

PUBLIC DISCLOSURE COPY

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions.  JDRF INTERNATIONAL	Taxpayer identification number (TIN)  23-1907729
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 200 VESEY STREET 28TH FLOOR	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10281	

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

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

ROBERT KING

- The books are in the care of ▶ 200 VESEY STREET 28TH FLOOR - NEW YORK, NY 10281

Telephone No. ▶ 800-533-2873

Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until MAY 15, 2024, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year \_\_\_\_\_ or
- ▶  tax year beginning JUL 1, 2022, and ending JUN 30, 2023.

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

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

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

# 2022

Department of the Treasury  
Internal Revenue Service

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 **2022** calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

<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 Doing business as 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>F</b> Name and address of principal officer: ROBERT KING 200 VESEY STREET, NEW YORK, NY 10281	<b>D</b> Employer identification number 23-1907729 <b>E</b> Telephone number 800-533-2873 <b>G</b> Gross receipts \$ 351,062,168. <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>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</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>1</b>	Briefly describe the organization's mission or most significant activities: IMPROVING LIVES BY ACCELERATING BREAKTHROUGHS TO CURE, PREVENT AND TREAT T1D. SEE SCHEDULE O.			
	<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>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	16	
	<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 2022 (Part V, line 2a)	<b>5</b>	570	
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	235000	
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	46,542.	
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	23,845.	
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	205,076,492.
<b>9</b>		Program service revenue (Part VIII, line 2g)	<b>Current Year</b>	190,086,200.	
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		20,503,582.	
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		10,283,819.	
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,232,479.	
<b>12</b>				238,595,505.	223,798,085.
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		72,152,705.	
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		0.	
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)		57,146,058.	
	<b>16b</b>	Total fundraising expenses (Part IX, column (D), line 25)		1,388,063.	
	<b>16b</b>			32,475,374.	
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		32,202,373.	41,238,028.	
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		162,889,199.	215,759,942.	
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12		75,706,306.	8,038,143.	
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	389,461,665.	
	<b>21</b>	Total liabilities (Part X, line 26)	<b>End of Year</b>	446,188,087.	
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20		94,551,427.	139,007,857.
				294,910,238.	307,180,230.

## Part II Signature Block

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

<b>Sign Here</b>	Signature of officer ROBERT KING, CFAO Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name EVAN W. SEEKAMP	Preparer's signature
	Firm's name KPMG LLP	Date 04/05/24
	Firm's address 345 PARK AVENUE NEW YORK, NY 10154-0102	Check if self-employed <input type="checkbox"/> PTIN P01910707
		Firm's EIN 13-5565207
		Phone no. 212-758-9700

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

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: SEE SCHEDULE O.

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.

4a (Code: ) (Expenses \$ 101,810,267. including grants of \$ 101,810,267. ) (Revenue \$ ) RESEARCH FUNDING - FOR THE YEAR ENDED JUNE 30, 2023, JDRF DIRECTLY FUNDED RESEARCH GRANTS AND INDUSTRY AGREEMENTS FOR WHICH \$98 MILLION IN RESEARCH GRANT EXPENSE, NET WAS RECOGNIZED ACCORDING TO GAAP IN ADDITION TO \$20.5 MILLION OF PROGRAMMATIC RESEARCH INVESTMENTS THAT ARE RECORDED ON JDRF'S BALANCE SHEET. FOR AN EXPANDED DESCRIPTION OF PROGRAM SERVICE ACTIVITIES RELATED TO DIRECT RESEARCH FUNDING, SEE SCHEDULE O.

4b (Code: ) (Expenses \$ 45,534,654. 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 TYPE 1 DIABETES (T1D) AND ITS COMPLICATIONS. FOR AN EXPANDED DESCRIPTION OF PROGRAM SERVICE ACTIVITIES RELATED TO PUBLIC EDUCATION AND OUTREACH, SEE SCHEDULE O.

4c (Code: ) (Expenses \$ 19,343,713. 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.

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

4e Total program service expenses 166,688,634.

**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 Rev. Proc. 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 ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and business transactions.

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 ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 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 columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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 Enter the number of voting members of the governing body at the end of the tax year (16); 1b Enter the number of voting members included on line 1a, above, who are independent (15); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI
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. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
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
ROBERT KING - 800-533-2873
200 VESEY STREET 28TH FLOOR, NEW YORK, NY 10281



**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

**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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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 (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) AARON KOWALSKI, PHD CHIEF EXECUTIVE OFFICER	50.00 0.00			X				824,920.	0.	54,692.
(2) STEVEN ST. PETER MANAGING DIRECTOR, T1D FUND	50.00 0.00				X			700,527.	0.	33,224.
(3) TIMOTHY DOYLE COO/PRESIDENT/ASST TREAS (END 11/22)	50.00 0.00			X				623,521.	0.	63,733.
(4) HELEN ELLIAS MANAGING DIRECTOR, T1D FUND	50.00 0.00				X			545,786.	0.	13,126.
(5) PAMELA MORRISROE CHIEF MARKETING OFFICER	50.00 0.00					X		439,408.	0.	36,621.
(6) ROBERT KING CFAO/TREASURER	50.00 0.00			X				426,077.	0.	26,603.
(7) CYNTHIA RICE CHIEF MISSION OFFICER	50.00 0.00					X		400,987.	0.	34,506.
(8) TROY LINDLOFF FORMER OFFICER	50.00 0.00						X	405,125.	0.	0.
(9) SANJOY DUTTA, PHD CHIEF SCIENTIFIC OFFICER	50.00 0.00				X			393,469.	0.	3,949.
(10) TRACY MIDO CHIEF HUMAN RESOURCES OFFICER	50.00 0.00					X		350,622.	0.	6,363.
(11) MIMI CRABTREE EXECUTIVE DIRECTOR, GREATER NY CHAPT	50.00 0.00					X		307,483.	0.	25,499.
(12) SYDNEY YOVIC CHF. STRATEGY OFC/CHF. OF STAFF	50.00 0.00			X				283,558.	0.	49,170.
(13) YURY KUKUSHKIN MANAGING DIRECTOR, T1D FUND	50.00 0.00					X		324,200.	0.	8,354.
(14) JAMES MCDONALD BOARD LIAISON/SECRETARY	50.00 0.00			X				130,725.	0.	5,615.
(15) JOANNE MARTZ FORMER OFFICER	50.00 0.00						X	110,769.	0.	0.
(16) GRANT BEARD CHAIR OF THE BOARD	5.00 0.00	X		X				0.	0.	0.
(17) MICHELLE GRIFFIN VICE CHAIR OF THE BOARD (BEG 7/22)	5.00 0.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(18) MICHAEL ALTER CHAIR, FUNDING COMMITTEE	5.00 0.00	X						0.	0.	0.
(19) ELIZABETH CASWELL BOARD MEMBER	3.00 0.00	X						0.	0.	0.
(20) STEVEN DAVIS BOARD MEMBER	3.00 0.00	X						0.	0.	0.
(21) CLAUDIA GRAHAM, PHD CHAIR, ADVOCACY & IMPACT COMMITTEE	5.00 0.00	X						0.	0.	0.
(22) PAUL HEATH BOARD MEMBER	3.00 0.00	X						0.	0.	0.
(23) KAREN JORDAN CHAIR, RESEARCH COMMITTEE	5.00 0.00	X						0.	0.	0.
(24) JOE LACHER BOARD MEMBER	3.00 0.00	X						0.	0.	0.
(25) JEFF PLUMER CHAIR, TALENT & COMP COMMITTEE	5.00 0.00	X						0.	0.	0.
(26) JENNIFER SCHNEIDER, MD CHAIR, NOMINATING & GOV COMMITTEE	5.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								6,267,177.	0.	361,455.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								6,267,177.	0.	361,455.

**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 159

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, 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
INNOVATION CLOUD LLC 356 OSWEGO CT, WEST NEW YORK, NY 07093	IT CONSULTING	2,539,664.
CENTRIC CONSULTING LLC PO BOX 75581, CLEVELAND, OH 44104	IT CONSULTING	652,660.
BEYOND TECHNOLOGIES LLC, 201 N ILLINOIS ST, 16TH FLOOR, INDIANAPOLIS, IN 46204	IT CONSULTING	593,830.
COMMUNITY COUNSELING SERVICE CO LLC, 527 MADISON AVE, 5TH FLOOR, NEW YORK, NY 10022	FUNDRAISING CONSULTING	539,974.
STANTON BLACKWELL P.O. BOX 7024, EVANSTON, IL 60204	PROJECT MANAGEMENT	435,985.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 28

