

**Exempt Organization Declaration and Signature for
Electronic Filing**

OMB No 1545-1879

For calendar year 2018, or tax year beginning 07/01, 2018, and ending 06/30, 20 19**2018**Department of the Treasury
Internal Revenue Service

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

Name of exempt organization

JDRF INTERNATIONAL

Employer identification number

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>239329465</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 consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

Sign
Here

Signature of officer

Date

2/11/2020CFO
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	Check if self-employed	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 <input type="checkbox"/> if self-employed	PTIN
	<u>Devin Duncan</u>	<u>[Signature]</u>	<u>2/10/20</u>		<u>P01249521</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>	

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

Form **8453-EO** (2018)

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

Open to Public
InspectionDepartment 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 2018 calendar year, or tax year beginning 07/01, 2018, and ending 06/30, 20 19																										
B Check if applicable: <input checked="" 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	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization JDRF INTERNATIONAL</td> <td>D Employer identification number 23-1907729</td> </tr> <tr> <td colspan="2">Doing business as</td> <td rowspan="3">E Telephone number (212) 785-9500</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2">200 VESEY STREET, 28TH FLOOR</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10281</td> <td>G Gross receipts \$ 306,560,671.</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: AARON KOWALSKI 200 VESEY STREET, 28TH FLOOR, NEW YORK, NY 10281</td> <td> 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) </td> </tr> <tr> <td colspan="3"> 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 </td> </tr> <tr> <td colspan="3">J Website: ▶ WWW.JDRF.ORG</td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td>L Year of formation: 1970 M State of legal domicile: PA</td> </tr> </table>	C Name of organization JDRF INTERNATIONAL		D Employer identification number 23-1907729	Doing business as		E Telephone number (212) 785-9500	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	200 VESEY STREET, 28TH FLOOR		City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10281		G Gross receipts \$ 306,560,671.	F Name and address of principal officer: AARON KOWALSKI 200 VESEY STREET, 28TH FLOOR, NEW YORK, NY 10281		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: ▶ WWW.JDRF.ORG			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: 1970 M State of legal domicile: PA
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Part I Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: IMPROVING LIVES TODAY AND TOMORROW BY ACCELERATING LIFE-CHANGING BREAKTHROUGHS TO CURE, PREVENT AND TREAT T1D AND ITS COMPLICATIONS. SEE SCHEDULE O	
	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)	35.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	35.
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	881.
	6	Total number of volunteers (estimate if necessary)	235,000.
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	225,709.
	b	Net unrelated business taxable income from Form 990-T, line 38	186,965.
Revenue	8	Contributions and grants (Part VIII, line 1h)	219,968,105.
	9	Program service revenue (Part VIII, line 2g)	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,177,001.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,970,878.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	230,115,984.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	84,651,980.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	81,433,187.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	2,328.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶	31,501,935.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	42,340,180.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	208,427,675.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	21,688,309.
	20	Total assets (Part X, line 16)	226,353,181.
	21	Total liabilities (Part X, line 26)	129,947,696.
	22	Net assets or fund balances. Subtract line 21 from line 20.	96,405,485.

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 	2/11/20	
	JOANNE MARTZ Type or print name and title	CFO	
Paid Preparer Use Only	Print/Type preparer's name DEVIN DUNCAN	Preparer's signature 	Date 2/10/20
	Firm's name ▶ KPMG, LLP	Check <input type="checkbox"/> if self-employed PTIN P01249521	
	Firm's address ▶ 345 PARK AVE NEW YORK, NY 10154	Firm's EIN ▶ 13-5565207	
		Phone no. 212-785-9700	
May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Part III Statement of Program Service AccomplishmentsCheck 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 \$ 89,137,491 including grants of \$ 89,137,491) (Revenue \$)

RESEARCH FUNDING - FOR THE FY19 PERIOD ENDING JUNE 30, 2019, JDRF

DIRECTLY FUNDED RESEARCH GRANTS AND INDUSTRY AGREEMENTS FOR WHICH

\$89 MILLION IN RESEARCH GRANT EXPENSE, NET WAS RECOGNIZED

ACCORDING TO GAAP AND EXCLUDING \$21 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 \$ 16,986,262 including grants of \$) (Revenue \$)

RESEARCH SUPPORT - JDRF MAINTAINS AN IN-HOUSE TEAM OF SKILLED

SCIENTIFIC, MEDICAL, POLICY AND GOVERNMENT RELATIONS PROFESSIONALS

WHO PLAY A CRITICAL ROLE IN LEADING AND SUPPORTING THE EVALUATION

OF RESEARCH FUNDING OPPORTUNITIES BY JDRF AND INFLUENCING RESEARCH

DIRECTION AND THE DISBURSEMENT OF RESEARCH FUNDS FROM OTHERS.

THESE PROFESSIONALS ALSO WORK WITH REGULATORY AND POLICY OFFICIALS

TO ENSURE THAT RESEARCH CAN PROCEED WITHOUT DELAY AND RESULTS ARE

UNDERSTOOD BY HEALTHCARE DECISION MAKERS. FOR AN EXPANDED

DESCRIPTION OF PROGRAM SERVICE ACTIVITIES RELATED TO RESEARCH

SUPPORT, SEE SCHEDULE O.

4c (Code:) (Expenses \$ 53,426,056 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 159,549,809.

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)? If "Yes," complete Schedule A.	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II.	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? If "Yes," complete Schedule C, Part III.		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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II.		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.		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? If "Yes," complete Schedule D, Part IV.		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	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? If "Yes," complete Schedule D, Part VI.	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? If "Yes," complete Schedule D, Part VII.		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? If "Yes," complete Schedule D, Part VIII.	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? If "Yes," complete Schedule D, Part IX.		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	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)? If "Yes," complete Schedule D, Part X.	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII.		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.		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? If "Yes," complete Schedule F, Parts I and IV.	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? If "Yes," complete Schedule F, Parts II and IV.	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? If "Yes," complete Schedule F, Parts III and IV.		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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II.	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III.	X	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.		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? If "Yes," complete Schedule I, Parts I and II.	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
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? If "Yes," complete Schedule I, Parts I and III	22	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? If "Yes," complete Schedule J	23	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
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? If "Yes," complete Schedule L, Part I	25a	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? If "Yes," complete Schedule L, Part I	25b	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? If "Yes," complete Schedule L, Part II	26	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? If "Yes," complete Schedule L, Part III	27	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? If "Yes," complete Schedule L, Part IV	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	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? If "Yes," complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	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? If "Yes," complete Schedule R, Part I	33	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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)? If "Yes," complete Schedule R, Part V, line 2	35b	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	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? If "Yes," complete Schedule R, Part VI	37	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.	38	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.

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	951
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	6
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 881		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a X	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a X	
b If "Yes," enter the name of the foreign country: ► ATTACHMENT 2 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h X	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders 11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? 13a		
Note. See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c Enter the amount of reserves on hand 13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
If "Yes," see instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.		

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

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 35		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent 1b 35		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? . .		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . .		X
6 Did the organization have members or stockholders?		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► ATTACHMENT 3

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►
 EMMA PANGILINAN-ROSALES 200 VESEY STREET, 28TH FLOOR NEW YORK, NY 10281 212-479-7550

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☒ X**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's current key employees, if any. See instructions for definition of "key employee."

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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)JEFF ADAMS / FY19-21 BOARD MEMBER	3.00 0.	X						0.	0.	0.
(2)MICHAEL ALTER / FY19-21 BOARD MEMBER	3.00 0.	X						0.	0.	0.
(3)BRANDON ARBITER / FY18-20 BOARD MEMBER	3.00 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	5.00 0.	X						0.	0.	0.
(6)STEPHEN NEWMAN, MD / FY17-19 BOARD MEMBER	3.00 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	3.00 0.	X						0.	0.	0.
(9)MARY ELIZABETH BUNZEL / FY18-1 CHAIR, CHANCELLORS	5.00 0.	X		X				0.	0.	0.
(10)LISA REED / FY18-20 BOARD MEMBER	3.00 0.	X						0.	0.	0.
(11)MARVIN DAITCH / FY19-21 BOARD MEMBER	3.00 0.	X						0.	0.	0.
(12)MIKE NORONA / FY19-21 BOARD MEMBER	3.00 0.	X						0.	0.	0.
(13)MARGERY PERRY / FY19-21 CHAIR, RESEARCH	5.00 0.	X						0.	0.	0.
(14)LISA WALLACK / FY19-21 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 / FY19-21 BOARD MEMBER	3.00 0.	X						0.	0.	0.
(18) JOHN KAMPPE / FY17-19 BOARD MEMBER	3.00 0.	X						0.	0.	0.
(19) JEFF PLUMER / FY19-21 BOARD VICE-CHAIR	10.00 0.	X		X				0.	0.	0.
(20) DOUG LOWENSTEIN / FY19-21 BOARD MEMBER	3.00 0.	X						0.	0.	0.
(21) DAYTON OGDEN / FY17-19 BOARD MEMBER	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 CHAIR, AUDIT	5.00 0.	X						0.	0.	0.
(25) GRANT BEARD / FY18-20 CHAIR, FINANCE	5.00 0.	X		X				0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								4,449,717.	0.	332,240.
d Total (add lines 1b and 1c)								4,449,717.	0.	332,240.

