b>j</b> Total. Add lines 1c through 1i . . . . .			240,623.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? . . . . .		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 . . . . .			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . . . . .			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? . . . . .			

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

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

**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."**

<b>1</b> Dues, assessments and similar amounts from members . . . . .	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year . . . . .	<b>2a</b>	
<b>b</b> Carryover from last year. . . . .	<b>2b</b>	
<b>c</b> Total . . . . .	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. . . . .	<b>3</b>	
<b>4</b> 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? . . . . .	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (See instructions) . . . . .	<b>5</b>	

**Part IV Supplemental Information**

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, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SEE PAGE 4

**Part IV** Supplemental Information (continued)

## JDRF LOBBYING ACTIVITIES

FORM 990 - SCH - C - GENERAL STATEMENT OF ACTIVITIES

JDRF IS THE LEADING GLOBAL ORGANIZATION FUNDING TYPE 1 DIABETES (T1D) RESEARCH, FOCUSED ON CURING T1D AND IMPROVING LIVES. JDRF'S ADVOCACY INCLUDES LOBBYING ACTIVITY TO ENSURE CONGRESS CONTINUES TO INVEST IN CRITICALLY IMPORTANT MEDICAL RESEARCH AND PUTS IN PLACE POLICIES TO ADVANCE DEVELOPMENT AND ACCESS TO THERAPIES TO CURE T1D AND HELP PEOPLE STAY AS HEALTHY AS POSSIBLE UNTIL THAT DAY. JDRF HAS BEEN INSTRUMENTAL IN SECURING THE RENEWAL OF THE SPECIAL DIABETES PROGRAM, WHICH PROVIDES \$150MM ANNUALLY FOR T1D RESEARCH AT THE NATIONAL INSTITUTES OF HEALTH. JDRF STAFF AND VOLUNTEERS COMMUNICATE WITH GOVERNMENT OFFICIALS THROUGH EMAIL, PHONE CALLS, AND MEETINGS, TO EDUCATE THEM ON ISSUES AND ENCOURAGE THE ADVANCEMENT OF LEGISLATION.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

JDRF INTERNATIONAL

Employer identification number

23-1907729

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 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?

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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., 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?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)?, 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" on Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB 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., 1b If the organization elected, as permitted under FASB 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) Revenue included on 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1., b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2020

**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 make significant use of its collection items (check all that apply):

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange program
- e**  Other \_\_\_\_\_

**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" on 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
<b>1c</b> Beginning balance . . . . .	
<b>1d</b> Additions during the year . . . . .	
<b>1e</b> Distributions during the year . . . . .	
<b>1f</b> Ending balance . . . . .	

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  **Yes**  **No**

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII . . . . .

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	7,709,169.	7,887,833.	7,567,601.	7,341,367.	7,176,427.
<b>b</b> Contributions . . . . .		-140,727.	221,441.		
<b>c</b> Net investment earnings, gains, and losses . . . . .	2,111,094.	33,086.	102,034.	268,304.	367,446.
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	908,280.	71,023.	3,243.	42,070.	202,506.
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	8,911,983.	7,709,169.	7,887,833.	7,567,601.	7,341,367.

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

- a** Board designated or quasi-endowment  \_\_\_\_\_ %
- b** Permanent endowment  100.0000 %
- c** Term endowment  \_\_\_\_\_ %

The percentages on 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
<b>3a(i)</b>		X
<b>3a(ii)</b>		X
<b>3b</b>		

**b** If "Yes" on line 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.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements . . . . .		5,592,120.	4,865,150.	726,970.
<b>d</b> Equipment . . . . .		19,439,598.	8,348,300.	11,091,178.
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . .				11,818,148.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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 . . . . .		
(2) Closely held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) T1D FUND PROGRAM RELATED INVES	63,338,621.	FMV
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶	63,338,621.	

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SPLIT INTEREST CHRT RMDR TRUST	2,584,103.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . . ▶	2,584,103.

2. Liability for uncertain tax positions. 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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .



**Part XIII Supplemental Information** (continued)

## ORGANIZATION'S ENDOWMENT FUNDS

FORM 990, PART X, LINE 28 & 29 & SCH D, PART V

THE ORGANIZATION UTILIZES EARNINGS ON ENDOWMENT FUNDS IN THE MANNER SPECIFIED BY THE DONOR AND/OR FOR SUPPORTING THE ORGANIZATION'S GENERAL EXEMPT PURPOSE.

## UNCERTAIN TAX POSITIONS

990 SCH-D, PART X, LINE 2

JDRF IS A NOT FOR PROFIT ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS ORGANIZED UNDER THE LAWS OF THE COMMONWEALTH OF PENNSYLVANIA. THE EFFECT OF INCOME TAX POSITIONS IS RECOGNIZED ONLY IF THE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. INCOME GENERATED FROM ACTIVITIES UNRELATED TO JDRF'S EXEMPT PURPOSE IS SUBJECT TO TAX UNDER INTERNAL REVENUE CODE SECTION 511. UNRELATED BUSINESS INCOME TAX LIABILITY WAS INSIGNIFICANT FOR THE YEARS ENDING JUNE 30, 2021 AND 2020.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2020**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

JDRF INTERNATIONAL

Employer identification number

23-1907729

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on 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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
(1) EAST ASIA AND THE PACIFIC	0.	0.	GRANTMAKING	RESEARCH GRANTS	2,847,579.
(2) NORTH AMERICA	0.	0.	GRANTMAKING	RESEARCH GRANTS	2,103,463.
(3) EUROPE	0.	0.	GRANTMAKING	RESEARCH GRANTS	2,988,679.
(4) MIDDLE EAST AND NORTH AFRICA	0.	0.	GRANTMAKING	RESEARCH GRANTS	1,658,060.
(5) CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS	INVESTMENTS	28,320.
(6) EUROPE	0.	2.	PROGRAM SERVICES	RESEARCH SUPPORT	340,503.
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Subtotal . . . . .		2.			13,725,913.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)		2.			13,725,913.

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

Schedule F (Form 990) 2020

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	PREVENTION	345,553.			N/A	N/A
(2)			EAST ASIA/PACIFIC	PREVENTION	295,689.			N/A	N/A
(3)			EAST ASIA/PACIFIC	IMMUNO THERAPIES	1,626,522.			N/A	N/A
(4)			NORTH AMERICA	BETA CELL REPLACEMENT	139,296.			N/A	N/A
(5)			EAST ASIA/PACIFIC	PREVENTION	160,000.			N/A	N/A
(6)			NORTH AMERICA	BETA CELL REPLACEMENT	642,260.			N/A	N/A
(7)			NORTH AMERICA	PSYCHOSOCIAL	383,014.			N/A	N/A
(8)			NORTH AMERICA	BETA CELL REGENERATION	20,000.			N/A	N/A
(9)			EUROPE/ICELAND/GREENLAND	BETA CELL REGENERATION	150,000.			N/A	N/A
(10)			EAST ASIA/PACIFIC	PREVENTION	225,890.			N/A	N/A
(11)			EUROPE/ICELAND/GREENLAND	TRANSPORT-FOLIO	175,000.			N/A	N/A
(12)			NORTH AMERICA	ARTIFICIAL PANCREAS	295,918.			N/A	N/A
(13)			EUROPE/ICELAND/GREENLAND	PREVENTION	1,259,999.			N/A	N/A
(14)			EUROPE/ICELAND/GREENLAND	PREVENTION	244,421.			N/A	N/A
(15)			EAST ASIA/PACIFIC	PREVENTION	37,584.			N/A	N/A
(16)			EUROPE/ICELAND/GREENLAND	PREVENTION	512,496.			N/A	N/A

