(Rev. January 2020)

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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.

OMB No. 1545-0047 Open to Public Inspection

07/01 . 2019, and ending 06/30, 20 20 A For the 2019 calendar year, or tax year beginning D Employer identification number C Name of organization B Check if applicable JDRF INTERNATIONAL 23-1907729 Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change 200 VESEY STREET 28TH FLOOR (212) 689-2860Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated Amended NEW YORK, NY 10281 274,899,230. G Gross receipts \$ Application pending H(a) Is this a group return for F Name and address of principal officer: AARON KOWALSKI Yes Χ Nο subordinates' 200 VESEY STREET 28TH FLOOR, NEW YORK, H(b) Are all subordinates included? No Yes X 501(c)(3) If "No." attach a list. (see instructions) Tax-exempt status: 501(c) ( 4947(a)(1) or 527 Website: ► WWW.JDRF.ORG **H(c)** Group exemption number L Year of formation: 1970 M State of legal domicile: PΑ Form of organization: | X | Corporation Association Other > Summary Part I 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 Governance T1D AND ITS COMPLICATIONS. SEE SCHEDULE O, ATTACH. 1. if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 13. 3 Activities & 13. Number of independent voting members of the governing body (Part VI, line 1b) 868. 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 235,000. Total number of volunteers (estimate if necessary) 49,734. 7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . . 7a 29,579. **b** Net unrelated business taxable income from Form 990-T, line 39 **Prior Year** Current Year 215,659,011. Contributions and grants (Part VIII, line 1h) 194,074,339. 0. Program service revenue (Part VIII, line 2g) 16,238,938. 19,973,309. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 3,697,145. 2,289,173. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 239,329,465. 212,602,450. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . . . 89,137,491. 68,847,301. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 14 80,309,185. 77,701,531. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 339,984. 27,446. 16 a Professional fundraising fees (Part IX, column (A), line 11e) 34,666,848. **b** Total fundraising expenses (Part IX, column (D), line 25) 42,783,392. 46,029,373. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 212,570,052. 192,605,651. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 26,759,413. 19,996,799. Revenue less expenses. Subtract line 18 from line 12 ets or End of Year **Beginning of Current Year** Assets | 268,023,077. 244,434,766. 20 Total assets (Part X, line 16) Total liabilities (Part X, line 26) 128,633,286. 134,322,376. 21 115,801,480. 133,700,701. 22 Net assets or fund balances. Subtract line 21 from line 20. . . . . . 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. 04/05/2021 Sign Signature of office Date Here JOANNE MARTZ CFO Type or print name and title Print/Type preparer's name Preparer's signature Check Paid EVAN W SEEKAMP 04/05/2021 self-employed P01907071 Preparer Firm's EIN ▶ 13-5565207 Firm's name NPMG, LLP **Use Only** Firm's address ▶345 PARK AVE. NEW YORK, NY 10154 212-758-9700 May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . . . . . X Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

JDRF INTERNATIONAL

Form 990 (2019) Page 2 Part III Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: ATTACHMENT 1 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? 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 X No If "Yes," describe these changes on Schedule O. 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 \$ 68,847,301. including grants of \$ 68,847,301. ) (Revenue \$ RESEARCH FUNDING - FOR THE FY20 PERIOD ENDING JUNE 30, 2020, JDRF DIRECTLY FUNDED RESEARCH GRANTS AND INDUSTRY AGREEMENTS FOR WHICH \$69 MILLION IN RESEARCH GRANT EXPENSE, NET WAS RECOGNIZED ACCORDING TO GAAP AND EXCLUDING \$50 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. ) (Expenses \$ 4b (Code: 16,997,889. 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 \$ 50,681,132. including grants of \$ ) (Revenue \$ PUBLIC EDUCATION AND OUTREACH - JDRF EDUCATES THE COMMUNITY AND PROVIDES OUTREACH SERVICES TO NEWLY DIAGNOSED CHILDREN AND ADULTS, THEIR FAMILIES AND OTHERS ABOUT T1D AND ITS COMPLICATIONS. FOR AN EXPANDED DESCRIPTION OF PROGRAM SERVICE ACTIVITIES RELATED TO PUBLIC EDUCATION AND OUTREACH, SEE SCHEDULE O. 4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ 136,526,322. **4e** Total program service expenses ▶

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Part IV Page 3

			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	1	X	
	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
	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	3		X
	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	4	X	
	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	5		X
	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	6		2
	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	e environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		2
	id the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	omplete Schedule D, Part III	8		>
	id 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	9		2
	tid the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	r in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
	f the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	/II, VIII, IX, or X as applicable.			
	bid the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			Г
	omplete Schedule D, Part VI	11a	Х	
	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			
	f its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
	d 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	11c	X	
	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	eported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		2
	bid the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	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	11f	X	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		:
	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	12b	X	
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	Х	Γ
	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	14b	X	
	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	15	X	
D	id the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
as	ssistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
	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)	17	X	
	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	18	X	
	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	19	X	
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
		1	1	1
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

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Part	t 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		Χ
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	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
2 T U	\$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		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		21
		240		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) 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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
-	"Yes," complete Schedule L, Part IV	28a		Х
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
•	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	23	- 11	
30		20		Х
0.4	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		
32				37
	complete Schedule N, Part II.	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		3.7	
	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	
	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? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	Х	
Part	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u> .	<u></u> .	
	•		Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a   1,014			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
-	reportable gaming (gambling) winnings to prize winners?		Х	

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Par	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 868			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
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	Х	
b	If "Yes," enter the name of the foreign country ▶ ISRAEL			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	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		
	Organizations that may receive deductible contributions under section 170(c).			
а	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	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		3.7
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	_		37
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	3 , 3 , 1 , 1	7f		Λ
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	Х	
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h	Λ	
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.	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:	30		
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Χ
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> · · · · · ·	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.			