SEE PART VII, SECTION A CONTINUATION SHEETS



**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>1 a</b> Federated campaigns .....	<b>1a</b>	3,294,487.					
	<b>b</b> Membership dues .....	<b>1b</b>						
	<b>c</b> Fundraising events .....	<b>1c</b>	102,388,737.					
	<b>d</b> Related organizations .....	<b>1d</b>						
	<b>e</b> Government grants (contributions) .....	<b>1e</b>						
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	84,402,976.					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 10,223,200.					
	<b>h Total.</b> Add lines 1a-1f .....							190,086,200.
<b>Program Service Revenue</b>	<b>2 a</b> PROGRAM RELATED INVEST	<b>Business Code</b>	541714	19,620,834.			19,620,834.	
	<b>b</b> _____							
	<b>c</b> _____							
	<b>d</b> _____							
	<b>e</b> _____							
	<b>f</b> All other program service revenue .....							
	<b>g Total.</b> Add lines 2a-2f .....				19,620,834.			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			7,848,897.		46,542.	7,802,355.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....							
	<b>5</b> Royalties .....			155,220.			155,220.	
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	54,122.				
			(ii) Personal					
	<b>b</b> Less: rental expenses ...	<b>6b</b>		0.				
	<b>c</b> Rental income or (loss)	<b>6c</b>		54,122.				
	<b>d</b> Net rental income or (loss) .....				54,122.			54,122.
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	103,293,947.				
			(ii) Other					
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>		101,910,365.				
	<b>c</b> Gain or (loss) .....	<b>7c</b>		1,383,582.				
	<b>d</b> Net gain or (loss) .....				1,383,582.			1,383,582.
<b>8 a</b> Gross income from fundraising events (not including \$ 102,388,737. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		25,328,970.					
<b>b</b> Less: direct expenses .....	<b>8b</b>		25,328,970.					
<b>c</b> Net income or (loss) from fundraising events .....				0.			0.	
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>		825,131.					
<b>b</b> Less: direct expenses .....	<b>9b</b>		24,748.					
<b>c</b> Net income or (loss) from gaming activities .....				800,383.			800,383.	
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>							
<b>b</b> Less: cost of goods sold .....	<b>10b</b>							
<b>c</b> Net income or (loss) from sales of inventory .....								
<b>Miscellaneous Revenue</b>	<b>11 a</b> GRANT REFUNDS & ADJUST	<b>Business Code</b>	813212	3,694,186.			3,694,186.	
	<b>b</b> MISC REVENUE		900099	154,661.			154,661.	
	<b>c</b> _____							
	<b>d</b> All other revenue .....							
	<b>e Total.</b> Add lines 11a-11d .....				3,848,847.			
<b>12 Total revenue.</b> See instructions .....				223,798,085.	0.	46,542.	33,665,343.	

**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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	74,336,017.	74,336,017.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	27,474,250.	27,474,250.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	4,303,720.	2,897,410.	1,023,154.	383,156.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....	75,818.	44,808.	9,553.	21,457.
<b>7</b> Other salaries and wages .....	52,321,178.	30,212,786.	7,518,428.	14,589,964.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,673,709.	963,421.	239,345.	470,943.
<b>9</b> Other employee benefits .....	8,404,956.	4,689,515.	1,293,578.	2,421,863.
<b>10</b> Payroll taxes .....	3,561,583.	2,060,496.	525,483.	975,604.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	511,286.	332,819.	80,469.	97,998.
<b>c</b> Accounting .....	273,000.		273,000.	
<b>d</b> Lobbying .....	518,889.	518,889.		
<b>e</b> Professional fundraising services. See Part IV, line 17	2,370,683.			2,370,683.
<b>f</b> Investment management fees .....	564,894.		564,894.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	6,126,193.	3,819,749.	1,213,449.	1,092,995.
<b>12</b> Advertising and promotion .....	3,500,633.	1,956,952.	331,413.	1,212,268.
<b>13</b> Office expenses .....	843,646.	474,377.	118,086.	251,183.
<b>14</b> Information technology .....	6,656,266.	3,856,489.	1,018,782.	1,780,995.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	4,907,753.	2,896,042.	681,434.	1,330,277.
<b>17</b> Travel .....	2,567,798.	1,627,930.	188,474.	751,394.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	1,290,693.	599,597.	97,516.	593,580.
<b>20</b> Interest .....	4,009.	2,948.	325.	736.
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	6,182,809.	3,600,532.	931,499.	1,650,778.
<b>23</b> Insurance .....	562,488.	241,728.	196,704.	124,056.
<b>24</b> 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.)				
<b>a</b> OUTREACH EXPENSES	4,644,608.	3,640,160.	161,069.	843,379.
<b>b</b> FUNDR. POSTAGE & PRINT	1,309,879.			1,309,879.
<b>c</b> DUES, FEES, & SUB	715,226.	421,075.	101,851.	192,300.
<b>d</b> _____				
<b>e</b> All other expenses _____	57,958.	20,644.	27,428.	9,886.
<b>25</b> Total functional expenses. Add lines 1 through 24e	215,759,942.	166,688,634.	16,595,934.	32,475,374.
<b>26</b> Joint costs. 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)	4,318,548.	1,079,637.	0.	3,238,911.

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	34,312,094.	<b>1</b>	11,494,106.
	<b>2</b> Savings and temporary cash investments .....	4,006,288.	<b>2</b>	1,606,788.
	<b>3</b> Pledges and grants receivable, net .....	56,535,885.	<b>3</b>	50,188,103.
	<b>4</b> Accounts receivable, net .....	2,438,959.	<b>4</b>	2,859,833.
	<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 .....		<b>5</b>	
	<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) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	2,218,711.	<b>7</b>	6,689,096.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	15,358,433.	<b>9</b>	10,110,542.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 31,059,383.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 20,980,433.		
	<b>11</b> Investments - publicly traded securities .....	212,935,519.	<b>11</b>	270,968,509.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	533,309.	<b>12</b>	393,344.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	50,551,398.	<b>13</b>	63,438,834.
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	0.	<b>15</b>	18,359,982.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	389,461,665.	<b>16</b>	446,188,087.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	17,575,122.	<b>17</b>	13,191,296.
	<b>18</b> Grants payable .....	69,409,827.	<b>18</b>	96,425,875.
	<b>19</b> Deferred revenue .....	5,150,523.	<b>19</b>	6,416,162.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<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 .....	2,415,955.	<b>25</b>	22,974,524.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	94,551,427.	<b>26</b>	139,007,857.
<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 .....	229,545,554.	<b>27</b>	247,180,317.
	<b>28</b> Net assets with donor restrictions .....	65,364,684.	<b>28</b>	59,999,913.
	<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 .....	294,910,238.	<b>32</b>	307,180,230.
<b>33</b> Total liabilities and net assets/fund balances .....	389,461,665.	<b>33</b>	446,188,087.	

**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>	223,798,085.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	215,759,942.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	8,038,143.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	294,910,238.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	4,231,849.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<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>	307,180,230.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form **990** (2022)





**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	215,659,011.	194,074,339.	190,647,071.	203,302,047.	189,472,784.	993,155,252.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	215,659,011.	194,074,339.	190,647,071.	203,302,047.	189,472,784.	993,155,252.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						993,155,252.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	215,659,011.	194,074,339.	190,647,071.	203,302,047.	189,472,784.	993,155,252.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	2,438,175.	2,918,738.	2,297,884.	2,679,458.	8,011,697.	18,345,952.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	186,965.	29,579.	58,494.	72,762.	23,845.	371,645.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	2,313,482.	1,671,720.	3,345,522.	22,507,054.	23,469,681.	53,307,459.
<b>11 Total support.</b> Add lines 7 through 10						1065180308.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<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 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	93.24 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	95.83 %
<b>16a 33 1/3% support test - 2022.</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 - 2021.</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 - 2022.</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 - 2021.</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

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2022; Row 16: Public support percentage from 2021 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2022; Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2022. 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.

b 33 1/3% support tests - 2021. 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.

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 on line 12 of 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
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> 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>b</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>		
<b>c</b> 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>		
<b>4a</b> 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>b</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>		
<b>c</b> 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>		
<b>5a</b> 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?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined on 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>		
<b>c</b> Did a disqualified person (as defined on 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>		
<b>10a</b> 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>b</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 on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**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>		
<b>1</b>		
<b>2</b>		

**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>		
<b>1</b>		

**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 on 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>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**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 on 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>			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

**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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	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)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2022</b>	<b>(iii) Distributable Amount for 2022</b>
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018			
<b>b</b> Excess from 2019			
<b>c</b> Excess from 2020			
<b>d</b> Excess from 2021			
<b>e</b> Excess from 2022			

Schedule A (Form 990) 2022

**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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

PROGRAM RELATED INVESTMENT & OTHER EXCLUDED INCOME

2018 AMOUNT: \$ 2,313,482.

2019 AMOUNT: \$ 1,671,720.

2020 AMOUNT: \$ 3,345,522.

2021 AMOUNT: \$ 22,507,054.

2022 AMOUNT: \$ 23,469,681.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2022**

Name of the organization

JDRF INTERNATIONAL

Employer identification number

23-1907729

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), 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), 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).



Name of organization  JDRF INTERNATIONAL	Employer identification number  23-1907729
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**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	<hr/> <hr/> <hr/>	\$ 7,115,513.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 5,015,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$	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
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**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
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization  JDRF INTERNATIONAL	Employer identification number  23-1907729
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**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 info. once.) \$ \_\_\_\_\_  
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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2022**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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.

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 <b>JDRF INTERNATIONAL</b>	Employer identification number <b>23-1907729</b>
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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.
- 2 Political campaign activity expenditures ..... \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**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-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2022

**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? .....														

Yes  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) 2019	(b) 2020	(c) 2021	(d) 2022	(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		39,811.
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....	X		7,675.
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		635,324.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....	X		54,942.
<b>j</b> Total. Add lines 1c through 1i .....			737,752.
<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? .....	1	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	2	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	3	

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

<b>1</b> Dues, assessments and similar amounts from members .....	1
<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 .....	2a
<b>b</b> Carryover from last year .....	2b
<b>c</b> Total .....	2c
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	3
<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 expenditures next year? .....	4
<b>5</b> Taxable amount of lobbying and political expenditures. See instructions .....	5

**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.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

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 NON-PARTISAN LOBBYING ACTIVITY TO ENSURE CONGRESS CONTINUES TO

INVEST IN CRITICALLY IMPORTANT MEDICAL RESEARCH AND PUTS IN PLACE

**Part IV** Supplemental Information (continued)

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 \$150M 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.