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

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

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MIDDLE EAST/NORTH AFRICA	PREVENTION	1,325,000.			N/A	N/A
(2)			NORTH AMERICA	BETA CELL REPLACEMENT	684,300.			N/A	N/A
(3)			EUROPE/ICELAND/GREENLAND	PREVENTION	1,419,661.			N/A	N/A
(4)			EUROPE/ICELAND/GREENLAND	BETA CELL REGENERATION	20,000.			N/A	N/A
(5)			EAST ASIA/PACIFIC	ARTIFICIAL PANCREAS	276,682.			N/A	N/A
(6)			EUROPE/ICELAND/GREENLAND	BETA CELL REPLACEMENT	24,514.			N/A	N/A
(7)			EUROPE/ICELAND/GREENLAND	METABOLIC CONTROL	138,936.			N/A	N/A
(8)			EUROPE/ICELAND/GREENLAND	PREVENTION	95,041.			N/A	N/A
(9)			EUROPE/ICELAND/GREENLAND	IMMUNO THERAPIES	15,000.			N/A	N/A
(10)			EAST ASIA/PACIFIC	MISSION	600,000.			N/A	N/A
(11)			EAST ASIA/PACIFIC	BETA CELL REGENERATION	288,016.			N/A	N/A
(12)			EUROPE/ICELAND/GREENLAND	TRANSPORT-FOLIO	73,795.			N/A	N/A
(13)			EUROPE/ICELAND/GREENLAND	BETA CELL REGENERATION	95,000.			N/A	N/A
(14)			EUROPE/ICELAND/GREENLAND	ARTIFICIAL PANCREAS	257,936.			N/A	N/A
(15)			EUROPE/ICELAND/GREENLAND	IMMUNO THERAPIES	629,496.			N/A	N/A
(16)			EUROPE/ICELAND/GREENLAND	TRANSPORT-FOLIO	62,211.			N/A	N/A

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

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

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			MIDDLE EAST/NORTH AFRICA	TRANSPORT-FOLIO	333,060.			N/A	N/A
(2)			EUROPE/ICELAND/GREENLAND	BETA CELL REPLACEMENT	54,419.			N/A	N/A
(3)			EUROPE/ICELAND/GREENLAND	PREVENTION	111,237.			N/A	N/A
(4)			EUROPE/ICELAND/GREENLAND	BETA CELL REGENERATION	64,728.			N/A	N/A
(5)			EAST ASIA/PACIFIC	PREVENTION	34,106.			N/A	N/A
(6)			EUROPE/ICELAND/GREENLAND	IMMUNO THERAPIES	99,044.			N/A	N/A
(7)			EUROPE/ICELAND/GREENLAND	METABOLIC CONTROL	138,344.			N/A	N/A
(8)			EAST ASIA/PACIFIC	METABOLIC CONTROL	371,745.			N/A	N/A
(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 a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . ▶ \_\_\_\_\_

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

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on 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 noncash assistance	(g) Description of noncash 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 separately 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; don't file with Form 990)* . . . . .  **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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* . . . . .  **Yes**  **No**

**Part V Supplemental Information**

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).

GRANT MONITORING PROCEDURES

SCH-F PART I LINE 2

RESEARCH GRANTS ARE AWARDED BY JDRF INTERNATIONAL ("JDRFI") WITH THE SUPPORT OF JDRFI'S RESEARCH COMMITTEE COMPRISED OF "JDRFI BOARD MEMBERS AND OTHER VOLUNTEERS" FOLLOWING THE RECOMMENDATIONS OF AN IN-HOUSE TEAM OF PROFESSIONAL SCIENTIFIC STAFF AND WITH INPUT FROM EXTERNAL SCIENTIFIC REVIEWERS. THE REVIEW PROCESS INCLUDES THE FOLLOWING CRITERIA:

(1) THE SCIENTIFIC MERIT OF THE PROPOSED RESEARCH OUTLINED IN A GRANT APPLICATION AND (2) THE RELATIONSHIP OF THE PROPOSED RESEARCH TO JDRF'S GOAL TO IMPROVE LIVES TODAY AND TOMORROW BY ACCELERATING LIFE-CHANGING BREAKTHROUGHS TO CURE, PREVENT AND TREAT T1D AND ITS COMPLICATIONS. THE SCIENTIFIC RESEARCH TEAM AND GRANT ADMINISTRATION STAFF MAINTAIN CLOSE CONTACT WITH GRANTEES, PROVIDING ADVICE AND EVALUATION, REVIEWING PROGRESS REPORTS, REVIEWING RESEARCH EXPENDITURES VERSUS AGREED BUDGETS, AND HELPING DISSEMINATE RESEARCH RESULTS.

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

Employer identification number

JDRF INTERNATIONAL

23-1907729

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on 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
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 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	ATTACHMENT 1						
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b>					186,715.	37,343.	149,372.

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.

AL, AK, AZ, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI,

**Part II Fundraising Events.** Complete if the organization answered "Yes" on 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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		ILLINOIS GALA (event type)	S. CA GALA (event type)	79. (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	8,914,036.	2,224,474.	76,133,320.	87,271,830.
	<b>2</b> Less: Contributions . . . . .	8,643,839.	2,162,326.	70,986,009.	81,792,174.
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	270,197.	62,148.	5,147,311.	5,479,656.
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .	507.	28.	35,000.	35,535.
	<b>6</b> Rent/facility costs . . . . .			77,794.	77,794.
	<b>7</b> Food and beverages . . . . .	52,344.	1,409.	1,824,097.	1,877,850.
	<b>8</b> Entertainment . . . . .	170,480.	23,523.	2,757,215.	2,951,218.
	<b>9</b> Other direct expenses . . . . .	46,866.	37,190.	453,203.	537,259.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				5,479,656.
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		<b>1</b> Gross revenue . . . . .			568,617.
Direct Expenses	<b>2</b> Cash prizes . . . . .			1,000.	1,000.
	<b>3</b> Noncash prizes . . . . .			35,000.	35,000.
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				36,000.	
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				532,617.	

**9** Enter the state(s) in which the organization conducts gaming activities: SEE SUPPLEMENTAL PAGE

**a** Is the organization licensed to conduct 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 conduct 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 conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	100.0000 %

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

Name ▶ EVAN CUCCHIARO / ACCOUNTING MGR. -JDRF

Address ▶ 200 VESEY STREET 28TH FLOOR NEW YORK, NY 10281

- 15 a 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 ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:
 

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ ROBERT KING / CFO -JDRF

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ FILING GAMING APPLICATIONS AND REPORTS

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 ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanation 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 provide any additional information (see instructions).

SCHEDULE G, PART I, LINE 2

CHARITABLE ADULT RIDES AND SERVICES (CARS) IS A STATE LICENSED PROFESSIONAL FUNDRAISER THAT HANDLES ALL ASPECTS OF CARS BEING DONATED TO JDRF. DONORS CONTACT THE COMPANY DIRECTLY THROUGH A TOLL FREE NUMBER TO COORDINATE THE DONATION, FOLLOWING WHICH INSURANCE AUTO AUCTIONS HANDLES ALL REQUIRED IRS 1098C REPORTING. FOR THE PERIOD ENDING 6/30/21, THE CAR PROGRAM RAISED \$186,715 WITH TOTAL EXPENSES OF \$37,343 WITH THE NET

- 11 Does the organization conduct 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 conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a 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 ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:
  - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  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 ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanation 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 provide any additional information (see instructions).

PROCEEDS OF \$149,372 PROVIDED DIRECTLY TO JDRF. JDRF PAYS NO ADDITIONAL EXPENSES OR FEES TO INSURANCE AUTO AUCTIONS FOR THIS PROGRAM.

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION
		YES	NO			
CARS (CHARITABLE ADULT RIDES AND SERVICES) 4669 MURPHY CANYON RD. #200 SAN DIEGO CA 92123	CAR DONATION	X		186,715.	37,343.	149,372.

- 11 Does the organization conduct 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 conducted in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	%

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a 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 ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_.
- c If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:
  - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  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 ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanation 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 provide any additional information (see instructions).