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Part VI

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

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

Sect	ion 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   13			
	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 on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 13			
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?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		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?	7a		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?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	_	3.7	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	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? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		X
Secti	ion 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?	10a	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?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? •	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		3.7	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	-
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	401	Х	
	rise to conflicts?	12b	Λ	-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i> describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	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		3.7	
	with a taxable entity during the year?	16a	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?	16h	Χ	
Secti	ion C. Disclosure	16b	23	
	List the states with which a copy of this Form 990 is required to be filed ▶ATTACHMENT 2			
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	Γ (\$20	tion 5	(01/0)
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website Another's website X Upon request Other (explain on Schedule O)	1 (360	tion 5	1(6)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	of inter	est p	olicy,
	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 record EMMA PANGILINAN-ROSALES 200 VESEY STREET, 28TH FLOOR NEW YORK, NY 10281 212-479-7550	ds 🕨		

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

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

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

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

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

(A) Name and title	(B) Average hours per week	box,	unles	Pos heck ss pe	erson	e than o	an	(D) Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1)DEREK RAPP / THRU 04/19	0.									
PRESIDENT AND CEO	0.						X	870 <b>,</b> 371.	0.	11,538.
(2) AARON KOWALSKI	50.00									
PRESIDENT AND CEO	0.			Х				654,519.	0.	46,292.
(3) HELEN ELIAS	50.00									
MANAGING DIR. JDRF T1D FUND	0.				Х			450,498.	0.	25,833.
(4) SANDRA HIJIKATA / THRU 04/20	50.00									
CHIEF DEV OFFICER & ASST. SECY	0.			Х				450 <b>,</b> 550.	0.	24,944.
(5) JOANNE MARTZ	50.00									
CFO/TREASURER	0.			Х				416,133.	0.	34,916.
(6) ALISA NORRIS	50.00									
CHIEF MARKETING OFFICER	0.					X		375,000.	0.	46,988.
(7) CYNTHIA RICE	50.00									
CHIEF MISSION OFFICER	0.					X		370,834.	0.	31,152.
(8) SRINIVAS MISHRA	50.00									
CHIEF DATA AND TECHNOLOGY	0.					X		363,067.	0.	34,061.
(9) SUSAN YUN / THRU 05/20	50.00									
CHIEF PEOPLE OFFICER/ASST. SEC	0.			Х				373,433.	0.	14,973.
(10) JILL CLARK	50.00									
SVP, VOLUNTEER ENGAGEMENT	0.					X		359,900.	0.	19,588.
(11) SANJOY DUTTA	50.00									
VP, RESEARCH	0.					X		286,171.	0.	16,155.
(12) SYDNEY YOVIC	50.00									
CHIEF OF STAFF/ASST. TREASURER	0.			Χ				185,085.	0.	32,984.
(13) JAMES MCDONALD	50.00									
BOARD LIAISON/SECRETARY	0.			Χ				109,130.	0.	6,065.
(14) ELLEN LEAKE	20.00									
CHAIR OF THE BOARD	0.	Х		Χ				0.	0.	0 .

Form **990** (2019)

JSA

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Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	plo	ye	es,	and F	ligl	hest Compensat	ed Employees (c	ontinued)
(A) Name and title	(B)  Average hours per week (list any hours for	box,	unles	Pos heck ss pe	rson	e than o is both or/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
15) MARGERY PERRY	5.00								_	_
CHAIR, RESEARCH	5.00	X						0	0.	0
16) LISA WALLACK BOARD MEMBER	3.00	X						0	0.	0
17) PAUL HEATH	3.00	Λ						0		
CHAIR, ADVOCACY & IMPACT	0.	Х						0	0.	0
18) JEFF PLUMER	10.00									
BOARD VICE-CHAIR	0.	Х		Х				0	0.	0
19) GRANT BEARD	5.00									
CHAIR, AUDIT & RISK COMMITTEE	0.	Х						0	0.	C
20) STEVEN DAVIS	3.00								_	_
CHAIR, NOMINATING & GOVERNANCE	0.	Х						0	0.	C
21) JOE LACHER  CHAIR, TALENT & COMPENSATION	5.00	37							0	0
22) JENNIFER SCHNEIDER, M.D.	3.00	X						0	0.	0
BOARD MEMBER	0.	X						0	0.	C
23) MATT VAREY	3.00									
BOARD MEMBER	0.	Х						0	0.	C
24) CHRISTOPHER TURNER	5.00									
CHAIR, FINANCE & INVESTMENTS	0.	Х						0	0.	C
25) MICHAEL ALTER	3.00									
CHAIR, FUNDING COMMITTEE	0.	X						0	0.	C
1b Sub-total								5,264,691.	0.	345,489.
c Total from continuation sheets to Part VII, So	-							0.	0.	0.
d Total (add lines 1b and 1c)							<u> </u>	5,264,691.	0.	345,489.
2 Total number of individuals (including but not reportable compensation from the organization				a a	DOV	e) wnd	o re	ceived more than	\$100,000 01	
	<u> </u>									Yes No
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										3 X
<b>4</b> For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	0,0	00?	. If	"Yes	,"	complete Schedu	le J for such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yestion B. Indopendent Contractors."	accrue co	mpen	sati	on 1	fron	n any	un	related organization	on or individual	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	Des	(B) cription of services	(C) Compensation
ATTACHMENT 3			

