

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2017, or tax year beginning 7/1, 2017, and ending 6/30, 20 18

2017

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)

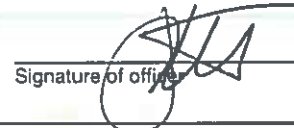
Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, 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>230,115,984</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, line 3c)	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 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 2017 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.

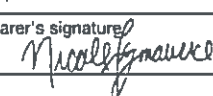
Sign Here  | 3/15/19 | JOANNE MARTZ / CFO & ASST. TRES
 Signature of officer | Date | Title

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.

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

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

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature 	Date	Check if self-employed <input type="checkbox"/>	PTIN
	<u>NICOLE FITZMAURICE</u>		<u>12/19/18</u>		<u>P1491005</u>
	Firm's name <u>KPMG LLP</u>			Firm's EIN <u>13-5565207</u>	
	Firm's address <u>345 PARK AVE NEW YORK, NY 10154</u>			Phone no. <u>212-785-9700</u>	

Return of Organization Exempt From Income Tax

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.

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

A For the 2017 calendar year, or tax year beginning 07/01, 2017, and ending 06/30, 2018


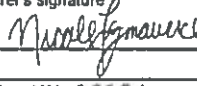
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>JDRF INTERNATIONAL</u>			D Employer identification number <u>23-1907729</u>
	Doing business as			E Telephone number <u>(212) 785-9500</u>
	Number and street (or P.O. box if mail is not delivered to street address) <u>26 BROADWAY, 15TH FL</u>		Room/suite	G Gross receipts \$ <u>260,616,536.</u>
	City or town, state or province, country, and ZIP or foreign postal code <u>NEW YORK, NY 10004</u>			
F Name and address of principal officer: <u>DEREK RAPP</u> <u>26 BROADWAY, 14TH FLOOR NEW YORK, NY 10004</u>			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I 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				
J Website: <u>WWW.JDRF.ORG</u>				H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: <u>1970</u>	M State of legal domicile: <u>PA</u>

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>THE MISSION OF JDRF IS TO ACCELERATE BREAKTHROUGHS TO CURE, PREVENT AND TREAT TYPE I DIABETES. SEE SCHEDULE O</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	<u>34.</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>33.</u>
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	<u>886.</u>
	6 Total number of volunteers (estimate if necessary)	6	<u>249,300.</u>
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	<u>17,064.</u>
7b Net unrelated business taxable income from Form 990-T, line 34	7b	<u>39,647.</u>	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	<u>199,896,852.</u>	<u>219,968,105.</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>0.</u>	<u>0.</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>1,227,269.</u>	<u>7,177,001.</u>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>1,129,676.</u>	<u>2,970,878.</u>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>202,253,797.</u>	<u>230,115,984.</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<u>79,009,656.</u>	<u>84,651,980.</u>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>0.</u>	<u>0.</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<u>75,347,284.</u>	<u>81,433,187.</u>
	16b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>27,984,238.</u>	<u>0.</u>	<u>2,328.</u>
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>39,432,392.</u>	<u>42,340,180.</u>
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>193,789,332.</u>	<u>208,427,675.</u>
19 Revenue less expenses. Subtract line 18 from line 12	<u>8,464,465.</u>	<u>21,688,309.</u>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	<u>198,753,573.</u>	<u>226,353,181.</u>
	22 Net assets or fund balances. Subtract line 21 from line 20	<u>121,385,069.</u>	<u>129,947,696.</u>
		<u>77,368,504.</u>	<u>96,405,485.</u>

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.

Sign Here	Signature of officer 	Date <u>3/15/19</u>			
	<u>JOANNE MARTZ</u> Type or print name and title <u>CFO</u>				
Paid Preparer Use Only	Print/Type preparer's name <u>NICOLE FITZMAURICE</u>	Preparer's signature 	Date <u>12/19/18</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P01491005</u>
	Firm's name ▶ <u>KPMG, LLP</u>	Firm's EIN ▶ <u>13-5565207</u>		Phone no. <u>212-785-9700</u>	
	Firm's address ▶ <u>345 PARK AVE NEW YORK, NY 10154</u>				

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2017)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes 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 \$ 84,651,980. including grants of \$ 84,651,980.) (Revenue \$)

RESEARCH FUNDING - FOR THE FY18 PERIOD ENDING JUNE 30, 2018, JDRF DIRECTLY FUNDED RESEARCH GRANTS AND INDUSTRY AGREEMENTS FOR WHICH \$85 MILLION IN RESEARCH GRANT NET EXPENSE WAS RECOGNIZED ACCORDING TO GAAP AND EXCLUDING \$11.3 MILLION OF PROGRAMMATIC RESEARCH INVESTMENTS WHICH ARE RECORDED TO THE ORGANIZATION'S BALANCE SHEET. FOR AN EXPANDED DESCRIPTION OF PROGRAM SERVICE ACTIVITIES RELATED TO DIRECT RESEARCH FUNDING. SEE SCHEDULE O.

4b (Code:) (Expenses \$ 23,138,666. including grants of \$) (Revenue \$)

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

4c (Code:) (Expenses \$ 56,283,982. including grants of \$) (Revenue \$)

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

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

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

4e Total program service expenses 164,074,628.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	X	
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical responses. Includes questions about Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, deductible contributions, and Form 990 filings.

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 or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (34), 1b (33), 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, address, and telephone number of the person who possesses the organization's books and records: GARY CURTÓ C/O JDRF INT. 26 BROADWAY, 1TH FL, 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 or note to any line in this Part VII.

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See 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) MIKE LEE / FY16-18 BOARD MEMBER	3.00 0.	X						0.	0.	0.
(2) LARRY SOLER / FY16-18 BOARD MEMBER	3.00 0.	X						0.	0.	0.
(3) WENDY WOOD / FY16-18 CHAIR, INVESTMENT	10.00 0.	X						0.	0.	0.
(4) NANETTE DETURK / FY17-19 CHAIR, ADVOCACY	5.00 0.	X						0.	0.	0.
(5) MICHELLE GRIFFIN / FY17-19 CHAIR, DEVELOPMENT	3.00 0.	X						0.	0.	0.
(6) STEPHEN NEWMAN, MD / FY17-19 CHAIR, RESEARCH	5.00 0.	X						0.	0.	0.
(7) RANDY ANDERSON / FY18-20 BOARD MEMBER	3.00 0.	X						0.	0.	0.
(8) TIMOTHY CLARK / FY18-20 BOARD MEMBER	5.00 0.	X						0.	0.	0.
(9) MARK FISCHER-COLBRIE / FY16-18 CHAIRMAN OF THE BOARD	20.00 0.	X		X				0.	0.	0.
(10) LISA REED / FY18-20 BOARD MEMBER	3.00 0.	X						0.	0.	0.
(11) MARVIN DAITCH / FY16-18 BOARD MEMBER	3.00 0.	X						0.	0.	0.
(12) PAM EDMONDS / FY16-18 BOARD MEMBER	5.00 0.	X						0.	0.	0.
(13) JEFF PLUMER / FY16-18 CHAIR, AUDIT	5.00 0.	X						0.	0.	0.
(14) LISA WALLACK / FY16-18 SECRETARY, CHAIR NOMINATING	5.00 0.	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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) SEAN DOHERTY / FY17-19 CHAIR, JDRF T1D FUND LLC	5.00 0.	X						0.	0.	0.
(16) PAUL HEATH / FY17-19 BOARD MEMBER	3.00 0.	X						0.	0.	0.
(17) KAREN JORDAN / FY17-19 BOARD MEMBER	3.00 0.	X						0.	0.	0.
(18) JOHN KAMPFE / FY17-19 BOARD MEMBER	3.00 0.	X						0.	0.	0.
(19) ELLEN LEAKE / FY17-19 BOARD VICE-CHAIR	10.00 0.	X		X				0.	0.	0.
(20) DOUG LOWENSTEIN / FY17-19 BOARD MEMBER	3.00 0.	X						0.	0.	0.
(21) DAYTON OGDEN / FY17-19 CHAIR, TALENT & COMPENSATION	3.00 0.	X						0.	0.	0.
(22) ANGIE PLATT / FY17-19 BOARD MEMBER	3.00 0.	X						0.	0.	0.
(23) JERRY WISLER / FY17-19 BOARD MEMBER	3.00 0.	X						0.	0.	0.
(24) KAREY L. WITTY / FY17-19 BOARD MEMBER	3.00 0.	X						0.	0.	0.
(25) GRANT BEARD / FY18-20 CHAIR, FINANCE	10.00 0.	X		X				0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								4,043,062.	0.	304,899.
d Total (add lines 1b and 1c)								4,043,062.	0.	304,899.

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 **▶** 162

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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 **▶** 51

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) BRANDON ARBITER / FY18-20 BOARD MEMBER	3.00 0.	X					0.	0.	0.	
(27) STEVEN DAVIS / FY18-20 BOARD MEMBER	3.00 0.	X					0.	0.	0.	
(28) CATHY BAIER / FY18-20 BOARD MEMBER	3.00 0.	X					0.	0.	0.	
(29) MARY ELIZABETH BUNZEL FY18-19 CHAIT, CHANCELLORS	5.00 0.	X					0.	0.	0.	
(30) JENNIFER BENNETT FY18-20 BOARD MEMBER	3.00 0.	X					0.	0.	0.	
(31) JOE LACHER / FY18-20 BOARD MEMBER	3.00 0.	X					0.	0.	0.	
(32) KIM ROOSEVELT / FY18-20 BOARD MEMBER	3.00 0.	X					0.	0.	0.	
(33) CHRISTOPHER TURNER / FY18-20 BOARD MEMBER	3.00 0.	X					0.	0.	0.	
(34) MATT VAREY / FY18-20 BOARD MEMBER	3.00 0.	X					0.	0.	0.	
(35) DEREK RAPP PRESIDENT AND CEO	50.00 0.			X			850,000.	0.	47,460.	
(36) SANDRA HIJIKATA CHIEF DEV OFFICER & ASST. SECY	50.00 0.			X			395,000.	0.	18,348.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **▶** 162