SCHEDULE G, PART III-STATES IN WHICH ORG. OPERATES GAMING ACTIVITIES

AL, AK, AZ, CA, CO, CT, DC, FL, GA, HI, IL,

KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NV, NH, NJ, NM, NY, NC, ND, OH,

OK, OR, PA, RI, SC, SD, TN, UT, VA, WA, WV, WI,

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

JDRF INTERNATIONAL

Employer identification number

23-1907729

**Part I General Information on Grants and Assistance**

- 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
- 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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> BENAROYA RESEARCH INST AT VIRGINIA MASON 1201 9TH AVE SEATTLE, WA 98101	91-0653422	501(C)(3)	752,167.		N/A	N/A	IMMUNOTHERAPIES
<b>(2)</b> ANN AND ROBERT LURIE CHILDREN'S HOSPITAL 225 EAST CHICAGO AVENUE CHICAGO, IL 60611	36-2170833	501(C)(3)	239,927.		N/A	N/A	PSYCHOSOCIAL
<b>(3)</b> UNIVERSITY OF ARIZONA P.O. BOX 245049 TUCSON, AZ 85004-4593	11-3661893	501(C)(3)	148,657.		N/A	N/A	ARTIFICIAL PANCREAS
<b>(4)</b> CRITICAL PATH INSTITUTE 1730 EAST RIVER ROAD TUCSON, AZ 85718	20-1991334	501(C)(3)	100,000.		N/A	N/A	PREVENTION
<b>(5)</b> JOSLIN DIABETES CENTER 1 JOSLIN PL BOSTON, MA 02215	04-2203836	501(C)(3)	549,941.		N/A	N/A	BETA CELL REPLACEMENT
<b>(6)</b> GEORGIA TECH RESEARCH CORP 505 TENTH STREET ATLANTA, GA 30332	58-0603146	501(C)(3)	61,981.		N/A	N/A	BETA CELL REPLACEMENT
<b>(7)</b> STANFORD UNIVERSITY 291 CAMPUS DRIVE STANFORD, CA 94305	94-1156365	501(C)(3)	613,630.		N/A	N/A	BETA CELL REGENERATION
<b>(8)</b> NEW YORK STEM CELL FOUNDATION 619 WEST 54TH STREET NEW YORK, NY 10019	20-2905531	501(C)(3)	449,999.		N/A	N/A	BETA CELL REPLACEMENT
<b>(9)</b> OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PORTLAND, OR 97239	23-7083114	501(C)(3)	62,960.		N/A	N/A	PSYCHOSOCIAL
<b>(10)</b> IBM 1 N CASTLE DR ARMONK, NY 10504	13-0871925		1,125,000.		N/A	N/A	PREVENTION
<b>(11)</b> PACIFIC DIABETES TECHNOLOGIES 12154 SW GARDEN PLACE PORTLAND, OR 97223	99-9999999		100,000.		N/A	N/A	ARTIFICIAL PANCREAS
<b>(12)</b> UNIVERSITY OF FLORIDA 207 GRINTER HALL GAINESVILLE, FL 32611	59-0974739	501(C)(3)	17,069.		N/A	N/A	PREVENTION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) 2020

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990.**

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Name of the organization

JDRF INTERNATIONAL

Employer identification number

23-1907729

**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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> UNIVERSITY OF VIRGINIA PO BOX 400222 CHARLOTTESVILLE, VA 22904	41-6042488	501(C)(3)	311,167.		N/A	N/A	IMMUNOTHERAPIES
<b>(2)</b> UNIVERSITY OF MICHIGAN 3003 S STATE STREET ANN ARBOR, MI 48109	38-6006309	501(C)(3)	1,205,668.		N/A	N/A	BETA CELL REPLACEMENT
<b>(3)</b> UNIVERSITY OF WISCONSIN-MADISON 1220 LINDEN DRIVE MADISON, WI 53706	39-6006492	501(C)(3)	298,052.		N/A	N/A	BETA CELL REPLACEMENT
<b>(4)</b> VANDERBILT UNIVERSITY MEDICAL CENTER 1211 MEDICAL CENTER DR NASHVILLE, TN 37232	62-0476822	501(C)(3)	90,644.		N/A	N/A	METABOLIC CONTROL
<b>(5)</b> BCM RESEARCH INSTITUTE ONE BAYLOR PLAZA HOUSTON, TX 77030	75-1921898	501(C)(3)	39,446.		N/A	N/A	PSYCHOSOCIAL
<b>(6)</b> BROAD INSTITUTE 415 MAIN STREET CAMBRIDGE, MA 02142	26-3428781	501(C)(3)	248,204.		N/A	N/A	BETA CELL REGENERATION
<b>(7)</b> JAEB CENTER FOR HEALTH RESEARCH FND 15310 AMBERLY DRIVE TAMPA, FL 33647	59-3187624	501(C)(3)	150,000.		N/A	N/A	COMPLICATIONS
<b>(8)</b> COLUMBIA UNIVERSITY 535 W 116TH ST NEW YORK, NY 10027	13-5598093	501(C)(3)	59,458.		N/A	N/A	IMMUNOTHERAPIES
<b>(9)</b> YALE UNIVERSITY PO BOX 209010 NEW HAVEN, CT 06520	06-0646973	501(C)(3)	13,330.		N/A	N/A	IMMUNOTHERAPIES
<b>(10)</b> UNIVERSITY OF ALABAMA AT BIRMINGHAM 1720 2ND AVS S BIRMINGHAM, AL 35294	63-6001138	501(C)(3)	20,000.		N/A	N/A	PREVENTION
<b>(11)</b> MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501(C)(3)	459,764.		N/A	N/A	BETA CELL REPLACEMENT
<b>(12)</b> NORTHWESTERN UNIVERSITY 633 CLARK STREET EVANSTON, IL 60208	23-1352685	501(C)(3)	139,525.		N/A	N/A	IMMUNOTHERAPIES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) 2020

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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Name of the organization

JDRF INTERNATIONAL

Employer identification number

23-1907729

**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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> STATE UNIVERSITY OF NY AT BUFFALO 12 CAPEN HALL BUFFALO, NY 14260	14-1368361	501(C)(3)	331,848.		N/A	N/A	METABOLIC CONTROL
<b>(2)</b> UNIVERSITY OF MINNESOTA 200 OAK ST SE MINNEAPOLIS, MN 55455	41-6007513	501(C)(3)	1,712,854.		N/A	N/A	ARTIFICIAL PANCREAS
<b>(3)</b> THE BRIGHAM AND WOMEN'S HOSPITAL 75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501(C)(3)	1,254,100.		N/A	N/A	MISSION
<b>(4)</b> TIDEPOOL 555 BRYANT ST. PALO ALTO, CA 94301	46-2302287		1,250,000.		N/A	N/A	ARTIFICIAL PANCREAS
<b>(5)</b> THE METHODIST HOSPITAL RESEARCH INST 6670 BERTNER AVE HOUSTON, TX 77030	87-0721923	501(C)(3)	250,000.		N/A	N/A	BETA CELL REPLACEMENT
<b>(6)</b> UNIVERSITY OF UTAH 201 PRESIDENTS CR SALT LAKE CITY, UT 84112	87-6000525	501(C)(3)	60,816.		N/A	N/A	PREVENTION
<b>(7)</b> WAYNE STATE UNIVERSITY 42 W WARREN AVE DETROIT, MI 48202	38-3555142	501(C)(3)	218,969.		N/A	N/A	METABOLIC CONTROL
<b>(8)</b> UNIVERSITY OF COLORADO 1800 GRANT STREET DENVER, CO 80203	84-6049811	501(C)(3)	1,764,851.		N/A	N/A	PREVENTION
<b>(9)</b> WASHINGTON UNIVERSITY ONE BROOKINGS DRIVE ST LOUIS, MO 63130	43-0653611	501(C)(3)	226,209.		N/A	N/A	BETA CELL REPLACEMENT
<b>(10)</b> VTV THERAPEUTICS LLC 4170 MENDENHALL OAKS HIGH POINT, NC 27265	47-3916571		300,000.		N/A	N/A	METABOLIC CONTROL
<b>(11)</b> BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE BOSTON, MA 02115	04-3266103	501(C)(3)	95,000.		N/A	N/A	BETA CELL REPLACEMENT
<b>(12)</b> HARVARD COLLEGE 677 HUNTINGTON AVE BOSTON, MA 02115	04-2103580	501(C)(3)	4,020,000.		N/A	N/A	BETA CELL REPLACEMENT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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Schedule I (Form 990) 2020