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 34

Part VII Section A. Officers, Directors, Tre	istees, Ke	y En	пріо			and F	ııgı		ea Employ	ees (c	ontinue	a)	_
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles er and	ss pe	ition more rson irect	than or	an ee)	(D) Reportable compensation from the	(E) Reporta compensatio related organizat	on from	Est am- c comp	(F) imated ount of other pensation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-	MISC)	orga and	m the nization related nizations	
26) CLAUDIA GRAHAM BOARD MEMBER	3.00	X						0		0.			0
27) TROY LINDLOFF / BEGAN 02/20 CDO/ASST. TREASURER	50.00	-		Х				0		0.			0
		-											
		_											
								0.		0.			
to Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A						<b>A A A</b>	0.		0.			0.
2 Total number of individuals (including but not reportable compensation from the organizatio		hose 201		d al	bove	e) who	re	eceived more than	\$100,000 c	of			
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched											3	Yes N	0
<b>4</b> For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	50,0	00?	lf	"Yes,	," (	nd other compens complete Schedu	sation from <i>le J for</i> s	the such	4	X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y											5	X	ζ
Complete this table for your five highest componentation from the organization. Report of year.													
(A) Name and business add	lress							(B) Description of se	ervices	C	(C) Compens	ation	
							1						_

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 ▶

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## Part VIII Statement of Revenue

Par	t VIII	Check if Schedule O contains a respon-	se or note to an	v line in this Part \	/111		
		Check if Gorieddie O Contains a respon	se of flote to all	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
s, Grants Amounts	1a b c	Federated campaigns         1a           Membership dues         1b           Fundraising events         1c	3,973,328.				
Contributions, Gifts, Grants and Other Similar Amounts	е	Related organizations	00 525 750				
Contribuand Oth	g	Noncash contributions included in lines 1a-1f		194,074,339.			
			Business Code	134,074,333.			
Program Service Revenue	2a b c d						
Pro	e f g	All other program service revenue		0.			
	3	Investment income (including dividends, other similar amounts) Income from investment of tax-exempt bond		2,968,472.		49,734.	2,918,738.
	5 6a	Royalties	(ii) Personal	0.			
	b c	Less: rental expenses  Rental income or (loss)  Net contal income or (loss)		0.			
	d 7a	Net rental income or (loss)	(ii) Other	0.			
evenue	b	Less: cost or other basis and sales expenses 7b 43,808,518.					
Other Re	c d 8a	Net gain or (loss)		13,270,466.			13,270,466
0		events (not including \$	18,254,759.				
	b c	Less: direct expenses	18,254,759.	0.			
	9a	Gross income from gaming activities. See Part IV, line 19 9a	850,956.				
	b c 10a	Less: direct expenses	233,503.	617,453.			617,453.
	b	returns and allowances	0.				
snc	C	Net income or (loss) from sales of inventory.  MISC REVENUE	Business Code	1,671,720.			1,671,720.
Miscellaneous Revenue	11a b c	MIJO REVENUE	200023	1,0/1,/20.			1,0/1,/20.
Misc	d e	All other revenue		1,671,720.			
JSA	12	Total revenue. See instructions		212,602,450.		49,734.	18,478,377.