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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) MARK GREENE CFO & ASST. TRES	50.00 0.			X				398,000.	0.	26,205.
(38) JILL CLARK CHIEF OF STAFF & ASST. SECY	50.00 0.			X				289,041.	0.	17,309.
(39) JONATHAN R BEHR MANAGING DIRECTOR JDRF-T1D FND	50.00 0.				X			372,500.	0.	34,761.
(40) AARON KOWALSKI CHIEF MISSION OFFICER	50.00 0.					X		418,091.	0.	42,152.
(41) STEVEN GRIFFEN, MD SVP RESEARCH	50.00 0.					X		326,430.	0.	36,664.
(42) ALISA NORRIS CHIEF MARKETING OFFICER	50.00 0.					X		374,755.	0.	47,422.
(43) JULIA GREENSTEIN VP RESEARCH	50.00 0.					X		315,790.	0.	14,636.
(44) SUSAN YUN CHIEF PEOPLE OFFICER	50.00 0.					X		303,455.	0.	19,942.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **▶** 162

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	4,294,747.				
	b Membership dues	1b					
	c Fundraising events	1c	127,990,024.				
	d Related organizations	1d					
	e Government grants (contributions) . .	1e					
	f All other contributions, gifts, grants, and similar amounts not included above .	1f	87,683,334.				
	g Noncash contributions included in lines 1a-1f. \$						
	h Total. Add lines 1a-1f. ATTACHMENT 9 ▶		219,968,105.				
Program Service Revenue	2a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f ▶			0.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 4 ▶			1,326,587.		17,064.	1,326,587.
	4 Income from investment of tax-exempt bond proceeds . ▶			0.			
	5 Royalties ▶			0.			
	6a Gross rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss) ▶			0.			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss) ▶			5,850,414.			5,850,414.
	8a Gross income from fundraising events (not including \$ 127,990,024. of contributions reported on line 1c). See Part IV, line 18 a	ATCH 5					
	b Less: direct expenses b			28,454,512.			
	c Net income or (loss) from fundraising events. ATCH 6 ▶			0.			
	9a Gross income from gaming activities. See Part IV, line 19 a			1,423,288.			
b Less: direct expenses b			245,454.				
c Net income or (loss) from gaming activities. ATCH 7 ▶			1,177,834.			1,177,834.	
10a Gross sales of inventory, less returns and allowances a							
b Less: cost of goods sold b							
c Net income or (loss) from sales of inventory. ▶			0.				
Miscellaneous Revenue				Business Code			
11a MISC PROGRAM REVENUE			900099	1,793,044.			1,793,044.
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d ▶				1,793,044.			
12 Total revenue. See instructions. ▶				230,115,984.		17,064.	10,147,879.

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	61,518,639.	61,518,639.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	23,133,341.	23,133,341.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	2,481,235.	1,488,741.	347,373.	645,121.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	62,737,324.	42,347,861.	7,229,303.	13,160,160.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,983,990.	1,349,113.	277,759.	357,118.
9 Other employee benefits	4,458,573.	2,675,144.	624,200.	1,159,229.
10 Payroll taxes	9,772,065.	5,863,239.	1,368,089.	2,540,737.
11 Fees for services (non-employees):				
a Management	3,014,034.	1,325,412.	591,831.	1,096,791.
b Legal	679,672.	407,803.	95,154.	176,715.
c Accounting	189,821.	113,893.	26,575.	49,353.
d Lobbying	1,211,012.	1,211,012.		
e Professional fundraising services. See Part IV, line 17.	2,328.			2,328.
f Investment management fees	449,309.		449,309.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	2,431,813.	1,459,088.	340,454.	632,271.
12 Advertising and promotion	5,116,784.	3,070,070.	716,350.	1,330,364.
13 Office expenses	1,125,442.	686,520.	191,325.	247,597.
14 Information technology	4,458,076.	2,719,426.	757,873.	980,777.
15 Royalties	0.			
16 Occupancy	8,269,096.	4,961,458.	1,157,673.	2,149,965.
17 Travel	2,977,590.	1,786,554.	416,863.	774,173.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	2,594,270.	1,556,562.	363,198.	674,510.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	4,202,477.	2,563,511.	714,421.	924,545.
23 Insurance	501,201.	304,730.	86,708.	109,763.
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 OUTREACH EXPENSES	2,586,429.	1,646,521.	355,375.	584,533.
b DUES & FEES	1,424,567.	906,879.	195,736.	321,952.
c OTHER MISC EXPENSES	1,108,587.	979,112.	63,239.	66,236.
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	208,427,675.	164,074,629.	16,368,808.	27,984,238.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	2,026,999.	719,323.	111,224.	1,196,451.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	23,695,495.	1	14,717,083.
	2 Savings and temporary cash investments	30,545,972.	2	56,336,253.
	3 Pledges and grants receivable, net	28,143,186.	3	29,143,990.
	4 Accounts receivable, net	14,274,402.	4	21,529,716.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 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.	6	0.
	7 Notes and loans receivable, net	5,000,000.	7	1,500,000.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	5,592,386.	9	5,991,334.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 25,831,752.		
	b Less: accumulated depreciation	10b 18,502,543.	9,719,880.	10c 7,329,209.
	11 Investments - publicly traded securities	ATCH 8 38,164,626.	11	47,882,217.
	12 Investments - other securities. See Part IV, line 11	39,867,626.	12	30,662,349.
	13 Investments - program-related. See Part IV, line 11	3,750,000.	13	11,261,030.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	0.	15	0.
16 Total assets. Add lines 1 through 15 (must equal line 34)	198,753,573.	16	226,353,181.	
Liabilities	17 Accounts payable and accrued expenses	16,729,137.	17	22,350,808.
	18 Grants payable	94,060,180.	18	94,919,621.
	19 Deferred revenue	7,934,693.	19	10,051,979.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 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.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,661,059.	25	2,625,288.
	26 Total liabilities. Add lines 17 through 25	121,385,069.	26	129,947,696.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	39,586,000.	27	57,009,483.
	28 Temporarily restricted net assets	30,441,504.	28	31,828,000.
	29 Permanently restricted net assets	7,341,000.	29	7,568,000.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	77,368,504.	33	96,405,483.	
34 Total liabilities and net assets/fund balances	198,753,573.	34	226,353,179.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	230,115,984.
2	Total expenses (must equal Part IX, column (A), line 25)	2	208,427,675.
3	Revenue less expenses. Subtract line 2 from line 1	3	21,688,309.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	77,368,504.
5	Net unrealized gains (losses) on investments	5	-2,651,327.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	96,405,486.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form **990** (2017)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

JDRF INTERNATIONAL

Employer identification number

23-1907729

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations.

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

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

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) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (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. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (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. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10.

12 Gross receipts from related activities, etc. (see instructions) 12
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 14: Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)). 14 99.25%
Row 15: Public support percentage from 2016 Schedule A, Part II, line 14 15 98.79%

16a 33 1/3% support test - 2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. [X]
b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.
17a 10%-facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.
b 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
 If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (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

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. 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 - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2013	2014	2015	2016	2017	TOTAL
MISC EXCLUDED INCOME	136,667.	256,146.	94,769.	283,014.	1,793,044.	2,563,640.
TOTALS	<u>136,667.</u>	<u>256,146.</u>	<u>94,769.</u>	<u>283,014.</u>	<u>1,793,044.</u>	<u>2,563,640.</u>

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2017

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

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

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

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

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

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

Name of organization 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. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions)

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

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

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

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

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

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

Schedule C (Form 990 or 990-EZ) 2017

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.

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

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?	X		807.
d Mailings to members, legislators, or the public?	X		85,018.
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?	X		548.
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		847,570.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		505,331.
i Other activities?		X	
j Total. Add lines 1c through 1i			1,439,274.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
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).

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

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

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

Part IV Supplemental Information

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

SEE PAGE 4

Part IV Supplemental Information (continued)

JDRF LOBBYING ACTIVITIES

FORM 990- SCH-C- GENERAL STATEMENT OF ACTIVITIES

JDRF IS THE LEADING GLOBAL ORGANIZATION FUNDING TYPE 1 DIABETES (T1D) RESEARCH. ITS STRENGTH LIES IN ITS EXCLUSIVE FOCUS AND SINGULAR INFLUENCE ON THE WORLDWIDE EFFORT TO END T1D. THROUGH RESEARCH AND ADVOCACY, JDRF IS ACCELERATING PROGRESS ON THE MOST PROMISING OPPORTUNITIES TO CURE, PREVENT AND TREAT T1D AND ITS COMPLICATIONS. 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 HAS BEEN INSTRUMENTAL IN SECURING THE RENEWAL OF THE SPECIAL DIABETES PROGRAM, WHICH PROVIDES \$150MM ANNUALLY FOR T1D RESEARCH AT THE NATIONAL INSTITUTES OF HEALTH. JDRF STAFF AND VOLUNTEERS COMMUNICATE WITH GOVERNMENT OFFICIALS THROUGH EMAIL, PHONE CALLS, AND MEETINGS, TO EDUCATE THEM ON ISSUES AND ENCOURAGE THE ADVANCEMENT OF LEGISLATION.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

JDRF INTERNATIONAL

Employer identification number

23-1907729

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

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

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor advisement.

Part II Conservation Easements.

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

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes questions about purpose of easements, total number, acreage, and monitoring expenses.

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

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

Table with 3 columns: Line number, Description, and Amount. Includes questions about reporting art and historical treasures.

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

Schedule D (Form 990) 2017

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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table:
Table with columns: Amount, 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, for escrow or custodial account liability?
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

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 on lines 2a, 2b, and 2c should equal 100%.

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

Table with 2 columns: Yes, No. Rows: (i) unrelated organizations, (ii) related organizations, b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) HEDGE FUNDS	19,209,614.	FMV
(B) US-NON-PUBLIC INVESTMENT FUNDS	11,452,735.	FMV
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	30,662,349.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SPLIT INTEREST CHRT RMDR TRUST	2,625,288.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,625,288.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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.

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

Table with 5 main rows and sub-rows (a-d). Column 1: Description of revenue items. Column 2: Amount. Column 3: Subtotal. Total revenue reported as 230,115,983.

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

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

Table with 5 main rows and sub-rows (a-d). Column 1: Description of expense items. Column 2: Amount. Column 3: Subtotal. Total expenses reported as 208,427,675.

Part XIII Supplemental Information.

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

SEE PAGE 5

Part XIII Supplemental Information (continued)

ORGANIZATION'S ENDOWMENT FUNDS

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

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

INCOME TAX POSITION OF JD RF INT.