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 **167**

- 3** Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3	X	
4	X	
5		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 4		

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 **23**

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) STEVEN DAVIS / FY18-20 BOARD MEMBER	3.00 0.	X						0.	0.	0.
(27) CATHY BAIER / FY18-20 BOARD MEMBER	3.00 0.	X						0.	0.	0.
(28) JENNIFER BENNETT FY18-20 BOARD MEMBER	3.00 0.	X						0.	0.	0.
(29) JOE LACHER / FY18-20 CHAIR, TALENT & COMPENSATION	5.00 0.	X						0.	0.	0.
(30) KIM ROOSEVELT / FY18-20 BOARD MEMBER	5.00 0.	X						0.	0.	0.
(31) JENNIFER SCHNEIDER / FY19-21 BOARD MEMBER	3.00 0.	X						0.	0.	0.
(32) MATT VAREY / FY18-20 BOARD MEMBER	3.00 0.	X						0.	0.	0.
(33) ELLEN LEAKE / FY17-19 CHAIRMAN OF THE BOARD	20.00 0.	X		X				0.	0.	0.
(34) MICHAEL SOPER / FY19-21 BOARD MEMBER	3.00 0.	X						0.	0.	0.
(35) CHRISTOPHER TURNER / FY18-20 CHAIR, INVESTMENTS	5.00 0.	X						0.	0.	0.
(36) DEREK RAPP PRESIDENT AND CEO	50.00 0.			X				800,000.	0.	49,089.

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 167

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3	X	
4	X	
5		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? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

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) SANDRA HIJIKATA CHIEF DEV OFFICER & ASST. SECY	50.00 0.			X				443,750.	0.	21,194.
(38) JILL CLARK CHIEF OF STAFF & ASST. SECY	50.00 0.			X				353,603.	0.	19,251.
(39) JOANNE MARTZ / BEGAN 10/18 CFO	50.00 0.			X				79,982.	0.	1,371.
(40) JONATHAN R BEHR MANAGING DIRECTOR JDRF-T1D FND	50.00 0.				X			499,333.	0.	51,654.
(41) AARON KOWALSKI CHIEF MISSION OFFICER	50.00 0.					X		502,667.	0.	48,716.
(42) ALISA NORRIS CHIEF MARKETING OFFICER	50.00 0.					X		403,200.	0.	53,539.
(43) JULIA GREENSTEIN VP RESEARCH	50.00 0.					X		319,567.	0.	14,996.
(44) SUSAN YUN CHIEF PEOPLE OFFICER	50.00 0.					X		353,333.	0.	18,647.
(45) CYNTHIA RICE SVP ADVOCACY AND POLICY	50.00 0.					X		342,405.	0.	49,089.
(46) MARK GREENE / THRU 5/18 FORMER CFO & ASST. TRES	0. 0.						X	351,877.	0.	4,694.

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** 167**3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual**

	Yes	No
3	X	
4	X	
5		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? If "Yes," complete Schedule J for such individual**5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person****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 RevenueCheck 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	4,178,999.			
	b	Membership dues	1b				
	c	Fundraising events	1c	130,162,354.			
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	81,317,658.			
	g	Noncash contributions included in lines 1a-1f: \$		21,299,838.			
	h	Total. Add lines 1a-1f ▶		215,659,011.			
Program Service Revenue				Business Code			
	2a						
	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). ▶		2,663,884.		225,709.	2,438,175.
	4	Income from investment of tax-exempt bond proceeds . ▶		0.			
	5	Royalties ▶		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) ▶		0.			
	7a	(i) Securities	(ii) Other				
		Gross amount from sales of assets other than inventory		53,440,349.			
	b	Less: cost or other basis and sales expenses		36,130,924.			
	c	Gain or (loss)		17,309,425.			
	d	Net gain or (loss) ▶		17,309,425.			17,309,425.
	8a	Gross income from fundraising events (not including \$ 130,162,354. of contributions reported on line 1c). See Part IV, line 18 a		31,012,479.			
	b	Less: direct expenses b		31,012,479.			
	c	Net income or (loss) from fundraising events ▶		0.			
	9a	Gross income from gaming activities. See Part IV, line 19 a		1,471,466.			
	b	Less: direct expenses b		87,803.			
	c	Net income or (loss) from gaming activities ▶		1,383,663.			1,383,663.
	10a	Gross sales of inventory, less returns and allowances a		0.			
b	Less: cost of goods sold b		0.				
c	Net income or (loss) from sales of inventory ▶		0.				
Miscellaneous Revenue			Business Code				
11a	MISC REVENUE		900099	2,313,482.		2,313,482.	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d ▶			2,313,482.			
12	Total revenue. See instructions ▶			239,329,465.		225,709.	23,444,745.

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	58,486,700.	58,486,700.		
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	30,650,791.	30,650,791.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	2,675,800.	1,605,480.	374,612.	695,708.
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	61,896,753.	35,871,461.	10,947,789.	15,077,503.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,673,604.	962,879.	291,070.	419,655.
9 Other employee benefits	9,489,943.	5,379,325.	1,630,105.	2,480,513.
10 Payroll taxes	4,573,085.	2,583,998.	851,259.	1,137,828.
11 Fees for services (non-employees)				
a Management	3,314,924.	2,343,258.	396,780.	574,886.
b Legal	624,888.	382,742.	174,440.	67,706.
c Accounting	235,095.	95.	235,000.	
d Lobbying	649,491.	649,491.		
e Professional fundraising services. See Part IV, line 17.	339,984.			339,984.
f Investment management fees	216,069.		216,069.	
9 Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	2,766,436.	1,749,921.	355,780.	660,735.
12 Advertising and promotion	4,963,685.	2,714,384.	312,422.	1,936,879.
13 Office expenses	1,954,418.	873,263.	332,251.	748,904.
14 Information technology	5,710,525.	2,395,705.	1,552,447.	1,762,373.
15 Royalties	0.			
16 Occupancy	7,088,084.	3,936,420.	1,208,905.	1,942,759.
17 Travel	3,036,195.	1,415,332.	831,452.	789,411.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	1,394,302.	837,454.	194,329.	362,519.
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	3,872,196.	1,357,225.	836,085.	1,678,886.
23 Insurance	513,638.	312,292.	88,859.	112,487.
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	3,629,031.	3,285,588.	251,150.	92,293.
b DUES & FEES	1,518,853.	887,209.	265,562.	366,082.
c OTHER MISC EXPENSES	1,295,562.	868,796.	171,942.	254,824.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	212,570,052.	159,549,809.	21,518,308.	31,501,935.
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)	2,052,275.	525,773.		1,526,502.

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☒ X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	14,717,083.	1	19,125,818.
	2 Savings and temporary cash investments	39,185,381.	2	36,566,833.
	3 Pledges and grants receivable, net	29,143,990.	3	30,267,097.
	4 Accounts receivable, net	21,529,716.	4	20,525,959.
	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	1,500,000.	7	6,720,000.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	5,991,334.	9	6,103,129.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 28,323,770.		
	b Less: accumulated depreciation.	10b 22,428,738.		
		7,329,209.	10c	5,895,032.
	11 Investments - publicly traded securities	65,033,089.	11	93,573,878.
	12 Investments - other securities. See Part IV, line 11	30,662,349.	12	4,213,073.
	13 Investments - program-related. See Part IV, line 11	11,261,030.	13	21,443,947.
	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)	226,353,181.	16	244,434,766.	
Liabilities	17 Accounts payable and accrued expenses	22,350,808.	17	16,774,462.
	18 Grants payable	94,919,621.	18	100,065,608.
	19 Deferred revenue	10,051,979.	19	9,232,753.
	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	2,625,288.	25	2,560,463.
	26 Total liabilities. Add lines 17 through 25	129,947,696.	26	128,633,286.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> X and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	57,009,483.	27	76,838,325.
	28 Temporarily restricted net assets	31,828,002.	28	31,075,322.
	29 Permanently restricted net assets	7,568,000.	29	7,887,833.
	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	96,405,485.	33	115,801,480.
	34 Total liabilities and net assets/fund balances.	226,353,181.	34	244,434,766.

Form 990 (2018)

Part XI Reconciliation of Net AssetsCheck 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	239,329,465.
2	Total expenses (must equal Part IX, column (A), line 25)	2	212,570,052.
3	Revenue less expenses. Subtract line 2 from line 1	3	26,759,413.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	96,405,485.
5	Net unrealized gains (losses) on investments	5	-7,363,418.
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	115,801,480.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☐

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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

JDRF INTERNATIONAL

Employer identification number

23-1907729

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

The organization is not a private foundation because it is: (For lines 1 through 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						

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

Schedule A (Form 990 or 990-EZ) 2018

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PAGE 17

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	198,918,214.	196,804,267.	199,896,852.	219,968,105.	215,659,011.	1,031,246,449.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	198,918,214.	196,804,267.	199,896,852.	219,968,105.	215,659,011.	1,031,246,449.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						2,167,760.
6 Public support. Subtract line 5 from line 4						1,029,078,689.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4.	198,918,214.	196,804,267.	199,896,852.	219,968,105.	215,659,011.	1,031,246,449.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	987,577.	465,379.	548,825.	1,309,523.	2,439,225.	5,750,529.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	2,516.	112,437.	33,150.	138,747.	186,965.	473,815.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) - ATCH. 1	256,146.	94,769.	283,014.	1,793,044.	2,311,482.	4,740,455.
11 Total support. Add lines 7 through 10						1,042,211,248.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)).	14	98.74 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	98.52 %
16a 33 1/3% support test - 2018. 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.		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2017. 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		<input type="checkbox"/>
17a 10%-facts-and-circumstances test - 2018. 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.		<input type="checkbox"/>
b 10%-facts-and-circumstances test - 2017. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. 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? 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.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
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)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.	4b	
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)? 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.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).	5a	
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?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
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? If "Yes," provide detail in Part VI .	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8	
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))? If "Yes," provide detail in Part VI .	9a	
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? If "Yes," provide detail in Part VI .	9b	
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? If "Yes," provide detail in Part VI .	9c	
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)? If "Yes," answer 10b below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	

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? If "Yes" to a, b, or c, provide detail in Part VI.	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? 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.	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? 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.	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)? 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).	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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	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? 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.	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? 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.	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? Provide details in Part VI.	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	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 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990 or 990-EZ) 2018

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 2018 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-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
c	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

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	2014	2015	2016	2017	2018	TOTAL
MISC INCOME	256,146.	94,769.	283,014.	1,793,044.	2,313,482.	4,740,455.
TOTALS	<u>256,146.</u>	<u>94,769.</u>	<u>283,014.</u>	<u>1,793,044.</u>	<u>2,313,482.</u>	<u>4,740,455.</u>

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ **Complete if the organization is described below.**

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to www.irs.gov/Form990 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) 2018

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"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
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?															

☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(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					

Schedule C (Form 990 or 990-EZ) 2018

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	
d Mailings to members, legislators, or the public?	X		11,027.
e Publications, or published or broadcast statements?	X		73,148.
f Grants to other organizations for lobbying purposes?	X		5,945.
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		663,113.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		121,407.
i Other activities?		X	
j Total. Add lines 1c through 1i			874,640.
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, FOCUSED ON CURING T1D AND IMPROVING LIVES. JDRF'S ADVOCACY INCLUDES LOBBYING ACTIVITY TO ENSURE CONGRESS CONTINUES TO INVEST IN CRITICALLY IMPORTANT MEDICAL RESEARCH AND PUTS IN PLACE POLICIES TO ADVANCE DEVELOPMENT AND ACCESS TO THERAPIES TO CURE T1D AND HELP PEOPLE STAY AS HEALTHY AS POSSIBLE UNTIL THAT DAY. JDRF HAS BEEN INSTRUMENTAL IN SECURING THE RENEWAL OF THE SPECIAL DIABETES PROGRAM, WHICH PROVIDES \$150MM ANNUALLY FOR T1D RESEARCH AT THE NATIONAL INSTITUTES OF HEALTH. JDRF STAFF AND VOLUNTEERS COMMUNICATE WITH GOVERNMENT OFFICIALS THROUGH EMAIL, PHONE CALLS, AND MEETINGS, TO EDUCATE THEM ON ISSUES AND ENCOURAGE THE ADVANCEMENT OF LEGISLATION.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

JDRF INTERNATIONAL

Supplemental Financial Statements

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public
Inspection

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year) . .		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	2a Held at the End of the Tax Year
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

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

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

Schedule D (Form 990) 2018

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a ☐ Public exhibition d ☐ Loan or exchange programs
- b ☐ Scholarly research e ☐ Other _____
- c ☐ Preservation for future generations
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐ Yes ☐ No

Part V Endowment Funds.

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

- | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 7,567,601. | 7,341,367. | 7,176,427. | 7,141,514. | 7,426,222. |
| b Contributions | 221,441. | | | | |
| c Net investment earnings, gains, and losses | 102,034. | 268,304. | 367,446. | 37,913. | 11,292. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 3,243. | 42,070. | 202,506. | 3,000. | 296,000. |
| f Administrative expenses | | | | | |
| g End of year balance | 7,887,833. | 7,567,601. | 7,341,367. | 7,176,427. | 7,141,514. |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ 100.0000 %
- c 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:
- | | Yes | No |
|--|--------|----|
| (i) unrelated organizations | 3a(i) | X |
| (ii) related organizations | 3a(ii) | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

- | Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 4,935,841. | 4,437,766. | 498,075. |
| d Equipment | | 23,387,929. | 17,990,972. | 5,396,957. |
| e Other | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 5,895,032. |

Schedule D (Form 990) 2018

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) T1D FUND PROGRAM RELATED INVES	21,443,947.	FMV
(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	2,560,463.
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	

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.

1	Total revenue, gains, and other support per audited financial statements	1	231,749,978.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-7,363,418.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-216,069.
e	Add lines 2a through 2d	2e	-7,579,487.
3	Subtract line 2e from line 1.	3	239,329,465.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	239,329,465.

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.

1	Total expenses and losses per audited financial statements	1	212,353,983.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	212,353,983.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	216,069.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	216,069.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	212,570,052.

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.

UNCERTAIN TAX POSITIONS

990 SCH-D, PART X, LINE 2

JDRF IS A NOT FOR PROFIT ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501 (C) (3) OF THE INTERNAL REVENUE CODE AND IS ORGANIZED UNDER THE LAWS OF THE COMMONWEALTH OF PENNSYLVANIA. THE EFFECT OF INCOME INCOME TAX POSITIONS IS RECOGNIZED ONLY IF THE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. INCOME GENERATED FROM ACTIVITIES UNRELATED TO JDRF'S EXEMPT PURPOSE IS SUBJECT TO TAX UNDER INTERNAL REVENUE CODE SECTION 511. UNRELATED BUSINESS INCOME TAX LIABILITY WAS INSIGNIFICANT FOR THE YEARS ENDING JUNE 30, 2019 AND 2018.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2018

**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	4,958,404.
(2) EUROPE	0.	0.	GRANTMAKING	RESEARCH GRANTS	17,529,266.
(3) MIDDLE EAST AND NORTH AFRICA	0.	0.	GRANTMAKING	RESEARCH GRANTS	890,206.
(4) EAST ASIA AND THE PACIFIC	0.	0.	GRANTMAKING	RESEARCH GRANTS	7,272,915.
(5) EUROPE	2.	2.	PROGRAM SERVICES	RESEARCH SUPPORT	532,586.
(6) CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS	INVESTMENTS	33,187.
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	2.	2.			31,216,564.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	2.	2.			31,216,564.