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## 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		Check if Schedule O contains a resp	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
47,676,980.   47,676,980.	<u></u>				(C)	(D)
1 Garnts and other assistance to demestic organizations and demestic organizations and demestic growth of the process of the part of the process of the part of the process of the proces		•	Total expenses	Program service	Management and	
and domestic povernments. See Part IV, line 21				expenses	general expenses	expenses
Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16   21,170,321   21,170,321   21,170,321   317,960   590,496	1	· ·	47,676,980.	47,676,980.		
organizations. Foreign governments, and foreign individuals. See Part IV, lines 15 and 16.  4 Benefits paid to or for members.  5 Compensation of current officers, directors, trustees, and key employees  6 Compensation not included above to disqualified pensors (see Sidefied under section 4958(f(1)) and pensors described in section 4958(f(1)) and pensors described 4958(f(1)) and pensors d	2		0.			
Mindufusials, See Part IV, lines 15 and 16   21,170,321.   21,170,321.	3	Grants and other assistance to foreign				
4 Benefits paid to or for members .  5 Compensation of current officers, directors, trustees, and key employees .  6 Compensation not included above to disqualified persons (see Steffed under section 4968(p(1)) and persons desorbed in section 4968(p(1)) and 496(p) employer contributions (include section 401(k) and 405(p) employer contributions (include section 401(k) employer contributions (include section 401(k) employer						
5 Compensation of current officers, directors, trustees, and key employees control officers, directors, trustees, and key employees control officers, directors, trustees, and key employees to control officers, directors, trustees, and key employees to disqualfied persons (escribed in section 4958(11)) and parama described in section 4958(11) and 495(1) employer contributions (include section 401(8) and 495(1) employer contributions)  9 Other employee benefits				21,170,321.		
### Compensation not included above to disqualified persons (so defined under section 4950(f)(1) and persons described in section 4950(f)(1) and persons described for the section 4950(f)(1) and persons described for the section 4950(f)(1) and persons described for the section 4950(f)(1) and persons described for for section 4950(f)(1) and persons described for for section 4950(f) and for section 4950(f) and for sec			0.			
persons (as defined under section 4958(c)(3)(6)	5		2,271,140.	1,362,684.	317,960.	590,496.
Persion plan accruals and wages   59,971,320.   33,919,245.   10,585,372.   15,466,703.	6	Compensation not included above to disqualified				
7 Other salaries and wages   8 Pension plan accrusis and contributions (include section 401(s) and 403(b) (s) and 403(b)						
8 Pension plan accruuls and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10,155,549, 5,805,316, 1,610,683, 2,739,550. 10 Payroll taxes 11 Faes for services (nonemployees): 1 Faes for services (nonemployees): 2 A Management				22 010 045	10 505 270	15 466 702
9 Other employee benefits 10, 155, 549. 5, 805, 316. 1, 610, 683. 2, 739, 550. 10 Payroll taxes. 5, 303, 522. 2, 848, 001. 987, 183. 1, 466, 338. 11 Fees for services (nonemployees):  a Management 2, 448, 293. 1, 334, 249. 154, 938. 959, 106. b Legal 520, 511. 153, 799. 260, 220. 106, 492. C Accounting 5254, 540. 254, 540. d Lobbying 853, 826. 853, 826. 853, 826. 27, 446. d Lobbying 853, 826. 853, 826. 853, 826. 27, 446. f Investment management fees 97 Professional fundriasing services. See Part IV, line 17. f Investment management fees 98. 10, 154, 938. 959, 106. 106, 492. 106, 492. 107, 446. 117, 417, 417, 417, 417, 417, 417, 417,			59,971,320.	33,919,245.	10,585,372.	15,466,703.
3 Other employee benefits	8		0			
10 Payroll taxes		` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `		5 905 316	1 610 683	2 730 550
1   Fees for services (nonemployees):   a   Management   2,448,293.   1,334,249.   154,938.   959,106.     b   Legal   520,511.   153,799.   260,220.   106,492.     c   Accounting   254,540.   254,540.     d   Lobbying   853,826.   853,826.     e   Professional fundraising services. See Part IV, line 17,   f   Investment management fees   319,620.   319,620.     g   Other. (if line 19) amount exceeds 10% of line 25, column (A) amount, line 11% groups are not shedule 0.   4,718,131.   2,545,090.   313,831.   1,859,210.     12   Advertising and promotion   4,718,131.   2,545,090.   313,831.   1,859,210.     13   Office expenses   1,676,281.   894,241.   365,257.   416,783.     14   Information technology.   6,524,385.   2,595,691.   1,261,834.   2,666,860.     15   Royalites   0.       16   Occupancy   8,966,787.   4,696,657.   1,682,529.   2,587,601.     17   Travel   2,882,582.   1,745,565.   301,825.   835,192.     18   Payments of travel or entertainment expenses for any federal, state, or local public officials   0.     19   Conferences, conventions, and meetings   1,175,240.   465,852.   201,827.   507,561.     19   Payments to affiliates   0.       10   Contences conventions, and meetings   1,175,240.   465,852.   201,827.   507,561.     19   Payments to affiliates   0.       20   Depreciation, depletion, and amortization   4,192,966.   1,423,148.   887,956.   1,881,862.     18   Payments to affiliates   0.       20   Depreciation, depletion, and amortization   4,192,966.   261,320.   193,328.   157,718.     4   Other expenses   1 temize expenses not covered above (List miscellaneous expenses on Schedule O)     5   DUES & FEES   831,976.   453,321.   159,919.   218,736.     5   CTHER MTSC EXPENSES   831,976.   453,321.   159,919.   218,736.     6   CHER MTSC EXPENSES   831,976.   453,321.   159,919.   218,736.     6   All other expenses   1 through 24e   190,010 costs from a combined educational campaign and fundraising acceleration.   1 through 24e   190,010 costs from a combined educational campaign an					· · · · · · · · · · · · · · · · · · ·	
a Management	10	-	3,303,322.	2,040,001.	907,103.	1,400,330.
b Legal			2 118 293	1 33/1 2/19	15/1 938	959 106
C Accounting   254,540   254,540   254,540   254,540   254,540   27,446   853,826   853,826   853,826   27,446   27,446   27,446   319,620   319,620   319,620   319,620   319,620   319,620   319,620   319,620   319,620   319,620   319,620   319,620   319,620   319,620   319,620   319,620   319,620   319,620   319,620   313,831   1,859,210   4,718,131   2,545,090   313,831   1,859,210   4,718,131   2,545,090   313,831   1,859,210   4,718,131   4,756,281   8,94,241   365,257   416,783   4,766,840   4,718,131   2,545,090   313,831   1,859,210   4,718,131   4,756,281   8,94,241   365,257   416,783   4,666,860   4,524,385   2,595,691   1,261,834   2,666,860   4,524,385   2,595,691   1,261,834   2,666,860   4,524,385   2,595,691   1,261,834   2,666,860   4,666,860					·	
d Lobbying   853,826.   853,826.     27,446.       27,446.     27			·	133,733.	·	100/132.
e Professional fundraising services. See Part IV, line 17, f Investment management fees 319, 620. 319, 62			·	853,826.	20170101	
Solution				000,0201		27,446.
9 Other. (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.).  3, 924, 455. 1, 743, 975. 1, 020, 688. 1, 159, 792.  4, 718, 131. 2, 545, 090. 313, 831. 1, 859, 210.  4, 718, 131. 2, 545, 090. 313, 831. 1, 859, 210.  4, 718, 131. 2, 545, 090. 313, 831. 1, 859, 210.  1, 676, 281. 894, 241. 365, 257. 416, 783.  4, 16formation technology. 6, 524, 385. 2, 595, 691. 1, 261, 834. 2, 666, 860.  5 Royalties. 0.  6 Cocupancy 8, 966, 787. 4, 696, 657. 1, 682, 529. 2, 587, 601.  7 Travel 2, 882, 582. 1, 745, 565. 301, 825. 835, 192.  18 Payments of travel or entertainment expenses for any federal, state, or local public officials  10 Conferences, conventions, and meetings. 1, 175, 240. 465, 852. 201, 827. 507, 561.  20 Interest . 45, 282. 45, 282.  21 Payments to affiliates. 0.  22 Depreciation, depletion, and amortization . 4, 192, 966. 1, 423, 148. 887, 956. 1, 881, 862.  23 Insurance . 4, 192, 966. 1, 423, 148. 887, 956. 1, 881, 862.  24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  a OUTREACH EXPENSES		_			319,620.	,