**SCHEDULE I  
(Form 990)**

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

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Name of the organization

JDRF INTERNATIONAL

Employer identification number

23-1907729

**Part I General Information on Grants and Assistance**

- 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
- 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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> WILLIAM MARSH RICE UNIVERSITY 6100 MAIN STREET M16 HOUSTON, TX 77005	74-1109620	501(C)(3)	250,000.		N/A	N/A	BETA CELL REPLACEMENT
<b>(2)</b> IVIVA MEDICAL INC 100 CUMMINGS CENTER BEVERLY, MA 01915	99-9999999		45,000.		N/A	N/A	BETA CELL REPLACEMENT
<b>(3)</b> PACIFIC NORTHWEST RESEARCH INSTITUTE 720 BROADWAY SEATTLE, WA 98122	91-0667886	501(C)(3)	46,106.		N/A	N/A	PREVENTION
<b>(4)</b> PARKER INSTITUTE FOR CANCER IMMUNOTHERAPY 1 LETTERMAN DR SAN FRANCISCO, CA 94129	47-3355381	501(C)(3)	397,293.		N/A	N/A	IMMUNOTHERAPIES
<b>(5)</b> PHYSIOLOGIC DEVICES, INC. 2232 OLD STAGECOACH TRAIL ALPINE, CA 91901	80-0917839		1,380,000.		N/A	N/A	ARTIFICIAL PANCREAS
<b>(6)</b> QUAESTIO GLOBAL PARTNERS, LLC ONE KNOLLWOOD TERRACE CHESTER, NJ 07930	99-9999999		20,000.		N/A	N/A	BETA CELL REGENERATION
<b>(7)</b> UNIVERSITY OF MIAMI 1320 S DIXIE CORAL GABLES, FL 33146	59-0624458	501(C)(3)	76,743.		N/A	N/A	IMMUNOTHERAPIES
<b>(8)</b> ARMI 400 COMMERCIAL STREET MANCHESTER, NH 03101	81-3327581	501(C)(3)	719,852.		N/A	N/A	BETA CELL REPLACEMENT
<b>(9)</b> ALBERT EINSTEIN COLLEGE OF MEDICINE, INC. 1300 MORRIS PARK AVENUE BRONX, NY 10461	83-0621846	501(C)(3)	535,144.		N/A	N/A	PSYCHOSOCIAL
<b>(10)</b> BRI/COH 1500 E. DUARTE RD DUARTE, CA 91010	95-3432210	501(C)(3)	482,172.		N/A	N/A	BETA CELL REPLACEMENT
<b>(11)</b> CHILDREN'S HOSPITAL OF PHILADELPHIA 3401 CIVIC CTR. BLVD.	23-2237932	501(C)(3)	149,999.		N/A	N/A	PREVENTION
<b>(12)</b> IQVIA, INC. 4820 EMPEROR BLVD. DURHAM, NC 27703	27-1341991		10,000.		N/A	N/A	PREVENTION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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Schedule I (Form 990) 2020

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

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Name of the organization

JDRF INTERNATIONAL

Employer identification number

23-1907729

**Part I General Information on Grants and Assistance**

- 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
- 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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
<b>(1)</b> O2M TECHNOLOGIES, LLC HTI ENTERPRISEWORKS CHICAGO, IL 60612	99-9999999		415,741.		N/A	N/A	BETA CELL REPLACEMENT
<b>(2)</b> UNIVERSITY OF NOTRE DAME 182 FITZPATRICK HALL NOTRE DAME, IN 46556	35-0868188	501(C)(3)	150,000.		N/A	N/A	METABOLIC CONTROL
<b>(3)</b> AVEL ECARE 4500 N. LEWIS AVENUE SIOUX FALLS, SD 57104	99-9999999		1,266,685.		N/A	N/A	PSYCHOSOCIAL
<b>(4)</b> CARNEGIE MELLON UNIVERSITY 5000 FORBES AVENUE PITTSBURGH, PA 15213	25-0969449	501(C)(3)	249,997.		N/A	N/A	BETA CELL REPLACEMENT
<b>(5)</b> TRUSTEES OF INDIANA UNIVERSITY 509 E 3RD ST BLOOMINGTON, IN 47401	35-6001673	501(C)(3)	201,155.		N/A	N/A	BETA CELL REGENERATION
<b>(6)</b> TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 1 COLLEGE HALL PHILADELPHIA, PA 19104	23-1352685	501(C)(3)	142,621.		N/A	N/A	IMMUNOTHERAPIES
<b>(7)</b> UC, SAN FRANCISCO 490 ILLINOIS ST. SAN FRANCISCO, CA 94143	94-3067788	501(C)(3)	1,884,352.		N/A	N/A	IMMUNOTHERAPIES
<b>(8)</b> UC, LOS ANGELES 10889 WILSHIRE BLVD. LOS ANGELES, CA 90095	94-3067788	501(C)(3)	199,999.		N/A	N/A	METABOLIC CONTROL
<b>(9)</b> UNIVERSITY OF GEORGIA 250 W GREEN ST ATHENS, GA 30602	58-6033837	501(C)(3)	176,885.		N/A	N/A	ARTIFICIAL PANCREAS
<b>(10)</b> GINER LIFE SCIENCES 89 RUMFORD AVE NEWTON, MA 02466	82-1416958		39,968.		N/A	N/A	BETA CELL REPLACEMENT
<b>(11)</b> UNIVERSITY OF CALIFORNIA, IRVINE 141 INNOVATION IRVINE, CA 92697	95-2226406	501(C)(3)	865,262.		N/A	N/A	ARTIFICIAL PANCREAS
<b>(12)</b> UNIVERSITY OF CALIFORNIA, DAVIS 1850 RESEARCH PARK DRIVE DAVIS, CA 95618	94-6036494	501(C)(3)	29,360.		N/A	N/A	BETA CELL REGENERATION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) 2020

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2020**

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Department of the Treasury  
Internal Revenue Service

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Name of the organization

JDRF INTERNATIONAL

Employer identification number

23-1907729

**Part I General Information on Grants and Assistance**

- 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
- 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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UC, SAN DIEGO 9500 GILMAN DR. LA JOLLA, CA 92093	94-3067788	501(C)(3)	633,431.		N/A	N/A	METABOLIC CONTROL
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 50.

3 Enter total number of other organizations listed in the line 1 table 11.

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

Schedule I (Form 990) 2020

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

GRANT MONITORING PROCEDURES

SCH-I PART I LINE 2

RESEARCH GRANTS ARE AWARDED BY JDRF INTERNATIONAL ("JDRFI") WITH THE SUPPORT OF JDRFI'S RESEARCH COMMITTEE COMPRISED OF "JDRF INTERNATIONAL BOARD MEMBERS AND OTHER VOLUNTEERS" OR THE JDRF INTERNATIONAL BOARD OF DIRECTORS FOLLOWING THE RECOMMENDATIONS OF AN IN-HOUSE TEAM OF PROFESSIONAL SCIENTIFIC STAFF AND WITH INPUT FROM EXTERNAL SCIENTIFIC REVIEWERS. THE REVIEW PROCESS INCLUDES THE FOLLOWING CRITERIA:

(1) THE SCIENTIFIC MERIT OF THE PROPOSED RESEARCH OUTLINED IN A GRANT

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

APPLICATION AND (2) THE RELATIONSHIP OF THE PROPOSED RESEARCH TO JDRF'S GOAL TO IMPROVE LIVES TODAY AND TOMORROW BY ACCELERATING LIFE-CHANGING BREAKTHROUGHS TO CURE, PREVENT AND TREAT T1D AND ITS COMPLICATIONS. THE SCIENTIFIC RESEARCH TEAM AND GRANT ADMINISTRATION STAFF MAINTAIN CLOSE CONTACT WITH GRANTEEES, PROVIDING ADVICE AND EVALUATION, REVIEWING PROGRESS REPORTS, REVIEWING RESEARCH EXPENDITURES VERSUS AGREED BUDGETS, AND HELPING DISSEMINATE RESEARCH RESULTS.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

JDRF INTERNATIONAL

**Compensation Information**

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

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

▶ Attach to Form 990.

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OMB No. 1545-0047

**2020**

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Inspection**

Employer identification number

23-1907729

**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 on 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 type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence            |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees              |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as 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 directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the 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 on 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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on 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" on line 5a or 5b, describe in Part III.

**6** For persons listed on 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" on line 6a or 6b, describe in Part III.

