

Form **8453-EO**

# Exempt Organization Declaration and Signature for Electronic Filing

OMB No. 1545-1879

For calendar year 2013, or tax year beginning 7/1/2012, 2013, and ending 6/30, 2013

# 2013

Department of the Treasury  
Internal Revenue Service

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

Name of exempt organization

Employer identification number

JDRF INTERNATIONAL

23-1907729

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

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


1a	Form 990 check here	<input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>206,223,491</u>
2a	Form 990-EZ check here	<input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	<input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here	<input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here	<input type="checkbox"/>	b	Balance due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

## Part II Declaration of Officer

6  I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).


Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign Here  | 1-28-14 | CFO / ASST. TRES.

Signature of officer | Date | Title

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

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

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

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

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> If self-employed	PTIN
	Firm's name <b>KPMG LLP</b>				Firm's EIN <b>13-5565207</b>
	Firm's address <b>345 PARK AVENUE NEW YORK, NY 10154</b>				Phone no.



For assistance, call:  
1-877-829-5500  
FAX 801-620-5670

Notice Number: CP211A  
Date: July 22, 2013

Taxpayer Identification Number:  
23-1907729  
Tax Form: 990  
Tax Period: June 30, 2013

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JDRF INTERNATIONAL  
% GARY CURTO  
26 BROADWAY FL 14  
NEW YORK NY 10004-1838



003973

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

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is **February 15, 2014**.

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

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

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

# Return of Organization Exempt From Income Tax

# 2012

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A For the 2012 calendar year, or tax year beginning** 07/01, 2012, and ending 06/30, 2013

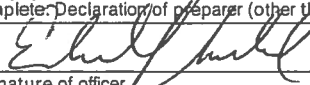
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization JDRF INTERNATIONAL			<b>D</b> Employer identification number 23-1907729		
	Doing Business As					
	Number and street (or P.O. box if mail is not delivered to street address)			Room/suite		
	26 BROADWAY, 15TH FLOOR					
	City, town or post office, state, and ZIP code NEW YORK, NY 10004			<b>E</b> Telephone number (212) 479-7551		
<b>F</b> Name and address of principal officer: JEFFREY BREWER 26 BROADWAY, 14TH FLOOR NEW YORK, NY 10004			<b>G</b> Gross receipts \$ 266,635,962.			
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>J</b> Website: WWW.JDRF.ORG			<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<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

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: JDRF'S MISSION IS TO FIND A CURE FOR TYPE I DIABETES AND ITS COMPLICATIONS THROUGH THE SUPPORT OF RESEARCH. 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>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	34.
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	32.
	<b>5</b> Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>5</b>	940.
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	300,000.
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	40,676.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	29,449.	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	195,105,087.	196,010,663.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	650.	0
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,976,700.	9,200,541.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	985,636.	1,012,287.
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	203,068,073.	206,223,491.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	110,071,078.	106,005,315.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	63,750,813.	68,158,134.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	339,000.	339,000.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	23,702,529.	
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	31,190,949.	34,993,292.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	205,351,840.	209,495,741.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	-2,283,767.	-3,272,250.
	<b>21</b> Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20.	187,007,468.	196,040,120.
		150,608,537.	162,509,815.
	36,398,931.	33,530,305.	

## 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 	Date 1-28-14
	EDWARD SEBALD Type or print name and title	CFO & ASST. TRES

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01249521
	Firm's name ▶ KPMG LLP	Firm's EIN ▶ 13-5565207			
	Firm's address ▶ 345 PARK AVENUE NEW YORK, NY 10154-0102	Phone no. 212-758-9700			

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

For Paperwork Reduction Act Notice, see the separate instructions.

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response to any question 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  No

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

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

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

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 106,005,315. including grants of \$ 106,005,315. ) (Revenue \$ )

JDRF PROVIDES RESEARCH FUNDING. SEE SCHEDULE O

**4b** (Code: ) (Expenses \$ 17,451,616. including grants of \$ ) (Revenue \$ )

JDRF CONDUCTS SYMPOSIA AND LECTURES. SEE SCHEDULE O.

**4c** (Code: ) (Expenses \$ 46,349,723. including grants of \$ ) (Revenue \$ )

JDRF EDUCATES THE PUBLIC ABOUT DIABETES AND ITS COMPLICATIONS. SEE SCHEDULE O.

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

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

**4e Total program service expenses** 169,806,654.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows include questions 1 through 20b regarding organizational requirements and reporting.

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a-14b regarding Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, annual gross receipts, deductible contributions, and sponsoring organizations.

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

Check if Schedule O contains a response to any question in this Part VI. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (34), 1b (32), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 2
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: JDRF INTERNATIONAL 26 BROADWAY, 14TH FLOOR, NEW YORK, NY 10004 212-479-7551



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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CYNTHIA FORD / FY11-13 CHAIR, GOV'T RELATIONS	3.00	X						0	0	0
(2) FRANCIS J. INGRASSIA/FY-11-13 BOARD MEMBER	3.00	X						0	0	0
(3) JAMES F. MCDONALD / FY11-13 BOARD MEMBER	3.00	X						0	0	0
(4) PATRICK MCFEELEY FY11-13 BOARD MEMBER	3.00	X						0	0	0
(5) GLEN E. TULLMAN / FY11-13 BOARD MEMBER	3.00	X						0	0	0
(6) DICK ALLEN / FY11-13 CHAIRMAN OF THE BOARD	20.00	X		X				0	0	0
(7) MARY ELIZABETH BUNZEL/FY12-14 CHAIR, NOMINATING & GOVERNANCE	3.00	X		X				0	0	0
(8) MIKE HENDREN / FY11-13 BOARD MEMBER	3.00	X						0	0	0
(9) STEVE HITCHINS / FY12-14 BOARD MEMBER	3.00	X						0	0	0
(10) DAVID W. NELMS / FY12-14 TREASURER, CHAIR, FINANCE	3.00	X		X				0	0	0
(11) DIANE ADAMS / FY13-15 BOARD MEMBER	3.00	X						0	0	0
(12) SHANNON ALLEN / FY13-15 BOARD MEMBER	3.00	X						0	0	0
(13) DAVID REHR / FY13-15 BOARD MEMBER	3.00	X						0	0	0
(14) RIK KIRKLAND / FY11-13 BOARD MEMBER	3.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 15) ELLEN LEAKE / FY12-14 CHAIR, DEVELOPMENT	3.00	X						0	0	0
( 16) KAREN CASE / FY11-13 CHAIR, AUDIT	3.00	X						0	0	0
( 17) TOM CHAPMAN / FY11-13 BOARD MEMBER	3.00	X						0	0	0
( 18) MATTHEW COHN / FY11-13 BOARD MEMBER	3.00	X						0	0	0
( 19) DEREK RAPP / FY11-13 BOARD MEMBER	3.00	X						0	0	0
( 20) REBECCA DAVIES / FY11-13 CHAIR, INTERNATIONAL AFFAIRS	3.00	X						0	0	0
( 21) MAARTEN DE GROOT / FY12-14 BOARD MEMBER	3.00	X						0	0	0
( 22) RED MAXWELL / FY12-14 CHAIR, MARKETING & COMM.	3.00	X						0	0	0
( 23) CAROL OXENREITER / FY11-13 BOARD MEMBER	3.00	X						0	0	0
( 24) LORRAINE STIEHL / FY12-14 BOARD MEMBER	3.00	X						0	0	0
( 25) LORNE SHIFF / FY12-14 BOARD MEMBER	3.00	X						0	0	0
<b>1b Sub-total</b> . . . . .								0	0	0
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								2,299,931.	0	230,205.
<b>d Total (add lines 1b and 1c)</b> . . . . .								2,299,931.	0	230,205.

**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 ► 118

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 27

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26) MARK FISCHER-COLBRIE / FY13-15 BOARD MEMBER	3.00	X						0	0	0
( 27) NICOLE JOHNSON / FY13-15 BOARD MEMBER	3.00	X						0	0	0
( 28) MIKE LEE / FY13-15 CHAIR, COMPENSATION	3.00	X						0	0	0
( 29) PREETISH NIJHAWAN / FY13-15 BOARD MEMBER	3.00	X						0	0	0
( 30) BILL PARSONS / FY13-15 CHAIR, T1D VOICES COUNCIL	3.00	X						0	0	0
( 31) PAM SAGAN / FY13-14 CHAIR, CHANCELLORS	3.00	X						0	0	0
( 32) LARRY SOLER / FY13-15 BOARD MEMBER	3.00	X						0	0	0
( 33) WENDY WOOD / FY13-15 CHAIR, INVESTMENTS	3.00	X						0	0	0
( 34) PAM EDMONDS / FY13-15 BOARD MEMBER	3.00	X						0	0	0
( 35) EDWARD J. SEBALD CFO & ASST. TRES	50.00			X				232,834.	0	38,458.
( 36) JEFFREY BREWER PRESIDENT AND CEO	50.00			X				0	0	0
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**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 ► 118

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

**Section B. Independent Contractors**

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 37) GERRI BOSTICK ----- CHIEF HR OFFICER & ASST. SECY	50.00			X				246,278.	0	20,338.
( 38) JAMES SZMAK ----- VP& CHIEF INFOMATIONAL OFFICER	50.00				X			284,000.	0	38,458.
( 39) DR. RICHARD A. INSEL ----- EVP RESEARCH	50.00					X		536,450.	0	38,458.
( 40) DARLENE DEECHER ----- SVP RESEARCH	50.00					X		300,000.	0	38,458.
( 41) JULIA GREENSTEIN ----- ASST. VP / RESEARCH	50.00					X		252,938.	0	20,354.
( 42) MIKE MALEKOFF ----- VP DEV	50.00					X		222,431.	0	34,335.
( 43) SCOTT MCCORMICK ----- SVP MARKETING	50.00					X		225,000.	0	1,346.
-----										
-----										
-----										
-----										
-----										
-----										
<b>1b Sub-total</b> . . . . .										
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .										
<b>d Total (add lines 1b and 1c)</b> . . . . .										