(A) amount, list line 11g expenses on Schedule O.)  12 Advertising and promotion			,		,	
12 Advertising and promotion	9		3,924,455.	1,743,975.	1,020,688.	1,159,792.
1, 676, 281. 894, 241. 365, 257. 416, 783.  14 Information technology. 6, 524, 385. 2, 595, 691. 1, 261, 834. 2, 666, 860.  15 Royalties. 0. 0. 1, 682, 529. 2, 587, 601.  17 Travel. 2, 882, 582. 1, 745, 565. 301, 825. 835, 192.  18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0. 1, 175, 240. 465, 852. 201, 827. 507, 561.  20 Interest. 45, 282. 45, 282. 201, 827. 507, 561.  21 Payments to affiliates. 0. 4, 192, 966. 1, 423, 148. 887, 956. 1, 881, 862. 201, 817, 718.  24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on Schedule O.)  a OUTREACH EXPENSES 5, 189, 866. 3, 994, 526. 414, 210. 781, 130. 500. 414, 210. 781, 130. 500. 500. 500. 500. 500. 500. 500. 5	12					
14 Information technology.       6,524,385.       2,595,691.       1,261,834.       2,666,860.         15 Royalties.       0.       8,966,787.       4,696,657.       1,682,529.       2,587,601.         17 Travel.       2,882,582.       1,745,565.       301,825.       835,192.         18 Payments of travel or entertainment expenses for any federal, state, or local public officials       0.       20.       201,827.       507,561.         19 Conferences, conventions, and meetings.       1,175,240.       465,852.       201,827.       507,561.         10 Interest.       0.       2.       45,282.       45,282.       45,282.         11 Payments to affiliates.       0.       0.       0.       2.         12 Depreciation, depletion, and amortization       4,192,966.       1,423,148.       887,956.       1,881,862.         23 Insurance.       612,366.       261,320.       193,328.       157,718.         24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on Schedule O.)       5,189,866.       3,994,526.       414,210.       781,130.         a DUTREACH EXPENSES       831,976.       453,321.       159,919.       218,736.         b DUES & FEES       892,266.       537,233.       118,761.       236,272.         d e A			1,676,281.	894,241.	365,257.	416,783.
15 Royalties. 0.			6,524,385.	2,595,691.	1,261,834.	2,666,860.
16 Occupancy       8,966,787.       4,696,657.       1,682,529.       2,587,601.         17 Travel       2,882,582.       1,745,565.       301,825.       835,192.         18 Payments of travel or entertainment expenses for any federal, state, or local public officials       0.       20.         19 Conferences, conventions, and meetings       1,175,240.       465,852.       201,827.       507,561.         20 Interest       45,282.       45,282.       45,282.       45,282.         21 Payments to affiliates       0.       22 Depreciation, depletion, and amortization       4,192,966.       1,423,148.       887,956.       1,881,862.         23 Insurance       612,366.       261,320.       193,328.       157,718.         24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on Schedule O.)       4,192,966.       3,994,526.       414,210.       781,130.         B DUES & FEES       331,976.       453,321.       159,919.       218,736.         c OTHER MISC EXPENSES       892,266.       537,233.       118,761.       236,272.         d       4       192,605,651.       136,526,322.       21,412,481.       34,666,848.	15		- 1			
17 Travel 2,882,582. 1,745,565. 301,825. 835,192.  18 Payments of travel or entertainment expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings 45,282. 45,282.  20 Interest 9. 9. 966. 1,423,148. 887,956. 1,881,862.  21 Payments to affiliates 9. 9. 966. 1,423,148. 887,956. 1,881,862.  23 Insurance 612,366. 261,320. 193,328. 157,718.  24 Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  a OUTREACH EXPENSES	16			4,696,657.	1,682,529.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials  19 Conferences, conventions, and meetings	17		2,882,582.	1,745,565.	301,825.	835,192.
19 Conferences, conventions, and meetings	18	Payments of travel or entertainment expenses	0			
20 Interest	40			465.852	201-827	507.561
21 Payments to affiliates. 0.  22 Depreciation, depletion, and amortization		_ [		·	201,027.	
22 Depreciation, depletion, and amortization 4,192,966. 1,423,148. 887,956. 1,881,862. 23 Insurance 612,366. 261,320. 193,328. 157,718.  24 Other expenses Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)  a OUTREACH EXPENSES 5,189,866. 3,994,526. 414,210. 781,130. b DUES & FEES 831,976. 453,321. 159,919. 218,736. c OTHER MISC EXPENSES 892,266. 537,233. 118,761. 236,272. d e All other expenses 25 Total functional expenses. Add lines 1 through 24e 192,605,651. 136,526,322. 21,412,481. 34,666,848.  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				,		
23 Insurance 612,366. 261,320. 193,328. 157,718.  24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  a OUTREACH EXPENSES 5,189,866. 3,994,526. 414,210. 781,130.  b DUES & FEES 831,976. 453,321. 159,919. 218,736.  c OTHER MISC EXPENSES 892,266. 537,233. 118,761. 236,272.  d 892,266. 537,233. 118,761. 236,272.  d 192,605,651. 136,526,322. 21,412,481. 34,666,848.			4,192,966.	1,423,148.	887,956.	1,881,862.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  a OUTREACH EXPENSES  b DUES & FEES  c OTHER MISC EXPENSES  4 All other expenses  25 Total functional expenses. Add lines 1 through 24e  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					· · · · · · · · · · · · · · · · · · ·	
above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)  a OUTREACH EXPENSES  b DUES & FEES  c OTHER MISC EXPENSES  d e All other expenses  25 Total functional expenses. Add lines 1 through 24e  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  X if						
(A) amount, list line 24e expenses on Schedule O.)  a OUTREACH EXPENSES  b DUES & FEES  c OTHER MISC EXPENSES  e All other expenses  25 Total functional expenses. Add lines 1 through 24e  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   X if		·				
a OUTREACH EXPENSES b DUES & FEES c OTHER MISC EXPENSES  e All other expenses  25 Total functional expenses. Add lines 1 through 24e  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   X if		line 24e amount exceeds 10% of line 25, column				
b DUES & FEES  c OTHER MISC EXPENSES  d  e All other expenses  25 Total functional expenses. Add lines 1 through 24e  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   X if		(A) amount, list line 24e expenses on Schedule O.)				
COTHER MISC EXPENSES  d e All other expenses  25 Total functional expenses. Add lines 1 through 24e  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   X if	-				·	
e All other expenses  Total functional expenses. Add lines 1 through 24e  192, 605, 651. 136, 526, 322. 21, 412, 481. 34, 666, 848.  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  X if				·		
e All other expenses  25 Total functional expenses. Add lines 1 through 24e  192,605,651. 136,526,322. 21,412,481. 34,666,848.  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  X if	c	OTHER MISC EXPENSES	892,266.	537,233.	118,761.	236,272.
25 Total functional expenses. Add lines 1 through 24e 192,605,651. 136,526,322. 21,412,481. 34,666,848.  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   X if	d					
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 ▶ X if	е	All other expenses	100 605 656	106 506 006	01 410 401	24 666 246
organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☒ if			192,605,651.	136,526,322.	21,412,481.	34,666,848.
	26	organization reported in column (B) joint costs from a combined educational campaign and				
following SOP 98-2 (ASC 958-720)		following SOP 98-2 (ASC 958-720)	2,005,061.	501,444.		1,503,616.