FY23 LOBBYING ACTIVITIES DO NOT REPRESENT A SUBSTANTIAL PART OF THE

ORGANIZATION'S OVERALL ACTIVITIES.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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.

OMB No. 1545-0047

2022

Open to Public Inspection

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions 3-9 regarding monitoring, expenses, and reporting.

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 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions 1a, 1b, 2, and 3 regarding reporting requirements for art and historical treasures.



**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 |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, 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
1a Beginning of year balance	7,584,083.	8,911,983.	7,709,169.	7,887,833.	7,567,601.
b Contributions		25,000.		-140,727.	221,441.
c Net investment earnings, gains, and losses	503,698.	-1,144,983.	2,111,094.	33,086.	102,034.
d Grants or scholarships					
e Other expenditures for facilities and programs	215,224.	207,917.	908,280.	71,023.	3,243.
f Administrative expenses					
g End of year balance	7,872,557.	7,584,083.	8,911,983.	7,709,169.	7,887,833.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment .0000 %
  - b Permanent endowment 100 %
  - c Term endowment .0000 %
- 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:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations   |     | X  |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 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
1a Land				
b Buildings				
c Leasehold improvements		2,671,357.	466,662.	2,204,695.
d Equipment		28,388,026.	20,513,771.	7,874,255.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				10,078,950.

**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> (Col. (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 INVESTMENTS	63,438,834.	END-OF-YEAR MARKET VALUE
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	63,438,834.	

**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) LIABILITIES RELATED TO SPLIT-INTEREST AGREEMENTS	2,393,198.
(3) OPERATING & FINANCE LEASE LIABILITY	20,581,326.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	22,974,524.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	224,378,712.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	4,231,849.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	607,858.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	4,839,707.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	219,539,005.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	564,894.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	3,694,186.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	4,259,080.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	223,798,085.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	212,108,719.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	607,857.
<b>b</b>	Prior year adjustments	<b>2b</b>	-3,694,186.
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-3,086,329.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	215,195,048.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	564,894.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	564,894.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	215,759,942.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

ORGANIZATION'S ENDOWMENT FUNDS

THE ORGANIZATION UTILIZES EARNINGS ON ENDOWMENT FUNDS IN THE MANNER

SPECIFIED BY THE DONOR AND/OR FOR SUPPORTING THE ORGANIZATION'S GENERAL

EXEMPT PURPOSE.

PART X, LINE 2:

UNCERTAIN TAX POSITIONS

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

**Part XIII** Supplemental Information (continued)

OF BEING SUSTAINED. INCOME GENERATED FROM ACTIVITIES UNRELATED TO JDRF'S

EXEMPT PURPOSE IS SUBJECT TO TAX UNDER INTERNAL REVENUE CODE SECTION 511.

JDRF'S UNRELATED BUSINESS INCOME TAX LIABILITY WAS INSIGNIFICANT FOR THE

YEARS ENDING JUNE 30, 2023 AND 2022.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

GRANT REFUNDS & ADJUSTMENTS	3,694,186.
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**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

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
EAST ASIA AND THE PACIFIC			GRANTMAKING	RESEARCH GRANTS	3,784,197.
NORTH AMERICA			GRANTMAKING	RESEARCH GRANTS	3,611,857.
EUROPE			GRANTMAKING	RESEARCH GRANTS	16,438,714.
MIDDLE EAST AND NORTH AFRICA			GRANTMAKING	RESEARCH GRANTS	3,354,410.
SOUTH ASIA			GRANTMAKING	RESEARCH GRANTS	285,072.
EUROPE		2	PROGRAM SERVICES	RESEARCH SUPPORT	359,258.
NORTH AMERICA			INVESTMENTS	INVESTMENTS	16,741,742.
EUROPE			INVESTMENTS	INVESTMENTS	7,829,760.
<b>3 a</b> Subtotal .....	0	2			52,405,010.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	2			52,405,010.

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

Schedule F (Form 990) 2022

**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)
		NORTH AMERICA	BETA CELL REPLACEMENT	100,000.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	IMMUNOTHERAPIES	1,455,871.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		NORTH AMERICA	PREVENTION	299,985.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	TRANSPORTFOLIO	55,580.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	IMMUNOTHERAPIES	186,430.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		MIDDLE EAST AND NORTH AFRICA	BETA CELL REPLACEMENT	449,936.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	PREVENTION	1,224,862.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	IMMUNOTHERAPIES	147,950.	CHECK/WIRE TRANSFER	0.	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 ..... 0

3 Enter total number of other organizations or entities ..... 69

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND AND GREENLAND)	IMMUNOTHERAPIES	126,500.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	BETA CELL REGENERATION	499,460.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	TRANSPORTFOLIO	290,000.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		MIDDLE EAST AND NORTH AFRICA	TRANSPORTFOLIO	500,000.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	IMMUNOTHERAPIES	725,958.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	BETA CELL REGENERATION	326,083.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	METABOLIC CONTROL	533,327.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		NORTH AMERICA	ARTIFICIAL PANCREAS	267,947.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	IMMUNOTHERAPIES	124,834.	CHECK/WIRE TRANSFER	0.	N/A	N/A

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	IMMUNOTHERAPIES	225,000.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EAST ASIA AND THE PACIFIC	IMMUNOTHERAPIES	170,000.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EAST ASIA AND THE PACIFIC	IMMUNOTHERAPIES	100,000.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	IMMUNOTHERAPIES	947,383.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	PREVENTION	232,616.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		MIDDLE EAST AND NORTH AFRICA	ARTIFICIAL PANCREAS	156,936.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		MIDDLE EAST AND NORTH AFRICA	PREVENTION	1,897,538.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		MIDDLE EAST AND NORTH AFRICA	PREVENTION	350,000.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		NORTH AMERICA	BETA CELL REPLACEMENT	374,732.	CHECK/WIRE TRANSFER	0.	N/A	N/A



<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	BETA CELL REPLACEMENT	885,639.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	PSYCHOSOCIAL	896,274.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		NORTH AMERICA	BETA CELL REGENERATION	300,000.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		NORTH AMERICA	BETA CELL REPLACEMENT	474,881.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		NORTH AMERICA	BETA CELL REPLACEMENT	699,541.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EAST ASIA AND THE PACIFIC	PREVENTION	892,870.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	BETA CELL REPLACEMENT	648,252.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	BETA CELL REGENERATION	582,056.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		NORTH AMERICA	BETA CELL REPLACEMENT	62,958.	CHECK/WIRE TRANSFER	0.	N/A	N/A

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND AND GREENLAND)	BETA CELL REPLACEMENT	705,851.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	PREVENTION	750,857.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	IMMUNOTHERAPIES	123,080.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EAST ASIA AND THE PACIFIC	PREVENTION	200,000.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	PREVENTION	700,000.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	BETA CELL REPLACEMENT	63,128.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		NORTH AMERICA	ARTIFICIAL PANCREAS	451,920.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	PREVENTION	399,851.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EAST ASIA AND THE PACIFIC	PREVENTION	367,134.	CHECK/WIRE TRANSFER	0.	N/A	N/A

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND AND GREENLAND)	ARTIFICIAL PANCREAS	50,000.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EAST ASIA AND THE PACIFIC	METABOLIC CONTROL	363,963.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		NORTH AMERICA	BETA CELL REPLACEMENT	80,000.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	PSYCHOSOCIAL	611,505.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	COMPLICATIONS	300,000.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EAST ASIA AND THE PACIFIC	ARTIFICIAL PANCREAS	302,685.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	BETA CELL REGENERATION	245,573.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	IMMUNOTHERAPIES	500,000.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		SOUTH ASIA	ARTIFICIAL PANCREAS	285,072.	CHECK/WIRE TRANSFER	0.	N/A	N/A

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND AND GREENLAND)	BETA CELL REGENERATION	245,354.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	COMPLICATIONS	216,019.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	PREVENTION	613,581.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	BETA CELL REGENERATION	170,000.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	IMMUNOTHERAPIES	143,289.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	PSYCHOSOCIAL	45,879.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	PSYCHOSOCIAL	109,958.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		NORTH AMERICA	BETA CELL REGENERATION	299,894.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EAST ASIA AND THE PACIFIC	PSYCHOSOCIAL	276,907.	CHECK/WIRE TRANSFER	0.	N/A	N/A

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND AND GREENLAND)	PREVENTION	176,591.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	COMPLICATIONS	695,616.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	BETA CELL REPLACEMENT	180,550.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	IMMUNOTHERAPIES	70,000.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	IMMUNOTHERAPIES	199,972.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	METABOLIC CONTROL	118,624.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		NORTH AMERICA	METABOLIC CONTROL	200,000.	CHECK/WIRE TRANSFER	0.	N/A	N/A



**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

Schedule F (Form 990) 2022

**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.

PART I, LINE 2:

GRANT MONITORING PROCEDURES

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.

PART II, LINES 2 AND 3:

WHILE MANY FOREIGN GRANTEES MAY BE RECOGNIZED AS CHARITIES IN THEIR RESPECTIVE COUNTRY OR AS 501(C)(3) ORGANIZATIONS BY THE IRS, JDRF DOES NOT HAVE A FEASIBLE WAY TO VALIDATE FOREIGN TAX EXEMPTION AND CONSERVATIVELY CLASSIFIES ALL FOREIGN GRANTEES AS OTHER.