**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 **▶** 118

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

**Section B. Independent Contractors**

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

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

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

**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b> 4,406,173.			
	<b>b</b> Membership dues . . . . .	<b>1b</b>			
	<b>c</b> Fundraising events . . . . .	<b>1c</b> 122,740,842.			
	<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> 68,863,648.			
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	13,616,269.			
	<b>h Total.</b> Add lines 1a-1f . . . . .		196,010,663.		
<b>Program Service Revenue</b>	<b>2a</b> _____	<b>Business Code</b>			
	<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 . . . . .		0		
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		2,055,756.	40,676.	2,015,080.
	<b>4</b> Income from investment of tax-exempt bond proceeds . . .		0		
	<b>5</b> Royalties . . . . .		0		
	<b>6a</b> Gross rents . . . . .	(i) Real (ii) Personal			
	<b>b</b> Less: rental expenses . . . . .				
	<b>c</b> Rental income or (loss) . . . . .				
	<b>d</b> Net rental income or (loss) . . . . .		0		
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities (ii) Other			
	<b>b</b> Less: cost or other basis and sales expenses . . . . .				
	<b>c</b> Gain or (loss) . . . . .				
	<b>d</b> Net gain or (loss) . . . . .		7,144,785.		7,144,785.
	<b>8a</b> Gross income from fundraising events (not including \$ 122,740,842. of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b> 26,711,064.			
	<b>b</b> Less: direct expenses . . . . .	<b>b</b> 26,711,064.			
	<b>c</b> Net income or (loss) from fundraising events . . . . .		0		
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>a</b> 1,074,451.			
<b>b</b> Less: direct expenses . . . . .	<b>b</b> 136,800.				
<b>c</b> Net income or (loss) from gaming activities . . . . .		937,651.		937,651.	
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>				
<b>b</b> Less: cost of goods sold . . . . .	<b>b</b>				
<b>c</b> Net income or (loss) from sales of inventory . . . . .		0			
<b>Miscellaneous Revenue</b>		<b>Business Code</b>			
<b>11a</b> MISCELLANEOUS REVENUE	900099	74,636.		74,636.	
<b>b</b> _____					
<b>c</b> _____					
<b>d</b> All other revenue . . . . .					
<b>e Total.</b> Add lines 11a-11d . . . . .		74,636.			
<b>12 Total revenue.</b> See instructions . . . . .		206,223,491.		40,676.	10,172,152.

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 .	77,609,371.	77,609,371.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . . .	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . .	28,395,944.	28,395,944.		
4 Benefits paid to or for members . . . . .	0			
5 Compensation of current officers, directors, trustees, and key employees . . . . .	970,930.	601,977.	150,494.	218,459.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	110,987.	68,812.	17,203.	24,972.
7 Other salaries and wages . . . . .	52,599,532.	32,611,708.	8,152,928.	11,834,896.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	1,421,388.	881,261.	220,315.	319,812.
9 Other employee benefits . . . . .	8,915,737.	5,527,757.	1,381,939.	2,006,041.
10 Payroll taxes . . . . .	4,139,560.	2,566,527.	641,632.	931,401.
11 Fees for services (non-employees):				
a Management . . . . .	2,283,179.	1,919,547.	317,797.	45,835.
b Legal . . . . .	474,057.	350,802.	47,406.	75,849.
c Accounting . . . . .	235,967.	174,615.	23,597.	37,755.
d Lobbying . . . . .	973,471.	720,369.	97,347.	155,755.
e Professional fundraising services. See Part IV, line 17	339,000.			339,000.
f Investment management fees . . . . .	654,512.	474,339.	75,451.	104,722.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	32,336.	23,928.	3,234.	5,174.
12 Advertising and promotion . . . . .	3,147,439.	1,598,899.	299,007.	1,249,533.
13 Office expenses . . . . .	2,211,655.	1,123,521.	210,107.	878,027.
14 Information technology . . . . .	2,976,710.	1,762,212.	553,668.	660,830.
15 Royalties . . . . .	0			
16 Occupancy . . . . .	9,690,260.	5,736,634.	1,802,388.	2,151,238.
17 Travel . . . . .	3,058,628.	1,988,108.	428,208.	642,312.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings . . . . .	2,241,585.	1,457,030.	313,822.	470,733.
20 Interest . . . . .	0			
21 Payments to affiliates . . . . .	0			
22 Depreciation, depletion, and amortization . . . . .	3,195,000.	1,891,440.	594,270.	709,290.
23 Insurance . . . . .	412,634.	244,279.	76,750.	91,605.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>OUTREACH EXPENSES</u> . . . . .	1,356,822.	827,661.	230,660.	298,501.
b <u>DUES &amp; SUBSCRIPTIONS</u> . . . . .	1,599,823.	975,892.	271,970.	351,961.
c <u>BAD DEBT WRITE OFF &amp; RES EXP</u> . . . . .	328,181.	200,190.	55,791.	72,200.
d <u>OTHER MISC EXPENSES</u> . . . . .	121,033.	73,831.	20,574.	26,628.
e All other expenses . . . . .				
25 <b>Total functional expenses.</b> Add lines 1 through 24e	209,495,741.	169,806,654.	15,986,558.	23,702,529.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	3,042,000.	1,093,000.	181,000.	1,768,000.

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	6,895,502.	<b>1</b>	2,520,529.
	<b>2</b> Savings and temporary cash investments	6,851,236.	<b>2</b>	11,478,825.
	<b>3</b> Pledges and grants receivable, net	16,217,279.	<b>3</b>	20,964,333.
	<b>4</b> Accounts receivable, net	11,224,003.	<b>4</b>	13,762,501.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges	2,927,347.	<b>9</b>	3,444,264.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 29,594,385.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 9,714,001.	12,895,011.	<b>10c</b> 19,880,384.
	<b>11</b> Investments - publicly traded securities	55,375,921.	<b>11</b>	67,706,583.
	<b>12</b> Investments - other securities. See Part IV, line 11	72,214,207.	<b>12</b>	53,814,254.
	<b>13</b> Investments - program-related. See Part IV, line 11	2,406,962.	<b>13</b>	2,468,447.
	<b>14</b> Intangible assets	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11	0	<b>15</b>	0
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	187,007,468.	<b>16</b>	196,040,120.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	12,589,033.	<b>17</b>	13,856,286.
	<b>18</b> Grants payable	129,390,933.	<b>18</b>	139,614,273.
	<b>19</b> Deferred revenue	6,117,990.	<b>19</b>	6,579,425.
	<b>20</b> Tax-exempt bond liabilities	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,510,581.	<b>25</b>	2,459,831.
	<b>26 Total liabilities.</b> Add lines 17 through 25	150,608,537.	<b>26</b>	162,509,815.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	4,797,995.	<b>27</b>	-850,019.
	<b>28</b> Temporarily restricted net assets	24,872,971.	<b>28</b>	27,580,079.
	<b>29</b> Permanently restricted net assets	6,727,965.	<b>29</b>	6,800,245.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> Total net assets or fund balances	36,398,931.	<b>33</b>	33,530,305.
	<b>34</b> Total liabilities and net assets/fund balances	187,007,468.	<b>34</b>	196,040,120.

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	206,223,491.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	209,495,741.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-3,272,250.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	36,398,931.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	403,624.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	33,530,305.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
 If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? .....  
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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



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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

Name of the organization

JDRF INTERNATIONAL

Employer identification number

23-1907729

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a  Type I    b  Type II    c  Type III-Functionally integrated    d  Type III-Non-functionally integrated

e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2012

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

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2012 (98.44%); 15 Public support percentage from 2011 Schedule A, Part II, line 14 (98.11%); 16a 33 1/3% support test - 2012 (checked); 16b 33 1/3% support test - 2011; 17a 10%-facts-and-circumstances test - 2012; 17b 10%-facts-and-circumstances test - 2011; 18 Private foundation.

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6. . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

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

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

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

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

<b>17</b> Investment income percentage for <b>2012</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2011</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**b 33 1/3% support tests - 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2008	2009	2010	2011	2012	TOTAL
MISC PROGRAM INCOME	513,903.	172,582.	295,028.	117,723.	74,636.	1,173,872.
<b>TOTALS</b>	<u>513,903.</u>	<u>172,582.</u>	<u>295,028.</u>	<u>117,723.</u>	<u>74,636.</u>	<u>1,173,872.</u>

**Political Campaign and Lobbying Activities**

**2012**

**Open to Public Inspection**

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

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

▶ **See separate instructions.**

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

**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 expenditures . . . . . ▶ \$ \_\_\_\_\_
- 3 Volunteer hours . . . . . \_\_\_\_\_

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . .  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

**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>1 a</b>	Total lobbying expenditures to influence public opinion (grass roots 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%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .														
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .														
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .														
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
<b>2 a</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)).

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total. Add lines 1c through 1i; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; b If "Yes," enter the amount of any tax incurred under section 4912; c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; d 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).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political expenditures from the prior year?

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."

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

Part IV Supplemental Information

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

SEE PAGE 4

**Part IV** Supplemental Information (continued)

## JDRF LOBBYING ACTIVITIES

## FORM 990- SCH-C- GENERAL STATEMENT OF ACTIVITIES

JDRF IS THE LEADING GLOBAL ORGANIZATION FOCUSED ON TYPE 1 DIABETES (T1D) RESEARCH. DRIVEN BY PASSIONATE, GRASSROOTS VOLUNTEERS CONNECTED TO CHILDREN, ADOLESCENTS, AND ADULTS WITH T1D, THE GOAL OF JDRF IS TO CREATE A WORLD WITHOUT T1D. THROUGH RESEARCH AND ADVOCACY, JDRF IS ACCELERATING PROGRESS ON THE MOST PROMISING OPPORTUNITIES TO CURE, TREAT, AND PREVENT T1D. JDRF'S ADVOCACY INCLUDES LOBBYING ACTIVITY TO ENSURE CONGRESS CONTINUES TO INVEST IN CRITICALLY IMPORTANT MEDICAL RESEARCH AND PUTS IN PLACE POLICIES TO ADVANCE THE DISCOVERY, DEVELOPMENT, AND DELIVERY OF BETTER THERAPIES FOR T1D. JDRF STAFF AND VOLUNTEERS COMMUNICATE WITH GOVERNMENT OFFICIALS THROUGH EMAIL, PHONE CALLS, AND MEETINGS, TO EDUCATE THEM ON ISSUES AND ENCOURAGE THE ADVANCEMENT OF LEGISLATION.



SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees...

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements (public use, natural habitat, open space, historic area, historic structure). Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure, 2d Number of conservation easements included in (c) acquired after 8/17/06... 3 Number of conservation easements modified, transferred, released, extinguished, or terminated... 4 Number of states where property subject to conservation easement is located... 5 Does the organization have a written policy regarding the periodic monitoring... Yes No, 6 Staff and volunteer hours devoted to monitoring... 7 Amount of expenses incurred in monitoring... \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? Yes No, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 \$, (ii) Assets included in Form 990, Part X \$, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 \$, b Assets included in Form 990, Part X \$

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

Schedule D (Form 990) 2012

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

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

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

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

Table with columns for Amount and rows for 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21?

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

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

Table with columns (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back and rows 1a-1g for various endowment metrics.

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

- a Board designated or quasi-endowment, b Permanent endowment, c Temporarily restricted endowment

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

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

- (i) unrelated organizations, (ii) related organizations

Table with columns Yes, No and rows 3a(i), 3a(ii), 3b.

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

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

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

Table with columns (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value and rows 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other		
(A) HEDGE FUNDS & OTHER EQUITIES	53,814,254.	FMV
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	53,814,254.	

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

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

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

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

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

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) SPLIT INTEREST CHRT RMDR TRUST	2,459,831.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,459,831.	

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	205,972,000.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains on investments	<b>2a</b> 403,624.		
<b>b</b>	Donated services and use of facilities	<b>2b</b>		
<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>	403,624.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	205,568,376.
<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> 654,512.		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b> 603.		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	655,115.
<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>	206,223,491.

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	208,841,000.
<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>		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<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>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	208,841,000.
<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> 654,512.		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b> 229.		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>		<b>4c</b>	654,741.
<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>	209,495,741.

**Part XIII Supplemental Information**

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

SEE PAGE 5

**Part XIII** Supplemental Information (continued)

ADJUSTMENT DUE TO ROUNDING

PART XI, LINE 4B

ADJUSTMENT DUE TO ROUNDING, \$603

ADJUSTMENT DUE TO ROUNDING

PART XII, LINE 4B

ADJUSTMENT DUE TO ROUNDING, \$229

ORGANIZATION'S ENDOWMENT FUNDS

FORM 990, PART X, LINE 13 & SCH D, PART V, LINE 4

THE INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUNDS IS TO USE THE FUNDS FOR BOTH SPECIFIC PROJECTS AS WELL AS SUPPORTING THE ORGANIZATION'S GENERAL EXEMPT PURPOSE

INCOME TAX POSITIONS OF JDRF INT.

990 SCH-D, PART X, LINE 2

JDRF IS A NOT FOR PROFIT ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS ORGANIZED UNDER THE LAWS OF THE COMMONWEALTH OF PENNSYLVANIA. THE EFFECT OF INCOME TAX POSITIONS IS RECOGNIZED ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. INCOME GENERATED FROM ACTIVITIES UNRELATED TO JDRF'S EXEMPT PURPOSE IS SUBJECT TO TAX UNDER INTERNAL REVENUE CODE SECTION 511. UNRELATED BUSINESS INCOME TAX LIABILITY WAS INSIGNIFICANT FOR THE YEARS ENDING JUNE 30, 2013 AND 2012.

**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990. ▶ See separate instructions.**

Name of the organization

Employer identification number

JDRF INTERNATIONAL

23-1907729

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) NORTH AMERICA			GRANTMAKING	RESEARCH GRANTS	5,605,450.
(2) EAST ASIA AND THE PACIFIC			GRANTMAKING	RESEARCH GRANTS	5,047,121.
(3) MIDDLE EAST AND NORTH AFRICA			GRANTMAKING	RESEARCH GRANTS	2,154,725.
(4) EUROPE			GRANTMAKING	RESEARCH GRANTS	15,588,648.
(5) CENTRAL AMERICA/CARIBBEAN			INVESTMENTS		24,324,405.
(6) EUROPE	1.	1.	PROGRAM SERVICES	RESEARCH ADMIN.	238,790.
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Sub-total . . . . .	1.	1.			52,959,139.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c</b> <b>Totals</b> (add lines 3a and 3b)	1.	1.			52,959,139.

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

Schedule F (Form 990) 2012

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	COMPLICATION	295,687.	CHECK/WIRE		N/A	N/A
(2)			NORTH AMERICA	BETA CELL TH	109,840.	CHECK/WIRE		N/A	N/A
(3)			EUROPE/ICELAND/GREENLAND	BETA CELL TH	319,716.	CHECL/WIRE		N/A	N/A
(4)			EUROPE/ICELAND/GREENLAND	BETA CELL TH	342,535.	CHECK/WIRE		N/A	N/A
(5)			EUROPE/ICELAND/GREENLAND	BETA CELL TH	458,357.	CHECK/WIRE		N/A	N/A
(6)			MIDDLE EAST/NORTH AFRICA	BETA CELL TH	340,940.	CHECK/WIRE		N/A	N/A
(7)			EUROPE/ICELAND/GREENLAND	IMMUNR THERA	1,603,998.	CHECK/WIRE		N/A	N/A
(8)			EAST ASIA/PACIFIC	TRANSPLNTATN	366,964.	CHECK/WIRE		N/A	N/A
(9)			EAST ASIA/PACIFIC	IMMUNE THERA	654,882.	CHECK/WIRE		N/A	N/A
(10)			NORTH AMERICA	COMPLICATION	165,000.	CHECK/WIRE		N/A	N/A
(11)			MIDDLE EAST/NORTH AFRICA	IMMUNE THERA	46,866.	CHECK/WIRE		N/A	N/A
(12)			EUROPE/ICELAND/GREENLAND	IMMUNE THERA	623,936.	CHECK/WIRE		N/A	N/A
(13)			MIDDLE EAST/NORTH AFRICA	BETA CELL TH	165,000.	CHECK/WIRE		N/A	N/A
(14)			NORTH AMERICA	COMPLICATION	712,135.	CHECK/WIRE		N/A	N/A
(15)			NORTH AMERICA	IMMUNE THERA	110,000.	CHECK/WIRE		N/A	N/A
(16)			EUROPE/ICELAND/GREENLAND	COMPLICATION	728,694.	CHECK/WIRE		N/A	N/A

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

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

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	IMMUNE THERA	435,614.	CHECK/WIRE		N/A	N/A
(2)			EUROPE/ICELAND/GREENLAND	IMMUNE THERA	799,996.	CHECK/WIRE		N/A	N/A
(3)			EUROPE/ICELAND/GREENLAND	IMMUNE THERA	379,248.	CHECK/WIRE		N/A	N/A
(4)			NORTH AMERICA	BETA CELL TH	1,653,363.	CHECK/WIRE		N/A	N/A
(5)			EUROPE/ICELAND/GREENLAND	CONTROL	315,000.	CHECK/WIRE		N/A	N/A
(6)			EUROPE/ICELAND/GREENLAND	BETA CELL TH	921,984.	CHECK/WIRE		N/A	N/A
(7)			EAST ASIA/PACIFIC	TRANSPORTFOL	254,381.	CHECK/WIRE		N/A	N/A
(8)			NORTH AMERICA	BETA CELL TH	208,532.	CHECK/WIRE		N/A	N/A
(9)			NORTH AMERICA	IMMUNE THERA	94,496.	CHECK/WIRE		N/A	N/A
(10)			EUROPE/ICELAND/GREENLAND	BETA CELL TH	250,000.	CHECK/WIRE		N/A	N/A
(11)			EUROPE/ICELAND/GREENLAND	BETA CELL TH	115,000.	CHECK/WIRE		N/A	N/A
(12)			EUROPE/ICELAND/GREENLAND	IMMUNE THERA	473,897.	CHECK/WIRE		N/A	N/A
(13)			EUROPE/ICELAND/GREENLAND	IMMUNE THERA	400,918.	CHECK/WIRE		N/A	N/A
(14)			EUROPE/ICELAND/GREENLAND	BETA CELL TH	613,018.	CHECK/WIRE		N/A	N/A
(15)			EUROPE/ICELAND/GREENLAND	GLUCOSE CONT	444,844.	CHECK/WIRE		N/A	N/A
(16)			EAST ASIA/PACIFIC	BETA CELL	84,139.	CHECK/WIRE		N/A	N/A

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

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



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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	BETA CELL TH	235,665.	CHECK/WIRE		N/A	N/A
(2)			EUROPE/ICELAND/GREENLAND	IMMUNE THERA	149,943.	CHECK/WIRE		N/A	N/A
(3)			EUROPE/ICELAND/GREENLAND	IMMUNE THERA	193,730.	CHECK/WIRE		N/A	N/A
(4)			EUROPE/ICELAND/GREENLAND	BETA CELL TH	75,000.	CHECK/WIRE		N/A	N/A
(5)			EUROPE/ICELAND/GREENLAND	IMMUNE THERA	163,000.	CHECK/WIRE		N/A	N/A
(6)			EUROPE/ICELAND/GREENLAND	IMMUNE THERA	225,615.	CHECK/WIRE		N/A	N/A
(7)			EUROPE/ICELAND/GREENLAND	BETA CELL TH	294,119.	CHECK/WIRE		N/A	N/A
(8)			EUROPE/ICELAND/GREENLAND	IMMUNE THERA	558,442.	CHECK/WIRE		N/A	N/A
(9)			NORTH AMERICA	BETA CELL TH	145,924.	CHECK/WIRE		N/A	N/A
(10)			EUROPE/ICELAND/GREENLAND	BETA CELL TH	164,904.	CHECK/WIRE		N/A	N/A
(11)			EUROPE/ICELAND/GREENLAND	IMMUNE THERA	309,980.	CHECK/WIRE		N/A	N/A
(12)			NORTH AMERICA	IMMUNE THERA	715,951.	CHECK/WIRE		N/A	N/A
(13)			EAST ASIA/PACIFIC	GLUCOSE CONT	1,373,583.	CHECK/WIRE		N/A	N/A
(14)			EUROPE/ICELAND/GREENLAND	BETA CELL TH	497,171.	CHECK/WIRE		N/A	N/A
(15)			EUROPE/ICELAND/GREENLAND	EFSD/JDRF IN	281,921.	CHECK/WIRE		N/A	N/A
(16)			EUROPE/ICELAND/GREENLAND	IMIDA PARTNE	487,360.	CHECK/WIRE		N/A	N/A