990 SCH-D, PART X, LINE 2 JD RF 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. INCOME GENERATED FROM ACTIVITIES UNRELATED TO JD RF'S EXEMPT PURPOSE IS SUBJECT TO TAX UNDER INTERNAL REVENUE CODE SECTION 511. INCOME TAX LIABILITIES ARE RECOGNIZED WHEN SUCH POSITIONS ARE QUANTIFIABLE AND LIKELY TO BE REALIZED. UNRELATED BUSINESS INCOME TAX LIABILITY WAS INSIGNIFICANT FOR THE YEARS ENDING JUNE 30, 2018 AND 2017.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

JDRF INTERNATIONAL

Employer identification number

23-1907729

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) NORTH AMERICA	0.	0.	GRANTMAKING	RESEARCH GRANTS	3,662,429.
(2) MIDDLE EAST AND NORTH AFRICA	0.	0.	GRANTMAKING	RESEARCH GRANTS	543,725.
(3) EAST ASIA AND THE PACIFIC	0.	0.	GRANTMAKING	RESEARCH GRANTS	4,450,088.
(4) EUROPE	0.	0.	GRANTMAKING	RESEARCH GRANTS	14,477,099.
(5) EUROPE	2.	2.	PROGRAM SERVICES	RESEARCH SUPPORT	302,393.
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	2.	2.			23,435,734.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	2.	2.			23,435,734.

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

Schedule F (Form 990) 2017

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	IMMUNE THERA	115,000.	CHECK/WIRE		N/A	N/A
(2)			EAST ASIA/PACIFIC	BETA CELL TH	249,243.	CHECK/WIRE		N/A	N/A
(3)			EUROPE/ICELAND/GREENLAND	IMMUNE THERA	125,165.	CHECK/WIRE		N/A	N/A
(4)			EUROPE/ICELAND/GREENLAND	BETA CELL TH	930,622.	CHECK/WIRE		N/A	N/A
(5)			MIDDLE EAST/NORTH AFRICA	BETA CELL TH	328,734.	CHECK/WIRE		N/A	N/A
(6)			EUROPE/ICELAND/GREENLAND	IMMUNR THERA	1,431,786.	CHECK/WIRE		N/A	N/A
(7)			EAST ASIA/PACIFIC	TRANSPLNTATN	60,419.	CHECK/WIRE		N/A	N/A
(8)			EAST ASIA/PACIFIC	IMMUNE THERA	311,315.	CHECK/WIRE		N/A	N/A
(9)			NORTH AMERICA	IMMUNE THERA	297,112.	CHECK/WIRE		N/A	N/A
(10)			EUROPE/ICELAND/GREENLAND	IMMUNE THERA	64,728.	CHECK/WIRE		N/A	N/A
(11)			EAST ASIA/PACIFIC	BETA CELL TH	200,000.	CHECK/WIRE		N/A	N/A
(12)			NORTH AMERICA	COMPLICATION	395,332.	CHECK/WIRE		N/A	N/A
(13)			NORTH AMERICA	IMMUNE THERA	1,194,079.	CHECK/WIRE		N/A	N/A
(14)			EUROPE/ICELAND/GREENLAND	IMMUNE THERA	110,000.	CHECK/WIRE		N/A	N/A
(15)			EUROPE/ICELAND/GREENLAND	IMMUNE THERA	172,535.	CHECK/WIRE		N/A	N/A
(16)			EUROPE/ICELAND/GREENLAND	IMMUNE THERA	183,460.	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" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			NORTH AMERICA	BETA CELL TH	529,939.	CHECK/WIRE		N/A	N/A
(2)			EUROPE/ICELAND/GREENLAND	CONTROL	60,816.	CHECK/WIRE		N/A	N/A
(3)			EUROPE/ICELAND/GREENLAND	BETA CELL TH	248,600.			N/A	N/A
(4)			EAST ASIA/PACIFIC	TRANSPORTFOL	603,376.	CHECK/WIRE		N/A	N/A
(5)			EUROPE/ICELAND/GREENLAND	IMMUNE THERA	120,000.	CHECK/WIRE		N/A	N/A
(6)			NORTH AMERICA	IMMUNE THERA	249,561.	CHECK/WIRE		N/A	N/A
(7)			NORTH AMERICA	IMMUNE THERA	124,403.	CHECK/WIRE		N/A	N/A
(8)			EUROPE/ICELAND/GREENLAND	BETA CELL TH	250,000.	CHECK/WIRE		N/A	N/A
(9)			EUROPE/ICELAND/GREENLAND	IMMUNE THERA	247,317.	CHECK/WIRE		N/A	N/A
(10)			EAST ASIA/PACIFIC	BETA CELL TH	906,704.	CHECK/WIRE		N/A	N/A
(11)			NORTH AMERICA	IMMUNE THERA	64,728.	CHECK/WIRE		N/A	N/A
(12)			EUROPE/ICELAND/GREENLAND	IMMUNE THERA	200,000.	CHECK/WIRE		N/A	N/A
(13)			EUROPE/ICELAND/GREENLAND	IMMUNE THERA	458,238.	CHECK/WIRE		N/A	N/A
(14)			EUROPE/ICELAND/GREENLAND	BETA CELL TH	191,237.	CHECK/WIRE		N/A	N/A
(15)			EUROPE/ICELAND/GREENLAND	IMMUNE THERA	432,961.	CHECK/WIRE		N/A	N/A
(16)			NORTH AMERICA	IMMUNE THERA	342,276.	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" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	ARTIFICIAL P	250,000.	CHECK/WIRE		N/A	N/A
(2)			EUROPE/ICELAND/GREENLAND	BETA CELL TH	233,283.	CHECK/WIRE		N/A	N/A
(3)			EUROPE/ICELAND/GREENLAND	IMMUNE THERA	58,779.	CHECK/WIRE		N/A	N/A
(4)			EUROPE/ICELAND/GREENLAND	INTERVENTION	112,355.	CHECK/WIRE		N/A	N/A
(5)			MIDDLE EAST/NORTH AFRICA	IMMUNE THERA	109,991.	CHECK/WIRE		N/A	N/A
(6)			MIDDLE EAST/NORTH AFRICA	IMMUNE THERA	105,000.	CHECK/WIRE		N/A	N/A
(7)			EUROPE/ICELAND/GREENLAND	BETA CELL	529,908.	CHECK/WIRE		N/A	N/A
(8)			EAST ASIA/PACIFIC	AUTOIMMUNITY	250,000.	CHECK/WIRE		N/A	N/A
(9)			EUROPE/ICELAND/GREENLAND	BETA CELL	1,297,298.	CHECK/WIRE		N/A	N/A
(10)			EUROPE/ICELAND/GREENLAND	BETA CELL	413,885.	CHECK/WIRE		N/A	N/A
(11)			EUROPE/ICELAND/GREENLAND	IMMUNE THERA	430,950.	CHECK/WIRE		N/A	N/A
(12)			EUROPE/ICELAND/GREENLAND	IMMUNE THERA	118,496.	CHECK/WIRE		N/A	N/A
(13)			EAST ASIA/PACIFIC	IMMUNE THERA	247,500.	CHECK/WIRE		N/A	N/A
(14)			EAST ASIA/PACIFIC	IMMUNE THERA	883,066.	CHECK/WIRE		N/A	N/A
(15)			EUROPE/ICELAND/GREENLAND	IMMUNE THERA	69,570.	CHECK/WIRE		N/A	N/A
(16)			EUROPE/ICELAND/GREENLAND	IMMUNE THERA	99,532.	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" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE/ICELAND/GREENLAND	BETA CELL	125,000.	CHECK/WIRE		N/A	N/A
(2)			NORTH AMERICA	IMMUNE THERA	215,000.	CHECK/WIRE		N/A	N/A
(3)			EUROPE/ICELAND/GREENLAND	IMMUNE THERA	625,737.	CHECK/WIRE		N/A	N/A
(4)			EAST ASIA/PACIFIC	IMMUNE THERA	238,465.	CHECK/WIRE		N/A	N/A
(5)			EUROPE/ICELAND/GREENLAND	IMMUNE THERA	70,000.	CHECK/WIRE		N/A	N/A
(6)			EUROPE/ICELAND/GREENLAND	IMMUNE THERA	95,067.	CHECK/WIRE		N/A	N/A
(7)			EAST ASIA/PACIFIC	IMMUNE THERA	250,000.	CHECK/WIRE		N/A	N/A
(8)			EUROPE/ICELAND/GREENLAND	IMMUNE THERA	649,999.	CHECK/WIRE		N/A	N/A
(9)			EUROPE/ICELAND/GREENLAND	IMMUNE THERA	955,880.	CHECK/WIRE		N/A	N/A
(10)			EUROPE/ICELAND/GREENLAND	IMMUNE THERA	349,659.	CHECK/WIRE		N/A	N/A
(11)			EUROPE/ICELAND/GREENLAND	IMMUNE THERA	149,767.	CHECK/WIRE		N/A	N/A
(12)			EUROPE/ICELAND/GREENLAND	IMMUNE THERA	1,461,283.	CHECK/WIRE		N/A	N/A
(13)			EUROPE/ICELAND/GREENLAND	IMMUNE THERA	96,377.	CHECK/WIRE		N/A	N/A
(14)			EUROPE/ICELAND/GREENLAND	IMMUNE THERA	174,838.	CHECK/WIRE		N/A	N/A
(15)			EUROPE/ICELAND/GREENLAND	IMMUNE THERA	1,026,547.	CHECK/WIRE		N/A	N/A
(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 ▶ _____

3 Enter total number of other organizations or entities ▶ _____

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

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

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

GRANT MONITORING PROCEDURES

SCH-F PART I LINE 2

RESEARCH GRANTS ARE AWARDED BY JDRF'S RESEARCH COMMITTEE COMPRISED OF "JDRF BOARD MEMBERS AND OTHER VOLUNTEERS" FOLLOWING THE RECOMMENDATIONS OF AN IN-HOUSE TEAM OF PROFESSIONAL SCIENTIFIC STAFF AND WITH INPUT FROM EXTERNAL SCIENTIFIC REVIEWERS AND PATIENT ADVOCATES. THE REVIEW PROCESS INCLUDES THE FOLLOWING CRITERIA: (1) THE SCIENTIFIC MERIT OF THE PROPOSED RESEARCH OUTLINED IN A GRANT APPLICATION AND (2) THE RELATIONSHIP OF THE PROPOSED RESEARCH TO JDRF'S GOAL TO CURE, PREVENT AND TREAT T1D AND ITS COMPLICATIONS. THE SCIENTIFIC RESEARCH TEAM AND GRANT ADMINISTRATION STAFF MAINTAIN CLOSE CONTACT WITH GRANTEEES, PROVIDING ADVICE, EVALUATION, RESEARCH PROGRESS REPORTS, HELPING DISSEMINATE RESEARCH RESULTS AND REVIEWING RESEARCH EXPENDITURES VERSUS AGREED BUDGETS.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2017

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization

JDRF INTERNATIONAL

Employer identification number

23-1907729

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

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

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

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1	ATTACHMENT 1						
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total					261,400.	107,183.	154,217.