**SCHEDULE G  
(Form 990)**

**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.

**2022**

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 <b>JDRF INTERNATIONAL</b>	Employer identification number <b>23-1907729</b>
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**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
- 2 a 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			
BLUE STATE DIGITAL - 41 FLATBUSH AVENUE 8TH FL, THE PURSUANT GROUP - 15660 NORTH DALLAS PARKWAY, SUITE	DIRECT APPEAL FUNDRAISING SERVICES		X	4,294,870.	482,366.	3,812,504.
CHARITABLE ADULT RIDES & SERVICES, INC (CARS) - 4669 CASWELL ZACHRY GRIZZARD - 6301 GASTON AVENUE, SUITE	CAR DONATIONS	X		195,825.	54,124.	141,701.
COMMUNITY COUNSELING SERVICE CO, LLC - 527 MADISON AVE, SYNERGY DIRECT MARKETING SOLUTIONS, LLC. - 480 WEST	PLANNED GIVING MARKETING ADVISORY SERVICES TEXT MESSAGING CAMPAIGN		X	0. 0. 0.	199,999. 906,333. 31,760.	-199,999. -906,333. -31,760.
<b>Total</b>				6,953,195.	2,370,683.	4,582,512.

- 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, AR, 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 (add col. (a) through col. (c))
		ILLINOIS GALA (event type)	PNW DREAM GALA (event type)	288 (total number)	
Revenue	<b>1</b> Gross receipts .....	16,091,205.	3,686,783.	107,939,719.	127,717,707.
	<b>2</b> Less: Contributions .....	14,964,436.	2,956,253.	84,468,048.	102,388,737.
	<b>3</b> Gross income (line 1 minus line 2) .....	1,126,769.	730,530.	23,471,671.	25,328,970.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....	129,974.	256,962.	3,650,204.	4,037,140.
	<b>7</b> Food and beverages .....	424,412.	3,743.	4,353,025.	4,781,180.
	<b>8</b> Entertainment .....	432,942.	243,977.	5,571,021.	6,247,940.
	<b>9</b> Other direct expenses .....	139,442.	225,847.	9,897,421.	10,262,710.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				25,328,970.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				0.	

**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 .....			
Direct Expenses	<b>2</b> Cash prizes .....			24,748.	24,748.
	<b>3</b> Noncash prizes .....			0.	
	<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 type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				24,748.	
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....				800,383.	

SEE PART IV FOR FULL LIST OF STATES

**9** Enter the state(s) in which the organization conducts gaming activities: AL, AK, AZ, CA, CO, CT, DC, FL, GA, HI, IL, KS  
**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	100.00 %
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name KIMBERLY ZINGALE / MANAGER, FINANCIAL REPORTING AND COMPLIANCE - JDRF

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

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ 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 explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

- (I) NAME OF FUNDRAISER: BLUE STATE DIGITAL
- (I) ADDRESS OF FUNDRAISER: 41 FLATBUSH AVENUE 8TH FL, BROOKLYN, NY 11217
- (I) NAME OF FUNDRAISER: THE PURSUANT GROUP
- (I) ADDRESS OF FUNDRAISER: 15660 NORTH DALLAS PARKWAY, SUITE 1000, DALLAS, TX 75248

**Part IV** Supplemental Information (continued)

(I) NAME OF FUNDRAISER: CHARITABLE ADULT RIDES & SERVICES, INC (CARS)

(I) ADDRESS OF FUNDRAISER:

4669 MURPHY CANYON RD. #200, SAN DIEGO, CA 92123

(I) NAME OF FUNDRAISER: CASWELL ZACHRY GRIZZARD

(I) ADDRESS OF FUNDRAISER: 6301 GASTON AVENUE, SUITE 715, DALLAS, TX 75214

(I) NAME OF FUNDRAISER: COMMUNITY COUNSELING SERVICE CO, LLC

(I) ADDRESS OF FUNDRAISER: 527 MADISON AVE, 5TH FLOOR, NEW YORK, NY 10022

(I) NAME OF FUNDRAISER: SYNERGY DIRECT MARKETING SOLUTIONS, LLC.

(I) ADDRESS OF FUNDRAISER:

480 WEST TUSCARAWAS AVE, SUITE 307, BARBERTON, OH 44203

SCHEDULE G, PART III, LINE 9, LIST OF STATES WITH GAMING ACTIVITIES:

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 I, LINE 2:

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 ARE PUT IN CONTACT WITH A

TOWING SERVICE IN THEIR AREA. AFTER THE CAR IS DONATED, CARS HANDLES

ALL IRS 1098-C REPORTING. FOR THE YEAR ENDED 6/30/2023, CARS RAISED

\$195,825, WITH SELLING EXPENSES OF \$18,726 AND FUNDRAISING SERVICE FEES

OF \$35,398. JDRF DOES NOT PAY CARS ANY EXPENSES OR FEES DIRECTLY. JDRF

RECEIVED \$141,701 OF NET REVENUE FROM CARS IN FY 2023.

**Part IV** Supplemental Information (continued)

PART I, LINE 2:

SEPARATE FROM PROFESSIONAL FUNDRAISING SERVICES REPORTED ON SCHEDULE G,

PART I, JDRF PAID FUNDRAISING EXPENSES OF \$382,621 FOR POSTAGE AND

\$902,261 FOR PRINTING TO THE PURSUANT GROUP. THE INVOICES PROVIDE AN

ITEMIZED LIST OF SERVICES AND EXPENSES.

PART I, LINE 2:

SEPARATE FROM PROFESSIONAL FUNDRAISING SERVICES REPORTED ON SCHEDULE G,

PART I, JDRF PAID FUNDRAISING EXPENSES OF \$24,997 FOR POSTAGE TO

CASWELL. THE INVOICES PROVIDE AN ITEMIZED LIST OF SERVICES AND

EXPENSES.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ADVANCED REGENERATIVE MANUFACTURING INSTITUTE (ARMI) - 400 COMMERCIAL STREET - MANCHESTER, NH 03101	81-3327581	501(C)(6)	823,255.	0.	N/A	N/A	BETA CELL REPLACEMENT
ADVENTHEALTH 601 EAST ROLLINS ST, PO BOX 37 ORLANDO, FL 32803-1248	59-0724459	501(C)(3)	310,840.	0.	N/A	N/A	PREVENTION
ALBERT EINSTEIN COLLEGE OF MEDICINE - 1300 MORRIS PARK AVE - BRONX, NY 10461	83-0621846	501(C)(3)	737,989.	0.	N/A	N/A	PSYCHOSOCIAL
ANN & ROBERT H. LURIE CHILDRENS HOSPITAL OF CHICAGO - 225 EAST CHICAGO AVE, PO BOX 10 - CHICAGO, IL 60611	36-2170833	501(C)(3)	223,981.	0.	N/A	N/A	PSYCHOSOCIAL
ARIZONA BOARD OF REGENTS, UNIVERSITY OF ARIZONA - PO BOX 210158 - TUCSON, AZ 85721-0158	74-2652689	501(C)(3)	783,788.	0.	N/A	N/A	BETA CELL REPLACEMENT
AVERA MCKENNAN 1325 S. CLIFF AVE SIOUX FALLS, SD 57108	30-1043916	501(C)(3)	1,520,870.	0.	N/A	N/A	PSYCHOSOCIAL

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **87.**
- 3** Enter total number of other organizations listed in the line 1 table ..... **14.**

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

Schedule I (Form 990) 2022

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030	74-1613878	501(C)(3)	64,999.	0.	N/A	N/A	PSYCHOSOCIAL
BECKMAN RESEARCH INSTITUTE OF THE CITY OF HOPE - 1500 E. DUARTE ROAD - DUARTE, CA 91010	95-3432210	501(C)(3)	2,559,923.	0.	N/A	N/A	BETA CELL REGENERATION
BENAROYA RESEARCH INSTITUTE AT VIRGINIA MASON - 1201 NINTH AVENUE - NA - SEATTLE, CA 98101-2795	91-0653422	501(C)(3)	62,550.	0.	N/A	N/A	IMMUNOTHERAPIES
BIOMEDICAL RESEARCH INSTITUTE OF SOUTHERN CALIFORNIA - 4225-H OCEANSIDE BOULEVARD #273 - OCEANSIDE, CA 92056	45-2210161	501(C)(3)	200,000.	0.	N/A	N/A	IMMUNOTHERAPIES
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVE BOSTON, MA 02215	04-2774441	501(C)(3)	800,000.	0.	N/A	N/A	BETA CELL REPLACEMENT
BRIGHAM AND WOMEN'S HOSPITAL, INC. 75 FRANCIS ST BOSTON, MA 02115	04-2312909	501(C)(3)	750,000.	0.	N/A	N/A	BETA CELL REGENERATION
BROWN UNIVERSITY 164 ANGELL ST, PO BOX 1929 PROVIDENCE, RI 02912	05-0258809	501(C)(3)	515,823.	0.	N/A	N/A	BETA CELL REPLACEMENT
CALIFORNIA INSTITUTE OF TECHNOLOGY 1200 E CALIFORNIA BLVD, MAIL CODE 2 PASADENA, CA 91125	95-1643307	501(C)(3)	250,000.	0.	N/A	N/A	BETA CELL REPLACEMENT
CARNEGIE MELLON UNIVERSITY P.O. BOX 371032 PITTSBURGH, PA 15213	25-0969449	501(C)(3)	297,081.	0.	N/A	N/A	PSYCHOSOCIAL