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

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

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	IMMUNE THERA	645,000.	CHECK/WIRE		N/A	N/A
(2)			EUROPE/ICELAND/GREENLAND	INTERVENTION	427,143.	CHECK/WIRE		N/A	N/A
(3)			EUROPE/ICELAND/GREENLAND	IN-VIVO SELE	249,500.	CHECK/WIRE		N/A	N/A
(4)			MIDDLE EAST/NORTH AFRICA	FND PARTNERS	1,000,000.	CHECK/WIRE		N/A	N/A
(5)			EUROPE/ICELAND/GREENLAND	INTRAVITREAL	900,000.	CHECK/WIRE		N/A	N/A
(6)			EAST ASIA/PACIFIC	IMMUNE THERA	44,764.	CHECK/WIRE		N/A	N/A
(7)			EUROPE/ICELAND/GREENLAND	BETA CELL	198,000.	CHECK/WIRE		N/A	N/A
(8)			NORTH AMERICA	BETA CELL	250,000.	CHECK/WIRE		N/A	N/A
(9)			NORTH AMERICA	IMMUNE THERA	1,165,742.	CHECK/WIRE		N/A	N/A
(10)			EUROPE/ICELAND/GREENLAND	BETA CELL	108,530.	CHECK/WIRE		N/A	N/A
(11)			NORTH AMERICA	BETA CELL	109,468.	CHECK/WIRE		N/A	N/A
(12)			EUROPE/ICELAND/GREENLAND	IMMUNE THRAP	344,708.	CHECK/WIRE		N/A	N/A
(13)			EAST ASIA/PACIFIC	IMMUNE THERA	53,333.	CHECK/WIRE		N/A	N/A
(14)			EAST ASIA/PACIFIC	RETINAL VASC	70,000.	CHECK/WIRE		N/A	N/A
(15)			EAST ASIA/PACIFIC	TRANSPLANTAT	97,732.	CHECK/WIRE		N/A	N/A
(16)			EAST ASIA/PACIFIC	IMMUNE THERA	79,603.	CHECK/WIRE		N/A	N/A

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

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

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	IMMUNE THERA	30,000.	CHECK/WIRE		N/A	N/A
(2)			EAST ASIA/PACIFIC	AUTOIMMUNITY	166,420.	CHECK/WIRE		N/A	N/A
(3)			EAST ASIA/PACIFIC	BETA CELL	612,964.	CHECK/WIRE		N/A	N/A
(4)			EAST ASIA/PACIFIC	GAMMA-AMINO B	191,390.	CHECK/WIRE		N/A	N/A
(5)			NORTH AMERICA	DRAK 2	165,000.	CHECK/WIRE		N/A	N/A
(6)			MIDDLE EAST/NORTH AFRICA	ARTIFICIAL PA	437,030.	CHECK/WIRE		N/A	N/A
(7)			MIDDLE EAST/NORTH AFRICA	BETA CELL	164,889.	CHECK/WIRE		N/A	N/A
(8)			EUROPE/ICELAND/GREENLAND	IMMUNE THERA	165,000.	CHECK/WIRE		N/A	N/A
(9)			EUROPE/ICELAND/GREENLAND	BETA CELL	110,000.	CHECK/WIRE		N/A	N/A
(10)			EUROPE/ICELAND/GREENLAND	BETA CELL	165,000.	CHECK/WIRE		N/A	N/A
(11)			EUROPE/ICELAND/GREENLAND	IMMUNE THERA	70,883.	CHECK/WIRE		N/A	N/A
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. . . . . **59.**

3 Enter total number of other organizations or entities. . . . . **16.**

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

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

**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

---

GRANT MONITORING PROCEDURES

SCH-F PART I LINE 2

RESEARCH GRANTS ARE AWARDED BY THE RECOMMENDATIONS OF A PROFESSIONAL SCIENTIFIC STAFF AT JDRF BASED ON INPUT FROM OUTSIDE SCIENTIFIC REVIEWERS AND PATIENT ADVOCATES. THE FOLLOWING AREAS ARE EVALUATED: (1) THE SCIENTIFIC MERIT OF THE APPLICATION. (2) THE RELATIONSHIP OF THE RESEARCH TO THE CAUSES, PREVENTION AND CURE OF DIABETES AND ITS COMPLICATIONS. ALSO CONSIDERED ARE THE MERITS OF THE INSTITUTIONS AND/OR SPONSORS OF THE APPLICANT, AND THE APPLICANT'S COMMITMENT TO THE CONTINUING DIABETES RESEARCH PROGRAMS. JDRF STAFF SCRUTINIZE EXPENDITURES REPORTED BY AN INSTITUTION ABOVE A PERCENTAGE THRESHOLD OF THE APPROVED BUDGET.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

JDRF INTERNATIONAL

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

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

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Employer identification number

23-1907729

**Part I**

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

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

- a**  Mail solicitations
- b**  Internet and email solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 LW ROBBINS MAIL PROCESSOR	MAIL PROCESSOR		X	3,999,000.	339,000.	3,660,000.
2 CAR PROGRAM LLC	CAR DONATION	X		336,159.	162,381.	173,778.
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b> .....				4,335,159.	501,381.	3,833,778.

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ILL WALK (event type)	ILL GALA (event type)	432. (total number)	
Revenue	<b>1</b> Gross receipts . . . . .	4,237,882.	3,246,229.	141,967,795.	149,451,906.
	<b>2</b> Less: Contributions . . . . .	203,703.	90,704.	122,446,435.	122,740,842.
	<b>3</b> Gross income (line 1 minus line 2). . . . .	4,034,179.	3,155,525.	19,521,360.	26,711,064.
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .	44,525.		1,488,629.	1,533,154.
	<b>6</b> Rent/facility costs . . . . .	34,841.	44,355.	3,449,138.	3,528,334.
	<b>7</b> Food and beverages . . . . .	53,745.	223,662.	2,604,424.	2,881,831.
	<b>8</b> Entertainment . . . . .	10,298.	241,216.	3,306,998.	3,558,512.
	<b>9</b> Other direct expenses . . . . .	89,141.	6,733.	15,113,359.	15,209,233.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				( 26,711,064.)
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 . . . . .				

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	<b>1</b> Gross revenue . . . . .		1,074,451.		1,074,451.
Direct Expenses	<b>2</b> Cash prizes . . . . .		85,000.		85,000.
	<b>3</b> Noncash prizes . . . . .		51,800.		51,800.
	<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 type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				( 136,800.)
	<b>8</b> Net gaming income summary. Combine line 1, column d, and line 7 . . . . .				937,651.

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

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

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

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

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



- 11 Does the organization operate gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity operated in:
 

a The organization's facility	<b>13a</b>	%
b An outside facility	<b>13b</b>	100.0000 %
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ GARY CURTO

Address ▶ 26 BROADWAY-14TH FLOOR, NEW YORK, NY 10004

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶ GARY CURTO / TAX MANAGER -JDRF

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

Description of services provided ▶ ASSIST IN 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 ▶ \$ 937,651.

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

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

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

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	BENAROYA RESEARCH INSTITUTE AT VIRGINIA MAS 1201 9TH AVE SEATTLE, WA 98101	91-0653422	501(C)3	1,362,106.		N/A	N/A	IMMUNE THERAPIES
(2)	BLACK HILLS REGIONAL EYE INSTITUTE 2800 3RD ST RAPID CITY, SD 57701	06-0646973	501(C)3	5,357.		N/A	N/A	COMPLICATIONS THERAP
(3)	BRIGHAM AND WOMENS HOSPITAL INC 77 AVE- LOUIS PASTEUR BOSTON, MA 02115	04-2312909	501(C)3	439,959.		N/A	N/A	IMMUNE THERAPIES
(4)	CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE CLEVELAND, OH 44106	34-1018992	501(C)3	203,775.		N/A	N/A	COMPLICATIONS THERAP
(5)	CHILDRENS HOSPITAL BOSTON 300 LONGWOOD AVE BOSTON, MA 02115	04-2774441	501(C)3	459,169.		N/A	N/A	COMPLICATIONS
(6)	BROWN UNIVERSITY PO BOX 1920 PROVIDENCE, RI 02912	05-0258809	501(C)3	593,141.		N/A	N/A	BETA CELL THRAPIES
(7)	EASTERN VIRGINIA MEDICAL SCHOOL 358 MOWBRAY ACH NORFOLK, VA 23501	23-7053028	501(C)3	399,546.		N/A	N/A	BETA CELL THERAPIES
(8)	HENRY FORD HEALTH SYSTEM DETROIT, MI 48202	58-0566256	501(C)3	170,000.		N/A	N/A	SERUM BIOMAR
(9)	ALBERT EINSTEIN COLLEGE OF MEDICINE 1300 MORRIS PARK AVE BRONX, NY 10461	23-7025620	501(C)3	251,191.		N/A	N/A	IMMUNE THERAPIES
(10)	AUSTIN RETINA ASSOCIATES 801 WEST 38TH STREET AUSTIN, TX 78705	99-9999999		20,038.		N/A	N/A	BETA CELL THERAPIES
(11)	HARVARD MEDICAL SCHOOL 200 LONGWOOD AVE BOSTON, MA 02115	04-2103580	501(C)3	3,110,127.		N/A	N/A	IMMUNE THERAPIES
(12)	CALIFORNIA INST OF TECHNOLOGY PASADENA, CA 91125	99-9999999	501(C)3	35,000.		N/A	N/A	IMMUNE THERAPIES

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

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Schedule I (Form 990) (2012)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