Form **990** (2019)

Form 990 (2019) Page **11** 

JDRF INTERNATIONAL

# Part X Balance Sheet Check if Schedule O contains

		Check if Schedule O contains a response or note to any line in this Pa	art X		X
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	19,125,818.	1	18,028,084.
	2	Savings and temporary cash investments	36,566,833.	2	29,732,492.
	3	Pledges and grants receivable, net	30,267,097.	3	36,176,968.
	4	Accounts receivable, net	20,525,959.	4	7,962,575.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
ts	7	Notes and loans receivable, net	6,720,000.	7	3,870,000.
Assets	8	Inventories for sale or use	0.	8	0.
Ä	9	Prepaid expenses and deferred charges	6,103,129.	9	7,022,535.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 15,578,062.			
	b	Less: accumulated depreciation	5,895,032.	10c	11,404,680.
	11	Investments - publicly traded securities	93,573,878.	11	102,925,827.
	12	Investments - other securities. See Part IV, line 11	4,213,073.	12	857,686.
	13	Investments - program-related. See Part IV, line 11	21,443,947.	13	50,042,230.
	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 33)	244,434,766.	16	268,023,077.
	17	Accounts payable and accrued expenses	16,774,462.	17	24,845,175.
	18	Grants payable	100,065,608.	18	99,239,193.
	19	Deferred revenue.	9,232,753.	19	7,730,761.
	20	Tax-exempt bond liabilities.	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abil		controlled entity or family member of any of these persons	0.	22	0.
Ë	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	2,560,463.	25	2,507,247.
	26	Total liabilities. Add lines 17 through 25	128,633,286.	26	134,322,376.
S		Organizations that follow FASB ASC 958, check here ► X			
ınce		and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions	76,838,325.	27	85,538,657.
D E	28	Net assets with donor restrictions	38,963,155.	28	48,162,044.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
ASS	31	Retained earnings, endowment, accumulated income, or other funds.		31	
et ,	32	Total net assets or fund balances	115,801,480.	32	133,700,701.
Ž	33	Total liabilities and net assets/fund balances	244,434,766.	33	268,023,077.
					Form <b>990</b> (2019)