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" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1		(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ILL GALA		ILL WALK	364	
		(event type)		(event type)	(total number)	
Revenue	1 Gross receipts	4,981,354.		3,859,625.	148,781,391.	157,622,370.
	2 Less: Contributions	4,121,472.		3,488,799.	121,557,587.	129,167,858.
	3 Gross income (line 1 minus line 2)	859,882.		370,826.	27,223,804.	28,454,512.
Direct Expenses	4 Cash prizes					
	5 Noncash prizes	13.		13,604.	82,193.	95,810.
	6 Rent/facility costs	70,748.			3,765,120.	3,835,868.
	7 Food and beverages	333,740.		8,829.	2,732,904.	3,075,473.
	8 Entertainment	332,072.		8,356.	3,286,150.	3,626,578.
	9 Other direct expenses	123,309.		260,800.	17,436,674.	17,820,783.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶					28,454,512.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶					

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

		(a) Bingo		(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		Yes _____%	No _____%	Yes _____%	No _____%	Yes _____%
Revenue	1 Gross revenue				1,423,288.	1,423,288.
Direct Expenses	2 Cash prizes				20,000.	20,000.
	3 Noncash prizes				225,454.	225,454.
	4 Rent/facility costs					
	5 Other direct expenses					
	6 Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No _____%	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No _____%	<input type="checkbox"/> Yes _____% <input checked="" type="checkbox"/> No _____%		
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶					245,454.
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶					1,177,834.

9 Enter the state(s) in which the organization conducts gaming activities: SEE SUPPLEMENTAL PAGE
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
b If "Yes," explain: _____

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

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

Name ▶ 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 ▶ FILING GAMING APPLICATIONS AND REPORTS

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

SCHEDULE G, PART I, LINE 2

INSURANCE AUTO AUCTIONS LLC IS A STATE LICENSED PROFESSIONAL FUNDRAISER THAT HANDLES ALL ASPECTS OF CARS BEING DONATED TO JDRF. DONORS CONTACT THE COMPANY DIRECTLY THROUGH A TOLL FREE NUMBER TO COORDINATE THE DONATION, FOLLOWING WHICH INSURANCE AUTO AUCTIONS HANDLES ALL REQUIRED IRS 1098C REPORTING. FOR THE PERIOD ENDING 6/30/18, THE CAR PROGRAM RAISED \$261,400 WITH TOTAL EXPENSES OF \$107,183 WITH THE NET PROCEEDS OF

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

\$154,217 PROVIDED DIRECTLY TO JDRF. JDRF PAYS NO ADDITIONAL EXPENSES OR FEES TO INSURANCE AUTO AUCTIONS FOR THIS PROGRAM.

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
		YES	NO			
AUTOMATIVE RECOVERY SERVI TWO WESTBROOK CORORATE CENTER, SUITE 500 WESTCHESTER IL 60154	CAR DONATION	X		261,400.	107,183.	154,217.

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

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

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

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

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

AL, AK, AZ, 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,

OK, OR, PW, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY,

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

JDRF INTERNATIONAL

Employer identification number

23-1907729

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BENAROYA RESEARCH INST AT VIRGINIA MASON 1201 9TH AVE SEATTLE, WA 98101	91-0653422	501 (C) 3	2,098,652.		N/A	N/A	IMMUNE THERAPIES
(2) ANN AND ROBERT LURIE CHILDREN'S HOSPITAL 320 NORTH AVE PITTSBURGH, PA 15212	36-2170833	501 (C) 3	60,000.		N/A	N/A	IMMUNE THERAPIES
(3) CAPILLARY BIOMEDICAL 56 HAVENWOOD IRVINE, CA 92614	46-4787731		201,500.		N/A	N/A	IMMUNE THERAPIES
(4) CASE WESTERN UNIVERSITY 10900 EUCLID AVE CLEVELAND, OH 44106	34-1018992	501 (C) 3	62,640.		N/A	N/A	IMMUNE THERAPIES
(5) CORNELL UNIVERSITY 377 PINE TREE RD ITHACA, NY 14850	15-0532082	501 (C) 3	282,000.		N/A	N/A	IMMUNE THERAPIES
(6) CAM MED LLC 29 EXETER STREET WEST NEWTON, MA 02465	99-9999999		100,000.		N/A	N/A	IMMUNE THERAPIES
(7) UNIVERSITY OF ARIZONA PO BOX 210 TUCSON, AZ 85721	11-3661893	501 (C) 3	797,276.		N/A	N/A	BETA CELL THERAPIES
(8) CRITICAL PATH INSTITUTE 1730 EAST RIVER ROAD TUCSON, AZ 85718	20-1991334		151,000.		N/A	N/A	IMMUNE THERAPIES
(9) INDIANA UNIVERSITY 620 UNION DR INDIANAPOLIS, IN 46202	35-6018940	501 (C) 3	937,267.		N/A	N/A	IMMUNE THERAPIES
(10) BETH ISRAEL MEDICAL CENTER 1 BROOKLINE AVE BOSTON, MA 92121	13-5564934	501 (C) 3	570,000.		N/A	N/A	GLUCOSE THERAPIES
(11) JOSLIN DIABETES CENTER 1 JOSLIN PL BOSTON, MA 02215	04-2203836	501 (C) 3	2,117,298.		N/A	N/A	COMPLICATIONS THERA
(12) FREQUENCY THERAPEUTICS 300 TECHNOLOGY SQUARE WOBURN, MA 01801	99-9999999		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 ▶

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

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

JDRF INTERNATIONAL

Employer identification number

23-1907729

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MASSACHUSETTS INSTITUTE OF TECHNOLOGY 25 AMES ST CAMBRIDGE, MA 02467	04-2103594	501 (C) 3	799,829.		N/A	N/A	BETA CELL THERAPIES
(2) INDIANA BIOSCIENCES RES INST 1345 W. 16TH STREET INDIANAPOLIS, IN 46202	46-2882271	501 (C) 3	150,000.		N/A	N/A	COMPLICATIONS THERAP
(3) CALIFORNIA INST FOR BIOMEDICAL RESEARCH 11119 N.TORRY PINES RD LAJOLLA, CA 92037	95-6047739	501 (C) 3	2,292,400.		N/A	N/A	COMPLICATIONS THERAP
(4) EMORY UNIVERSITY 69 JESSE HILL JR DRIVE ATLANTA, GA 30322	58-0566256	501 (C) 3	359,530.		N/A	N/A	BETA CELL
(5) MAYO CLINIC 1216 2ND STREET ROCHESTER, MN 55902	41-1405254	501 (C) 3	445,564.		N/A	N/A	IMMUNE THERAPIES
(6) GEORGIA TECH RESEARCH CORP 505 TENTH STREET ATLANTA, GA 30332	58-0603146	501 (C) 3	167,674.		N/A	N/A	IMMUNE THERAPIES
(7) STANFORD UNIVERSITY 300 PASTEUR DR PALA ALTO, CA 94305	94-1156365	501 (C) 3	730,809.		N/A	N/A	IMMUNE THERAPIES
(8) JUST BIOTHERAPEUTICS 401 TERRY AVE N SEATTLE, WA 98109	99-9999999		1,000,000.		N/A	N/A	IMMUNE THERAPIES
(9) NEW YORK UNIVERSITY SCHOOL OF MEDICINE 550 FIRST AVENUE NEW YORK, NY 10016	13-5562309	501 (C) 3	100,000.		N/A	N/A	IMMUNE THERAPIES
(10) HEALTH PARTNERS INSTITUTE PO BOX 1524 MINNEAPOLIS, MN 55440	99-9999999	501 (C) 3	373,016.		N/A	N/A	COMPLICATIONS THERAP
(11) RTI INTERNATIONAL RESEARCH TRIANGLE PARK	44-0680117	501 (C) 3	411,375.		N/A	N/A	BETA CELL THERAPIES
(12) NEW YORK STEM CELL FOUNDATION 619 WEST 54TH STREET NEW YORK, NY 10019	20-2905531	501 (C) 3	200,000.		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 ▶

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

Schedule I (Form 990) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

JDRF INTERNATIONAL

Employer identification number

23-1907729

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BECKMAN RESEARCH INST OF THE CITY OF HOPE 1500 EAST DUARTE ROAD DUARTE, CA 91010	95-3432210	501 (C) 3	1,874,293.		N/A	N/A	IMMUNE THERAPIES
(2) OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PORTLAND, OR 97239	23-7083114	501 (C) 3	500,871.		N/A	N/A	IMMUNE THERAPIES
(3) IBM 1 N CASTLE DR ARMONK, NY 10504	99-9999999		1,360,000.		N/A	N/A	IMMUNE THERAPIES
(4) PACIFIC DIABETES TECHNOLOGIES 12154 SW GARDEN PLACE PORTLAND, OR 97223	99-9999999	501 (C) 3	220,689.		N/A	N/A	IMMUNE THERAPIES
(5) UNIVERSITY OF FLORIDA 1600 SW ARCHER ROAD GAINESVILLE, FL 32610	59-0974739	501 (C) 3	12,209,832.		N/A	N/A	IMMUNE THERAPIES
(6) UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL 55 LAKE AVE NORTH WORCESTER, MA 01605	04-3167352	501 (C) 3	62,640.		N/A	N/A	IMMUNE THERAPIES
(7) UNIVERSITY OF MIAMI SCHOOL OF MEDICINE 1450 NW 10TH AVE MIAMI, FL 33136	59-0624458	501 (C) 3	1,770,121.		N/A	N/A	BETA CELL THERAPIES
(8) UNIVERSITY OF VIRGINIA 104 MIDMONT LN CHARLOTTESVILLE, VA 22902	41-6042488	501 (C) 3	212,516.		N/A	N/A	BETA CELL THERAPIES
(9) UNIVERSITY OF MICHIGAN 1331 EAST ANN STREET ANN ARBOR, MI 48109	38-6006309	501 (C) 3	625,000.		N/A	N/A	BETA CELL THERAPIES
(10) LEK CONSULTING 75 STATE STREET BOSTON, MA 02109	99-9999999		396,250.		N/A	N/A	IMMUNE THERAPIES
(11) LOCHEED MARTIN 199 BORTON LANDING RD MOORESTOWN, NJ 08057	99-9999999		261,908.		N/A	N/A	IMMUNE THERAPIES
(12) UNIVERSITY OF CALIFORNIA 3333 CA ST SAN FRANCISCO, CA 94122	95-6006143	501 (C) 3	2,738,857.		N/A	N/A	BETA CELL