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- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	INDIANA UNIVERSITY 620 UNION DR INDIANAPOLIS, IN 46202	35-6018940	501(C)3	472,298.		N/A	N/A	IMMUNE THERAPIES
(2)	BETH ISRAEL MEDICAL CENTER 1 BROOKLINE AVE BOSTON, MA 92121	13-5564934	501(C)3	55,000.		N/A	N/A	GLUCOSE THERAPIES
(3)	JOSLIN DIABETES CENTER 1 JOSLIN PL BOSTON, MA 02215	04-2203836	501(C)3	2,983,015.		N/A	N/A	COMPLICATIONS THERA
(4)	LA JOLLA INSTITUTE FOR ALLERGY & IMMUNOLOGY 4660 LA JOLLA SAN DIEGO, CA 92037	33-0328688	501(C)3	54,460.		N/A	N/A	IMMUNE THERAPIES
(5)	CLOSE CONCERNS, INC 804 HAIGHT STREET SAN FRANCISCO, CA 94103	27-1518433	501(C)3	62,000.		N/A	N/A	BETA CELL THRAPIES
(6)	MASSACHUSETTS INSTITUTE OF TECHNOLOGY 25 AMES ST CAMBRIDGE, MA 02467	04-2103594	501(C)3	796,225.		N/A	N/A	BETA CELL THERAPIES
(7)	INNOCENTIVE 201 JONES ROAD WALTHAM, MA 02451	45-2019860		21,000.		N/A	N/A	COMPLICATIONS THERAP
(8)	UNIVERSITY OF NEBRASKA MEDICAL CENTER 42ND & EMILE OMAHA, NE 68198	47-0049123	501(C)3	107,216.		N/A	N/A	REPLACEMENT
(9)	CALIFORNIA INST FOR BIOMEDICAL RESEARCH 11119 N.TORRY PINES RD LAJOLLA, CA 92037	95-6047739	501(C)3	867,371.		N/A	N/A	COMPLICATIONS THERAP
(10)	EMORY UNIVERSITY 69 JESSE HILL JR DRIVE ATLANTA, GA 30322	58-0566256	501(C)3	483,786.		N/A	N/A	BETA CELL
(11)	RETINA VITREOUS ASSOCIATES 610 SIERRA ROSE DR RENO, NV 89144	99-9999999		38,417.		N/A	N/A	COMPLICATIONS THERAP
(12)	GEORGIA HEALTH SCIENCES UNIVERSITY 1120 15TH STREET ATLANTA, GA 30394	58-6002053	501(C)3	201,770.		N/A	N/A	IMMUNOTHERAPY

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

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Schedule I (Form 990) (2012)

**SCHEDULE I  
(Form 990)**

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Internal Revenue Service

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	GEORGIA TECH RESEARCH CORP 505 TENTH STREET ATLANTA, GA 30332	58-0603146	501(C)3	150,000.		N/A	N/A	INSLET GRAFT
(2)	MEDTRONIC 18000 DEVONSHIRE ST. NORTHRIDGE, CA 91325	41-1306950		6,100,000.		N/A	N/A	GLUCOSE SENSOR
(3)	STANFORD UNIVERSITY 300 PASTEUR DR PALA ALTO, CA 94305	94-1156365	501(C)3	1,578,896.		N/A	N/A	IMMUNE THERAPIES
(4)	NATIONAL INST OF DIABETES & DIGESTIVE & KID 9000 ROCKVILLE PIKE BETHESDA, MD 20892	99-9999999		80,784.		N/A	N/A	BETA CELL THERAPIES
(5)	CENTER FOR RETINA MACULA DISEASE 250 AVE K WINTER HAVEN, FL 33880	59-3028408		11,759.		N/A	N/A	IMMUNE THERAPIES
(6)	NATIONAL JEWISH HEALTH 601 EAST 18TH STREET DENVER, CO 80206	74-2044647	501(C)3	260,000.		N/A	N/A	COMPLICATIONS THERAP
(7)	OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PORTLAND, OR 97239	23-7083114	501(C)3	506,586.		N/A	N/A	BETA CELL THERAPIES
(8)	THE SALK INSTITUTE FOR BIOLOGICAL STUDIES 10010 N. TORREY PINES RD LAJOLLA, CA 92037	95-2160097	501(C)3	400,000.		N/A	N/A	REGENERATION
(9)	THE SCHEPENS EYE RESEARCH INSTITUTE, INC 20 STANIFORD ST BOSTON, MA 02114	04-2129889	501(C)3	110,000.		N/A	N/A	COMPLICATIONS THERAP
(10)	THE SCRIPPS RESEARCH INSTITUTE 10550 N. TORREY PINES RD LA JOLLA, CA 92037	33-0435954	501(C)3	98,190.		N/A	N/A	IMMUNE THERAPIES
(11)	THE BECKMAN RESEARCH INST OF THE CITY OF HO 1500 EAST DUARTE ROAD DUARTE, CA 91010	95-3432210	501(C)3	284,776.		N/A	N/A	IMMUNE THERAPIES
(12)	UNIVERSITY OF KANSAS CENTER FOR RESEARCH, I 1250 WESCOE HALL DR LAWRENCE, KS 66045	42-1143702	501(C)3	5,700.		N/A	N/A	COMPLICATIONS THERAP

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

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Schedule I (Form 990) (2012)

**SCHEDULE I  
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- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL 609 MARY ELLEN CHAPEL HILL, NC 27599	44-0680117	501(C)3	193,831.		N/A	N/A	COMPLICATIONS THERA
(2)	OHIO STATE UNIVERSITY 281 WEST LANE AVE COLUMBUS, OH 43210	31-6025986	501(C)3	219,304.		N/A	N/A	BETA CELL THERAPIES
(3)	UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENT 920 MADISON AVE MEMPHIS, TN 38163	62-6001636	501(C)3	165,000.		N/A	N/A	IMMUNE THERAPIES
(4)	UNIV OF TEXAS HEALTH SCI CENTER 7703 FLOYDE CURL DR SAN ANTONIO, TX 78229	74-1761309	501(C)3	211,864.		N/A	N/A	AUTOIMMUNITY
(5)	UNIVERSITY OF TEXAS AT AUSTIN AUSTIN, TX 78712	75-6002868	501(C)3	292,500.		N/A	N/A	BETA CELL THERAPIES
(6)	UNIV OF COLORADO AT DENVER HEALTH SCI CENTE PO BOX 6511 DENVER, CO 80045	84-6049811	501(C)3	1,601,726.		N/A	N/A	IMMUNE THERAPIES
(7)	UNIVERSITY OF FLORIDA 1600 SW ARCHER ROAD GAINESVILLE, FL 32610	59-0974739	501(C)3	4,299,511.		N/A	N/A	IMMUNE THERAPIES
(8)	UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATIO 555 SOUTH FLOYD STREET LOUISVILLE, KY 40202	61-1014882	501(C)3	765,000.		N/A	N/A	IMMUNR THERAPIES
(9)	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL 55 LAKE AVE NORTH WORCESTER, MA 01605	04-3167352	501(C)3	400,000.		N/A	N/A	IMMUNE THERAPIES
(10)	UNIVERSITY OF MIAMI SCHOOL OF MEDICINE 1450 NW 10TH AVE MIAMI, FL 33136	59-0624458	501(C)3	1,749,424.		N/A	N/A	BETA CELL THERAPIES
(11)	UNIVERSITY OF VIRGINIA 104 MIDMONT LN CHARLOTTESVILLE, VA 22902	41-6042488	501(C)3	1,297,144.		N/A	N/A	BETA CELL THERAPIES
(12)	UNIV OF MICHIGAN 1331 EAST ANN STREET ANN ARBOR, MI 48109	38-6006309	501(C)3	1,042,863.		N/A	N/A	BETA CELL THERAPIES

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

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

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Schedule I (Form 990) (2012)

**SCHEDULE I  
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Department of the Treasury  
Internal Revenue Service

Name of the organization

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**Grants and Other Assistance to Organizations,  
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- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	UNIVERSITY OF PITTSBURGH E 1140 STARZL PITTSBURGH, PA 15261	11-3708851	501(C)3	486,251.		N/A	N/A	BETA CELL THERAPIES
(2)	UNIVERSITY OF CALIFORNIA AT SAN FRANCISCO 3333 CA ST SAN FRANCISCO, CA 94122	95-6006143	501(C)3	5,995,570.		N/A	N/A	BETA CELL
(3)	UNIVERSITY OF SOUTH FLORIDA 3650 SPECTRUM BLVD TAMPA, FL 33612	59-3102112	501(C)3	1,215,936.		N/A	N/A	IMMUNE THERAPIES
(4)	UNIVERSITY OF UTAH 201 PRESIDENTS CIR SALT LAKE CITY, UT 84112	23-7112869	501(C)3	107,795.		N/A	N/A	COMPLICATIONS THERAP
(5)	UNIVERSITY OF WISCONSIN-MADISON 21 NORTH PARK MADISON, WI 53706	39-6006492	501(C)3	601,834.		N/A	N/A	REGENERATION
(6)	UT SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BLVD DALLAS, TX 75390	75-6002868	501(C)3	250,331.		N/A	N/A	BETA CELL THERAPIES
(7)	VANDERBILT UNIVERSITY MEDICAL CENTER 1211 MEDICAL CENTER DR NASHVILLE, TN 37232	62-0476822	501(C)3	814,120.		N/A	N/A	BETA CELL THERAPIES
(8)	WASHINGTON UNIVERSITY IN ST. LOUIS 4559 SCOTT AVE ST. LOUIS, MO 63110	43-0653611	501(C)3	450,000.		N/A	N/A	BETA CELL THERAPIES
(9)	WILMER EYE INSTITUTE 600 N. WOLFE STREET BALTIMORE, MD 21287	52-0595110	501(C)3	96,460.		N/A	N/A	AUTOIMMUNITY
(10)	YALE UNIVERSITY 149 ELM STREET NEW HAVEN, CT 06520	06-0646973	501(C)3	1,933,200.		N/A	N/A	IMMUNE THERAPIES
(11)	BAYLOR COLLEGE OF MEDICINE-RESEARCH INSTITU 3500 GASTON AVE DALLAS, TX 75246	75-1921898	501(C)3	54,578.		N/A	N/A	BETA CELL THERAPIES
(12)	BECTON DICKINSON MEDICAL 1 BECTON DR FRANKLIN LAKES, NJ 07417	22-0760120		5,550,000.		N/A	N/A	GLUCOSE CONTROL

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

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Schedule I (Form 990) (2012)