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE, STE 357 CLEVELAND, OH 44106-3052	34-1018992	501(C)(3)	200,000.	0.	N/A	N/A	IMMUNOTHERAPIES
CHILDREN'S HOSPITAL OF PHILADELPHIA - LOCKBOX #1457, PO BOX 8500 - PHILADELPHIA, PA 19178-1457	23-1352166	501(C)(3)	149,998.	0.	N/A	N/A	PREVENTION
CHILDREN'S MERCY HOSPITAL 2401 GILLHAM ROAD KANSAS CITY, MO 64108	44-0605373	501(C)(3)	473,623.	0.	N/A	N/A	PSYCHOSOCIAL
CIVICA RX 2912 W EXECUTIVE PKWY, STE 325 LEHI, UT 84043-4622	84-4514428	501(C)(3)	3,000,000.	0.	N/A	N/A	MISSION
COLORADO SCHOOL OF MINES 1500 ILLINOIS ST GOLDEN, CO 80401	84-6000551	501(C)(3)	300,000.	0.	N/A	N/A	BETA CELL REGENERATION
CORNELL UNIVERSITY 377 PINE TREE RD ITHACA, NY 14850-2820	15-0532082	501(C)(3)	200,000.	0.	N/A	N/A	ARTIFICIAL PANCREAS
CRITICAL PATH INSTITUTE (C-PATH) 1730 EAST RIVER ROAD, #200 TUCSON, AZ 85718	20-1999134	501(C)(3)	1,021,906.	0.	N/A	N/A	IMMUNOTHERAPIES
DIATECH DIABETES, INC. 88 UNION AVE MEMPHIS, TN 38103	84-1890342	N/A	100,000.	0.	N/A	N/A	ARTIFICIAL PANCREAS
DUKE UNIVERSITY P.O. BOX 602651 CHARLOTTE, NC 28260-2651	56-0532129	501(C)(3)	527,983.	0.	N/A	N/A	PSYCHOSOCIAL

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EVOQ THERAPEUTICS, INC. 1600 HURON PARKWAY, BLG 520, 2ND FL ANN ARBOR, MI 48109	81-3291966	N/A	165,000.	0.	N/A	N/A	IMMUNOTHERAPIES
GEISINGER CLINIC 100 N ACADEMY AVE DANVILLE, PA 17822-3057	23-6291113	501(C)(3)	648,325.	0.	N/A	N/A	PREVENTION
GEORGIA SOUTHERN UNIVERSITY RESEARCH AND SERVICE FOUNDATION, INC - 261 FOREST DRIVE - STATESBORO, GA 30458	58-2354256	501(C)(3)	199,517.	0.	N/A	N/A	ARTIFICIAL PANCREAS
GEORGIA TECH RESEARCH CORPORATION PO BOX 100117 ATLANTA, GA 30384	58-0603146	501(C)(3)	224,166.	0.	N/A	N/A	BETA CELL REPLACEMENT
GINER, INC. 89 RUMFORD AVE NEWTON, MA 02466	82-1416958	N/A	39,968.	0.	N/A	N/A	BETA CELL REPLACEMENT
HUMACYTE 2525 E NC HWY 54, STE 104 DURHAM, NC 27713	84-1661297	N/A	80,000.	0.	N/A	N/A	BETA CELL REPLACEMENT
ILLINOIS INSTITUTE OF TECHNOLOGY 3424 S. STATE ST, STE TC-4TH FL, RM CHICAGO, IL 60616-3717	36-2170136	501(C)(3)	94,834.	0.	N/A	N/A	ARTIFICIAL PANCREAS
INDIANA BIOSCIENCES RESEARCH INSTITUTE - 1210 WATERWAY BLVD, STE. 2000 - INDIANAPOLIS, IN 46202	46-2882271	501(C)(3)	544,959.	0.	N/A	N/A	BETA CELL REGENERATION
INDIANA UNIVERSITY OFFICE OF RESEARCH ADMIN, DEPT. 78867, PO BOX 78000 - DETROIT, MI 48278-0867	35-6001673	501(C)(3)	919,800.	0.	N/A	N/A	BETA CELL REGENERATION

Schedule I (Form 990)

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INTEGRATED MEDICAL SENSORS INC 30 HUGHES, SUITE 200 IRVINE, CA 92618	47-4751319	N/A	140,000.	0.	N/A	N/A	ARTIFICIAL PANCREAS
IQVIA, INC. 100 IMS DRIVE PARSIPPANY, NJ 07054	27-1341991	N/A	1,260,738.	0.	N/A	N/A	PREVENTION
ITOLERANCE, INC. 1221 SHAFER STREET SAN MATEO, CA 94402	85-3086959	N/A	85,000.	0.	N/A	N/A	BETA CELL REPLACEMENT
IVIVA MEDICAL INC 100 CUMMINGS CENTER, STE 451C BEVERLY, MA 01915	32-0423382	501(C)(3)	37,500.	0.	N/A	N/A	BETA CELL REPLACEMENT
JAEB CENTER FOR HEALTH RESEARCH 15310 AMBERLY DRIVE, STE 350 TAMPA, FL 33647	59-3187624	501(C)(3)	458,402.	0.	N/A	N/A	PREVENTION
JOHNS HOPKINS UNIVERSITY 733 N. BROADWAY 600 N. WOLFE ST. BALTIMORE, MD 21205	52-0595110	501(C)(3)	866,182.	0.	N/A	N/A	IMMUNOTHERAPIES
JOSLIN DIABETES CENTER INC. ONE JOSLIN PLACE BOSTON, MA 02215-5306	04-2203836	501(C)(3)	1,033,906.	0.	N/A	N/A	COMPLICATIONS
LIEBERMAN RESEARCH 98 CUTTER MILL RD, STE 359 GREAT NECK PLAZA, NY 11021-3036	11-2576076	N/A	46,000.	0.	N/A	N/A	TRANSPORTFOLIO
MASSACHUSETTS GENERAL HOSPITAL PO BOX 414876 BOSTON, MA 02114-4876	04-2697983	501(C)(3)	771,083.	0.	N/A	N/A	IMMUNOTHERAPIES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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MAYO CLINIC 200 FIRST STREET SW ROCHESTER, MN 55905-0001	41-6011702	501(C)(3)	200,000.	0.	N/A	N/A	BETA CELL REGENERATION
MEMORIAL SLOAN-KETTERING CANCER CENTER - 1275 YORK AVENUE, BOX 701 - NEW YORK, NY 10065	13-1924236	501(C)(3)	449,983.	0.	N/A	N/A	BETA CELL REPLACEMENT
MICHIGAN STATE UNIVERSITY 426 AUDITORIUM RD, RM 2 EAST LANSING, MI 48824-2613	38-6005984	501(C)(3)	250,000.	0.	N/A	N/A	BETA CELL REPLACEMENT
MINUTIA 535 BELLEVUE AVE, UNIT 8 OAKLAND, CA 94610	85-1020286	N/A	237,150.	0.	N/A	N/A	BETA CELL REPLACEMENT
NEMOURS CHILDREN'S CLINIC 10140 CENTURION PARKWAY NORTH JACKSONVILLE, FL 32256	59-0634433	501(C)(3)	200,744.	0.	N/A	N/A	PSYCHOSOCIAL
NEURODON LLC 9800 CONNECTICUT DRIVE CROWN POINT, IN 46307	46-5375254	N/A	119,600.	0.	N/A	N/A	BETA CELL REGENERATION
NEW YORK MEDICAL COLLEGE 40 SUNSHINE COTTAGE RD, ADMIN BLDG VALHALLA, NY 10595	13-1099420	501(C)(3)	250,000.	0.	N/A	N/A	BETA CELL REGENERATION
NEW YORK STEM CELL FOUNDATION, INC. - 619 WEST 54TH STREET, 3RD FLOOR - NEW YORK, NY 10019	20-2905531	501(C)(3)	100,000.	0.	N/A	N/A	IMMUNOTHERAPIES
NORTHWESTERN UNIVERSITY 633 CLARK ST, ROOM G-547 CROWN EVANSTON, IL 60208	36-2167817	501(C)(3)	577,659.	0.	N/A	N/A	IMMUNOTHERAPIES

Schedule I (Form 990)

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OREGON HEALTH & SCIENCE UNIVERSITY 0690 SW BANCROFT STREET, L106SPA PORTLAND, OR 97239	93-1176109	501(C)(3)	199,765.	0.	N/A	N/A	ARTIFICIAL PANCREAS
PHYSIOLOGIC DEVICES, INC. 2232 OLD STAGECOACH TRAIL ALPINE, CA 91901	80-0917839	N/A	53,000.	0.	N/A	N/A	ARTIFICIAL PANCREAS
PRESIDENT AND FELLOWS OF HARVARD COLLEGE - P. O. BOX 415649 - BOSTON, MA 02241-5649	04-2103580	501(C)(3)	295,000.	0.	N/A	N/A	IMMUNOTHERAPIES
PUTNAM ASSOCIATES 501 BOYLSTON STREET BOSTON, MA 02116	46-3321955	501(C)(3)	328,700.	0.	N/A	N/A	IMMUNOTHERAPIES
RECTOR & VISITORS OF THE UNIVERSITY OF VIRGINIA - P.O. BOX 400195, OFFICE OF SPONSORED PROGRAMS - CHARLOTTESVILLE, VA	54-6001796	501(C)(3)	1,149,233.	0.	N/A	N/A	BETA CELL REPLACEMENT
REGENTS OF THE UNIVERSITY OF COLORADO - GRANTS AND CONTRACTS 10-2011-138-GE-MAIL STOP F428, DEP 238 - DENVER, CO 80291-0238	84-6000555	501(C)(3)	5,657,381.	0.	N/A	N/A	IMMUNOTHERAPIES
REGENTS OF THE UNIVERSITY OF MICHIGAN - 3003 SOUTH STATE ST, RM 1054 - ANN ARBOR, MI 48109	38-6006309	501(C)(3)	2,239,313.	0.	N/A	N/A	COMPLICATIONS
REGENTS OF THE UNIVERSITY OF MINNESOTA - NW 5957, PO BOX 1450 - MINNEAPOLIS, MN 55485-5957	41-6007513	501(C)(3)	1,222,389.	0.	N/A	N/A	BETA CELL REGENERATION
REMD BIOTHERAPEUTICS 4010 ADOLFO ROAD, STE A CAMARILLO, CA 93012	45-4614986	N/A	67,000.	0.	N/A	N/A	METABOLIC CONTROL