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

Schedule F (Form 990) 2018

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	40,000.	CHECK/WIRE		N/A	N/A
(2)			EAST ASIA/PACIFIC	BETA CELL TH	120,917.	CHECK/WIRE		N/A	N/A
(3)			EUROPE/ICELAND/GREENLAND	IMMUNE THERA	225,155.	CHECK/WIRE		N/A	N/A
(4)			EUROPE/ICELAND/GREENLAND	BETA CELL TH	1,202,040.	CHECK/WIRE		N/A	N/A
(5)			MIDDLE EAST/NORTH AFRICA	BETA CELL TH	219,706.	CHECK/WIRE		N/A	N/A
(6)			EUROPE/ICELAND/GREENLAND	IMMUNE THERA	899,045.	CHECK/WIRE		N/A	N/A
(7)			EAST ASIA/PACIFIC	TRANSPLANTATN	579,500.	CHECK/WIRE		N/A	N/A
(8)			EAST ASIA/PACIFIC	IMMUNE THERA	150,000.	CHECK/WIRE		N/A	N/A
(9)			NORTH AMERICA	IMMUNE THERA	50,716.	CHECK/WIRE		N/A	N/A
(10)			EAST ASIA/PACIFIC	BETA CELL TH	200,000.	CHECK/WIRE		N/A	N/A
(11)			NORTH AMERICA	COMPLICATION	1,002,089.	CHECK/WIRE		N/A	N/A
(12)			NORTH AMERICA	IMMUNE THERA	1,442,432.	CHECK/WIRE		N/A	N/A
(13)			EUROPE/ICELAND/GREENLAND	IMMUNE THERA	599,813.	CHECK/WIRE		N/A	N/A
(14)			EUROPE/ICELAND/GREENLAND	IMMUNE THERA	385,109.	CHECK/WIRE		N/A	N/A
(15)			NORTH AMERICA	BETA CELL TH	220,285.	CHECK/WIRE		N/A	N/A
(16)			EUROPE/ICELAND/GREENLAND	BETA CELL TH	150,000.	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	TRANSPORTOL	360,000.	CHECK/WIRE		N/A	N/A
(2)			NORTH AMERICA	IMMUNE THERA	249,714.	CHECK/WIRE		N/A	N/A
(3)			NORTH AMERICA	IMMUNE THERA	435,597.	CHECK/WIRE		N/A	N/A
(4)			EUROPE/ICELAND/GREENLAND	IMMUNE THERA	247,317.	CHECK/WIRE		N/A	N/A
(5)			EAST ASIA/PACIFIC	BETA CELL TH	975,505.	CHECK/WIRE		N/A	N/A
(6)			NORTH AMERICA	IMMUNE THERA	66,900.	CHECK/WIRE		N/A	N/A
(7)			EUROPE/ICELAND/GREENLAND	IMMUNE THERA	1,342,769.	CHECK/WIRE		N/A	N/A
(8)			EUROPE/ICELAND/GREENLAND	IMMUNE THERA	313,508.	CHECK/WIRE		N/A	N/A
(9)			EUROPE/ICELAND/GREENLAND	BETA CELL TH	678,455.	CHECK/WIRE		N/A	N/A
(10)			EUROPE/ICELAND/GREENLAND	IMMUNE THERA	249,976.	CHECK/WIRE		N/A	N/A
(11)			NORTH AMERICA	IMMUNE THERA	343,953.	CHECK/WIRE		N/A	N/A
(12)			EAST ASIA/PACIFIC	ARTIFICIAL P	250,000.	CHECK/WIRE		N/A	N/A
(13)			EUROPE/ICELAND/GREENLAND	BETA CELL TH	185,500.	CHECK/WIRE		N/A	N/A
(14)			EUROPE/ICELAND/GREENLAND	EFSD/JDRF IN	1,191,662.	CHECK/WIRE		N/A	N/A
(15)			EUROPE/ICELAND/GREENLAND	IMMUNE THERA	346,739.	CHECK/WIRE		N/A	N/A
(16)			EUROPE/ICELAND/GREENLAND	INTERVENTION	350,000.	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)			MIDDLE EAST/NORTH AFRICA	IMMUNE THERA	34,985.	CHECK/WIRE		N/A	N/A
(2)			MIDDLE EAST/NORTH AFRICA	IMMUNE THERA	150,335.	CHECK/WIRE		N/A	N/A
(3)			EAST ASIA/PACIFIC	AUTOIMMUNITY	250,000.	CHECK/WIRE		N/A	N/A
(4)			NORTH AMERICA	IMMUNE THERA	400,000.	CHECK/WIRE		N/A	N/A
(5)			EUROPE/ICELAND/GREENLAND	BETA CELL	1,401,410.	CHECK/WIRE		N/A	N/A
(6)			EUROPE/ICELAND/GREENLAND	BETA CELL	125,000.	CHECK/WIRE		N/A	N/A
(7)			EUROPE/ICELAND/GREENLAND	IMMUNE THERA	266,343.	CHECK/WIRE		N/A	N/A
(8)			EUROPE/ICELAND/GREENLAND	IMMUNE THERA	118,496.	CHECK/WIRE		N/A	N/A
(9)			EAST ASIA/PACIFIC	IMMUNE THERA	618,750.	CHECK/WIRE		N/A	N/A
(10)			EAST ASIA/PACIFIC	IMMUNE THERA	918,315.	CHECK/WIRE		N/A	N/A
(11)			EUROPE/ICELAND/GREENLAND	IMMUNE THERA	72,589.	CHECK/WIRE		N/A	N/A
(12)			EUROPE/ICELAND/GREENLAND	BETA CELL	225,000.	CHECK/WIRE		N/A	N/A
(13)			EAST ASIA/PACIFIC	IMMUNE THERA	710,572.	CHECK/WIRE		N/A	N/A
(14)			NORTH AMERICA	IMMUNE THERA	429,400.	CHECK/WIRE		N/A	N/A
(15)			EUROPE/ICELAND/GREENLAND	IMMUNE THERA	406,488.	CHECK/WIRE		N/A	N/A
(16)			EAST ASIA/PACIFIC	IMMUNE THERA	249,466.	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	IMMUNE THERA	83,325	CHECK/WIRE		N/A	N/A
(2)			EAST ASIA/PACIFIC	IMMUNE THERA	450,000	CHECK/WIRE		N/A	N/A
(3)			EUROPE/ICELAND/GREENLAND	IMMUNE THERA	350,000	CHECK/WIRE		N/A	N/A
(4)			EUROPE/ICELAND/GREENLAND	IMMUNE THERA	410,738	CHECK/WIRE		N/A	N/A
(5)			EUROPE/ICELAND/GREENLAND	IMMUNE THERA	349,560	CHECK/WIRE		N/A	N/A
(6)			EUROPE/ICELAND/GREENLAND	IMMUNE THERA	109,771	CHECK/WIRE		N/A	N/A
(7)			EUROPE/ICELAND/GREENLAND	IMMUNE THERA	92,273	CHECK/WIRE		N/A	N/A
(8)			EUROPE/ICELAND/GREENLAND	IMMUNE THERA	346,832	CHECK/WIRE		N/A	N/A
(9)			EUROPE/ICELAND/GREENLAND	IMMUNE THERA	174,790	CHECK/WIRE		N/A	N/A
(10)			NORTH AMERICA	BETA CELL	250,000	CHECK/WIRE		N/A	N/A
(11)			EAST ASIA/PACIFIC	MISSION	600,000	CHECK/WIRE		N/A	N/A
(12)			EAST ASIA/PACIFIC	BETA CELL	109,945	CHECK/WIRE		N/A	N/A
(13)			EAST ASIA/PACIFIC	REGENERATION	109,945	CHECK/WIRE		N/A	N/A
(14)			EUROPE/ICELAND/GREENLAND	GLUCOSE CONTROL	1,025,000	CHECK/WIRE		N/A	N/A
(15)			EUROPE/ICELAND/GREENLAND	PREVENTION	104,413	CHECK/WIRE		N/A	N/A
(16)			EUROPE/ICELAND/GREENLAND	PREVENTION	374,799	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	PREVENTION	197,964.	CHECK/WIRE		N/A	N/A
(2)			EUROPE/ICELAND/GREENLAND	PREVENTION	300,000.	CHECK/WIRE		N/A	N/A
(3)			EUROPE/ICELAND/GREENLAND	BETA CELL	259,735.	CHECK/WIRE		N/A	N/A
(4)			EUROPE/ICELAND/GREENLAND	GLUCOSE CONTROL	199,928.	CHECK/WIRE		N/A	N/A
(5)			EUROPE/ICELAND/GREENLAND	BETA CELL	130,000.	CHECK/WIRE		N/A	N/A
(6)			EUROPE/ICELAND/GREENLAND	REGENERATION	95,000.	CHECK/WIRE		N/A	N/A
(7)			EUROPE/ICELAND/GREENLAND	BETA CELL	350,000.	CHECK/WIRE		N/A	N/A
(8)			EUROPE/ICELAND/GREENLAND	REGENERATION	563,368.	CHECK/WIRE		N/A	N/A
(9)			EUROPE/ICELAND/GREENLAND	ARTIFICIAL PANCREAS	143,920.	CHECK/WIRE		N/A	N/A
(10)			EUROPE/ICELAND/GREENLAND	ARTIFICIAL PANCREAS	50,000.	CHECK/WIRE		N/A	N/A
(11)			EUROPE/ICELAND/GREENLAND	ARTIFICIAL PANCREAS	641,505.	CHECK/WIRE		N/A	N/A
(12)			EAST ASIA/PACIFIC	BETA CELL	600,000.	CHECK/WIRE		N/A	N/A
(13)			EUROPE/ICELAND/GREENLAND	BETA CELL	250,000.	CHECK/WIRE		N/A	N/A
(14)			EUROPE/ICELAND/GREENLAND	BETA CELL	248,724.	CHECK/WIRE		N/A	N/A
(15)			MIDDLE EAST/NORTH AFRICA	BETA CELL	385,180.	CHECK/WIRE		N/A	N/A
(16)			EUROPE/ICELAND/GREENLAND	BETA CELL	190,017.	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 61.

3 Enter total number of other organizations or entities 19.

Schedule F (Form 990) 2018

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)							

Schedule F (Form 990) 2018

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990) ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471) ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621) ☒ Yes ☐ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865) ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990) ☐ Yes ☒ No

Schedule F (Form 990) 2018

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 WITH THE SUPPORT OF 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 AND EVALUATION, REVIEWING PROGRESS REPORTS, REVIEWING RESEARCH EXPENDITURES VERSUS AGREED BUDGETS, AND HELPING DISSEMINATE RESEARCH RESULTS.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" 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.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

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 <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input checked="" type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

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

b If "Yes," list the 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, 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 ILLINOIS GALA (event type)	(b) Event #2 NORTHWEST GALA (event type)	(c) Other events 370. (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	5,758,207.	3,352,228.	152,064,398.	161,174,833.
	2 Less: Contributions	4,870,051.	2,408,464.	122,883,839.	130,162,354.
	3 Gross income (line 1 minus line 2)	888,156.	943,764.	29,180,559.	31,012,479.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes		22,224.	28,565.	50,789.
	6 Rent/facility costs	39,988.	300,930.	3,591,507.	3,932,425.
	7 Food and beverages	342,765.	11,919.	3,764,670.	4,119,354.
	8 Entertainment	374,444.	426,882.	5,535,817.	6,337,143.
	9 Other direct expenses	130,959.	181,809.	16,260,000.	16,572,768.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				31,012,479.
	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))
Revenue	1 Gross revenue			1,471,255.	1,471,255.
	2 Cash prizes			59,238.	59,238.
Direct Expenses	3 Noncash prizes			28,565.	28,565.
	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 checked="" type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				87,803.
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				1,383,452.

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: _____

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

b If "Yes," explain: _____

- 11 Does the organization 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 ▶ JIMMY CHAN

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 ▶ JIMMY CHAN/ SR. ACCOUNTANT -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 6/30/19, THE CAR PROGRAM RAISED \$261,400 WITH TOTAL EXPENSES OF \$107,183 WITH THE NET PROCEEDS OF

Schedule G (Form 990 or 990-EZ) 2018

- 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

FEEES TO INSURANCE AUTO AUCTIONS FOR THIS PROGRAM.

JDRF INTERNATIONAL

23-1907729

ATTACHMENT 1

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			
INSURANCE AUTO AUCTIONS L 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, NE, NV, NH, NJ, NM, NY, NC, ND, OH,

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

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

JDRF INTERNATIONAL

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

Open to Public
Inspection

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) BISHAROVA RESEARCH INST AT VIRGINIA MASON 1201 9TH AVE SEATTLE, WA 98101	91-0653422	501(C)3	1,960,925.		N/A	N/A	IMMUNE THERAPIES
(2) ANN AND ROBERT LURIE CHILDREN'S HOSPITAL 225 EAST CHICAGO AVENUE CHICAGO, IL 60611	36-2170833	501(C)3	60,000.		N/A	N/A	IMMUNE THERAPIES
(3) CAPILLARY BIOMEDICAL INC. 56 HAVENWOOD IRVINE, CA 92617	46-4787731		590,000.		N/A	N/A	IMMUNE THERAPIES
(4) CORNELL UNIVERSITY 377 PINE TREE RD ITHACA, NY 14850	15-0532082	501(C)3	131,887.		N/A	N/A	IMMUNE THERAPIES
(5) CAM MED LLC 29 EXETER STREET WEST NEWTON, MA 02465	99-9999999		686,927.		N/A	N/A	IMMUNE THERAPIES
(6) UNIVERSITY OF ARIZONA PO BOX 210158 TUCSON, AZ 85004	11-3661893	501(C)3	599,963.		N/A	N/A	BETA CELL THERAPIES
(7) CRITICAL PATH INSTITUTES 1730 EAST RIVER ROAD TUCSON, AZ 85718	20-1991334	501(C)3	228,000.		N/A	N/A	IMMUNE THERAPIES
(8) INDIANA UNIVERSITY 960 INDIANA AVENUE INDIANAPOLIS, IN 46202	35-6018940	501(C)3	1,217,159.		N/A	N/A	IMMUNE THERAPIES
(9) BETH ISRAEL MEDICAL CENTER 330 BROOKLINE AVE BOSTON, MA 02215	13-5564934	501(C)3	570,000.		N/A	N/A	GLUCOSE THERAPIES
(10) JOSLIN DIABETES CENTER 1 JOSLIN PL BOSTON, MA 02215	04-2203836	501(C)3	3,172,354.		N/A	N/A	COMPLICATIONS THERA
(11) FREQUENCY THERAPEUTICS 300 TECHNOLOGY SQUARE WOBURN, MA 01801	99-9999999		122,415.		N/A	N/A	IMMUNE THERAPIES
(12) MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVE CAMBRIDGE, MA 02139	04-2103594	501(C)3	879,914.		N/A	N/A	BETA CELL THERAPIES