**SCHEDULE I  
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Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
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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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	THE BROAD INSTITUTE OF HARVARD & MIT 7 CAMBRIDGE CENTER CAMBRIDGE, MA 02142	26-3428781	501(C)3	1,131,700.		N/A	N/A	COMPLICATION
(2)	DUKE UNIVERSITY 4321 MEDICAL PARK DR DURHAM, NC 27704	56-0532129	501(C)3	368,243.		N/A	N/A	BETA CELL THERAPIES
(3)	MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK RD MILWAUKEE, WI 53226	39-0806261	501(C)3	150,000.		N/A	N/A	IMMUNE THERAPIES
(4)	MILLER SCHOOL OF MEDICINE 1450 NW 10TH AVE MIAMI, FL 33136	65-0244316	501(C)3	632,356.		N/A	N/A	IMMUNE THERAPIES
(5)	FLORIDA RETINA INST 1025 PRIMERA LAKE MARY, FL 32746	59-2009089		14,637.		N/A	N/A	COMPLICATIONS THERAP
(6)	SANSUM DIABETES RESEARCH 2219 BATH ST SANTA BARBARA, CA 93105	95-1684086	501(C)3	323,844.		N/A	N/A	GLUCOSE CONTROL
(7)	JAEB CENTER FOR HEALTH RESEARCH FND TAMPA, FL 33647	59-3187624	501(C)3	2,583,534.		N/A	N/A	IMMUNE THERAPIES
(8)	VIACYTE 3550 GENERAL ATOMICS SAN DIEGO, CA 92121	99-9999999		4,000,000.		N/A	N/A	GLUCOSE CONTROL
(9)	TUFTS MEDICAL CENTER 4 COLBY STREET MEDFORD, MA 02111	04-3400617	501(C)3	110,000.		N/A	N/A	COMPLICATIONS THERAP
(10)	L.E.K. CONSULTING 28 STATE STREET BOSTON, MA 02109	04-3313799		768,370.		N/A	N/A	IMMUNE THERAPIES
(11)	AMYLIN PHARMACEUTICALS 9360 TOWNE CENTRE DRIVE SAN DIEGO, CA 92121	75-3019302		646,198.		N/A	N/A	INSULIN THERAPY
(12)	UNIVERSITY OF ARIZONA 811 N EUCLID AVE TUCSON, AZ 85724	11-3661893	501(C)3	223,697.		N/A	N/A	BETA CELL THERAPIES

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

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

Schedule I (Form 990) (2012)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	LIGHT WHITE INNOVATION TECHNOLOGY 2391 HICKMAN ROAD ANN ARBOR, MI 48105	99-9999999		35,000.		N/A	N/A	DIABETIC REN
(2)	NEW YORK UNIVERSITY MEDICAL SCHOOL 550 1ST AVE NEW YORK, NY 10016	11-1630830	501(C)3	953,949.		N/A	N/A	BETA CELL THERAPIES
(3)	RETINA GROUP OF FLORIDA 5601 N. DIXIE HWY FORT LAUDERDALE, FL 33334	65-0017482		6,192.		N/A	N/A	COMPLICATIONS
(4)	RETINA MACULA INSTITUTE 4201 TORRANCE TORRANCE, CA 90503	20-0804641		12,701.		N/A	N/A	READ 3 STUDY
(5)	RETINA INSTITUTE OF HAWAII 1620 ALA MOANA BLVD HONOLULU, HI 96815	99-0300258		8,437.		N/A	N/A	COMPLICATIONS
(6)	SOUTHEAST RETINA CENTER 3685 WHEELER ROAD AUGUSTA, GA 30909	58-1594221		21,902.		N/A	N/A	COMPLICATIONS
(7)	TEXAS RETINA ASSOCIATES 9600 NORTH CENTRAL EXPRESSWAY, SUITE 100	75-1362336		9,688.		N/A	N/A	COMPLICATIONS
(8)	UNIVERSITY OF ALABAMA COLLEGE DRIVE BIRMINGHAM, AL 35294	63-6001138	501(C)3	299,330.		N/A	N/A	BETA CELL THERAPIES
(9)	MASSACHUSETTS GENERAL HOSPITAL 55 FRIUT STREET BOSTON, MA 02114	04-2697983	501(C)3	821,786.		N/A	N/A	BETA CELL THERAPIES
(10)	NORTHWESTERN UNIVERSITY 633 CLARK STREET EVANSTON, IL 60208	23-1352685	501(C)3	1,024,197.		N/A	N/A	BETA CELL THERAPIES
(11)	DANA-FARBER CANCER INSTITUTE 450 BROOKLINE AVE BOSTON, MA 02115	04-2263040	501(C)3	376,504.		N/A	N/A	BETA CELL THRAPIES
(12)	RENSSELAER POLYTECHNIC INSTITUTE 110 EIGHTH AVE TROY, NY 12180	14-1340095	501(C)3	49,732.		N/A	N/A	IMMUNE THERAPIES

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

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

Schedule I (Form 990) (2012)



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	SELECTRA BIOSCIENCE, INC 480 ARSENAL STREET WATERTOWN, MA 02472	99-9999999		25,000.		N/A	N/A	IMMUNE THERAPIES
(2)	WINTHROP INSTITUTE HOSPITAL 95 MINEOLA BLV MINEOLA, NY 11501	11-1633486	501(C)3	149,998.		N/A	N/A	BETA CELL
(3)	SPOKANE EYE CLINIC 427 S BERNARD ST SPOKANE, WA 99204	45-2887234		9,385.		N/A	N/A	IMMUNE THERAPIES
(4)	ST. JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105	62-0646012	501(C)3	90,000.		N/A	N/A	IMMUNE THERAPIES
(5)	TANDEM DIABETES CARE, INC 11065 ROSELLE SAN DIEGO, CA 92121	20-4327508		650,000.		N/A	N/A	IMMUNE THERAPIES
(6)	UNIVERSITY OF CENTRAL FLORIDA 4000 CENTRAL BLVD ORLANDO, FL 32816	59-6211832	501(C)3	155,142.		N/A	N/A	IMMUNE THERAPIES
(7)	UNIVERSITY OF CHICAGO 5801 SOUTH ELLIS AVE CHICAGO, IL 60637	36-2177139	501(C)3	310,099.		N/A	N/A	IMMUNE THERAPIES
(8)	MOUNT SINAI SCHOOL OF MEDICINE 1 GUSTAVE L LEVY PLACE NEW YORK, NY 10029	13-6171197	501(C)3	690,320.		N/A	N/A	BETA CELL
(9)	RETINA RESEARCH CENTER 3705 MEDICAL PARKWAY AUSTIN, TX 78705	71-1023026		17,460.		N/A	N/A	IMMUNE THERAPIES
(10)	RETINAL CONSULTANTS OF ARIZONA 1101 MISSOURI AVE PHOENIX, AZ 85014	86-0708606		10,003.		N/A	N/A	IMMUNE THRAPIES
(11)	THE JACKSON LABORATORY 600 MAIN STREET BAR HARBOR, ME 04609	99-9999999		216,520.		N/A	N/A	BETA CELL
(12)	STATE UNIVERSITY OF NY AT BUFFALO 12 CAPEN HALL BUFFALO, NY 14260	14-1368361	501(C)3	239,310.		N/A	N/A	IMMUNE THERAPIES

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

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

Schedule I (Form 990) (2012)

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	GENERAL HOSPITAL CORP 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501(C)3	251,966.		N/A	N/A	IMMUNE THERAPIES
(2)	GENOMICS INSTITUTE-NOVARTIS RES FND 10675 JOHN HOPKINS DR SAN DIEGO, CA 92121	22-3610512		2,890,282.		N/A	N/A	BETA CELL
(3)	ILLINOIS INSTITUTE OF TECHNOLOGY 3300 SOUTH FEDERAL STREET CHICAGO, IL 60616	36-2170136	501(C)3	292,735.		N/A	N/A	BETA CELL
(4)	SANFORD RESEARCH 2301 E 60TH ST NORTH SIOUX FALLS, SD 57104	46-0450378		315,000.		N/A	N/A	COMPLICATIONS
(5)	T1D EXCHANGE 11 AVE DE LAFAYETTE BOSTON, MA 02111	45-1623549		2,035,065.		N/A	N/A	IMMUNE THERAPIES
(6)	UNIVERSITY OF MARYLAND 22 S GREENE ST COLLEGE PARK, MD 20742	52-6002033	501(C)3	17,500.		N/A	N/A	BETA CELL
(7)	UNIVERSITY OF MINNESOTA 80 SOUTH 8TH STREET MINNEAPOLIS, MN 55455	41-6007513	501(C)3	150,000.		N/A	N/A	IMMUNE THERAPIES
(8)								
(9)								
(10)								
(11)								
(12)								

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 77

3 Enter total number of other organizations listed in the line 1 table 26

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

Schedule I (Form 990) (2012)

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

GRANT MONITORING PROCEDURES

SCH-I PART I LINE 2

RESEARCH GRANTS ARE AWARDED BY THE RECOMMENDATIONS OF A PROFESSIONAL SCIENTIFIC STAFF AT JDRF BASED ON INPUT FROM OUTSIDE SCIENTIFIC REVIEWERS AND PATIENT ADVOCATES. THE FOLLOWING AREAS ARE EVALUATED: (1) THE SCIENTIFIC MERIT OF THE APPLICATION. (2) THE RELATIONSHIP OF THE RESEARCH TO THE CAUSES, PREVENTION AND CURE OF DIABETES AND ITS COMPLICATIONS. ALSO CONSIDERED ARE THE MERITS OF THE INSTITUTIONS AND/OR SPONSORS OF THE APPLICANT, AND THE APPLICANT'S COMMITMENT TO THE CONTINUING DIABETES RESEARCH PROGRAMS. JDRF STAFF SCRUTINIZE EXPENDITURES REPORTED BY AN

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

INSTITUTION ABOVE A PERCENTAGE THRESHOLD OF THE APPROVED BUDGET.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

JDRF INTERNATIONAL

**Compensation Information**

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

Employer identification number

23-1907729

**Part I Questions Regarding Compensation**

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

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

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

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

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
<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>		