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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RTI INTERNATIONAL P.O. BOX 14668 RESEARCH TRIANGLE PARK, NC 27709	56-0686338	501(C)(3)	1,423,552.	0.	N/A	N/A	TRANSPORTFOLIO
RUTGERS BIOMEDICAL AND HEALTH SCIENCES - 33 KNIGHTSBRIDGE RD, 2ND FL, EAST WING - PISCATAWAY, NJ 08854-3925	46-2354111	501(C)(3)	305,918.	0.	N/A	N/A	IMMUNOTHERAPIES
RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY - 33 KNIGHTSBRIDGE ROAD, 2ND FL, EAST WING - PISCATAWAY, NJ 08854-3925	22-6001086	501(C)(3)	278,166.	0.	N/A	N/A	PREVENTION
SANFORD-BURNHAM MEDICAL RESEARCH INSTITUTE - 10901 NORTH TORREY PINES ROAD - LA JOLLA, CA 92037-1005	51-0197108	501(C)(3)	330,000.	0.	N/A	N/A	BETA CELL REGENERATION
STANFORD UNIVERSITY PO BOX 44253 SAN FRANCISCO, CA 44144-4253	94-1156365	501(C)(3)	1,330,787.	0.	N/A	N/A	METABOLIC CONTROL
T1D EXCHANGE, INC. 11 AVENUE DE LAFAYETTE, 5TH FL BOSTON, MA 02111	45-1623549	501(C)(3)	880,015.	0.	N/A	N/A	PREVENTION
THE LUNDQUIST INSTITUTE 1124 WEST CARSON ST TORRANCE, CA 90502	95-2138184	501(C)(3)	149,999.	0.	N/A	N/A	BETA CELL REPLACEMENT
THE MEDICAL COLLEGE OF WISCONSIN INC. - 8701 WATERTOWN PLANK ROAD - MILWAUKEE, WI 53226	39-0806261	501(C)(3)	315,683.	0.	N/A	N/A	IMMUNOTHERAPIES
THE METHODIST HOSPITAL RESEARCH INSTITUTE - 6670 BERTNER AVE - HOUSTON, TX 77030	87-0721923	501(C)(3)	430,000.	0.	N/A	N/A	BETA CELL REPLACEMENT

Schedule I (Form 990)

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THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, LOS ANGELES - 11000 KINROSS AVE. #211, PO BOX 951406 - LOS ANGELES, CA 90095-1406	95-6006143	501(C)(3)	461,155.	0.	N/A	N/A	METABOLIC CONTROL
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 1855 FOLSOM ST, STE 425, BOX 0897 - SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	3,520,751.	0.	N/A	N/A	BETA CELL REPLACEMENT
THE UNIVERSITY OF CHICAGO 5801 SOUTH ELLIS AVE, ADM. BLDG, RM CHICAGO, IL 60637	36-2177139	501(C)(3)	362,232.	0.	N/A	N/A	BETA CELL REGENERATION
THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 104 AIRPORT ROAD, SUITE 2200 - CHAPEL HILL, NC 27707	56-6001393	501(C)(3)	400,000.	0.	N/A	N/A	ARTIFICIAL PANCREAS
TIDEPOOL 450 TOWNSEND ST. SAN FRANCISCO, CA 94107	46-2302287	501(C)(3)	750,000.	0.	N/A	N/A	MISSION
TORRAMICS INC. 440 N BARRANCA, AVE #2897 COVINA, CA 91723	87-2652308	N/A	150,000.	0.	N/A	N/A	ARTIFICIAL PANCREAS
TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - PO BOX 29789 - NEW YORK, NY 10087-9789	13-5598093	501(C)(3)	349,999.	0.	N/A	N/A	BETA CELL REPLACEMENT
TRUSTEES OF INDIANA UNIVERSITY PO BOX 78000 DETROIT, MI 48278-0867	35-6001673	501(C)(3)	280,000.	0.	N/A	N/A	PREVENTION
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - P-221 FRANKLIN BLG, 3451 WALNUT STREET - PHILADELPHIA, PA 19178-5541	23-1352685	501(C)(3)	338,378.	0.	N/A	N/A	IMMUNOTHERAPIES

Schedule I (Form 990)

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UNIVERSITY OF ALABAMA AT BIRMINGHAM - 201 S. PRESIDENT'S CIRCLE, RM 406 - SALT LAKE CITY, UT 84112-9020	63-6005396	501(C)(3)	749,939.	0.	N/A	N/A	IMMUNOTHERAPIES
UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DR. - LA JOLLA, CA 92093-0009	95-6006144	501(C)(3)	1,370,846.	0.	N/A	N/A	BETA CELL REGENERATION
UNIVERSITY OF CALIFORNIA, SANTA BARBARA - 1212 SAASB - SANTA BARBARA, CA 93106	95-6006145	501(C)(3)	527,616.	0.	N/A	N/A	ARTIFICIAL PANCREAS
UNIVERSITY OF CINCINNATI PO BOX 932641 CLEVELAND, OH 44193-0014	31-6000989	501(C)(3)	250,000.	0.	N/A	N/A	BETA CELL REGENERATION
UNIVERSITY OF FLORIDA 123 GRINTER HALL, PO BOX 113001 GAINESVILLE, FL 32611-3001	59-6002052	501(C)(3)	3,886,548.	0.	N/A	N/A	IMMUNOTHERAPIES
UNIVERSITY OF KANSAS MEDICAL CENTER RESEARCH INSTITUTE, INC. - 3901 RAINBOW BLVD. MSN 1039 - KANSAS CITY, KS	48-1108830	501(C)(3)	250,000.	0.	N/A	N/A	IMMUNOTHERAPIES
UNIVERSITY OF MARYLAND 4101 CHESAPEAKE BLG, 4300 TERRAPIN TRAIL - COLLEGE PARK, MD 20742-3141	52-6002033	501(C)(3)	329,999.	0.	N/A	N/A	IMMUNOTHERAPIES
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - 55 LAKE AVE, NORTH - WORCESTER, MA 01655	04-3167352	501(C)(3)	7,498,644.	0.	N/A	N/A	BETA CELL REPLACEMENT
UNIVERSITY OF MIAMI 1400 N.W. 10TH AVENUE, 10TH FLOOR- MIAMI, FL 33136	59-0624458	501(C)(3)	1,848,968.	0.	N/A	N/A	BETA CELL REGENERATION

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NOTRE DAME 836A GRACE HALL NOTRE DAME, IN 46556	35-0868188	501(C)(3)	150,000.	0.	N/A	N/A	METABOLIC CONTROL
UNIVERSITY OF PITTSBURGH P.O. BOX 371220 PITTSBURGH, PA 15251-7220	25-0965591	501(C)(3)	624,395.	0.	N/A	N/A	BETA CELL REGENERATION
UNIVERSITY OF TEXAS AT AUSTIN 3925 W. BRAKER LN, STE 3.340 AUSTIN, TX 78759	74-6000203	501(C)(3)	187,620.	0.	N/A	N/A	PREVENTION
UNIVERSITY OF UTAH 201 S. PRESIDENT'S CIRCLE, ROOM 406 SALT LAKE CITY, UT 84112	87-6000525	501(C)(3)	463,448.	0.	N/A	N/A	METABOLIC CONTROL
UNIVERSITY OF WASHINGTON 3917 UNIVERSITY WAY NE SEATTLE, WA 98195	91-6001537	501(C)(3)	1,156,640.	0.	N/A	N/A	BETA CELL REGENERATION
UNIVERSITY OF WISCONSIN-MADISON UW-MADISON GAR ACCOUNT OFFICE DRAWER#538 - MILWAUKEE, WI 53278-0538	39-6006492	501(C)(3)	1,431,376.	0.	N/A	N/A	COMPLICATIONS
UT SOUTHWESTERN PO BOX 841753 DALLAS, TX 75284-1753	75-2556007	501(C)(3)	913,339.	0.	N/A	N/A	BETA CELL REPLACEMENT
VANDERBILT UNIVERSITY MEDICAL CENTER (VUMC) - DOF, DEPT AT 40303 - ATLANTA, GA 31192	35-2528741	501(C)(3)	615,000.	0.	N/A	N/A	IMMUNOTHERAPIES
WAKE FOREST UNIVERSITY HEALTH SCIENCES - MEDICAL CENTER BLVD. - WINSTON-SALEM, NC 27157-0001	22-3849199	501(C)(3)	249,999.	0.	N/A	N/A	BETA CELL REPLACEMENT

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON UNIVERSITY CAMPUS BOX 1034-700 ROSEDALE AVE ST. LOUIS, MO 63112-1408	43-0653611	501(C)(3)	554,944.	0.	N/A	N/A	BETA CELL REPLACEMENT
WAYNE STATE UNIVERSITY 5057 WOODWARD AVE, 13TH FL DETROIT, MI 48202-4050	38-6028429	501(C)(3)	199,231.	0.	N/A	N/A	BETA CELL REPLACEMENT
WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY - 1300 YORK AVE, BOX 89 - NEW YORK, NY 10065	13-1623978	501(C)(3)	574,986.	0.	N/A	N/A	BETA CELL REPLACEMENT
WILLIAM MARSH RICE UNIVERSITY 6100 MAIN STREET - MS 16 HOUSTON, TX 77005-1892	74-1109620	501(C)(3)	450,000.	0.	N/A	N/A	BETA CELL REPLACEMENT
YALE UNIVERSITY PO BOX 1873 - NA NEW HAVEN, CT 06508-1873	06-0646973	501(C)(3)	908,938.	0.	N/A	N/A	IMMUNOTHERAPIES

**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 noncash assistance

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

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 IV Supplemental 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 GRANTEES, PROVIDING ADVICE AND EVALUATION, REVIEWING

PROGRESS REPORTS, REVIEWING RESEARCH EXPENDITURES VERSUS AGREED BUDGETS,

AND HELPING DISSEMINATE RESEARCH RESULTS.