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) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
JDRF INTERNATIONAL

Employer identification number
23-1907729

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF WISCONSIN-MADISON 21 NORTH PARK MADISON, WI 53706	39-6006492	501 (C) 3	500,000.		N/A	N/A	REGENERATION
(2) UT SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BLVD DALLAS, TX 75390	75-6002868	501 (C) 3	2,045,720.		N/A	N/A	BETA CELL THERAPIES
(3) VANDERBILT UNIVERSITY MEDICAL CENTER 1211 MEDICAL CENTER DR NASHVILLE, TN 37232	62-0476822	501 (C) 3	278,547.		N/A	N/A	BETA CELL THERAPIES
(4) LOUISIANA STATE UNIV HEALTH SCIENCE 433 BOLIVAR STREET NEW ORLEANS, LA 70112		501 (C) 3	899,171.		N/A	N/A	IMMUNE THERAPIES
(5) BAYLOR COLLEGE OF MEDICINE-RESEARCH INSTITU 3500 GASTON AVE DALLAS, TX 75246	75-1921898	501 (C) 3	180,000.		N/A	N/A	BETA CELL THERAPIES
(6) BROAD INSTITUTE 7 CAMBRIDGE CENTER CAMBRIDGE, MA 02142	26-3428781	501 (C) 3	253,781.		N/A	N/A	COMPLICATION
(7) NAT. INST OF DIABETS & DIGESTIVE DISEASES 6707 DEMOCRACY BLVD BETHESDA, MD 20892		501 (C) 3	200,000.		N/A	N/A	BETA CELL THERAPIES
(8) UNIVERSITY OF CONNECTICUT 69 N EAGLEVILLE STORRS, CT 06269	06-6085975	501 (C) 3	249,998.		N/A	N/A	IMMUNE THERAPIES
(9) UNIVERSITY OF SOUTH FLORIDA 4202 E FOWLER AVE TAMPA, FL 33620	59-0879015	501 (C) 3	426,420.		N/A	N/A	IMMUNE THERAPIES
(10) JAEB CENTER FOR HEALTH RESEARCH FND 15310 AMBERLY DRIVE TAMPA, FL 33647	59-3187624	501 (C) 3	3,692,067.		N/A	N/A	IMMUNE THERAPIES
(11) VIACYTE 3550 GENERAL ATOMICS SAN DIEGO, CA 92121	33-0884172		2,150,000.		N/A	N/A	GLUCOSE CONTROL
(12) COLUMBIA UNIVERSITY PO BOX 29789 NEW YORK, NY 10087	13-5598093	501 (C) 3	110,000.		N/A	N/A	DIABETIC REN

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) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

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Department of the Treasury
Internal Revenue Service

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

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

Name of the organization

JDRF INTERNATIONAL

Employer identification number

23-1907729

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) YALE UNIVERSITY PO BOX 209010 NEW HAVEN, CT 06520	06-0646973	501(C)3	2,113,953.		N/A	N/A	IMMUNE THERAPIES
(2) SFC FLUIDICS, INC 534 WEST RESEARCH CENTER	99-9999999		200,000.		N/A	N/A	IMMUNE THERAPIES
(3) UNIVERSITY OF ALABAMA COLLEGE DRIVE BIRMINGHAM, AL 35294	63-6001138	501(C)3	175,622.		N/A	N/A	BETA CELL THERAPIES
(4) MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501(C)3	486,646.		N/A	N/A	BETA CELL THERAPIES
(5) NORTHWESTERN UNIVERSITY 633 CLARK STREET EVANSTON, IL 60208	23-1352685	501(C)3	910,280.		N/A	N/A	BETA CELL THERAPIES
(6) ICAHN SCHOOL OF MEDICINE, MOUNT SINAI 1 GUSTAVE L LEVY PLACE NEW YORK, NY 10029	13-6171197	501(C)3	438,716.		N/A	N/A	BETA CELL
(7) NOVARTIS INSTITUTE-GENOMICS 10675 JOHN HOPKINS DR SAN DIEGO, CA 92121	22-3610512		2,000,000.		N/A	N/A	BETA CELL
(8) ILLINOIS INSTITUTE OF TECHNOLOGY 3300 SOUTH FEDERAL STREET CHICAGO, IL 60616	36-2170136	501(C)3	250,000.		N/A	N/A	BETA CELL
(9) UNIVERSITY OF MINNESOTA 80 SOUTH 8TH STREET MINNEAPOLIS, MN 55455	41-6007513	501(C)3	299,999.		N/A	N/A	IMMUNE THERAPIES
(10) JACKSON LABORATORY 600 MAIN STREET BAR HARBOR, ME 04609	01-0211513	501(C)3	312,227.		N/A	N/A	BETA CELL
(11) RUTGERS, THE STATE UNIVERSITY 175 UNIVERSITY AVE NEWARK, NJ 07107	46-2354111	501(C)3	439,559.		N/A	N/A	IMMUNE THERAPIES
(12) UNIVERSITY OF WASHINGTON 1401 15TH AVE SEATTLE, WA 98195	91-1486484	501(C)3	161,617.		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) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
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Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

JDRF INTERNATIONAL

Employer identification number

23-1907729

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) WESTERN MICHIGAN UNIVERSITY 1903 W. MICHIGAN ANE KALAMAZOO, MI 49008	45-4135256	501 (C) 3	125,477.		N/A	N/A	IMMUNE THERAPIES
(2) THE MEDICAL COLLEGE OF WISCONSIN 8701 W. WATERTOWN PLANK RD	61-1730890	501 (C) 3	324,765.		N/A	N/A	IMMUNE THERAPIES
(3) TIDEPPOOL 450 TOWNSEND ST SAN FRANCISCO, CA 94107	46-2302287		664,109.		N/A	N/A	ARTIFICIAL PANCREAS
(4) THE METHODIST HOSPITAL RESEARCH INST 6670 BERTNER AVE HOUSTON, TX 77030	99-9999999	501 (C) 3	109,821.		N/A	N/A	IMMUNE THERAPIES
(5) UNIVERSITY OF UTAH 201 PRESIDENTS CR SALT LAKE CITY, UT 84102	87-6000525	501 (C) 3	730,746.		N/A	N/A	GLUCOSE MODULATION
(6) WAYNE STATE UNIVERSITY 5700 CASS AVE DETROIT, MI 48201	38-3555142	501 (C) 3	385,822.		N/A	N/A	ENCAPSULATED ISLETS
(7) PROTOMER TECHNOLOGIES 430 S. CATALINA AVE PASADENA, CA 91106	47-4206994		270,000.		N/A	N/A	IMMUNE THERAPIES
(8) UNIVERSITY OF SOUTHERN CALIFORNIA COLLEGE DRIVE LOS ANGELES, CA 90089	95-1642394	501 (C) 3	166,022.		N/A	N/A	IMMUNE THERAPIES
(9) UNIVERSITY OF COLORADO PO BOX 6511 DENVER, CO 80045	84-6049811	501 (C) 3	4,144,193.		N/A	N/A	IMMUNE THERAPIES
(10) UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET PHILADELPHIA, PA 19104	23-1352685	501 (C) 3	110,000.		N/A	N/A	IMMUNE THERAPIES
(11) UNITIO 11 AVENUE DE LAYFETTE BOSTON, MA 02111	45-1623549		1,250,000.		N/A	N/A	IMMUNE THERAPIES
(12) UNIVERSITY OF MARYLAND COLLEGE PAR ROAD COLLEGE PARK, MD 20737	52-2004514	501 (C) 3	273,718.		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) (2017)

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

JDRF INTERNATIONAL

Employer identification number

23-1907729

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIVERSITY OF TEXAS HEALTH SCIENCE 7703 FLOYD CURL DRIVE SAN ANTONIO, TX 78229	74-1586031	501(C)3	890,776.		N/A	N/A	IMMUNE THERAPIES
(2) WASHINGTON UNIVERSITY ONE BROOKINGS DRIVE ST LOUIS, MO 63130	43-0653611	501(C)3	303,340.		N/A	N/A	IMMUNE THERAPIES
(3) UNIVERSITY OF KANSAS CENTER FOR RESEARCH 1200 SUNNYSIDE AVE LAWRENCE, KS 66045	48-0680117	501(C)3	249,997.		N/A	N/A	IMMUNE THERAPIES
(4) VTV THERAPEUTICS LLC 4170 MENDENHALL OAKS PARK	99-9999999		540,000.		N/A	N/A	IMMUNE THERAPIES
(5) BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE BOSTON, MA 02115	04-3266103	501(C)3	572,597.		N/A	N/A	IMMUNE THERAPIES
(6) HARVARD COLLEGE 677 HUNTINGTON AVE BOSTON, MA 02115	04-2103580	501(C)3	617,165.		N/A	N/A	IMMUNE THERAPIES
(7) WILLIAM MARSH RICE UNIVERSITY 6100 MAIN STREET HOUSTON, TX 7005	74-1109620	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 ▶ 64.