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

Schedule J (Form 990) 2012

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DR. RICHARD A. INSEL EVP RESEARCH	(i)	486,450.	0	50,000.	17,677.	20,781.	574,908.	0
	(ii)	0	0	0	0	0	0	0
2 EDWARD J. SEBALD CFO & ASST. TRES	(i)	232,834.	0	0	17,677.	20,781.	271,292.	0
	(ii)	0	0	0	0	0	0	0
3 GERRI BOSTICK CHIEF HR OFFICER & ASST. SECY	(i)	246,278.	0	0	17,677.	2,661.	266,616.	0
	(ii)	0	0	0	0	0	0	0
4 JAMES SZMAK VP & CHIEF INFORMATIONAL OFFICER	(i)	284,000.	0	0	17,677.	20,781.	322,458.	0
	(ii)	0	0	0	0	0	0	0
5 DARLENE DEECHER SVP RESEARCH	(i)	300,000.	0	0	17,677.	20,781.	338,458.	0
	(ii)	0	0	0	0	0	0	0
6 JULIA GREENSTEIN ASST. VP / RESEARCH	(i)	252,938.	0	0	17,677.	2,677.	273,292.	0
	(ii)	0	0	0	0	0	0	0
7 MIKE MALEKOFF VP DEV	(i)	205,531.	0	16,900.	15,286.	19,049.	256,766.	0
	(ii)	0	0	0	0	0	0	0
8 SCOTT MCCORMICK SVP MARKETING	(i)	225,000.	0	0	0	1,346.	226,346.	0
	(ii)	0	0	0	0	0	0	0
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**Part III Supplemental Information**

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

## HOUSING ALLOWANCE

SCHEDULE J PART I, LINE 1A

DR. INSEL, HIGHEST COMPENSATED EMPLOYEE, RECEIVED A HOUSING ALLOWANCE THAT WAS GROSSED UP AS PER THE TERMS OF HIS EMPLOYMENT AGREEMENT. FOR THE 2012 CALENDAR YEAR, THE HOUSING ALLOWANCE PROVIDED TO DR. INSEL WAS \$50,000; SUCH AMOUNT WAS TREATED AS TAXABLE COMPENSATION AND INCLUDED IN HIS FORM W-2. THIS AMOUNT WAS ALSO REPORTED ON SCHEDULE J, PART II, COL. (B)(III).

## SEVERANCE PAYMENTS

SCHEDULE J, PART I, LINE 4A

MICHAEL MALEKOFF RECEIVED A SEVERANCE PAYMENT OF \$16,900 WHICH IS REPORTED ON SCHEDULE J PART II COL.(B)(III) OTHER REPORTABLE COMPENSATION.

## PRESIDENT AND CEO

FORM 990, PART VII, SECTION A

JEFFREY BREWER BECAME PRESIDENT AND CEO OF JDRF ON 6/30/2010. FOR THE CALENDAR YEAR 2012, NO REPORTABLE COMPENSATION WAS PAID. SINCE BECOMING

**Part III Supplemental Information**

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

PRESIDENT AND CEO, JEFFREY BREWER HAS NOT TAKEN A SALARY TO DATE.

KEY EMPLOYEE- RESEARCH

DAVID WHEADON, EVP, THERAPY DEVELOPMENT, RESEARCH WAS

HEAD OF JDRF'S RESEARCH DEPARTMENT AND KEY EMPLOYEE FOR

THE PERIOD ENDING 6/30/2013. BECAUSE HIS HIRE DATE WAS MAY

OF 2013 AND HAD NO REPORTABLE WAGES, HE WILL NOT BE LISTED

ON FORM 990, PART VII OR SCHEDULE J, AS PART VII AND SCHEDULE J

REPORT CALENDAR YEAR 2012 COMPENSATION.



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

Department of the Treasury  
Internal Revenue Service

**Transactions With Interested Persons**

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

OMB No. 1545-0047

**2012**

**Open To Public Inspection**

Name of the organization  
JDRF INTERNATIONAL

Employer identification number  
23-1907729

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

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

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

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_
- 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
<b>Total</b> . . . . . ▶ \$ _____												

**Part III Grants or Assistance Benefiting Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2012

**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
(1) RUTH HENDREN	DAUGHTER OF MIKE HENDREN	46,507.	EMPLOYMENT AT JDRF INT.		X
(2) ELIZABETH KECKLER	DAUGHTER OF ELLEN LEAKE	64,480.	EMPLOYMENT AT JDRF INT.		X
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

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

SCHEDULE L, PART IV, COLUMN C

COMPENSATION

TOTAL COMPENSATION INCLUDES EMPLOYER PAID BENEFITS

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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

OMB No. 1545-0047

**2012**

**Open To Public  
Inspection**

Name of the organization

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	2.	51,800.	TICKET SALES
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities - Publicly traded . . . . .	X	203.	2,639,264.	NET PROCEEDS OF SALE
10 Securities - Closely held stock . . . . .				
11 Securities - Partnership, LLC, or trust interests . . . . .				
12 Securities - Miscellaneous . . . . .				
13 Qualified conservation contribution - Historic structures . . . . .				
14 Qualified conservation contribution - Other . . . . .				
15 Real estate - Residential . . . . .				
16 Real estate - Commercial . . . . .				
17 Real estate - Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ (ATCH 1) . . . . .		20,000.	10,925,205.	
26 Other ▶ ( ) . . . . .				
27 Other ▶ ( ) . . . . .				
28 Other ▶ ( ) . . . . .				

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2012)

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

CAR PROGRAM LLC

LINE 32B

THE CAR PROGRAM LLC IS A THIRD PARTY CAR DONATION COMPANY THAT HANDLES ALL ASPECTS OF CARS BEING DONATED TO JDRF. DONORS CALL A TOLL FREE NUMBER AND THEY ARE PUT IN CONTACT WITH A TOWING SERVICE IN THEIR AREA. AFTER THE CAR IS DONATED, THE CAR PROGRAM LLC HANDLES ALL IRS 1098-C REPORTING. THE CAR PROGRAM LLC IS A LICENSED PROFESSIONAL FUNDRAISER AND IS LICENSED IN THE STATES THAT REQUIRE IT TO REGISTER. FOR THE PERIOD ENDING 6/30/13, THE CAR PROGRAM LLC RAISED \$336,159 WITH TOTAL EXPENSES OF \$162,381. A NET CHECK IS PAID DIRECTLY TO JDRF. JDRF DOES NOT PAY THE CAR PROGRAM ANY EXPENSES OR FEES DIRECTLY. TOTAL NET REVENUE FOR FY-13 WAS \$173,778.

NONCASH CONTRIBUTIONS

FORM 990, SCHEDULE M, PAGE 1, TYPES OF PROPERTY

THE AMOUNTS LISTED IN PART I LINES 6 & 9 ARE THE ACTUAL AMOUNT THAT DONORS HAVE DONATED FOR VEHICLES AND SECURITIES. LINE 25 COLUMN(B), IS AN ESTIMATE OF MISC ITEMS THAT ARE SOLD AT VARIOUS AUCTIONS & RAFFLES.

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
MISC AUCTION ITEMS DONATE	X	20000.	10,925,205.	THRIFT SHOP
TOTALS		<u>20,000.</u>	<u>10,925,205.</u>	

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

JDRF INTERNATIONAL

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

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

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Employer identification number

23-1907729

ORGANIZATION'S MISSION PART III, LINE 1

JDRF'S MISSION IS TO FIND A CURE FOR TYPE 1 DIABETES AND ITS  
COMPLICATIONS THROUGH THE SUPPORT OF RESEARCH. JDRF IS THE LEADING GLOBAL  
ORGANIZATION FUNDING TYPE 1 DIABETES (T1D) RESEARCH. JDRF'S GOAL IS TO  
PROGRESSIVELY REMOVE THE IMPACT OF T1D FROM PEOPLE'S LIVES UNTIL WE  
ACHIEVE OUR VISION OF A WORLD WITHOUT T1D. JDRF COLLABORATES WITH A WIDE  
SPECTRUM OF PARTNERS AND IS CURRENTLY SPONSORING \$530 MILLION IN  
SCIENTIFIC RESEARCH IN 17 COUNTRIES.

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS: PART III

LINE 4A:

JDRF'S MISSION IS TO FIND A CURE FOR TYPE 1 DIABETES AND ITS  
COMPLICATIONS THROUGH THE SUPPORT OF RESEARCH. JDRF IS A GLOBAL  
ORGANIZATION WITH A STRATEGIC RESEARCH PLAN TO END T1D. OUR PLAN ENSURES  
THAT THERE WILL BE AN ONGOING STREAM OF LIFE-CHANGING THERAPIES MOVING  
THROUGH THE RESEARCH PIPELINE FROM DEVELOPMENT TO THE MARKETPLACE THAT  
LESSEN THE IMPACT OF T1D UNTIL WE ELIMINATE THE DISEASE FROM PEOPLE'S  
LIVES COMPLETELY. JDRF IS DRIVING RESEARCH ACROSS THE ENTIRE SCIENTIFIC  
SPECTRUM, FROM DISCOVERY IN THE LABORATORY TO DELIVERY OF NEW TECHNOLOGY  
AND TREATMENTS TO PATIENTS. IT IS COLLABORATING WITH PUBLIC, PRIVATE,  
ACADEMIC, AND CORPORATE PARTNERS TO EXPEDITE DELIVERY OF REAL-WORLD  
SOLUTIONS TO PEOPLE WITH T1D AND THEIR FAMILIES. ADDITIONALLY, JDRF'S  
INFLUENCE AND LEADERSHIP EXTENDS BEYOND FUNDING RESEARCH. JDRF

Name of the organization JDRF INTERNATIONAL	Employer identification number 23-1907729
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STRATEGICALLY PARTNERS WITH INDUSTRY, GOVERNMENTS, FOUNDATIONS, ACADEMIA, HEALTHCARE, AND CLINICIANS AS PART OF A GLOBAL EFFORT TO CURE T1D.