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

JDRF INTERNATIONAL

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 checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees              |
| <input type="checkbox"/> Discretionary spending account                       | <input type="checkbox"/> Personal services (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>1b</b>	X	
<b>2</b>		X
<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>		

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

Schedule J (Form 990) 2022

**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 and/or 1099-NEC 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, PHD CHIEF EXECUTIVE OFFICER	(i)	524,920.	225,000.	75,000.	1,266.	53,426.	879,612.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) STEVEN ST. PETER MANAGING DIRECTOR, T1D FUND	(i)	400,527.	300,000.	0.	9,291.	23,933.	733,751.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) TIMOTHY DOYLE COO/PRESIDENT/ASST TREAS (END 11/22)	(i)	487,368.	97,800.	38,353.	10,174.	53,559.	687,254.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) HELEN ELLIAS MANAGING DIRECTOR, T1D FUND	(i)	345,786.	200,000.	0.	7,710.	5,416.	558,912.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) PAMELA MORRISROE CHIEF MARKETING OFFICER	(i)	356,608.	82,800.	0.	8,224.	28,397.	476,029.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ROBERT KING CFAO/TREASURER	(i)	359,877.	66,200.	0.	7,875.	18,728.	452,680.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CYNTHIA RICE CHIEF MISSION OFFICER	(i)	334,387.	66,600.	0.	7,593.	26,913.	435,493.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) TROY LINDLOFF FORMER OFFICER	(i)	0.	0.	405,125.	0.	0.	405,125.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) SANJOY DUTTA, PHD CHIEF SCIENTIFIC OFFICER	(i)	329,469.	64,000.	0.	0.	3,949.	397,418.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) TRACY MIDO CHIEF HUMAN RESOURCES OFFICER	(i)	293,122.	57,500.	0.	3,824.	2,539.	356,985.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) MIMI CRABTREE EXECUTIVE DIRECTOR, GREATER NY CHAPT	(i)	218,291.	47,200.	41,992.	4,985.	20,514.	332,982.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) SYDNEY YOVIC CHF. STRATEGY OFC/CHF. OF STAFF	(i)	226,358.	57,200.	0.	6,591.	42,579.	332,728.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) YURY KUKUSHKIN MANAGING DIRECTOR, T1D FUND	(i)	245,450.	78,750.	0.	5,963.	2,391.	332,554.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) JOANNE MARTZ FORMER OFFICER	(i)	0.	0.	110,769.	0.	0.	110,769.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(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.

PART I, LINE 1A:

HOUSING ALLOWANCE

CEO AARON KOWALSKI RECEIVED A TAXABLE HOUSING ALLOWANCE AS PER THE TERMS OF HIS EMPLOYMENT AGREEMENT. THE TOTAL FOR CALENDAR YEAR 2022 WAS \$75,000.

PART I, LINE 1A

TAX INDEMNIFICATION AND GROSS-UP PAYMENTS

MIMI CRABTREE, EXECUTIVE DIRECTOR, GREATER NEW YORK CITY CHAPTER, RECEIVED A TAXABLE GROSS-UP PAYMENT OF \$41,992 FOR CALENDAR YEAR 2022.

PART I, LINE 4A:

SEVERANCE PAYMENTS

JOANNE MARTZ, TROY LINDLOFF AND TIMOTHY DOYLE RECEIVED SEVERANCE PAYMENTS AS PER THE TERMS OF THEIR EMPLOYMENT AGREEMENTS. THE TOTALS ARE AS FOLLOWS:

JOANNE MARTZ - \$110,769

TROY LINDLOFF - \$405,125

TIMOTHY DOYLE - \$38,353

**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.

SEVERANCE PAYMENTS ARE REPORTED ON SCHEDULE J, PART II, COLUMN (B)(III) AS

OTHER REPORTABLE COMPENSATION.

PART I, LINE 7:

NON-FIXED PAYMENTS

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, COLUMN (B) (II).





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

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
E. BEARD	SEE BELOW	75,818.	SEE BELOW		X

**Part V Supplemental Information.**

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART IV, LINE 1

(B) E. BEARD HAS A FAMILY RELATIONSHIP WITH GRANT BEARD, A MEMBER OF JDRF'S BOARD OF DIRECTORS.

(D) EMPLOYMENT BY JDRF.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

Open to Public Inspection

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.

Department of the Treasury  
Internal Revenue Service

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	99	141,701.	NET PROCEEDS OF SALE
7 Boats and planes .....				
8 Intellectual property .....				
9 Securities - Publicly traded .....	X	209	10,078,239.	NET PROCEEDS OF SALE
10 Securities - Closely held stock .....	X	1	3,260.	PER-SHARE EXERCISE PRICE
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 ( _____ )				
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** 1

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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....

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

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

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

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2022

**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.

SCHEDULE M, PART I, LINE 32B

THIRD PARTY ASSISTANCE

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 ARE PUT IN CONTACT WITH A

TOWING SERVICE IN THEIR AREA. AFTER THE CAR IS DONATED, CARS HANDLES

ALL IRS 1098-C REPORTING. FOR THE YEAR ENDED 6/30/2023, CARS RAISED

\$195,825, WITH SELLING EXPENSES OF \$18,726 AND FUNDRAISING SERVICE FEES

OF \$35,398. JDRF DOES NOT PAY CARS ANY EXPENSES OR FEES DIRECTLY. JDRF

RECEIVED \$141,701 OF NET REVENUE FROM CARS IN FY 2023.

SCHEDULE M, PAGE 1

PART I, LINE 9 REPORTS THE NUMBER OF CONTRIBUTIONS OF SECURITIES THAT

WERE MADE TO JDRF.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

JDRF INTERNATIONAL

Employer identification number

23-1907729

FORM 990, PART I, LINE 1 AND 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 JDRF.

SINCE OUR FOUNDING, JDRF HAS FUNDED MORE THAN \$2.5 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

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

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization JDRF INTERNATIONAL	Employer identification number 23-1907729
--	--

RESEARCH. TODAY, EVERY \$1 JDRF INVESTS IN RESEARCH ATTRACTS AN  
 ADDITIONAL \$2.25 TO THE FIELD. FOR FISCAL YEAR 2023, JDRF'S  
 APPROXIMATELY \$138.4 MILLION IN DIRECT FUNDING ATTRACTED \$311 MILLION  
 IN ADDITIONAL INVESTMENT IN T1D RESEARCH FROM U.S. AND INTERNATIONAL  
 GOVERNMENT, NGOS AND CHARITABLE ORGANIZATIONS, AND CORPORATE PARTNERS.

FORM 990, PART III, LINE 4A: RESEARCH GRANTS

JDRF HAS PLAYED A SIGNIFICANT ROLE IN NEARLY EVERY T1D ADVANCE--DRUG,  
 DEVICE, CELL THERAPY--MADE IN THE LAST 50 YEARS. OUR FUNDING SUPPORTS  
 MORE THAN 400 ACTIVE T1D RESEARCH GRANTS IN THE UNITED STATES AND 20+  
 OTHER COUNTRIES AROUND THE WORLD, INCLUDING 159 GRANTS IN FY2023 ALONE,  
 PLUS 78 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 NEARLY \$3.5 BILLION IN FEDERAL FUNDING TOWARD  
 T1D RESEARCH OVER THE LAST TWO DECADES.

ADDITIONALLY, JDRF FOUNDED THE JDRF T1D FUND (T1DFUND.ORG), WHICH IS A  
 WHOLLY OWNED ENTITY OF JDRF. THE T1D 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,

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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 AND THOSE 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, THE T1D FUND'S TOTAL INVESTMENTS AS OF JUNE 30, 2023, TOTALING \$70.1 MILLION, ARE REFLECTED IN THE BALANCE SHEET (PART X) AND NOT INCLUDED WITHIN JDRF'S RESEARCH-RELATED MISSION EXPENSE. JDRF'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 (1) LOSS OF INSULIN-PRODUCING BETA CELLS AND (2) 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, CELL THERAPIES, AND DISEASE-MODIFYING THERAPIES.