3 Enter total number of other organizations listed in the line 1 table ▶ 15.

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

Schedule I (Form 990) (2017)

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

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

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

GRANT MONITORING PROCEDURES

SCH-I PART I LINE 2

RESEARYH GRANTS ARE AWARDED BY JDRF'S RESEARCH COMMITTEE COMPRISED OF "JDRF BOARD MEMBERS AND OTHER VOLUNTEERS" FOLLOWING THE RECOMMENDATIONS OF AN IN-HOUSE TEAM OF PROFESSIONAL SCIENTIFIC STAFF AND WITH INPUT FROM EXTERNAL SCIENTIFIC REVIEWERS AND PATIENT ADVOCATES. THE REVIEW PROCESS INCLUDES THE FOLLOWING CRITERIA: (1) THE SCIENTIFIC MERIT OF THE PROPOSED RESEARCH OUTLINED IN A GRANT APPLICATION AND (2) THE RELATIONSHIP OF THE PROPOSED RESEARCH TO JDRF'S GOAL TO CURE, PREVENT AND TREAT T1D AND ITS COMPLICATIONS. THE SCIENTIFIC RESEARCH TEAM AND GRANT ADMINISTRATION

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

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

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

STAFF MAINTAIN CLOSE CONTACT WITH GRANTEES, PROVIDING ADVICE, EVALUATION,
RESEARCH PROGRESS REPORTS, HELPING DISSEMINATE RESEARCH RESULTS AND
REVIEWING RESEARCH EXPENDITURES VERSUS AGREED BUDGETS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

JDRF INTERNATIONAL

Compensation Information

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

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

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

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

3 Indicate which, if any, of the following the 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 checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

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

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

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

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

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

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

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

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

	Yes	No
1b	X	
2		X
4a	X	
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2017

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DEREK RAPP PRESIDENT AND CEO	(i)	600,000.	150,000.	100,000.	12,337.	35,123.	897,460.	
	(ii)	0.	0.	0.				
2 AARON KOWALSKI CHIEF MISSION OFFICER	(i)	381,551.	36,540.	0.	7,912.	34,240.	460,243.	
	(ii)	0.	0.	0.				
3 SANDRA HIJIKATA CHIEF DEV OFFICER & ASST. SECY	(i)	375,000.	20,000.	0.	12,337.	6,011.	413,348.	
	(ii)	0.	0.	0.				
4 MARK GREENE CFO & ASST. TRES	(i)	366,250.	31,750.	0.	12,337.	13,868.	424,205.	
	(ii)	0.	0.	0.				
5 JILL CLARK CHIEF OF STAFF & ASST. SECY	(i)	264,833.	24,208.	0.	10,828.	6,481.	306,350.	
	(ii)	0.	0.	0.				
6 STEVEN GRIFFEN, MD SVP RESEARCH	(i)	115,830.	20,000.	190,600.	12,337.	24,327.	363,094.	
	(ii)	0.	0.	0.				
7 JONATHAN R BEHR MANAGING DIRECTOR JDRF-T1D FND	(i)	302,500.	70,000.	0.	12,337.	22,424.	407,261.	
	(ii)	0.	0.	0.				
8 ALISA NORRIS CHIEF MARKETING OFFICER	(i)	353,333.	21,422.	0.	12,337.	35,085.	422,177.	
	(ii)	0.	0.	0.				
9 JULIA GREENSTEIN VP RESEARCH	(i)	290,323.	25,467.	0.	12,337.	2,299.	330,426.	
	(ii)	0.	0.	0.				
10 SUSAN YUN CHIEF PEOPLE OFFICER	(i)	278,334.	25,121.	0.	12,337.	7,605.	323,397.	
	(ii)	0.	0.	0.				
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

HOUSING ALLOWANCE

SCHEDULE J PART I, LINE 1A DEREK RAPP, PRES & CEO, RECEIVED A HOUSING ALLOWANCE AS PER THE TERMS OF HIS EMPLOYMENT AGREEMENT. FOR THE 2017 CALENDAR YEAR, THE HOUSING ALLOWANCE PROVIDED TO DEREK RAPP WAS \$75,000; 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).

OTHER REPORTABLE COMPENSATION

SCHEDULE J PART II, C (B) (III) DEREK RAPP RECEIVED TRAVEL & ALLOWANCE EXPENSES FOR THE 2017 CALENDAR YEAR, THE ALLOWANCE PROVIDED TO MR. RAPP WAS \$25,000; 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).

NON-FIXED PAYMENTS

FORM 990, SCHEDULE J, PART I, LINE 7

JDRF AWARDS NON-FIXED PAYMENTS SUCH AS BONUSES ON A DISCRETIONARY BASIS TIED TO THE EMPLOYEES PERFORMANCE. THE NAMES OF EMPLOYEES AND THE AMOUNTS

Part III Supplemental Information

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

THAT WERE PAID ARE FOUND ON SCHEDULE J, PAGE 2, PART II,

COL. (B) (II).

SEVERANCE PAYMENTS

SCHEDULE J, PART I, LINE 4A STEVEN DR. GRIFFEN RECEIVED A SEVERANCE

PAYMENT OF \$190,600 WHICH IS REPORTED ON SCHEDULE J, PART II, COL.

(B) (III) OTHER REPORTABLE COMPENSATION.

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2017

Department of the Treasury
Internal Revenue Service

▶ **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.**

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

Open To Public Inspection

Name of the organization
JDRF INTERNATIONAL

Employer identification number
23-1907729

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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.

1	(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)													
Total ▶							\$						

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(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)					

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) ELIZABETH KECKLER	DAUGHTER OF ELLEN LEAKE	60,427.	EMPLOYMENT AT JDRF INT.		
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

BUSINESS TRANSACTION

SCHEDULE L, PART IV, COLUMN B

ELLEN LEAKE WAS THE BOARD VICE-CHAIR FOR YEAR END 6/30/2018

SCHEDULE L, PART IV, COLUMN C

FOR EMPLOYEES LISTED, TOTAL COMPENSATION INCLUDES EMPLOYER PAID BENEFITS

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

JDRF INTERNATIONAL

Employer identification number

23-1907729

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	7.	225,454.	TICKET SALES
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	444.	7,241,869.	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)		27,906.	12,677,494.	
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** 3.

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

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

Schedule M (Form 990) (2017)

JSA

7E1298 1.000

54356P A06W

V 17-7.2F

PAGE 61

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

THIRD PARTY ASSISTANCE

LINE 32B

INSURANCE AUTO AUCTIONS 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, INSURANCE AUTO AUCTIONS HANDLES ALL IRS 1098-C REPORTING. INSURANCE AUTO AUCTIONS IS A LICENSED PROFESSIONAL FUNDRAISER AND IS LICENSED IN THE STATES THAT REQUIRE IT TO REGISTER. FOR THE PERIOD ENDING 6/30/18, THE CAR PROGRAM LLC RAISED \$261,400 WITH TOTAL EXPENSES OF \$107,183. A NET CHECK IS PAID DIRECTLY TO JDRF. JDRF DOES NOT PAY INSURANCE AUTO AUCTIONS ANY EXPENSES OR FEES DIRECTLY. TOTAL NET REVENUE FOR FY-18 WAS \$154,217.

NONCASH CONTRIBUTIONS

FORM 990, SCHEDULE M, PAGE 1

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

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>(A) CHECK</u>	<u>(B) NUMBER OF CONTRIBUTIONS</u>	<u>(C) REVENUES REPORTED</u>	<u>(D) METHOD OF DETERMINING</u>
MISC AUCTION ITEMS DONATE	X	27906.	12,677,494.	FAIR MARKET VALUE
TOTALS		<u>27,906.</u>	<u>12,677,494.</u>	

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

Department of the Treasury
Internal Revenue Service

Name of the organization

JDRF INTERNATIONAL

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

23-1907729

ORGANIZATION'S MISSION

FORM 990, PART III, LINE 1

JDRF'S MISSION IS TO ACCELERATE LIFE-CHANGING BREAKTHROUGHS TO CURE, PREVENT AND TREAT TYPE 1 DIABETES (T1D) AND ITS COMPLICATIONS. JDRF IS THE LEADING GLOBAL ORGANIZATION FOCUSED ON T1D RESEARCH AND IS COMMITTED TO FUNDING THE DEVELOPMENT OF NEW THERAPIES AND TREATMENTS TO KEEP PEOPLE WITH T1D HEALTHIER, LONGER, UNTIL A CURE IS FOUND. ITS STRENGTH LIES IN ITS EXCLUSIVE FOCUS AND SINGULAR INFLUENCE ON THE WORLDWIDE EFFORT TO END T1D. JDRF WORKS EVERY DAY TO CHANGE THE REALITY OF THIS LIFE-THREATENING AUTOIMMUNE DISEASE FOR MILLIONS OF PEOPLE - AND TO PREVENT ANYONE ELSE FROM CONTRACTING THE DISEASE - BY FUNDING RESEARCH, ADVOCATING FOR GOVERNMENT SUPPORT OF RESEARCH AND NEW THERAPIES, ENSURING NEW THERAPIES AND TECHNOLOGIES COME TO MARKET, AND CONNECTING AND ENGAGING THE T1D COMMUNITY. JDRF HAS FUNDED MORE THAN \$2 BILLION IN RESEARCH TO DATE AND MADE SIGNIFICANT PROGRESS IN UNDERSTANDING AND FIGHTING THE DISEASE. JDRF HAS PLAYED A ROLE IN NEARLY EVERY T1D THERAPEUTIC ADVANCE OF THE PAST FOUR DECADES, INCLUDING THE FDA-APPROVED HYBRID CLOSED-LOOP ARTIFICIAL PANCREAS SYSTEM IN SEPTEMBER 2016.