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

**8** Were any amounts reported on 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" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

	Yes	No
<b>1a</b>	X	
<b>2</b>		X
<b>3</b>		
<b>4a</b>	X	
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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Schedule J (Form 990) 2020

**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 on 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 aren't 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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 AARON KOWALSKI CEO & PRESIDENT	(i)	447,716.	0.	74,700.	0.	34,398.	556,814.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 TROY LINDLOFF CDO/ASST. TREASURER/BEG 02/20	(i)	364,614.	30,000.	0.	0.	1,730.	396,344.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 SANDRA HIJIKATA FMR CDO & ASST SECY/END 04/20	(i)	132,572.	0.	0.	10,971.	0.	143,543.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 ALISA NORRIS CMO/END 08/20	(i)	217,747.	0.	105,000.	0.	20,066.	342,813.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 SUSAN YUN FMR CPO/ASST. SEC/END 05/20	(i)	110,042.	0.	0.	0.	968.	111,010.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 CYNTHIA RICE CHIEF MISSION OFFICER	(i)	304,647.	0.	0.	0.	18,562.	323,209.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 JOANNE MARTZ CFO/TREASURER/END 05/21	(i)	330,025.	0.	0.	0.	24,714.	354,739.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 HELEN ELIAS MANAGING DIR. JDRF T1D FUND	(i)	298,665.	127,920.	0.	0.	18,562.	445,147.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 SYDNEY YOVIC CHIEF OF STAFF/ASST. SECRETARY	(i)	171,334.	0.	0.	0.	25,378.	196,712.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 STEVEN ST. PETER MG DIR JDRF T1D FUND/BEG 11/19	(i)	372,993.	192,174.	0.	0.	11,220.	576,387.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 DEREK RAPP FMR PRESIDENT & CEO/END 04/19	(i)	0.	0.	215,625.	0.	0.	215,625.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 SRINIVAS MISHRA CHIEF DATA & TECH/END 08/21	(i)	285,551.	0.	0.	0.	34,398.	319,949.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 SANJOY DUTTA VP, RESEARCH	(i)	264,293.	0.	0.	0.	3,223.	267,516.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 GILLIAN GREEN VP LEADERSHIP GIVING/BEG 05/19	(i)	249,986.	0.	0.	0.	33,061.	283,047.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

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.

## HOUSING ALLOWANCE

SCHEDULE J PART I, LINE 1A

PRES & CEO AARON KOWALSKI RECEIVED A HOUSING ALLOWANCE AS PER THE TERMS OF HIS EMPLOYMENT AGREEMENT. THE TOTAL IS AS FOLLOWS:

AARON KOWALSKI - \$74,700

## NON-FIXED PAYMENTS

FORM 990, SCHEDULE J, PART I, LINE 7

JDRF AWARDS NON-FIXED PAYMENTS SUCH AS BONUSES ON A DISCRETIONARY BASIS TIED TO THE EMPLOYEES PERFORMANCE. THE NAMES OF EMPLOYEES AND THE AMOUNTS THAT WERE PAID ARE FOUND ON SCHEDULE J, PAGE 2, PART II, COL. (B) (II).

## SEVERANCE PAYMENTS

SCHEDULE J, PART I, LINE 4A

ALISA NORRIS AND DEREK RAPP BOTH RECEIVED SEVERANCE PAYMENTS AS PER THE TERMS OF THEIR EMPLOYMENT AGREEMENTS. THE TOTALS FOR BOTH ARE AS FOLLOWS:

**Part III Supplemental Information**

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.

ALISA NORRIS - \$105,000

DEREK RAPP - \$215,625

SEVERANCE PAYMENTS ARE REPORTED ON SCHEDULE J, PART II, COL. (B)(III)

OTHER REPORTABLE COMPENSATION.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

JDRF INTERNATIONAL

Employer identification number

23-1907729

**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	1.	35,000.	APPRAISAL
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	314.	6,754,387.	NET PROCEEDS OF SALE
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 . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ (ATCH 1) . . . . .		7,867.	4,420,700.	
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 V, Donee Acknowledgement . . . . . **29**

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

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

Schedule M (Form 990) 2020

**Part II** **Supplemental Information.** 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.

## THIRD PARTY ASSISTANCE

## LINE 32B

CHARITABLE ADULT RIDES AND SERVICES (CARS) IS A THIRD PARTY CAR DONATION COMPANY THAT HANDLES ALL ASPECTS OF CARS BEING DONATED TO JDRF. DONORS CALL A TOLL FREE NUMBER AND THEY ARE PUT IN CONTACT WITH A TOWING SERVICE IN THEIR AREA. AFTER THE CAR IS DONATED, CARS HANDLES ALL IRS 1098-C REPORTING. CARS IS A LICENSED PROFESSIONAL FUNDRAISER AND IS LICENSED IN THE STATES THAT REQUIRE IT TO REGISTER. FOR THE PERIOD ENDING 6/30/21, CARS RAISED \$186,715 WITH TOTAL EXPENSES OF \$37,343. A NET CHECK IS PAID DIRECTLY TO JDRF. JDRF DOES NOT PAY CARS ANY EXPENSES OR FEES DIRECTLY. TOTAL NET REVENUE FOR FY-21 WAS \$149,372.

## NONCASH CONTRIBUTIONS

FORM 990, SCHEDULE M, PAGE 1

TYPES OF PROPERTY AND THE AMOUNTS LISTED IN PART I LINES 6, 9, AND 25 ARE THE ACTUAL AMOUNT THAT DONORS HAVE DONATED FOR VEHICLES, SECURITIES, AND MISC ITEMS THAT ARE SOLD AT VARIOUS AUCTIONS & RAFFLES.

**Part II** **Supplemental Information.** 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.

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
MISC AUCTION ITEMS DONATE	X	7867.	4,420,700.	FAIR MARKET VALUE
TOTALS		<u>7,867.</u>	<u>4,420,700.</u>	

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

JDRF INTERNATIONAL

**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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Employer identification number

23-1907729

PUBLIC DOCUMENTS

FORM 990, PAGE 6, PART VI SECTION C, LINE 19

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST  
POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE:  
[WWW.JDRF.ORG](http://WWW.JDRF.ORG). THE PUBLIC MAY ACCESS COPIES OF JDRF'S W-9, ANNUAL REPORTS,  
990 TAX RETURNS, 501(C)(3) IRS LETTER, AND AUDITED FINANCIALS, AT THE  
FOLLOWING LINK: [WWW.JDRF.ORG/ABOUT/FINANCIALS](http://WWW.JDRF.ORG/ABOUT/FINANCIALS)

EXECUTIVE COMPENSATION POLICY

PART VI, SECTION B, LINES 15A & 15B

JDRF'S BOARD OF DIRECTORS CHARGES A TALENT AND COMPENSATION COMMITTEE TO  
DEVELOP AND RECOMMEND A COMPENSATION PHILOSOPHY THAT APPLIES TO ALL  
EMPLOYEES OF JDRF, INCLUDING RECOMMENDATIONS REGARDING THE COMPENSATION  
AND BENEFITS OF JDRF SENIOR MANAGEMENT FOR APPROVAL BY THE BOARD OF  
DIRECTORS. THE COMMITTEE WORKS IN COLLABORATION WITH THE PRESIDENT AND  
CEO AND THE CHIEF HUMAN RESOURCES OFFICER AND OTHER SENIOR STAFF  
PERSONNEL IN THE JDRF HUMAN RESOURCES DEPARTMENT TO ENSURE THAT 1) THE  
FOUNDATION'S TALENT STRATEGY SUPPORTS AND IS ALIGNED WITH ITS OVERALL  
ORGANIZATION STRATEGIES; 2) JDRF IS IN COMPLIANCE WITH IRS GUIDELINES FOR  
DETERMINING REASONABLENESS IN PAY PRACTICES; AND 3) OVERALL COMPENSATION  
FOR JDRF'S KEY EXECUTIVES IS COMPETITIVE AND ALIGNED WITH PAY PHILOSOPHY.  
TO ATTRACT AND RETAIN TOP SCIENTIFIC AND EXECUTIVE TALENT TO ADVANCE ITS  
MISSION, THE ORGANIZATION PAYS COMPETITIVE AND APPROPRIATE SALARIES AS

Name of the organization JDRF INTERNATIONAL	Employer identification number 23-1907729
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DETERMINED BY ANALYSIS OF RELIABLE DATA AND INPUT FROM INDEPENDENT THIRD-PARTY CONSULTANTS. THE REVIEW OF JDRF EXECUTIVE COMPENSATION AND BENEFITS UNDER THE PROCEDURES NOTED ABOVE IS COMPLETED ANNUALLY BY AN INDEPENDENT COMPENSATION COMMITTEE, AND THE BASIS FOR THEIR DETERMINATION IS DOCUMENTED CONTEMPORANEOUSLY IN THE MINUTES OF THE COMMITTEE'S MEETINGS, INCLUDING MOST RECENTLY ON JUNE 30, 2021.