SCREENING FOR RISK OF T1D: FOCUS ON EXPANDING SCREENING FOR T1D-RELATED AUTOANTIBODIES AND SCREENING AWARENESS. DONOR-FUNDED RESEARCH HAS DISCOVERED THAT HAVING TWO OR MORE T1D-SPECIFIC ANTIBODIES MEANS THAT YOU HAVE AN ALMOST 100% CHANCE OF DEVELOPING DIABETES IN YOUR LIFETIME. WITH ONE BLOOD TEST, YOU CAN FIND OUT-BEFORE SYMPTOMS APPEAR-IF YOU ARE AT RISK. THIS CAN REDUCE THE RISK OF DIABETIC KETOACIDOSIS AND HOSPITALIZATION AT THE ONSET OF SYMPTOMS AND IDENTIFY PEOPLE WHO CAN

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TAKE PART IN CLINICAL TRIALS TO DELAY OR PREVENT T1D.

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. IF WE CAN REPLACE BETA CELLS, WE CAN HELP FIND CURES FOR 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: RESEARCH HAS SHOWN THAT A PERSON'S IMMUNE  
 SYSTEM MISTAKENLY DESTROYS THE BODY'S BETA CELLS, RENDERING THE PERSON  
 INSULIN-DEPENDENT FOR LIFE. IF WE CAN FIND WAYS TO KEEP THE IMMUNE  
 SYSTEM FROM ATTACKING AND DESTROYING BETA CELLS, PROVIDE WAYS TO  
 PROTECT AND TO SPUR THEM, AND DEVELOP TREATMENTS THAT CAN SLOW, HALT,  
 OR REVERSE T1D, AT ANY AGE OR STAGE OF THE DISEASE, WE WILL BE ON THE  
 PATHWAY TO PREVENTION AND CURES FOR T1D.

IMPROVING LIVES

T1D BRINGS WITH IT DAILY STRUGGLES AND STRESSES THAT THAT MAKE THE  
 CHALLENGES OF LIVING A HEALTHY AND LONG LIFE WITH T1D VERY REAL. JDRF  
 FIGHTS EVERY DAY TO ADVANCE RESEARCH 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 ACCELERATING  
 THE DEVELOPMENT OF DRUGS, DEVICES, BEHAVIORAL HEALTH INTERVENTIONS, AND  
 COMBINATIONS OF THESE, TO IMPROVE SHORT- AND LONG-TERM HEALTH OUTCOMES

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AND QUALITY OF LIFE, THROUGH THE FOLLOWING THREE PROGRAMS.

GLUCOSE CONTROL: WE KNOW THAT FEWER THAN 30% OF PEOPLE WITH T1D IN THE U.S. CONSISTENTLY MAINTAIN TARGET BLOOD-GLUCOSE LEVELS-MEANING THAT 70% ARE AT RISK OF SERIOUS HEALTH ISSUES. AIMING TO ENSURE OUR COMMUNITY IS HEALTHY WHEN CURES ARE FOUND, WE WILL CONTINUE TO 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 OTHER METABOLIC FACTORS IN NOVEL WAYS.

COMPLICATIONS: FOCUS ON ACCELERATING THERAPIES THAT PREVENT AND TREAT EYE, KIDNEY, AND HEART DISEASE. MORE THAN 90% OF PEOPLE WITH T1D DEVELOP SOME LEVEL OF EYE DISEASE WITHIN 20 YEARS OF DIAGNOSIS, 1 IN 4 DEVELOP KIDNEY DISEASE, AND HEART ATTACKS AND STROKES CAUSE APPROXIMATELY 3 OUT OF EVERY 4 DEATHS IN PEOPLE WITH T1D. JDRF DIRECTS FUNDS TO DEVELOP AND IMPROVE EYE, KIDNEY, AND HEART DISEASE TREATMENTS, SO THAT PEOPLE AT RISK CAN TAKE STEPS TO INTERVENE EARLY IN THE DISEASE PROCESS.

PSYCHOSOCIAL HEALTH: FOCUS ON REDUCING THE PSYCHOSOCIAL CHALLENGES OF T1D. EARLY RESEARCH HAS SHOWN THAT THE BURDEN OF LIVING WITH T1D TAKES A TOLL BEYOND THE PHYSICAL COMPLICATIONS, OFTEN AFFECTING PEOPLE'S SOCIAL, BEHAVIORAL, AND EMOTIONAL WELL-BEING, KNOWN COLLECTIVELY AS PSYCHOSOCIAL HEALTH. WE AIM TO REDUCE THE CHALLENGES THROUGH INCREASING THE NUMBER OF AND PROVIDING ACCESS TO PSYCHOLOGISTS TRAINED IN T1D, SUPPORTING RESEARCH INITIATIVES TO IMPROVE PSYCHOSOCIAL HEALTH AND OUTCOMES, AND EDUCATING THE T1D COMMUNITY ABOUT THE PSYCHOSOCIAL IMPACT



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OF THE DISEASE.

FORM 990, PART III, LINE 4B: PUBLIC EDUCATION

JDRF IS UNIQUELY QUALIFIED TO PROVIDE PUBLIC EDUCATION ABOUT TYPE 1

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, 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:

JDRF.ORG/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.

FORM 990, PART III, LINE 4C: RESEARCH SUPPORT

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

AND GOVERNMENT RELATIONS PROFESSIONALS PLAYS A CRITICAL ROLE IN LEADING

AND SUPPORTING THE RESEARCH STRATEGY AND DISTRIBUTION OF RESEARCH FUNDS

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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 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.

FORM 990, PART VI, SECTION B, LINE 11B:  
FORM 990 REVIEW PROCESS

JDRF HAS A RIGOROUS STANDARD APPROACH TO REVIEWING ITS 990. THE

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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 AND RISK 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.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST POLICY

COVERED PERSONS COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM AND ACKNOWLEDGE THE JDRF CODE OF ETHICS AT THE BEGINNING OF EACH FISCAL YEAR. COVERED PERSONS INCLUDE: MEMBERS OF THE INTERNATIONAL BOARD OF DIRECTORS, DIRECTORS EMERITUS, MEMBERS OF THE GLOBAL MISSION BOARD, CHAPTER DIRECTORS AND OFFICERS, DIRECTORS OF THE JDRF T1D FUND, AND MEMBERS OF THE T1D FUND INVESTMENT COMMITTEE.

WHEN A CONFLICT IS DISCLOSED, THE COVERED PERSON SHALL ABSTAIN FROM PARTICIPATING IN DECISIONS AND/OR DISCUSSIONS INVOLVING JDRF'S BUSINESS OR RELATIONSHIP WITH THE RELEVANT THIRD PARTY. IF THE COVERED PERSON IS ASKED TO ABSTAIN, THE COVERED PERSON MAY STILL BE PERMITTED TO STATE HIS OR HER POSITION ON SUCH MATTER AND TO ANSWER PERTINENT QUESTIONS AND INQUIRIES RELATING THERETO. THE COVERED PERSON MAY BE ASKED TO LEAVE THE MEETING DURING THE DISCUSSION OF AND/OR VOTE ON THE MATTER INVOLVING THE RELEVANT THIRD PARTY.

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FORM 990, PART VI, SECTION B, LINE 15:

EXECUTIVE COMPENSATION POLICY

JDRF'S BOARD OF DIRECTORS CHARGES A TALENT AND COMPENSATION COMMITTEE TO

DEVELOP AND RECOMMEND A COMPENSATION PHILOSOPHY THAT APPLIES TO ALL

EMPLOYEES OF THE FOUNDATION, INCLUDING RECOMMENDATIONS REGARDING THE

COMPENSATION AND BENEFITS OF FOUNDATION SENIOR MANAGEMENT FOR APPROVAL BY

THE BOARD OF DIRECTORS. THE COMMITTEE WORKS IN COLLABORATION WITH THE 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 THE

FOUNDATION'S KEY EXECUTIVES IS COMPETITIVE AND ALIGNED WITH PAY PHILOSOPHY.

TO ATTRACT AND RETAIN TOP SCIENTIFIC AND EXECUTIVE TALENT TO ADVANCE ITS

MISSION, THE FOUNDATION PAYS COMPETITIVE AND APPROPRIATE SALARIES AS

DETERMINED BY ANALYSIS OF RELIABLE DATA AND INPUT FROM INDEPENDENT

THIRD-PARTY CONSULTANTS. THE REVIEW OF FOUNDATION 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, 2023. SIMILARLY, A SEPARATE TALENT AND

COMPENSATION COMMITTEE OF THE T1D FUND IS CHARGED WITH ENSURING THAT 1) THE

FUND'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 THE FUND'S KEY EXECUTIVES IS COMPETITIVE AND ALIGNED WITH PAY

PHILOSOPHY.

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FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

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, TN, TX, UT, VT, VA, WA, WV, WI, WY

FORM 990, PART VI, SECTION C, LINE 19:

PUBLIC DOCUMENTS

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST

POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE:

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.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
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.

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

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**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
JDRF T1D FUND LLC - 27-4967989 C/O JDRF - 200 VESEY ST, 28TH FL NEW YORK, NY 10281	FUNDR/INVEST	DELAWARE	19,470,110.	184,443,000.	JDRF INTERNATIONAL

**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

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

Schedule R (Form 990) 2022

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**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.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) .....	<b>1e</b>	
<b>f</b> Dividends from related organization(s) .....	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) .....	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) .....	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) .....	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) .....	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses .....	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) .....	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) .....	<b>1s</b>	

**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 VII Supplemental Information**

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

SCHEDULE R, PART I, LINE (1B)

THE PRIMARY ACTIVITY FOR THE JDRF T1D FUND IS FUNDRAISING AND

INVESTING IN TYPE 1 DIABETES RESEARCH. PLEASE SEE DETAILED

DESCRIPTION ON SCHEDULE O, PART III, LINE 4A, STATEMENT OF

PROGRAM SERVICE ACCOMPLISHMENTS FOR RESEARCH GRANTS.