PART III: STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

LINE 4A (\$84,651,980) RESEARCH GRANTS

JDRF FUNDS RESEARCH WITH THE GREATEST POTENTIAL TO CURE, PREVENT AND TREAT TYPE 1 DIABETES (T1D). ITS STRENGTH LIES IN ITS EXCLUSIVE FOCUS AND SINGULAR INFLUENCE ON THE WORLDWIDE EFFORT TO END T1D. JDRF HAS COMMITTED

Name of the organization JDRF INTERNATIONAL	Employer identification number 23-1907729
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MORE THAN \$2 BILLION TO THIS RESEARCH SINCE 1970. THE FULL IMPACT OF JDRF'S RESEARCH INVESTMENT EXTENDS WELL BEYOND DIRECT FUNDING. JDRF LEVERAGES PARTNERSHIPS WITH ACADEMIA, INDUSTRY AND CLINICIANS TO ENSURE THAT THE MOST PROMISING RESEARCH OPPORTUNITIES ARE FUNDED AND ACCELERATED. JDRF ALSO PROVIDES EARLY STAGE FUNDING TO RESEARCH PROJECTS, AND THE RESULTS OF THOSE PROJECTS OFTEN LEAD TO FOLLOW-ON PARTICIPATION FROM MANY OTHER ENTITIES, INCLUDING OTHER NON-FOR-PROFIT FUNDERS AND CORPORATIONS. JDRF'S RESEARCH TEAM IS STAFFED BY ACCOMPLISHED EXPERTS AND LEADERS IN THE FIELD OF T1D SCIENCE AND MEDICINE WHO GUIDE THE ORGANIZATION'S FUNDING EFFORTS. JDRF'S HIGHEST PRIORITY REMAINS FUNDING RESEARCH TO DELIVER A CURE FOR T1D AND ITS COMPLICATIONS. AT THE SAME TIME, JDRF IS FOCUSED ON DEVELOPING BETTER TREATMENTS THAT WILL TRANSFORM THE WAY PEOPLE WITH T1D TREAT THE DISEASE TODAY TO HELP THEM LIVE HEALTHIER LIVES NOW AND IN THE FUTURE. THE FOUNDATION'S DIVERSIFIED RESEARCH PORTFOLIO INCLUDES THE FOLLOWING THERAPY AREAS: ARTIFICIAL PANCREAS: ARTIFICIAL PANCREAS SYSTEMS USE TECHNOLOGY TO REPLICATE THE OPERATION OF A NORMAL HUMAN PANCREAS AND ARE ONE OF THE MOST REVOLUTIONARY ADVANCES IN DIABETES CARE SINCE THE DISCOVERY OF INSULIN. THESE SYSTEMS LINK CONTINUOUS GLUCOSE MONITORS AND INSULIN PUMPS TO SMART SOFTWARE SO THAT THE RIGHT AMOUNT OF INSULIN IS DELIVERED AT THE RIGHT TIME. GLUCOSE CONTROL: GLUCOSE-RESPONSIVE INSULINS (GRIS), OR SMART INSULINS, PROMISE TO BE A GAME-CHANGER IN BLOOD-SUGAR MANAGEMENT. GRIS WILL BE THE FIRST-EVER INSULIN FORMULATION THAT TURNS ON AND OFF IN RESPONSE TO BLOOD SUGAR HIGHS AND LOWS. JDRF IS ALSO FUNDING RESEARCH THAT EXPLORES THE BENEFITS OF COMBINING NOVEL OR REPURPOSED DRUGS WITH

Name of the organization JDRF INTERNATIONAL	Employer identification number 23-1907729
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STANDARD INSULIN THERAPY. BETA CELL REPLACEMENT: THIS THERAPY, ALSO KNOWN AS ENCAPSULATION, CAN BE IMPLANTED TO PROVIDE LONG-TERM RELIEF FROM INSULIN DOSING WITHOUT THE NEED FOR IMMUNE SUPPRESSION. JDRF-SUPPORTED SCIENTISTS ARE IMPROVING BIOMATERIALS FOR ENCAPSULATION DEVICES TO PROTECT IMPLANTED BETA CELLS FROM AUTOIMMUNE ATTACK, AMONG OTHER STRATEGIES. BETA CELL RESTORATION: THIS DRUG OR BIOLOGIC-BASED THERAPY REPRESENTS A FULL BIOLOGICAL CURE FOR PEOPLE WITH T1D. IT STIMULATES RESTORATION OF THE BODY'S OWN BETA CELLS AND THE CAPACITY TO PRODUCE INSULIN. WE ARE REPURPOSING DRUGS THAT MAY REDUCE BETA CELL STRESS AND/OR INDUCE SURVIVAL, AS WELL AS FUNDING IMMUNE THERAPIES THAT WILL STOP THE DISEASE IN ITS TRACKS. COMPLICATIONS: JDRF-FUNDED RESEARCH HAS ALREADY YIELDED NEW TREATMENTS FOR DIABETIC EYE AND KIDNEY DISEASE, THE MOST COMMON COMPLICATIONS. TODAY, RESEARCHERS ARE IDENTIFYING BIOMARKERS AND ACCELERATING THE COMPLETION OF CLINICAL TRIALS OF POTENTIAL TREATMENTS. PREVENTION: JDRF RESEARCH HAS IDENTIFIED A NUMBER OF POTENTIAL TRIGGERS, INCLUDING VIRUSES AND ENVIRONMENTAL CONDITIONS, WHICH COULD OPEN THE DOOR TO NEW VACCINES AND OTHER PREVENTION STRATEGIES. THE ORGANIZATION IS ALSO FUNDING EFFORTS TO STALL THE PROGRESSION OF THE DISEASE IN THOSE AT RISK OR NEWLY DIAGNOSED. FOR MORE INFORMATION, VISIT JDRF.ORG/RESEARCH. THE JDRF T1D FUND (WWW.T1DFUND.ORG), A WHOLLY OWNED SUBSIDIARY OF JDRF, IS A VENTURE PHILANTHROPY FUND ACCELERATING LIFE-CHANGING SOLUTIONS TO TREAT, PREVENT AND CURE T1D THROUGH CATALYTIC COMMERCIAL INVESTMENTS. THROUGH ITS INVESTMENTS IN PARTNERSHIP WITH PRIVATE CAPITAL, INCLUDING VENTURE CAPITAL, PHARMA AND FOUNDATIONS, THE T1D FUND SEEKS TO ATTRACT THE PRIVATE INVESTMENT NECESSARY TO ADVANCE DRUGS, DEVICES, DIAGNOSTICS, AND

Name of the organization JDRF INTERNATIONAL	Employer identification number 23-1907729
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VACCINES INTO THE HANDS OF THOSE LIVING WITH T1D. THE T1D FUND INVESTS IN WHITESPACE OPPORTUNITIES AND AREAS STRATEGICALLY ALIGNED WITH JDRF, WITH AN EXCLUSIVE FOCUS ON THE BEST COMMERCIAL OPPORTUNITIES. ALL FUNDS WERE DEPLOYED TO DIRECTLY SUPPORT COMPANIES DEVELOPING APPROACHES TO TREAT, PREVENT AND CURE T1D AND ARE ALIGNED WITH THE JDRF MISSION. IN ACCORDANCE WITH GAAP, \$11.3 MM OF THE T1D FUND'S TOTAL INVESTMENTS FOR THE FY17 PERIOD ARE REFLECTED IN THE BALANCE SHEET (PART X) AND NOT INCLUDED WITHIN THE ORGANIZATION'S RESEARCH-RELATED MISSION EXPENSE.

LINE 4B (\$23,138,666) RESEARCH SUPPORT

JDRF MAINTAINS AN IN-HOUSE TEAM OF SKILLED AND CREDENTIALLED SCIENTIFIC, POLICY AND GOVERNMENT RELATIONS PROFESSIONALS, EACH OF WHOM PLAYS A CRITICAL ROLE IN LEADING AND SUPPORTING THE RESEARCH STRATEGY AND THE DISBURSEMENT OF RESEARCH FUNDS FROM JDRF AND OTHERS TO CREATE A WORLD WITHOUT TYPE 1 DIABETES (T1D). IN THEIR RESPECTIVE RESPONSIBILITIES, THESE PROFESSIONALS PERFORM THE FUNCTIONS OF IDENTIFYING, EVALUATING AND INFLUENCING GROUNDBREAKING RESEARCH BEING FUNDED BY JDRF, OTHER FOUNDATIONS, GOVERNMENTS AND INDUSTRY TO ACHIEVE THE ORGANIZATION'S MISSION. THESE PROFESSIONALS ALSO WORK WITH REGULATORY AND POLICY OFFICIALS TO ENSURE RESEARCH CAN PROCEED WITHOUT DELAY AND THAT RESEARCH RESULTS ARE WELL UNDERSTOOD BY HEALTHCARE DECISION MAKERS. AS PART OF THESE EFFORTS, JDRF ORGANIZES AND FUNDS SCIENTIFIC MEETINGS, SYMPOSIA, AND CONFERENCES WITH THE PURPOSE OF REVIEWING RESEARCH PROPOSALS, ENSURING THAT JDRF'S RESEARCH STRATEGY IS WELL ALIGNED WITH THE NEEDS OF THE T1D COMMUNITY AND ALLOWING JDRF TO PROVIDE SCIENTIFIC UPDATES ON THE

Name of the organization JDRF INTERNATIONAL	Employer identification number 23-1907729
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RESEARCH IT MANAGES. JDRF ALSO WORKS WITH ITS EXTERNAL RESEARCH ADVISORY COMMITTEE (RAC), WHICH IS COMPOSED OF PROFESSIONALS WHO ARE INTERNATIONALLY RENOWNED FOR THEIR EXPERTISE IN RESEARCH AS WELL AS THE CARE AND TREATMENT OF THOSE WITH T1D. THE RAC ADVISES ON MATTERS OF POLICY PERTAINING TO RESEARCH PHILOSOPHY AND PROCEDURES TO HELP THE ORGANIZATION BE MOST EFFECTIVE. ALL OF THIS WORK TO CONVENE THE BEST MINDS IN THE FIELD ENHANCES JDRF'S ABILITY TO FORECAST FUTURE SCIENTIFIC DIRECTION, TO JUDGE THE POTENTIAL EFFICIENCY AND EFFECTIVENESS OF NEW PATHWAYS AND TO IDENTIFY GAPS WHERE JDRF CAN FOCUS ITS FUNDING TO MAKE THE MOST IMPACT. IT IS FROM THIS POSITION OF STRENGTH THAT JDRF IDENTIFIED OPPORTUNITIES WHERE THE FOUNDATION CAN MAKE SIGNIFICANT ADVANCES IN THE NEAR FUTURE AND LAUNCHED A FIVE-YEAR STRATEGIC PLAN IN 2015 TO ACCELERATE PROGRESS TO CURE, PREVENT AND TREAT T1D AND ITS COMPLICATIONS.

LINE 4C (\$56,283,982) PUBLIC EDUCATION

BECAUSE OF ITS LEADING ROLE IN TYPE 1 DIABETES (T1D) 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 AND THE GENERAL PUBLIC, BUT ALSO THOSE AT RISK FOR DEVELOPING THE DISEASE. TYPE 1 DIABETES STRIKES BOTH CHILDREN AND ADULTS SUDDENLY, AND THE ADJUSTMENT PERIOD FOLLOWING A DIAGNOSIS CAN BE OVERWHELMING. JDRF EDUCATES PEOPLE ABOUT THE WARNING SIGNS OF T1D, WHICH CAN BE PROFOUNDLY HELPFUL IN ENSURING TIMELY DIAGNOSES AND REDUCING THE POTENTIAL, SHORT-TERM, CATASTROPHIC

Name of the organization JDRF INTERNATIONAL	Employer identification number 23-1907729
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CONSEQUENCES OF T1D. JDRF ALSO PROVIDES INFORMATION AND UPDATES ABOUT CURRENT RESEARCH DIRECTIONS AND PROGRESS AND ABOUT HUMAN CLINICAL TRIALS THAT ARE SEEKING PARTICIPANTS (INCLUDING THROUGH JDRF'S CLINICAL TRIALS CONNECTION MATCHING TOOL: WWW.JDRF.ORG/RESEARCH/CLINICAL-TRIALS). THROUGH ALL OF ITS U.S. CHAPTERS AND ONLINE, JDRF SUPPORTS THE T1D COMMUNITY'S DIVERSE NEEDS, CONNECTING PEOPLE WITH LOCAL SUPPORT, EXPERT RESOURCES AND THE WORLDWIDE EFFORT TO END THIS SERIOUS DISEASE.