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

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

Schedule I (Form 990) (2018)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

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OMB No 1545-0047

2018

Open to Public
Inspection

Name of the organization

JDRF INTERNATIONAL

Employer identification number

23-1907729

Part I General Information on Grants and Assistance

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

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

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) INDIANA BIOSCIENCES RES INST 1345 W 16TH STREET INDIANAPOLIS, IN 46202	46-2882271	501(C)3	158,800.		N/A	N/A	COMPLICATIONS THERAP
(2) MAYO CLINIC 1216 2ND ST SW ROCHESTER, MN 55902	41-1405254	501(C)3	106,794.		N/A	N/A	IMMUNE THERAPIES
(3) GEORGIA TECH RESEARCH CORP 505 TENTH STREET ATLANTA, GA 30332	58-0603146	501(C)3	350,716.		N/A	N/A	IMMUNE THERAPIES
(4) STANFORD UNIVERSITY 291 CAMPUS DRIVE STANFORD, CA 94305	94-1156365	501(C)3	962,302.		N/A	N/A	IMMUNE THERAPIES
(5) HEALTH PARTNERS INSTITUTE PO BOX 1524 MINNEAPOLIS, MN 55440	99-9999999		261,319.		N/A	N/A	COMPLICATIONS THERAP
(6) RTI INTERNATIONAL RES TRIANGLE PK RES TRIANGLE, NC 27709	44-0680117	501(C)3	66,700.		N/A	N/A	BETA CELL THERAPIES
(7) OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PORTLAND, OR 97239	23-7083114	501(C)3	350,472.		N/A	N/A	IMMUNE THERAPIES
(8) IBM 1 N CASTLE DR ARMONK, NY 10504	99-9999999		1,465,000.		N/A	N/A	IMMUNE THERAPIES
(9) PACIFIC DIABETES TECHNOLOGIES 12154 SW GARDEN PLACE PORTLAND, OR 97223	99-9999999	501(C)3	147,126.		N/A	N/A	IMMUNE THERAPIES
(10) UNIVERSITY OF FLORIDA 1600 SW ARCHER ROAD GAINESVILLE, FL 32610	59-0974739	501(C)3	1,659,166.		N/A	N/A	IMMUNE THERAPIES
(11) UNIVERSITY OF VIRGINIA 104 MIDMONT LN CHARLOTTESVILLE, VA 22902	41-6042488	501(C)3	656,097.		N/A	N/A	BETA CELL THERAPIES
(12) UNIVERSITY OF MICHIGAN 2001 S STATE STREET ANN ARBOR, MI 48109	38-6006309	501(C)3	1,129,564.		N/A	N/A	BETA CELL THERAPIES

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

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

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Schedule I (Form 990) (2018)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

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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) LOCKHEED MARTIN 199 BORTON LANDING RD MOORESTOWN, NJ 08057	99-9999999		523,815.		N/A	N/A	IMMUNE THERAPIES
(2) UNIVERSITY OF CALIFORNIA 3333 CA ST SAN FRANCISCO, CA 94122	95-6006143	501(C)3	4,987,186.		N/A	N/A	BETA CELL THERAPIES
(3) UNIVERSITY OF WISCONSIN-MADISON 1220 LINDEN DRIVE MADISON, WI 53706	39-6006492	501(C)3	499,527.		N/A	N/A	REGENERATION
(4) UT SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BLVD DALLAS, TX 75390	75-6002868	501(C)3	903,171.		N/A	N/A	BETA CELL THERAPIES
(5) VANDERBILT UNIVERSITY MEDICAL CENTER 1211 MEDICAL CENTER DR NASHVILLE, TN 37232	62-0476822	501(C)3	866,610.		N/A	N/A	BETA CELL THERAPIES
(6) LOUISIANA STATE UNIV HEALTH SCIENCE 433 BOLIVAR STREET NEW ORLEANS, LA 70112	27-0158443	501(C)3	125,000.		N/A	N/A	IMMUNE THERAPIES
(7) BAYLOR COLLEGE OF MEDICINE-RESEARCH INSTITU ONE BAYLOR PLAZA HOUSTON, TX 77030	75-1921898	501(C)3	250,000.		N/A	N/A	BETA CELL THERAPIES
(8) BROAD INSTITUTE 415 MAIN STREET CAMBRIDGE, MA 02142	26-3428781	501(C)3	250,000.		N/A	N/A	COMPLICATION
(9) NAT. INST OF DIABETES & DIGESTIVE DISEASES 6707 DEMOCRACY BLVD BETHESDA, MD 20892	99-9999999		200,000.		N/A	N/A	BETA CELL THERAPIES
(10) JABR CENTER FOR HEALTH RESEARCH FND 15310 AMBERLY DRIVE TAMPA, FL 33647	59-3187624	501(C)3	2,718,325.		N/A	N/A	IMMUNE THERAPIES
(11) YALE UNIVERSITY PO BOX 209010 NEW HAVEN, CT 06520	06-0646973	501(C)3	562,625.		N/A	N/A	IMMUNE THERAPIES
(12) SFC FLUIDICS, INC 534 WEST RES CENTER FAYETTEVILLE, AR 72701	99-9999999		225,000.		N/A	N/A	IMMUNE THERAPIES

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2018)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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OMB No 1545-0047

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Name of the organization

JDRF INTERNATIONAL

Employer identification number

23-1907729

Part I General Information on Grants and Assistance

- 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 ALABAMA AT BIRMINGHAM 1720 2ND AVE S BIRMINGHAM, AL 35294	63-6001138	501(C)3	303,695.		N/A	N/A	BETA CELL THERAPIES
(2) MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501(C)3	324,670.		N/A	N/A	BETA CELL THERAPIES
(3) ICAHN SCHOOL OF MEDICINE, MOUNT SINAI 1 GUSTAVE L LEVY PLACE NEW YORK, NY 10029	13-6171197	501(C)3	393,872.		N/A	N/A	BETA CELL
(4) STATE UNIVERSITY OF NY AT BUFFALO 12 CAPEN HALL BUFFALO, NY 14260	14-1368361	501(C)3	840,067.		N/A	N/A	IMMUNE THERAPIES
(5) ILLINOIS INSTITUTE OF TECHNOLOGY 3300 SOUTH FEDERAL STREET CHICAGO, IL 60616	36-2170136	501(C)3	220,484.		N/A	N/A	BETA CELL
(6) UNIVERSITY OF MINNESOTA 200 OAK ST SE MINNEAPOLIS, MN 55455	41-6007513	501(C)3	3,798,470.		N/A	N/A	IMMUNE THERAPIES
(7) JACKSON LABORATORY 600 MAIN STREET BAR HARBOR, ME 04609	01-0211513	501(C)3	314,398.		N/A	N/A	BETA CELL THERAPIES
(8) RUTGERS, THE STATE UNIVERSITY 175 UNIVERSITY AVE NEWARK, NJ 07107	46-2354111	501(C)3	243,892.		N/A	N/A	IMMUNE THERAPIES
(9) UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE SEATTLE, WA 98195	91-1486484	501(C)3	663,734.		N/A	N/A	IMMUNE THERAPIES
(10) THE MEDICAL COLLEGE OF WISCONSIN 8701 W. WATERTOWN MILWAUKEE, WI 53226	61-1730890	501(C)3	580,809.		N/A	N/A	IMMUNE THERAPIES
(11) THE BRIGHAM AND WOMEN'S HOSPITAL 75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501(C)3	57,984.		N/A	N/A	COMPLICATIONS
(12) TIDEPOOL 555 BRYANT ST. PALO ALTO, CA 94301	46-2302287		3,999,400.		N/A	N/A	ARTIFICIAL PANCREAS

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

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

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Schedule I (Form 990) (2018)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

JDRF INTERNATIONAL

**Grants and Other Assistance to Organizations,
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(1) UNIVERSITY OF UTAH 201 PRESIDENTS CR SALT LAKE CITY, UT 84112	87-6000525	501(C)3	1,068,613.		N/A	N/A	GLUCOSE MODULATION
(2) PROTOMER TECHNOLOGIES 530 SOUTH LAKE AVE PASADENA, CA 91101	47-4206994		613,000.		N/A	N/A	IMMUNE THERAPIES
(3) UNIVERSITY OF SOUTHERN CALIFORNIA 3720 S FLOWER STREET LOS ANGELES, CA 90089	95-1642394	501(C)3	168,929.		N/A	N/A	IMMUNE THERAPIES
(4) UNIVERSITY OF COLORADO 1800 GRANT STREET DENVER, CO 80203	84-6049811	501(C)3	4,896,305.		N/A	N/A	IMMUNE THERAPIES
(5) UNIVERSITY OF ILLINOIS 1200 HARRISON CHICAGO, IL 60612	27-6006007	501(C)3	219,999.		N/A	N/A	IMMUNE THERAPIES
(6) TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 1 COLLIER HALL PHILADELPHIA, PA 19104	23-1352685	501(C)3	127,863.		N/A	N/A	IMMUNE THERAPIES
(7) UNITIO INC. 11 AVENUE DE LAYETTE BOSTON, MA 02111	45-1623549		1,000,000.		N/A	N/A	IMMUNE THERAPIES
(8) UNIVERSITY OF MARYLAND, BALTIMORE 620 WEST LEXINGTON ST BALTIMORE, MD 21201	52-2004514	501(C)3	274,176.		N/A	N/A	IMMUNE THERAPIES
(9) UNIVERSITY OF TEXAS HEALTH SCIENCE 7703 FLOYD CURL DRIVE SAN ANTONIO, TX 78229	74-1586031	501(C)3	726,031.		N/A	N/A	IMMUNE THERAPIES
(10) WASHINGTON UNIVERSITY ONE BROOKINGS DRIVE ST LOUIS, MO 63130	43-0653611	501(C)3	598,943.		N/A	N/A	IMMUNE THERAPIES
(11) VTV THERAPEUTICS LLC 4170 MENDENHALL OAKS HIGH POINT, NC 27265	99-9999999		1,829,999.		N/A	N/A	IMMUNE THERAPIES
(12) BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE BOSTON, MA 02115	04-3266103	501(C)3	1,704,794.		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) (2018)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