FORM 990 REVIEW PROCESS

SECTION B, PART VI, QUESTION 11B

JDRF HAS A RIGOROUS STANDARD APPROACH TO REVIEWING ITS 990. THE ORGANIZATION'S ACCOUNTING MANAGER WORKS WITH ITS OUTSIDE TAX PREPARERS TO PREPARE THE RETURN AND ALL SUPPORTING SCHEDULES. THE DRAFT RETURN IS REVIEWED BY A NUMBER OF INDIVIDUALS, INCLUDING JDRF'S CHIEF FINANCIAL OFFICER, OTHER EXECUTIVES, ITS EXTERNAL SENIOR TAX ADVISOR AND OTHERS AS NECESSARY TO ENSURE ACCURACY. ANY QUESTIONS AND CHANGES WITH RESPECT TO THE DRAFT RETURNS ARE ADDRESSED. FOLLOWING THIS PROCESS, THE RETURN IS REVIEWED BY JDRF'S AUDIT COMMITTEE OF THE BOARD OF DIRECTORS WITH ITS OUTSIDE TAX ADVISORS. ONCE APPROVED, THE RETURN IS DISTRIBUTED TO ALL MEMBERS OF JDRF'S BOARD OF DIRECTORS FOR REVIEW AND COMMENT BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE.

PART III: STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

LINE 4A (\$28,823,301) RESEARCH GRANTS

JDRF HAS PLAYED A SIGNIFICANT ROLE IN NEARLY EVERY T1D THERAPEUTIC ADVANCE MADE IN THE LAST 50 PLUS YEARS. OUR FUNDING SUPPORTS MORE THAN

Name of the organization JDRF INTERNATIONAL	Employer identification number 23-1907729
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275 ACTIVE T1D RESEARCH GRANTS IN THE UNITED STATES AND 18 OTHER COUNTRIES AROUND THE WORLD, INCLUDING MORE THAN 59 GRANTS IN 2021 ALONE, PLUS 53 CLINICAL TRIALS. WE LEVERAGE PARTNERSHIPS WITH ACADEMIA, INDUSTRY AND CLINICIANS TO ACCELERATE THE MOST PROMISING RESEARCH OPPORTUNITIES. OUR HIGHEST PRIORITY IS DEVELOPING CURES FOR T1D AND IMPROVING LIVES OF THOSE LIVING WITH THE DISEASE TODAY, INCLUDING RESEARCH IN GLUCOSE CONTROL AND PREVENTION OF T1D COMPLICATIONS. THE FULL IMPACT OF JDRF'S RESEARCH INVESTMENT EXTENDS WELL BEYOND DIRECT FUNDING. THROUGH ADVOCACY AND INFLUENCE, JDRF DRIVES FUNDING FROM OTHER SOURCES INTO T1D RESEARCH AND HAS HELPED SECURE PASSAGE OF THE SPECIAL DIABETES PROGRAM, PUTTING MORE THAN \$3 BILLION IN FEDERAL FUNDING TOWARD T1D RESEARCH OVER THE LAST 2 DECADES.

IN ADDITION, JDRF FOUNDED THE JDRF T1D FUND (WWW.T1DFUND.ORG). A WHOLLY OWNED ENTITY OF JDRF, THE FUND IS A VENTURE PHILANTHROPY FUND ACCELERATING LIFE-CHANGING SOLUTIONS TO TREAT, PREVENT AND CURE T1D THROUGH CATALYTIC COMMERCIAL INVESTMENTS. THROUGH ITS INVESTMENTS IN PARTNERSHIP WITH PRIVATE CAPITAL, INCLUDING VENTURE CAPITAL, PHARMA AND FOUNDATIONS, THE T1D FUND SEEKS TO ATTRACT THE PRIVATE INVESTMENT NECESSARY TO ADVANCE DRUGS, DEVICES, DIAGNOSTICS, AND VACCINES TO HELP PEOPLE LIVING WITH T1D WHO ARE AT RISK OF DEVELOPING THE DISEASE. THE T1D FUND INVESTS IN OPPORTUNITIES THAT DRIVE OUR MISSION, WITH AN EXCLUSIVE FOCUS ON THE MOST PROMISING COMMERCIAL OPPORTUNITIES. ALL FUNDS GO DIRECTLY TO SUPPORT COMPANIES DEVELOPING APPROACHES TO TREAT, PREVENT AND CURE T1D. IN ACCORDANCE WITH GAAP, \$15.2 MM OF THE T1D FUND'S TOTAL

Name of the organization JDRF INTERNATIONAL	Employer identification number 23-1907729
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INVESTMENTS AS OF JUNE 30, 2021 ARE REFLECTED IN THE BALANCE SHEET (PART X) AND NOT INCLUDED WITHIN THE ORGANIZATION'S RESEARCH-RELATED MISSION EXPENSE. THE FOUNDATION'S DIVERSIFIED RESEARCH PORTFOLIO INCLUDES A FOCUS ON CURING T1D AND IMPROVING LIVES.

#### CURING T1D

WE FACE TWO KEY CHALLENGES IN CURING T1D. WE MUST PREVENT, STOP OR REVERSE: THE LOSS OF INSULIN-PRODUCING BETA CELLS, AND THE IMMUNE SYSTEM'S ATTACK ON BETA CELLS. JDRF IS ACCELERATING OUR WORK IN CURING T1D BY FOCUSING ON THREE AREAS THAT HAVE ADVANCED DRAMATICALLY OVER THE YEARS: SCREENING FOR RISK OF T1D, BETA CELL THERAPIES AND DISEASE-MODIFYING THERAPIES.

BETA CELL THERAPIES: FOCUS ON REPLACING INSULIN-PRODUCING BETA CELLS FROM OUTSIDE SOURCES SUCH AS STEM CELLS OR NON-HUMAN CELLS. THROUGH DONOR-FUNDED RESEARCH, WE NOW KNOW THAT WHEN SOMEONE HAS T1D, THEIR OWN BODY BEGINS ATTACKING AND DESTROYING THE BETA CELLS THAT CREATE INSULIN. UNDERSTANDING THE ROLE OF BETA CELLS WAS A BREAKTHROUGH. IF WE CAN SAVE OR REPLACE BETA CELLS, WE CAN HELP CURE T1D. THERE IS EARLY BUT CRUCIAL PROGRESS SEEN IN RECENTLY REPORTED CLINICAL TRIALS WHERE BETA CELL REPLACEMENT HAS MADE ADVANCES TOWARD INSULIN INDEPENDENCE, BETTER T1D CONTROL AND LONGEVITY OF THE THERAPIES.

DISEASE-MODIFYING THERAPIES: FOCUS ON WAYS TO KEEP THE IMMUNE SYSTEM FROM ATTACKING AND DESTROYING BETA CELLS, WAYS TO PROTECT THE REMAINING BETA

Name of the organization JDRF INTERNATIONAL	Employer identification number 23-1907729
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CELLS, AND POTENTIAL TO REGROW NEW BETA CELLS TO ULTIMATELY PREVENT THE ONSET OR ADVANCEMENT OF T1D. RESEARCH HAS SHOWN THAT IMMUNE THERAPIES CAN INTERACT WITH A PERSON'S IMMUNE SYSTEM, TRAINING IT TO COMBAT INTERNAL BATTLES THAT LEAD TO THE DESTRUCTION OF ITS OWN BETA CELLS. WHILE T1D REMAINS ONE OF THE FEW MAJOR AUTOIMMUNE DISEASES WITHOUT AN EFFECTIVE DRUG THERAPY TO CHANGE THE COURSE OF THE DISEASE, WE KNOW WE ARE GETTING CLOSE.