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 AND CEO MANAGES THIS PROCESS, AND JDRF'S INTERNAL AUDIT DEPARTMENT ANNUALLY AUDITS TO ENSURE COMPLIANCE. IF ANY CONFLICT DOES ARISE, THE BOARD MEMBERS WITH THE CONFLICTS WILL RECUSE THEMSELVES FROM THE MEETING AND/OR VOTE.

PUBLIC DOCUMENTS

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

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

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

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

JDRF'S BOARD OF DIRECTORS CHARGES A TALENT AND COMPENSATION COMMITTEE TO DEVELOP AND RECOMMEND A COMPENSATION PHILOSOPHY THAT APPLIES TO ALL EMPLOYEES OF JDRF, INCLUDING RECOMMENDATIONS REGARDING THE COMPENSATION AND BENEFITS OF JDRF SENIOR MANAGEMENT FOR APPROVAL BY THE EXECUTIVE COMMITTEE. THE COMMITTEE WORKS IN COLLABORATION WITH THE PRESIDENT AND CEO AND THE CHIEF PEOPLE OFFICER AND OTHER SENIOR STAFF PERSONNEL IN THE JDRF HUMAN RESOURCES DEPARTMENT TO ENSURE THAT 1) THE FOUNDATION'S TALENT STRATEGY SUPPORTS AND IS ALIGNED WITH ITS OVERALL ORGANIZATION STRATEGIES; 2) JDRF IS IN COMPLIANCE WITH IRS GUIDELINES FOR DETERMINING REASONABLENESS IN PAY PRACTICES; AND 3) OVERALL COMPENSATION FOR JDRF'S KEY EXECUTIVES IS COMPETITIVE AND ALIGNED WITH PAY PHILOSOPHY. TO ATTRACT AND RETAIN TOP SCIENTIFIC AND EXECUTIVE TALENT TO ADVANCE ITS MISSION, THE ORGANIZATION PAYS COMPETITIVE AND APPROPRIATE SALARIES AS DETERMINED BY ANALYSIS OF RELIABLE DATA AND INPUT FROM INDEPENDENT THIRD-PARTY CONSULTANTS. THE REVIEW OF JDRF EXECUTIVE COMPENSATION AND BENEFITS UNDER THE PROCEDURES NOTED ABOVE IS COMPLETED ANNUALLY BY AN INDEPENDENT COMPENSATION COMMITTEE, AND THE BASIS FOR THEIR DETERMINATION ARE DOCUMENTED CONTEMPORANEOUSLY IN THE MINUTES OF THE COMMITTEE'S MEETINGS, INCLUDING MOST RECENTLY ON NOVEMBER 10, 2016.

FORM 990 REVIEW PROCESS

SECTION B, PART VI, QUESTION 11B JDRF HAS A RIGOROUS STANDARD APPROACH TO REVIEWING ITS 990. THE ORGANIZATION'S TAX MANAGER WORKS WITH ITS OUTSIDE TAX PROFESSIONALS TO PREPARE THE RETURN AND ALL SUPPORTING SCHEDULES. THE

Name of the organization JDRF INTERNATIONAL	Employer identification number 23-1907729
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DRAFT RETURN IS REVIEWED BY A NUMBER OF INDIVIDUALS, INCLUDING JDRF'S CHIEF FINANCIAL OFFICER AND DIRECTOR OF ACCOUNTING AND FINANCE, THE CHIEF EXECUTIVE OFFICER, OTHER EXECUTIVES, ITS EXTERNAL SENIOR TAX ADVISOR AND OTHERS AS NECESSARY TO ENSURE ACCURACY. ANY QUESTIONS AND CHANGES WITH RESPECT TO THE DRAFT RETURN ARE ADDRESSED. FOLLOWING THIS PROCESS, THE RETURN IS REVIEWED BY JDRF'S AUDIT COMMITTEE OF THE BOARD OF DIRECTORS WITH ITS OUTSIDE TAX ADVISORS. ONCE APPROVED, THE RETURN IS DISTRIBUTED TO ALL MEMBERS OF JDRF'S BOARD OF DIRECTORS FOR REVIEW AND COMMENT BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990 PART VI, LINE 2

BOARD MEMBERS DOUG LOWENSTEIN & LARRY SOLER HAVE A BUSINESS RELATIONSHIP.

ATTACHMENT 1

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

JDRF'S MISSION IS TO ACCELERATE LIFE-CHANGING BREAKTHROUGHS TO CURE, PREVENT AND TREAT TYPE 1 DIABETES (T1D) AND ITS COMPLICATIONS. JDRF IS THE LEADING GLOBAL ORGANIZATION FOCUSED ON T1D RESEARCH AND IS COMMITTED TO FUNDING THE DEVELOPMENT OF NEW THERAPIES AND TREATMENTS TO KEEP PEOPLE WITH T1D HEALTHIER, LONGER, UNTIL A CURE IS FOUND. ITS STRENGTH LIES IN ITS EXCLUSIVE FOCUS AND SINGULAR INFLUENCE ON THE WORLDWIDE EFFORT TO END T1D. JDRF WORKS EVERY DAY TO CHANGE THE REALITY OF THIS LIFE-THREATENING AUTOIMMUNE DISEASE FOR MILLIONS OF PEOPLE - AND TO PREVENT ANYONE ELSE FROM CONTRACTING THE DISEASE - BY FUNDING RESEARCH, ADVOCATING FOR GOVERNMENT SUPPORT OF RESEARCH AND NEW THERAPIES, ENSURING NEW THERAPIES AND TECHNOLOGIES COME TO MARKET, AND CONNECTING AND ENGAGING THE T1D COMMUNITY. JDRF HAS

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

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

FUNDED MORE THAN \$2 BILLION IN RESEARCH TO DATE AND MADE SIGNIFICANT PROGRESS IN UNDERSTANDING AND FIGHTING THE DISEASE. JDRF HAS PLAYED A ROLE IN NEARLY EVERY T1D THERAPEUTIC ADVANCE OF THE PAST FOUR DECADES, INCLUDING THE FDA-APPROVED HYBRID CLOSED-LOOP ARTIFICIAL PANCREAS SYSTEM IN SEPTEMBER 2016.

ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

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

ATTACHMENT 3

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
DDC ADVOCACY 805 15TH STREET, NW WASHINGTON, DC 20005	LEGISLATIVE CONSULT	497,250.
10UP, LLC 2765 CARRADALE DR ROSEVILLE, CA 95661	WEB DEVELOPMENT	338,199.
CDS GLOBAL 1901 BELL AVE DES MOINES, IA 50315	3RD PARTY LOCK BOX	583,780.
BLUE STATE DIGITAL 101 AVE OF THE AMERICAS NEW YORK, NY 10013	DIDITAL CONSULTING	479,119.
AKA ENTERPRISE SOLUTIONS 875 SIXTH AVE, 20TH FLOOR	EPM IMPLEMENTATION	710,885.

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

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

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
NEW YORK, NY 10001		

ATTACHMENT 4

FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	(A) <u>TOTAL REVENUE</u>	(B) <u>RELATED OR EXEMPT REVENUE</u>	(C) <u>UNRELATED BUSINESS REV.</u>	(D) <u>EXCLUDED REVENUE</u>
REVENUE FROM INTEREST & DIVIDENDS	1,326,587.		17,064.	1,309,523.
TOTALS	<u>1,326,587.</u>		<u>17,064.</u>	<u>1,309,523.</u>

ATTACHMENT 5

FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

<u>DESCRIPTION</u>	<u>AMOUNT</u>
FUNDRAISING EVENTS	127,990,024.
TOTAL	<u>127,990,024.</u>

ATTACHMENT 6

FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>
FUNDRAISING EVENTS	28,454,512.	28,454,512.
TOTALS	<u>28,454,512.</u>	<u>28,454,512.</u>

Name of the organization JDRF INTERNATIONAL	Employer identification number 23-1907729
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ATTACHMENT 7

FORM 990, PART VIII - GAMING ACTIVITIES

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	
GAMING	1,423,288.	245,454.	1,177,834.
TOTALS	<u>1,423,288.</u>	<u>245,454.</u>	<u>1,177,834.</u>

ATTACHMENT 8FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
PUBLICLY TRADED	47,882,217.	FMV
TOTALS	<u>47,882,217.</u>	

ATTACHMENT 9

FORM 990, PART VIII - CONTRIBUTIONS

<u>NAME AND ADDRESS</u>	<u>DATE</u>	<u>FEDERATED CAMPAIGNS</u>	<u>MEMBERSHIP DUES</u>	<u>FUNDRAISING EVENTS</u>	<u>RELATED ORGANIZATIONS</u>	<u>GOVERNMENT GRANTS</u>	<u>ALL OTHER CONTRIBUTIONS</u>
JDRF CANADA 2550 VICTORIA PARK AVENUE, STE 800 TORONTO ON CANADA M2J 5A9							
HELMSLEY TRUST 230 PARK AVE STE-659 NEW YORK, NY 10169							
TOTALS							

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2017

**Open to Public
Inspection**

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

JDRF INTERNATIONAL

Employer identification number

23-1907729

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) JDRF T1D FUND LLC 27-4967989 C/O JDRF - 26 BROADWAY 14TH FL NEW YORK, NY 10004	FUNDR/INVEST	DE	15,400,127.	45,433,706.	JDRF
(2)					
(3)					
(4)					
(5)					
(6)					

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

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

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

Schedule R (Form 990) 2017

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

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

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

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

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

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

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

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

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

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

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

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

Part VII **Supplemental Information**

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

SCHEDULE R, PART I, LINE (1B)

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