JDRF INTERNATIONAL

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

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public
Inspection

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) HARVARD COLLEGE 677 HUNTINGTON AVE BOSTON, MA 02115	04-2103580	501(C)3	471,632.		N/A	N/A	IMMUNE THERAPIES
(2) BAYLOR UNIVERSITY 1301 S UNIVERSITY PARKS DR WACO, TX 76798	74-1159753	501(C)3	109,478.		N/A	N/A	BETA CELL THERAPIES
(3) CHILDREN'S RESEARCH INSTITUTE 801 ROEDER ROAD SILVERSPRING, MD 20910	52-1654453	501(C)3	60,000.		N/A	N/A	PSYCHOSOCIAL
(4) DUKE UNIVERSITY 2138 CAMPUS DRIVE DURHAM, NC 27708	56-0532129	501(C)3	119,148.		N/A	N/A	IMMUNE THERAPIES
(5) IVIVA MEDICAL INC 100 CUMMINGS CENTER BEVERLY, MA 01915	99-9999999		30,000.		N/A	N/A	BETA CELL
(6) JOHNS HOPKINS UNIVERSITY 3400 N. CHARLES STREET BALTIMORE, MD 21218	52-0595110	501(C)3	150,000.		N/A	N/A	BETA CELL
(7) NEW YORK MEDICAL COLLEGE 40 SUNSHINE COTTAGE RD VALHALLA, NY 10595	13-1099420	501(C)3	110,000.		N/A	N/A	REGENERATION
(8) PACIFIC NORTHWEST RESEARCH INSTITUTE 720 BROADWAY SEATTLE WA 98122	91-0667886	501(C)3	54,512.		N/A	N/A	PREVENTION
(9) PARKER INSTITUTE FOR CANCER IMMUNOTHERAPY 1 LETTERMAN DR SAN FRANCISCO, CA 94129	47-3355381	501(C)3	1,105,190.		N/A	N/A	IMMUNE THERAPIES
(10) PHYSIOLOGIC DEVICES, INC. 2232 OLD STAGECOACH TRAIL ALPINE, CA 91901	99-9999999		425,722.		N/A	N/A	ARTIFICIAL PANCREAS
(11) PUTNAM ASSOCIATES 501 BOYLSTON STREET BOSTON, MA 02116	99-9999999		279,000.		N/A	N/A	BETA CELL
(12) OUAESTIO GLOBAL PARTNERS, LLC ONE KNOLLWOOD TERRACE CHESTER, NJ 07930	99-9999999		15,000.		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) (2018)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

JDRF INTERNATIONAL

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

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public
Inspection

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) REHSELAER POLYTECHNIC INSTITUTE 110 EIGHTH STREET TROY, NY 12180	14-1340095	501(C)3	200,000.		N/A	N/A	ARTIFICIAL PANCREAS
(2) SINCLAIR RESEARCH CENTER LLC 562 STATE ROAD DD AUKVASSE, MO 65231	99-9999999		139,776.		N/A	N/A	GLUCOSE CONTROL
(3) STOWERS INSTITUTE FOR MEDICAL RESEARCH 1000 EAST 50TH STREET KANSAS CITY, MO 64110	20-2993509	501(C)3	149,993.		N/A	N/A	GLUCOSE CONTROL
(4) THE OHIO STATE UNIVERSITY 281 W. LANE AVE COLUMBUS, OH 43210	26-1416129	501(C)3	145,000.		N/A	N/A	ARTIFICIAL PANCREAS
(5) THE SCRIPPS RESEARCH INSTITUTE 10550 N TORREY PINES RD LA JOLLA, CA 92037	33-0435954	501(C)3	800,000.		N/A	N/A	REGENERATION
(6) UNIVERSITY OF CENTRAL FLORIDA 12201 RESEARCH PARKWAY ORLANDO, FL 32826	59-2924021	501(C)3	209,891.		N/A	N/A	ARTIFICIAL PANCREAS
(7) THE UNIVERSITY OF IOWA 5-660 BOWEN SCIENCE BUILDING	42-6004813	501(C)3	147,465.		N/A	N/A	BETA CELL
(8) THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCES 1000 STANTON L. YOUNG BLVD	73-1563627	501(C)3	250,000.		N/A	N/A	COMPLICATION
(9) UNIVERSITY OF MIAMI 1320 S DIXIE HWY STE 760	59-0624458	501(C)3	1,288,377.		N/A	N/A	BETA CELL
(10) UNIVERSITY OF NEBRASKA BOARD OF REGENTS 3835 HOLDRIDGE LINCOLN, NE 68593	47-0049123	501(C)3	249,998.		N/A	N/A	PREVENTION
(11) VANDERBILT UNIVERSITY 2301 VANDERBILT PLACE NASHVILLE, TN 37240	62-0476822	501(C)3	260,016.		N/A	N/A	GLUCOSE CONTROL
(12) VIRGINIA COMMONWEALTH UNIVERSITY P.O. BOX 980568 RICHMOND, VA 23298	54-6001758	501(C)3	118,000.		N/A	N/A	ARTIFICIAL PANCREAS

- 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) (2018)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

JDRF INTERNATIONAL

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

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2018

Open to Public
Inspection

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) WAKE FOREST UNIVERSITY HEALTH SCIENCES 1 MEDICAL CENTER BLVD	22-3849199	501(C)(3)	110,000.		N/A	N/A	BETA CELL
(2) WAVE 80 BIOSCIENCES 2325 THIRD ST. SAN FRANCISCO, CA	99-9999999		20,000.		N/A	N/A	PREVENTION
(3) TETRAGENETICS, INC. 91 MYSTIC ST. ARLINGTON, MA 02474	99-9999999		240,000.		N/A	N/A	BETA CELL
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 68.
- 3 Enter total number of other organizations listed in the line 1 table 19.

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

Schedule I (Form 990) (2018)

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

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

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

GRANT MONITORING PROCEDURES

SCH-I PART I LINE 2

RESEARCH GRANTS ARE AWARDED BY JDRF'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 GRANTEEES, 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

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

2018

**Open to Public
Inspection**

Name of the organization

JDRF INTERNATIONAL

Employer identification number

23-1907729

Part I Questions Regarding Compensation

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

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input 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 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) 2018

Schedule J (Form 990) 2018

Page 2

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				
DEREK RAPP	(i)	550,000.	175,000.	75,000.	12,150.	36,939.	849,089.	
1 PRESIDENT AND CEO	(ii)	0.	0.	0.				
AARON KOWALSKI	(i)	410,667.	92,000.	0.	10,297.	38,419.	551,383.	
2 CHIEF MISSION OFFICER	(ii)	0.	0.	0.				
SANDRA HIJIKATA	(i)	376,250.	67,500.	0.	12,150.	9,044.	464,944.	
3 CHIEF DEV OFFICER & ASST. SECY	(ii)	0.	0.	0.				
MARK GREENE / THRU 5/18	(i)	165,627.	0.	186,250.		4,694.	356,571.	
4 FORMER CPO & ASST. TRES	(ii)	0.	0.	0.				
JILL CLARK	(i)	276,103.	77,500.	0.	12,150.	7,101.	372,854.	
5 CHIEF OF STAFF & ASST. SECY	(ii)	0.	0.	0.				
JONATHAN R BEHR	(i)	310,583.	188,750.	0.	12,150.	39,504.	550,987.	
6 MANAGING DIRECTOR JDRF-TID FND	(ii)	0.	0.	0.				
ALISA NORRIS	(i)	360,000.	43,200.	0.	12,150.	41,389.	456,739.	
7 CHIEF MARKETING OFFICER	(ii)	0.	0.	0.				
JULIA GREENSTEIN	(i)	319,567.	0.	0.	12,150.	2,846.	334,563.	
8 VP RESEARCH	(ii)	0.	0.	0.				
SUSAN YUN	(i)	288,333.	65,000.	0.	10,050.	8,597.	371,980.	
9 CHIEF PEOPLE OFFICER	(ii)	0.	0.	0.				
CYNTHIA RICE	(i)	277,405.	65,000.	0.	12,150.	36,939.	391,494.	
10 SVP ADVOCACY AND POLICY	(ii)	0.	0.	0.				
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2018

JSA

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PAGE 60

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 2018 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).