Form **990** (2019)

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Part	XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1			02,4			
2	Total expenses (must equal Part IX, column (A), line 25)	2			05,6 96,7			
3	Revenue less expenses. Subtract line 2 from line 1	act line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4						
5	Net unrealized gains (losses) on investments	5	-2,097,578.			78.		
6	Donated services and use of facilities							
7	Investment expenses	7				0.		
8	Prior period adjustments	8				0.		
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	32, column (B))	10	13	33,7	00,7	01.		
Part								
	Check if Schedule O contains a response or note to any line in this Part XII							
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X 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?.			2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	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?			2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted or	n a 📗					
	separate basis, consolidated basis, or both:							
	Separate basis X Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight	of					
	the audit, review, or compilation of its financial statements and selection of an independent accounted	nt?		2c	Χ			
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on					
	Schedule O.							
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in t	the					
	Single Audit Act and OMB Circular A-133?			3a		X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo	the					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		3b				

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#### **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 Open to Public Inspection

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

Pa	rt I	Reason for Public Cha	i <b>rity Status</b> (All d	organizations must c	omplet	e this pa	art.) See instructions	
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches desc	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	ction 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)					
3		A hospital or a cooperative	ooperative hospital service organization described in section 170(b)(1)(A)(iii).					
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	tate:					
5		An organization operated		a college or universit	y owne	d or ope	rated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C						
6	Щ	A federal, state, or local go	•				, , , , , ,	
7	Х	An organization that norma			pport fr	om a go	vernmental unit or fro	om the general public
		described in section 170(b)		•				
8		A community trust describe			-			
9		An agricultural research org	=			-	-	
		or university or a non-land-	grant college of ag	riculture (see instruct	ions). E	nter the i	name, city, and state of	f the college or
		university:						
10		An organization that norma receipts from activities rela support from gross investmacquired by the organization	ted to its exempt f nent income and u n after June 30, 1	unctions - subject to nrelated business tax 975. See <b>section 509</b>	certain e able inco ( <b>a)(2)</b> . (0	exception ome (less Complete	s, and (2) no more that s section 511 tax) from Part III.)	n 331/3% of its
11	Щ	An organization organized	•	•	•			
12		An organization organized	•	•				
		of one or more publicly su	· ·					
		Check the box in lines 12a t	=				· · · · · · · · · · · · · · · · · · ·	=
а		<b>Type I.</b> A supporting orga	•	•			• , ,	
		the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the
		_ supporting organization. <b>`</b>	•	•				
b	L	☐ Type II. A supporting org	•					
		control or management of		-	the sam	e persor	is that control or man	age the supported
		organization(s). You must						
С	L	Type III functionally integ						ly integrated with,
_		its supported organization						
d		Type III non-functionally						• ,
		that is not functionally into			-		-	an attentiveness
		requirement (see instruct	•	-				
е		Check this box if the orga					• • • • • • • • • • • • • • • • • • • •	ı, rype iii
f	En	functionally integrated, or ter the number of supported	• •			organizai	ion.	
'n		ovide the following information	•					
9		ame of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
	(•)	ame of supported organization	(, =	(described on lines 1-10	listed in yo	ur governing	support (see	other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
/E\								
(E)								
Tota	al							

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

Schedule A (Form 990 or 990-EZ) 2019

Page 2 Schedule A (Form 990 or 990-EZ) 2019

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.)

Sec	Section A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	196,804,267.	199,896,852.	219,968,105.	215,659,011.	194,074,339.	1,026,402,574.		
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	196,804,267.	199,896,852.	219,968,105.	215,659,011.	194,074,339.	1,026,402,574.		
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)  Public support. Subtract line 5 from line 4						0.		
Sac	tion B. Total Support						, , , , , , , ,		
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
7	Amounts from line 4	196,804,267.	199,896,852.	219,968,105.	215,659,011.	194,074,339.	```		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	465,379.	548,825.	1,309,523.	2,439,225.	2,918,738.	7,681,690.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on	112,437.	33,150.	138,747.	186,965.	29,579.	500,878.		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ATCH. 1	94,769.	283,014.	1,793,044.	2,313,482.	1,671,720.	6,156,029.		
11	Total support. Add lines 7 through 10						1,040,741,171.		
12	Gross receipts from related activities, etc. (s	see instructions) .				12			
13	<b>First five years.</b> If the Form 990 is forganization, check this box and <b>stop here</b>								
Sec	tion C. Computation of Public Sup	•							
14	Public support percentage for 2019 (li					14	98.62 <b>%</b>		
15	Public support percentage from 2018					15	98.74 <b>%</b>		
16a	33 1/3 % support test - 2019. If the org	=							
	box and <b>stop here.</b> The organization q			-					
b	331/3% support test - 2018. If the org	•							
	this box and <b>stop here</b> . The organization qualifies as a publicly supported organization								
17a									
	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in								
	Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported								
	b 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line								
D	15 is 10% or more, and if the orga Explain in Part VI how the organizati	anization meets on meets the "	the "facts-and facts-and-circum	l-circumstances' nstances" test.	" test, check th The organizatio	nis box and <b>st</b> n qualifies as a	op here.		
	supported organization								
18	Private foundation. If the organization								
	instructions								
					•	abadula A /Farm (	==>		