#### IMPROVING LIVES

T1D BRINGS WITH IT DAILY STRUGGLES AND STRESSES THAT MAKE THE CHALLENGES OF LIVING A HEALTHY AND LONG LIFE WITH T1D VERY REAL. JDRF FIGHTS EVERY DAY TO ADVANCE RESEARCH AND TECHNOLOGY THAT CAN REDUCE THE BURDEN OF LIVING WITH T1D AND KEEP PEOPLE AS HEALTHY AS POSSIBLE UNTIL WE FIND CURES. SPECIFICALLY, WE ARE STRIVING TO IMPROVE LIVES BY DRIVING RESEARCH AND WORK IN GLUCOSE, METABOLIC CONTROL THERAPIES AND COMPLICATIONS THERAPIES - THE LATTER OF WHICH ALSO INCLUDES PSYCHOSOCIAL WELL-BEING.

GLUCOSE AND METABOLIC CONTROL THERAPIES: FOCUS ON HELPING THOSE WITH T1D MANAGE GLUCOSE LEVELS AND OVERALL METABOLIC BALANCE, INCLUDING IMPROVED ARTIFICIAL PANCREAS TECHNOLOGY, DEVELOPING NEXT-GENERATION INSULINS AND DEVELOPING NEW DRUGS THAT CONTROL GLUCOSE AND METABOLISM IN NOVEL WAYS. WE KNOW THAT FEWER THAN 30% OF PEOPLE WITH T1D IN THE U.S. CONSISTENTLY MAINTAIN TARGET BLOOD-GLUCOSE CONTROL LEVELS - MEANING THAT 70% ARE AT RISK OF SERIOUS HEALTH ISSUES. AIMING TO ENSURE OUR COMMUNITY IS HEALTHY

Name of the organization JDRF INTERNATIONAL	Employer identification number 23-1907729
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WHEN CURES ARE FOUND, WE WILL CONTINUE OUR FOCUS ON BRINGING NEW INNOVATIONS TO THIS AREA, INCLUDING IMPROVED ARTIFICIAL PANCREAS TECHNOLOGY, NEXT-GENERATION INSULINS AND NEW DRUGS THAT CONTROL GLUCOSE AND OTHER METABOLIC FACTORS.

COMPLICATIONS THERAPIES: FOCUS ON ACCELERATING THERAPIES TO PREVENT AND TREAT KIDNEY AND EYE DISEASE AND IMPROVING PSYCHOSOCIAL WELL-BEING. WE KNOW THAT MORE THAN 90% OF PEOPLE WITH T1D DEVELOP SOME LEVEL OF EYE DISEASE WITHIN 20 YEARS OF DIAGNOSIS, AND THAT 1 IN 4 DEVELOP KIDNEY DISEASE. ALSO, CARDIOVASCULAR DISEASE REMAINS TO BE THE HIGHEST CAUSE OF MORTALITY FOR T1D, WITH KIDNEY DISEASE OFTEN PROGRESSING TO CARDIOVASCULAR DISEASE. ALSO, THE PREVALENCE OF SUICIDE IS HIGHER AMONG YOUNG ADULTS WITH T1D. OUR FOCUS ON COMPLICATIONS WILL BE ON ACCELERATING THERAPIES THAT PREVENT AND TREAT KIDNEY AND EYE DISEASE. WE ALSO ARE EXPANDING OUR SUPPORT OF PSYCHOSOCIAL WELL-BEING, SUPPORTING ITS RESEARCH FOR SEVERAL YEARS. NOW WE ARE INCREASING OUR SUPPORT AS EARLY RESEARCH HAS SHOWN THAT THE BURDEN OF LIVING WITH T1D TAKES A TOLL ON WELL BEYOND PHYSICAL COMPLICATIONS. RESEARCH ALSO HAS SHOWN US THAT YOUNG ADULTS AND TEENS WITH T1D ARE OFTEN IMPACTED THE MOST BY THIS DIABETES DISTRESS AND HAVE A SIGNIFICANTLY HIGHER SUICIDE RATE. THIS IS ALARMING AND IS OUR CALL TO STEP UP THIS WORK TO HELP MAKE A POSITIVE DIFFERENCE.

LINE 4B (\$13,263,191) RESEARCH SUPPORT

JDRF'S IN-HOUSE TEAM OF SKILLED AND CREDENTIALLED SCIENTIFIC, POLICY AND

Name of the organization JDRF INTERNATIONAL	Employer identification number 23-1907729
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GOVERNMENT RELATIONS PROFESSIONALS PLAY CRITICAL ROLES IN LEADING AND SUPPORTING THE RESEARCH STRATEGY AND DISTRIBUTION OF RESEARCH FUNDS FROM JDRF-AND OUR PARTNER ORGANIZATIONS-TOWARD CREATING A WORLD WITHOUT T1D. OUR PROFESSIONALS IDENTIFY, EVALUATE AND INFLUENCE GROUNDBREAKING RESEARCH FOR FUNDING AND WORK WITH OTHER FOUNDATIONS, GOVERNMENTS, AND INDUSTRY PARTNERS TO ACCELERATE THE MISSION WE ALL SHARE. JDRF PROFESSIONALS WORK WITH REGULATORY AND POLICY OFFICIALS TO ENSURE RESEARCH CAN PROCEED WITHOUT DELAY AND THAT ADVANCES ARE WELL UNDERSTOOD BY HEALTHCARE DECISION MAKERS. AS PART OF THESE EFFORTS, JDRF ORGANIZES AND FUNDS SCIENTIFIC MEETINGS, SYMPOSIA, AND CONFERENCES TO REVIEW RESEARCH PROPOSALS, ENSURE THAT JDRF'S RESEARCH STRATEGY IS ALIGNED WITH THE NEEDS OF THE T1D COMMUNITY, AND ALLOW JDRF TO PROVIDE SCIENTIFIC UPDATES ON THE RESEARCH IT MANAGES. THIS EFFORT ENSURES THAT ALL THE RESEARCH IS CONTINUALLY SHARED AND BUILT UPON BY T1D RESEARCHERS AROUND THE GLOBE. THE STRATEGIC ADVISORY PANEL (SAP) IS COMPOSED OF FIVE ESTABLISHED T1D EXPERTS IN VARIOUS ASPECTS OF THE FIELD, INCLUDING PEDIATRIC ENDOCRINOLOGY, PREVENTION AND TREATMENT OF T1D, IMMUNOTHERAPIES, REGULATORY AND DRUG DEVELOPMENT. THE SAP CONTRIBUTES TO JDRF SCIENTISTS' STRATEGIC PLANNING AROUND RESEARCH FUNDING GOALS AND PRIORITIES. JDRF'S WORK TO BRING TOGETHER THE BEST MINDS IN THE FIELD ENHANCES JDRF'S ABILITY TO FORECAST FUTURE SCIENTIFIC DIRECTION, JUDGE THE POTENTIAL EFFECTIVENESS OF NEW PATHWAYS, AND IDENTIFY GAPS WHERE JDRF FUNDING CAN MAKE THE MOST IMPACT.

LINE 4C (\$31,744,403) PUBLIC EDUCATION

Name of the organization JDRF INTERNATIONAL	Employer identification number 23-1907729
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JDRF IS UNIQUELY QUALIFIED TO PROVIDE PUBLIC EDUCATION ABOUT DIABETES AND ITS COMPLICATIONS. JDRF'S EFFORTS IMPACT NOT ONLY THE MILLIONS OF PEOPLE LIVING WITH T1D, THEIR FAMILIES AND THE GENERAL PUBLIC, BUT ALSO THOSE AT RISK FOR DEVELOPING THE DISEASE. T1D STRIKES BOTH CHILDREN AND ADULTS SUDDENLY, AND THE CRITICAL ADJUSTMENT PERIOD FOLLOWING A DIAGNOSIS CAN BE OVERWHELMING. THAT'S WHY WE SUPPORT FAMILIES NAVIGATING THIS CHALLENGING TIME. JDRF ALSO EDUCATES PEOPLE ABOUT THE WARNING SIGNS OF T1D, AIMED AT ENSURING TIMELY DIAGNOSES AND REDUCING THE POTENTIAL CATASTROPHIC CONSEQUENCES OF UNDIAGNOSED T1D. JDRF ALSO PROVIDES INFORMATION AND UPDATES ABOUT CURRENT RESEARCH DIRECTIONS AND PROGRESS AND ABOUT HUMAN CLINICAL TRIALS THAT ARE SEEKING PARTICIPANTS (INCLUDING THROUGH JDRF'S CLINICAL TRIALS CONNECTION MATCHING TOOL:

WWW.JDRF.ORG/RESEARCH/CLINICAL-TRIALS).