NON-FIXED PAYMENTS

FORM 990, SCHEDULE J, PART I, LINE 7

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

SEVERANCE PAYMENTS

SCHEDULE J, PART I, LINE 4A

MARK GREENE RECEIVED A SEVERANCE PAYMENT OF \$186,250 WHICH IS REPORTED ON SCHEDULE J, PART II, COL. (B) (III) OTHER REPORTABLE COMPENSATION.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization
JDRF INTERNATIONAL

Employer identification number
23-1907729

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles.	X	2.	28,566.	TICKET SALES
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	508.	8,431,951.	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 ▶ (<u>ATCH 1</u>)		28,000.	12,839,321.	
26 Other ▶ (<u> </u>)				
27 Other ▶ (<u> </u>)				
28 Other ▶ (<u> </u>)				

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

	Yes	No
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) 2018

JSA

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PAGE 62

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 6/30/19, INSURANCE AUTO AUCTIONS 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-19 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 1SCHEDULE 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	28000.	12,839,321.	FAIR MARKET VALUE
TOTALS		<u>28,000.</u>	<u>12,839,321.</u>	

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

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2018

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Inspection**

Name of the organization
JDRF INTERNATIONAL

Employer identification number
23-1907729

NET UNRELATED BUSINESS TAXABLE INCOME

FORM 990, PART I, LINE 7B

INCLUDES 512(A)(7) AMOUNTS THAT ARE NOT REVENUE AND, THEREFORE, NOT
REPORTED AS SUCH ON FORM 990.

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

EXECUTIVE COMPENSATION POLICY

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

JDRF'S BOARD OF DIRECTORS CHARGES A TALENT AND COMPENSATION COMMITTEE TO
DEVELOP AND RECOMMEND A COMPENSATION PHILOSOPHY THAT APPLIES TO ALL
EMPLOYEES OF JDRF, INCLUDING RECOMMENDATIONS REGARDING THE COMPENSATION
AND BENEFITS OF JDRF SENIOR MANAGEMENT FOR APPROVAL BY THE BOARD OF
DIRECTORS. THE COMMITTEE WORKS IN COLLABORATION WITH THE PRESIDENT AND
CEO AND THE CHIEF 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

Name of the organization JDRF INTERNATIONAL	Employer identification number 23-1907729
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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 IS DOCUMENTED CONTEMPORANEOUSLY IN THE MINUTES OF THE COMMITTEE'S MEETINGS, INCLUDING MOST RECENTLY ON JUNE 20, 2019.

FORM 990 REVIEW PROCESS

SECTION B, PART VI, QUESTION 11B

JDRF HAS A RIGOROUS STANDARD APPROACH TO REVIEWING ITS 990. THE ORGANIZATION'S ACCOUNTING MANAGER WORKS WITH ITS OUTSIDE TAX PROFESSIONALS TO PREPARE THE RETURN AND ALL SUPPORTING SCHEDULES. THE DRAFT RETURN IS REVIEWED BY A NUMBER OF INDIVIDUALS, INCLUDING JDRF'S CHIEF FINANCIAL OFFICER AND AVP, FINANCE 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.

Name of the organization JDRF INTERNATIONAL	Employer identification number 23-1907729
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PART III: STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

LINE 4A (\$89,137,491) RESEARCH GRANTS

JDRF HAS PLAYED A SIGNIFICANT ROLE IN NEARLY EVERY T1D THERAPEUTIC ADVANCE MADE IN THE LAST 50 YEARS. OUR FUNDING SUPPORTS MORE THAN 500 ACTIVE T1D RESEARCH GRANTS IN THE UNITED STATES AND 21 OTHER COUNTRIES AROUND THE WORLD - INCLUDING MORE THAN 150 GRANTS IN 2019 ALONE, PLUS 75 CLINICAL TRIALS. WE LEVERAGE PARTNERSHIPS WITH ACADEMIA, INDUSTRY AND CLINICIANS TO ACCELERATE THE MOST PROMISING RESEARCH OPPORTUNITIES. OUR HIGHEST PRIORITY IS DEVELOPING CURES FOR T1D AND IMPROVING LIVES OF THOSE LIVING WITH THE DISEASE TODAY, INCLUDING RESEARCH IN GLUCOSE CONTROL AND PREVENTION OF T1D COMPLICATIONS. THE FULL IMPACT OF JDRF'S RESEARCH INVESTMENT EXTENDS WELL BEYOND DIRECT FUNDING. THROUGH ADVOCACY AND INFLUENCE, JDRF DRIVES FUNDING FROM OTHER SOURCES INTO THE T1D RESEARCH AND HAS HELPED SECURE PASSAGE OF THE SPECIAL DIABETES PROGRAM, PUTTING MORE THAN \$2.8 BILLION IN FEDERAL FUNDING TOWARD T1D RESEARCH OVER THE LAST TWO DECADES.

IN ADDITION, JDRF FOUNDED THE JDRF T1D FUND (WWW.T1DFUND.ORG). THE WHOLLY OWNED SUBSIDIARY OF JDRF, THE FUND IS A VENTURE PHILANTHROPY FUND ACCELERATING LIFE-CHANGING SOLUTIONS TO TREAT, PREVENT AND CURE T1D THROUGH CATALYTIC COMMERCIAL INVESTMENTS. THROUGH ITS INVESTMENTS IN PARTNERSHIP WITH PRIVATE CAPITAL, INCLUDING VENTURE CAPITAL, PHARMA AND FOUNDATIONS, THE T1D FUND SEEKS TO ATTRACT THE PRIVATE INVESTMENT NECESSARY TO ADVANCE DRUGS, DEVICES, DIAGNOSTICS, AND VACCINES TO HELP PEOPLE LIVING WITH T1D OR AT RISK OF DEVELOPING THE DISEASE. THE T1D FUND

Name of the organization
JDRF INTERNATIONAL

Employer identification number
23-1907729

INVESTS IN OPPORTUNITIES THAT DRIVE OUR MISSION, WITH AN EXCLUSIVE FOCUS ON THE BEST COMMERCIAL OPPORTUNITIES. ALL FUNDS GO DIRECTLY TO SUPPORT COMPANIES DEVELOPING APPROACHES TO TREAT, PREVENT AND CURE T1D. IN ACCORDANCE WITH GAAP, \$21.4MM OF THE T1D FUND'S TOTAL INVESTMENTS AS OF JUNE 30, 2019 ARE REFLECTED IN THE BALANCE SHEET (PART X) AND NOT INCLUDED WITHIN THE ORGANIZATION'S RESEARCH-RELATED MISSION EXPENSE.

THE FOUNDATION'S DIVERSIFIED RESEARCH PORTFOLIO INCLUDES A FOCUS ON CURING T1D AND IMPROVING LIVES.

CURING T1D

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

BETA CELL THERAPIES: FOCUS ON REPLACING INSULIN-PRODUCING BETA CELLS FROM OUTSIDE SOURCES AND ON INTERNALLY REGENERATING AND PROTECTING EXISTING BETA CELLS. THROUGH DONOR-FUNDED RESEARCH, WE NOW KNOW THAT WHEN SOMEONE HAS T1D, THEIR OWN BODY TURNS ON ITSELF, ATTACKING AND DESTROYING THE BETA CELLS THAT CREATE INSULIN. UNDERSTANDING THE ROLE OF BETA CELLS -- WAS A BREAKTHROUGH. IF WE CAN SAVE BETA CELLS, WE CAN HELP CURE T1D.

IMMUNE THERAPIES: FOCUS ON WAYS TO KEEP THE IMMUNE SYSTEM FROM ATTACKING

Name of the organization
JDRF INTERNATIONAL

Employer identification number
23-1907729

AND DESTROYING BETA CELLS, AND TO PREVENT THE ONSET AND ADVANCEMENT OF T1D. RESEARCH HAS SHOWN THAT IMMUNE THERAPIES CAN INTERACT WITH A PERSON'S IMMUNE SYSTEM, TRAINING IT TO COMBAT INTERNAL BATTLES LIKE CANCER - OR AUTOIMMUNE DISEASES LIKE RHEUMATOID ARTHRITIS AND T1D. WHILE T1D REMAINS ONE OF THE ONLY MAJOR AUTOIMMUNE DISEASES WITHOUT AN EFFECTIVE DRUG THERAPY, WE KNOW WE ARE GETTING CLOSE.

IMPROVING LIVES

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

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

Name of the organization
JDRF INTERNATIONAL

Employer identification number
23-1907729

DRUGS THAT CONTROL GLUCOSE IN NOVEL WAYS.

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

LINE 4B (\$16,986,262) RESEARCH SUPPORT

JDRF'S IN-HOUSE TEAM OF SKILLED AND CREDENTIALLED SCIENTIFIC, POLICY AND GOVERNMENT RELATIONS PROFESSIONALS PLAY CRITICAL ROLES IN LEADING AND SUPPORTING THE RESEARCH STRATEGY AND DISTRIBUTION OF RESEARCH FUNDS FROM JDRF - AND OUR PARTNER ORGANIZATIONS - TOWARD CREATING A WORLD WITHOUT T1D. OUR PROFESSIONALS IDENTIFY, EVALUATE AND INFLUENCE GROUNDBREAKING

Name of the organization
JDRF INTERNATIONAL

Employer identification number
23-1907729

RESEARCH FOR FUNDING AND WORK WITH OTHER FOUNDATIONS, GOVERNMENTS AND INDUSTRY TO ACCELERATE THE MISSION WE ALL SHARE. JDRF PROFESSIONALS WORK WITH REGULATORY AND POLICY OFFICIALS TO ENSURE RESEARCH CAN PROCEED WITHOUT DELAY AND THAT ADVANCES ARE WELL UNDERSTOOD BY HEALTHCARE DECISION MAKERS. AS PART OF THESE EFFORTS, JDRF ORGANIZES AND FUNDS SCIENTIFIC MEETINGS, SYMPOSIA, AND CONFERENCES TO REVIEW RESEARCH PROPOSALS, ENSURE THAT JDRF'S RESEARCH STRATEGY IS ALIGNED WITH THE NEEDS OF THE T1D COMMUNITY, AND ALLOW JDRF TO PROVIDE SCIENTIFIC UPDATES ON THE RESEARCH IT MANAGES. THIS EFFORT ENSURES THAT ALL THE RESEARCH IS CONTINUALLY SHARED AND BUILT UPON BY T1D RESEARCHERS AROUND THE GLOBE. JDRF'S EXTERNAL RESEARCH ADVISORY COMMITTEE (RAC) IS COMPOSED OF PROFESSIONALS WHO ARE INTERNATIONALLY RENOWNED FOR THEIR EXPERTISE IN RESEARCH AS WELL AS THE CARE AND TREATMENT OF PEOPLE WITH T1D. THE RAC ADVISES ON POLICIES RELATED TO RESEARCH PHILOSOPHY AND PROCEDURES. JDRF'S WORK TO BRING TOGETHER THE BEST MINDS IN THE FIELD ENHANCES JDRF'S ABILITY TO FORECAST FUTURE SCIENTIFIC DIRECTION, JUDGE THE POTENTIAL EFFECTIVENESS OF NEW PATHWAYS, AND IDENTIFY GAPS WHERE JDRF FUNDING CAN MAKE THE MOST IMPACT.