LINE 4B:

IN SUPPORTING ITS RESEARCH GOALS, JDRF ORGANIZES SCIENTIFIC MEETINGS, SYMPOSIA, AND CONFERENCES. IT CONVENES REVIEW BOARDS AND COUNCILS COMPOSED OF SCIENTIFIC EXPERTS, VOLUNTEERS, AND T1D PATIENT REPRESENTATIVES TO REVIEW RESEARCH PROPOSALS AND ENSURE JDRF'S RESEARCH STRATEGY IS ALIGNED WITH THE NEEDS OF THE T1D COMMUNITY AND JDRF PROVIDES SCIENTIFIC UPDATES ON THE RESEARCH IT IS MANAGING. THESE ACTIVITIES ARE CENTRAL TO JDRF'S ROLE IN LEADING AND UNIFYING GLOBAL EFFORTS TO CREATE A WORLD WITHOUT T1D. THIS WORK ALSO ENHANCES JDRF'S ABILITY AND OPPORTUNITY TO FORECAST FUTURE SCIENTIFIC DIRECTIONS, JUDGE THE POTENTIAL EFFICIENCY AND EFFECTIVENESS OF NEW RESEARCH PATHWAYS, AND IDENTIFY GAPS WHERE JDRF CAN FOCUS ITS FUNDING TO MAKE THE MOST IMPACT. JDRF'S LEADERSHIP IN THESE AREAS ENABLES IT TO DRIVE A STRATEGIC PLAN TO BRING ABOUT A CONTINUOUS FLOW OF LIFE-CHANGING THERAPIES AND, ULTIMATELY, A CURE FOR T1D.

LINE 4C:

BECAUSE OF ITS LEADING ROLE IN DIABETES RESEARCH GLOBALLY, JDRF IS IN A UNIQUE POSITION TO PROVIDE PUBLIC EDUCATION ABOUT DIABETES AND ITS COMPLICATIONS. JDRF'S EFFORTS IMPACT NOT ONLY THE MILLIONS OF PEOPLE WITH THE DISEASE AND THEIR FAMILIES, BUT ALSO THOSE AT RISK FOR DEVELOPING THE DISEASE, AND THE GENERAL PUBLIC. JDRF EDUCATES PEOPLE ABOUT THE WARNING SIGNS OF DIABETES, WHICH CAN BE PROFOUNDLY HELPFUL IN ENSURING TIMELY

Name of the organization JDRF INTERNATIONAL	Employer identification number 23-1907729
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DIAGNOSES AND REDUCING THE POTENTIAL, SHORT-TERM, CATASTROPHIC CONSEQUENCES OF TYPE 1 DIABETES. JDRF ALSO PROVIDES KEY INFORMATION ABOUT CURRENT RESEARCH DIRECTIONS AND PROGRESS, AND ABOUT HUMAN CLINICAL TRIALS IN WHICH PEOPLE WITH THE DISEASE CAN PARTICIPATE (INCLUDING VIA JDRF'S CLINICAL TRIALS CONNECTION SERVICE). JDRF CHAPTERS AROUND THE NATION ARE COMMITTED TO HELPING PEOPLE IDENTIFY AND DIAGNOSE DIABETES EARLIER AND STAY HEALTHIER SO THAT THEY CAN BENEFIT FROM A CURE AND TREATMENTS AS THEY ARE DEVELOPED.

990 REVIEW PROCESS FORM 990, SECTION B, PART VI, QUESTION 11B

THE FIRST STEP IN THE FORM 990 REVIEW PROCESS BEGINS AT THE FINANCE LEVEL WITH THE ORGANIZATION'S TAX MANAGER WORKING WITH OUTSIDE TAX ADVISORS TO PREPARE THE RETURN AND ALL SUPPORTING SCHEDULES. THE RETURN IS PREPARED AND CHECKED FOR ACCURACY. AFTER A DRAFT RETURN IS PREPARED, THE SECOND STEP IN THE REVIEW PROCESS INCLUDES A REVIEW OF THE DRAFT RETURN BY OUR TAX ADVISOR, ATTORNEY, AND CHIEF FINANCIAL OFFICER PRIOR TO AN AUDIT COMMITTEE REVIEW. ANY QUESTIONS AND CHANGES WITH RESPECT TO THE DRAFT FORM 990 ARE ADDRESSED AND MADE. THE THIRD STEP IN THE REVIEW PROCESS IS FOR THE JDRF AUDIT COMMITTEE TO REVIEW THE RETURN WITH OUR OUTSIDE TAX ADVISORS. ONCE THE RETURN IS APPROVED WITH ALL CHANGES AND READY TO FILE, IT IS PASSED ON TO THE BOARD. THE FOURTH AND FINAL STEP IN THE REVIEW PROCESS IS TO PROVIDE A FINAL COPY OF THE RETURN TO EACH VOTING MEMBER OF THE JDRF BOARD OF DIRECTORS TO REVIEW THE RETURN TO E-FILE THE FORM 990 WITH THE INTERNAL REVENUE SERVICE.



Name of the organization JDRF INTERNATIONAL	Employer identification number 23-1907729
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## CONFLICT OF INTEREST POLICY

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

ALL OFFICERS, DIRECTORS, KEY EMPLOYEES, BOARD AND COMMITTEE MEMBERS (BOTH CHAPTERS AND INTERNATIONAL BOARDS) ARE REQUIRED TO SIGN A CONFLICT OF INTEREST POLICY ANNUALLY AND DISCLOSE ANY CONFLICTS. THE OFFICE OF THE PRESIDENT HANDLES THIS PROCESS AND JDRF'S INTERNAL AUDIT DEPARTMENT ANNUALLY AUDITS TO ENSURE COMPLIANCE. IF ANY CONFLICT DOES ARISE, THE BOARD MEMBERS WITH THE CONFLICTS WILL RECUSE THEMSELVES FROM THE MEETING AND/OR VOTE.

## PROFESSIONAL FUNDRAISING FEES

FORM 990 PART I LINE 16A AND PART IX, LINE 11E.

LW ROBBINS ACTS AS A PFR/FRC FOR THE FUNCTION THEY PERFORM FOR JDRF. THEY ARE A MAILING PROCESSOR WITH VARIOUS FUNCTIONS AS A FUNDRAISING CONSULTANT. THE AMOUNT PAID TO LW ROBBINS WAS \$339,000 FOR FUNDRAISING CONSULTATION; THE BALANCE WAS FOR PRODUCTS AND SERVICES INCLUDING ALL DONOR PROSPECT MAIL, BROCHURES, ENVELOPES, AND OTHER SERVICES, AS WELL AS POSTAGE AND HANDLING.

## PUBLIC DOCUMENTS

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

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

Name of the organization JDRF INTERNATIONAL	Employer identification number 23-1907729
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## EXECUTIVE COMPENSATION POLICY

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

USING RELIABLE DATA, THE ORGANIZATION OBTAINS OBJECTIVE DATA ON COMPARABLE SALARIES AND BENEFITS FOR SIMILAR ORGANIZATIONS WITH LIKE KIND POSITIONS. THE COMPENSATION AND BENEFITS ARE REVIEWED BY AN AUTHORIZED BODY OR COMMITTEE COMPRISED OF INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS, WHO DETERMINE THAT THE COMPENSATION OF EXECUTIVES AND KEY PERSONNEL IS REASONABLE AND WITHIN ACCEPTABLE LIMITS. THE AUTHORIZED BODY OR COMMITTEE ADEQUATELY DOCUMENTS THE REVIEW OF JDRF EXECUTIVE COMPENSATION AND BENEFITS AND THE BASIS FOR ITS DETERMINATION, CONTEMPORANEOUSLY IN THE MINUTES OF THE COMPENSATION COMMITTEE. DURING THE TAX YEAR ENDED JUNE 30, 2013, JDRF'S COMPENSATION COMMITTEE MET ON DECEMBER 10, 2012 TO REVIEW SALARIES AND BENEFITS UNDER THE PROCEDURES NOTED ABOVE.

ATTACHMENT 1FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

ISRAEL

NETHERLANDS

DENMARK

ATTACHMENT 2FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CO, CT, DE,

DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI,

MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,

RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

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

ATTACHMENT 3

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
LW ROBBINS 201 SUMMER STREET HOLLISTON, MA 01746	FUNDRAISING CONSULT	2,577,600.
HELLER CONSULTING 1736 FRANKLIN STREET OAKLAND, CA 94612	FUNDRAISING SYSTEMS	1,420,366.
HICKORY PRINTING SOLUTIONS,LLC P.O. BOX 69, HICKORY, NC 28603	PRINTING CONSULTANT	780,006.
LEK CONSULTING 1133 6TH AVE NEW YORK, NY 10036	MANAGEMENT CONSULT	768,370.
MTM TECHNOLOGIES 1200 HIGH RIDGE ROAD STAMFORD, CT 06905	IT CONSULTANT	521,792.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

JDRF INTERNATIONAL

Employer identification number

23-1907729

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) DIABETES INVESTMENT FUND LLC 274967989 C/O JDRF - 26 BROADWAY 14TH FL NEW YORK, NY 10004	INVESTMENT	DE		100.	JDRF
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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

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

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

Schedule R (Form 990) 2012

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

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

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

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity	<b>1a</b>	X
<b>b</b> Gift, grant, or capital contribution to related organization(s)	<b>1b</b>	X
<b>c</b> Gift, grant, or capital contribution from related organization(s)	<b>1c</b>	X
<b>d</b> Loans or loan guarantees to or for related organization(s)	<b>1d</b>	X
<b>e</b> Loans or loan guarantees by related organization(s)	<b>1e</b>	X
<b>f</b> Dividends from related organization(s)	<b>1f</b>	X
<b>g</b> Sale of assets to related organization(s)	<b>1g</b>	X
<b>h</b> Purchase of assets from related organization(s)	<b>1h</b>	X
<b>i</b> Exchange of assets with related organization(s)	<b>1i</b>	X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s)	<b>1j</b>	X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s)	<b>1k</b>	X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)	<b>1l</b>	X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)	<b>1m</b>	X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	<b>1n</b>	X
<b>o</b> Sharing of paid employees with related organization(s)	<b>1o</b>	X
<b>p</b> Reimbursement paid to related organization(s) for expenses	<b>1p</b>	X
<b>q</b> Reimbursement paid by related organization(s) for expenses	<b>1q</b>	X
<b>r</b> Other transfer of cash or property to related organization(s)	<b>1r</b>	X
<b>s</b> Other transfer of cash or property from related organization(s)	<b>1s</b>	X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													
(9) -----													
(10) -----													
(11) -----													
(12) -----													
(13) -----													
(14) -----													
(15) -----													
(16) -----													

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**Part VII** **Supplemental Information**

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

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