THROUGH ALL OF OUR NATIONAL U.S. CHAPTERS; FIVE INTERNATIONAL AFFILIATES IN AUSTRALIA, CANADA, ISRAEL, THE NETHERLANDS AND UNITED KINGDOM; THE 30,000 MEMBERS OF OUR SOCIAL NETWORK, TYPEONENATION; AND MORE THAN ONE MILLION SUPPORTERS, JDRF FIGHTS TO MEET THE T1D COMMUNITY'S DIVERSE NEEDS, CONNECTING PEOPLE WITH LOCAL SUPPORT, EXPERT RESOURCES, AND THE GLOBAL EFFORT TO CREATE A WORLD WITHOUT T1D. GLOBAL EFFORT TO CREATE A WORLD WITHOUT T1D. WORLD WITHOUT T1D. WORLD WITHOUT T1D. WORLD WITHOUT T1D.

CONFLICT OF INTEREST POLICY

FORM 990- PART VI-SECT B, LINE 12C

ALL OFFICERS, DIRECTORS, KEY EMPLOYEES, BOARD AND COMMITTEE MEMBERS (BOTH

Name of the organization JDRF INTERNATIONAL	Employer identification number 23-1907729
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CHAPTERS AND INTERNATIONAL BOARDS) ARE REQUIRED TO SIGN A CONFLICT OF INTEREST POLICY ANNUALLY AND DISCLOSE ANY CONFLICTS. THE OFFICE OF THE PRESIDENT AND CHIEF OPERATING OFFICER MANAGES THIS PROCESS, AND JDRF'S INTERNAL AUDIT DEPARTMENT ANNUALLY AUDITS TO ENSURE COMPLIANCE. IF ANY CONFLICT DOES ARISE, THE BOARD MEMBERS WITH THE CONFLICTS WILL RECUSE THEMSELVES FROM THE MEETING AND/OR VOTE.

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ATTACHMENT 1

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

AT JDRF, WE WORK TIRELESSLY TO ACCELERATE BREAKTHROUGHS TO CURE, PREVENT AND TREAT TYPE 1 DIABETES (T1D). WE CONTINUALLY EXPAND OUR SCIENTIFIC KNOWLEDGE, OUR CONNECTIONS AND COLLABORATIONS, OUR PARTNERS AND GLOBAL PRESENCE TO UNLOCK THE SCIENCE THAT WILL STOP T1D. WHILE WE FIGHT FOR A CURE, WE STRIVE JUST AS HARD TO DEVELOP THERAPIES TO HELP PEOPLE RIGHT NOW. JDRF AND OUR SCIENTISTS ARE LEADING T1D RESEARCH AROUND THE WORLD. WE ADDRESS KEY GAPS TO MOVE RESEARCH FASTER AND FARTHER ACROSS THE DEVELOPMENT PIPELINE AND TO TRANSLATE BREAKTHROUGHS INTO NEW THERAPIES FOR PEOPLE WITH T1D. THIS ENABLES US TO ADVANCE SCIENCE WITH THE MOST POTENTIAL AND TO DRIVE RESEARCH THAT ATTRACTS MORE RESOURCES AND SCIENTIFIC EXPERTISE TO THE FIELD. WE INVEST IN THE EARLY STAGES, ALLOWING RESEARCHERS TO PURSUE INNOVATIVE IDEAS AND APPROACHES THAT WILL LEAD TO BREAKTHROUGH TREATMENTS. JDRF ALSO WORKS TO DRIVE NEW THERAPIES AND TECHNOLOGIES TO MARKET SO THEY GET INTO THE HANDS OF PEOPLE WITH T1D MORE QUICKLY. AND WE CONNECT THE T1D COMMUNITY TO CREATE A GLOBAL COMMUNITY OF SUPPORT FOR ANYONE AFFECTED BY T1D. FROM FUNDING INNOVATIVE RESEARCH TO ADVOCATING FOR GOVERNMENT ACTION AND PROVIDING A SUPPORT STRUCTURE FOR OUR COMMUNITY, NO OTHER ORGANIZATION DOES MORE TO FIGHT T1D THAN

Name of the organization JDRF INTERNATIONAL	Employer identification number 23-1907729
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ATTACHMENT 1 (CONT'D)

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

JDRF. SINCE OUR FOUNDING, JDRF HAS FUNDED MORE THAN \$2.1 BILLION IN RESEARCH AND HAS MADE SIGNIFICANT PROGRESS IN UNDERSTANDING AND FIGHTING THE DISEASE. OUR ACTIONS - THROUGH ADVOCACY AND OUR OWN INVESTMENTS IN T1D RESEARCH - INFLUENCE OTHER ORGANIZATIONS, CORPORATIONS AND GOVERNMENT AGENCIES TO FOLLOW OUR LEAD AND DIRECT ADDITIONAL FUNDING TOWARD T1D RESEARCH. TODAY, EVERY \$1 JDRF INVESTS IN RESEARCH ATTRACTS AN ADDITIONAL \$7.42 TO THE FIELD. FOR FISCAL YEAR 21, JDRF'S APPROXIMATELY \$53.7 MILLION IN DIRECT FUNDING ATTRACTED \$426 MILLION IN ADDITIONAL INVESTMENTS IN T1D RESEARCH FROM U.S. AND INTERNATIONAL GOVERNMENTS, NGOS AND CHARITABLE ORGANIZATIONS, AND CORPORATE PARTNERS. IN THE PAST 20 YEARS, OUR ADVOCACY EFFORTS HAVE RESULTED IN \$3 BILLION DIRECTED TO T1D RESEARCH THROUGH THE U.S. GOVERNMENT'S SPECIAL DIABETES PROGRAM.

ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

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

ATTACHMENT 3

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
BLUE STATE DIGITAL 41 FLATBUSH AVE.	WEB DEVELOPMENT	1,240,733.

Name of the organization JDRF INTERNATIONAL	Employer identification number 23-1907729
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ATTACHMENT 3 (CONT'D)

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
BROOKLYN, NY 11217		
KAVYOS CONSULTING, INC. 485 US-1 ISELIN, NJ 08830	IT CONSULTANTS	1,508,205.
INNOVATION CLOUD, LLC RUE DE L'INDUSTRIE 15, L-8069 BERTRANGE LUXEMBOURG	IT CONSULTANTS	2,335,685.
NON-PROFIT EXCHANGE LLC 800 PARK AVE, SUITE # 3007 FORT LEE, NJ 07024	IT CONSULTANTS	2,363,557.
BEYOND TECHNOLOGIES LLC 8 N. 3RD STREET LAFAYETTE, IN 47901	WEB DEVELOPMENT	768,253.

ATTACHMENT 4

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
PUBLICLY TRADED	174,011,784.	FMV
TOTALS	<u>174,011,784.</u>	

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization

JDRF INTERNATIONAL

Employer identification number

23-1907729

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on 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) JDRF T1D FUND LLC 27-4967989 C/O JDRF - 200 VESEY STREET 28 NEW YORK, NY 10281	FUNDR/INVEST	DE	30,575,834.	160190489.	JDRF
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2020

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(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" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) CHARITABLE REMAINDER TRUST (5)	ANNUITY	PA	N/A						X
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on 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>	
<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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

**Part VI** **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on 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 sections 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**

Provide additional information for responses to questions on Schedule R. See instructions.

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SCHEDULE R, PART I, LINE (1B)

THE PRIMARY ACTIVITY FOR THE JDRF T1D FUND IS FUNDRAISING AND INVESTING IN TYPE ONE DIABETES RESEARCH. PLEASE SEE DETAILED DESCRIPTION ON SCHEDULE O, PART III, LINE 4A, STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS FOR RESEARCH GRANTS.