LINE 4C (\$53,426,056) PUBLIC EDUCATION

JDRF IS UNIQUELY QUALIFIED TO PROVIDE PUBLIC EDUCATION ABOUT DIABETES AND ITS COMPLICATIONS. JDRF'S EFFORTS IMPACT NOT ONLY THE MILLIONS OF PEOPLE LIVING WITH T1D, THEIR FAMILIES AND THE GENERAL PUBLIC, BUT ALSO THOSE AT

Name of the organization JDRF INTERNATIONAL	Employer identification number 23-1907729
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RISK FOR DEVELOPING THE DISEASE. T1D STRIKES BOTH CHILDREN AND ADULTS SUDDENLY, AND THE CRITICAL ADJUSTMENT PERIOD FOLLOWING A DIAGNOSIS CAN BE OVERWHELMING. THAT'S WHY WE SUPPORT FAMILIES NAVIGATING THIS CHALLENGING TIME. JDRF ALSO EDUCATES PEOPLE ABOUT THE WARNING SIGNS OF T1D, AIMED AT ENSURING TIMELY DIAGNOSES AND REDUCING THE POTENTIAL CATASTROPHIC CONSEQUENCES OF UNDIAGNOSED T1D. JDRF ALSO PROVIDES INFORMATION AND UPDATES ABOUT CURRENT RESEARCH DIRECTIONS AND PROGRESS AND ABOUT HUMAN CLINICAL TRIALS THAT ARE SEEKING PARTICIPANTS (INCLUDING THROUGH JDRF'S CLINICAL TRIALS CONNECTION MATCHING TOOL:

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

CONFLICT OF INTEREST POLICY

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

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

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

FORM 990, PART X, LINES 27-29:

THE FASB ISSUED ACCOUNTING STANDARDS UPDATE (ASU) 2016-14 NOT-FOR-PROFIT ENTITIES (TOPIC 958), PRESENTATION OF FINANCIAL STATEMENTS OF NOT-FOR-PROFIT ENTITIES, WHICH AMONG OTHER THINGS, CHANGES HOW NOT-FOR-PROFIT ENTITIES REPORT NET ASSET CLASSES. THE SIGNIFICANT REQUIREMENTS OF ASU 2016-14 INCLUDE REDUCTION IN THE NUMBER OF NET ASSET CLASSES FROM THREE TO TWO: WITH DONOR RESTRICTIONS (FORMERLY REPORTED AS TEMPORARILY RESTRICTED NET ASSETS) AND WITHOUT DONOR RESTRICTIONS (FORMERLY REPORTED AS UNRESTRICTED NET ASSETS). THE 2018 FORM 990, PART X WAS NOT UPDATED TO REFLECT THE CHANGES IN NET ASSET CLASS TERMINOLOGY; THEREFORE, JDRF HAS REPORTED NET ASSETS WITHOUT DONOR RESTRICTION AS UNRESTRICTED NET ASSETS AND NET ASSETS WITH DONOR RESTRICTION AS TEMPORARILY RESTRICTED NET ASSETS AND PERMANENTLY RESTRICTED NET ASSETS, AS APPLICABLE.

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

AT JDRF, WE WORK TIRELESSLY TO ACCELERATE BREAKTHROUGHS TO CURE, PREVENT AND TREAT TYPE 1 DIABETES (T1D). WE CONTINUALLY EXPAND OUR SCIENTIFIC KNOWLEDGE, OUR CONNECTIONS AND COLLABORATIONS, OUR PARTNERS AND GLOBAL PRESENCE TO UNLOCK THE SCIENCE THAT WILL STOP T1D. WHILE WE FIGHT FOR A CURE, WE STRIVE JUST AS HARD TO DEVELOP THERAPIES TO HELP PEOPLE RIGHT NOW. JDRF AND OUR SCIENTISTS ARE LEADING T1D RESEARCH AROUND THE WORLD. WE ADDRESS KEY GAPS TO MOVE RESEARCH FASTER AND FARTHER ACROSS THE DEVELOPMENT PIPELINE AND TO TRANSLATE BREAKTHROUGHS INTO NEW THERAPIES FOR PEOPLE WITH T1D. THIS ENABLES US TO ADVANCE SCIENCE WITH THE MOST POTENTIAL AND TO DRIVE

Name of the organization
JDRF INTERNATIONAL

Employer identification number
23-1907729

ATTACHMENT 1 (CONT'D)

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

RESEARCH THAT ATTRACTS MORE RESOURCES AND SCIENTIFIC EXPERTISE TO THE FIELD. WE INVEST IN THE EARLY STAGES, ALLOWING RESEARCHERS TO PURSUE INNOVATIVE IDEAS AND APPROACHES THAT WILL LEAD TO BREAKTHROUGH TREATMENTS. JDRF ALSO WORKS TO DRIVE NEW THERAPIES AND TECHNOLOGIES TO MARKET SO THEY GET INTO THE HANDS OF PEOPLE WITH T1D MORE QUICKLY. AND WE CONNECT THE T1D COMMUNITY TO CREATE A GLOBAL COMMUNITY OF SUPPORT FOR ANYONE AFFECTED BY T1D. FROM FUNDING INNOVATIVE RESEARCH TO ADVOCATING FOR GOVERNMENT ACTION AND PROVIDING A SUPPORT STRUCTURE FOR OUR COMMUNITY, NO OTHER ORGANIZATION DOES MORE TO FIGHT T1D THAN JDRF. SINCE OUR FOUNDING, JDRF HAS FUNDED MORE THAN \$2.1 BILLION IN RESEARCH AND MADE SIGNIFICANT PROGRESS IN UNDERSTANDING AND FIGHTING THE DISEASE. OUR ACTIONS - THROUGH ADVOCACY AND OUR OWN INVESTMENTS IN T1D RESEARCH - INFLUENCE OTHER ORGANIZATIONS, CORPORATIONS AND GOVERNMENT AGENCIES TO FOLLOW OUR LEAD AND DIRECT ADDITIONAL FUNDING TOWARD T1D RESEARCH. TODAY, EVERY \$1 JDRF INVESTS IN RESEARCH ATTRACTS AN ADDITIONAL \$2.50 TO THE FIELD. IN 2019, JDRF'S APPROXIMATELY \$90 MILLION IN DIRECT FUNDING ATTRACTED \$249 MILLION IN ADDITIONAL INVESTMENTS IN T1D RESEARCH FROM U.S. AND INTERNATIONAL GOVERNMENTS, NGOS AND CHARITABLE ORGANIZATIONS, AND CORPORATE PARTNERS. IN THE PAST 20 YEARS, OUR ADVOCACY EFFORTS HAVE RESULTED IN \$2.8 BILLION DIRECTED TO T1D RESEARCH THROUGH THE U.S. GOVERNMENT'S SPECIAL DIABETES PROGRAM.

ATTACHMENT 2

Name of the organization JDRF INTERNATIONAL	Employer identification number 23-1907729
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ATTACHMENT 2 (CONT'D)FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

ISRAEL

NETHERLANDS

ATTACHMENT 3FORM 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 4990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
10UP, LLC 2765 CARRADALE DR ROSEVILLE, CA 95661	WEB DEVELOPMENT	422,794.
CDS GLOBAL 1901 BELL AVE DES MOINES, IA 50315	3RD PARTY LOCK BOX	386,914.
BLUE STATE DIGITAL 101 AVE OF THE AMERICAS NEW YORK, NY 10013	DIGITAL CONSULTING	1,918,746.
AKA ENTERPRISE SOLUTIONS 875 SIXTH AVE, 20TH FLOOR NEW YORK, NY 10001	EPM IMPLEMENTATION	891,856.
CONNECTIONS MEDIA LLC 1728 14TH ST NW #4309 WASHINGTON, DC 20009	MARKETING CONSULTING	319,725.

Name of the organization
JDRF INTERNATIONALEmployer identification number
23-1907729

ATTACHMENT 5

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>	<u>COST OR FMV</u>
PUBLICLY TRADED	93,573,878.	FMV
TOTALS	<u>93,573,878.</u>	

JDRF INTERNATIONAL

23-1907729

SCHEDULE R
(Form 990)**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018Open to Public
InspectionDepartment 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	14,902,601.	71,893,780.	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) 2018

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PAGE 77

Schedule R (Form 990) 2018

Page 2

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

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

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

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

Schedule R (Form 990) 2018

JSA

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PAGE 78

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)													

Schedule R (Form 990) 2018

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.

Cumulative e-File History 2018	
Federal	
Locator:	54356P
Taxpayer Name:	JDRF INTERNATIONAL
Return Type:	990, 990 & 990T (Corp)
Submitted Date:	02/12/2020 13:30:15
Acknowledgement Date:	02/12/2020 13:56:11
Status:	Accepted
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