9E1220 1.000 54356P A06W V 19-8.1F PAGE 16 Schedule A (Form 990 or 990-EZ) 2019 Page 3

#### 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.)

Sec	tion A. Public Support			7.1	<u> </u>	,	
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(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						
	Amounts included on lines 1, 2, and 3						
ıa	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						
_	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
	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						
С	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.)					<u>                                       </u>	
14	First five years. If the Form 990 is for	or the organiza	tion's first, seco	nd, third, fourth,	or fifth tax y	ear as a section	501(c)(3)
	organization, check this box and stop here .						▶ 🔲
Sec	tion C. Computation of Public Supp	ort Percenta	ge				
15	Public support percentage for 2019 (line 8,	column (f), divid	led by line 13, colu	mn (f))		15	%
16	Public support percentage from 2018 Sche	dule A, Part III, lir	ne 15		<u></u> .	16	%
Sec	tion D. Computation of Investment	Income Perc	centage				
17	Investment income percentage for 2019 (lin	ne 10c, column (	f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2018	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2019. If the org					ore than 331/3 %	, and line
	17 is not more than 331/3 %, check thi	s box and <b>sto</b>	here. The org	anization qualifies	s as a publicly	supported organi	zation . ►
b	331/3% support tests - 2018. If the orga		_				
	line 18 is not more than 331/3 %, check	this box and s	top here. The or	ganization qualifie	es as a publicly	supported organi	zation ▶
20	Private foundation. If the organization d		=				<del></del>

Schedule A (Form 990 or 990-EZ) 2019 Page **4** 

#### 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

- 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.
- 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).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- 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.
- 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.
- **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.
- 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.
- 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).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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).
- 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).
- 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**.
- **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**.
- 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.**
- 10 a 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.
  - 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.)

		Yes	NO
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ıs ed			
	2		
er	3a		
nd ne			
	3b		
3)	3с		
lf	4a		
jn on			
	4b		
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,11	9b		
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d	10a		
to	10b		
	100		

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

				<u> </u>
Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11c		
	ion B. Type I Supporting Organizations	110		
	Jr Jr Jr. Jr. Jr. Jr		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 <b>Part VI</b> 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 <b>Part</b> VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
3001	ion of Type it outporting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? <i>If "No," describe in <b>Part VI</b> how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	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			
2	organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in <b>Part VI</b> how</i>			
	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		
	ion 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 ins	tructi	ons).	
a	The organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
b c	The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	inetru	ctions)	
C		iristrut	Yes	
2	Activities Test. Answer (a) and (b) below.		100	
а	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 <b>Part VI identify those supported organizations and explain</b> 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.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b		Ja		
IJ	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Page 6 Schedule A (Form 990 or 990-EZ) 2019

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S				
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 organiz	zations n	nust complete Sectio	ns A through E.			
Section A - Adjusted Net Income (A) Prior Year						
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>b</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 <b>Part VI</b> ):						
2 Acquisition indebtedness applicable to non-exempt-use assets	2					
3 Subtract line 2 from line 1d.	3					
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,						
see instructions).	4					
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6 Multiply line 5 by .035.	6					
7 Recoveries of prior-year distributions	7					
8 Minimum Asset Amount (add line 7 to line 6)	8					
Section C - Distributable Amount			Current Year			
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2 Enter 85% of line 1.	2					
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4 Enter greater of line 2 or line 3.	4					
5 Income tax imposed in prior year	5					
6 Distributable Amount. Subtract line 5 from line 4, unless subject to						
emergency temporary reduction (see instructions).	6					
7 Check here if the current year is the organization's first as a non-functionally	y integra	ited Type III supporting	g organization (see			
instructions).	-		· ·			

Schedule A (Form 990 or 990-EZ) 2019

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 Schedule A (Form 990 or 990-EZ) 2019
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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish ex	xempt purposes					
2	Amounts paid to perform activity that directly furthers exer	ed					
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in <b>Part VI</b> ). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which	the organization is resp	onsive				
	(provide details in <b>Part VI</b> ). See instructions.						
9	Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019			
1	Distributable amount for 2019 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2019						
	(reasonable cause required - explain in Part VI). See						
	instructions.						
3	Excess distributions carryover, if any, to 2019						
а	From 2014						
b	From 2015						
С	From 2016						
d	From 2017						
е	From 2018						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
h	Applied to 2019 distributable amount						
i	Carryover from 2014 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2019 from						
	Section D, line 7: \$						
а	Applied to underdistributions of prior years						
b	Applied to 2019 distributable amount						
С	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2019, if						
	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in <b>Part VI.</b> See instructions.						
6	Remaining underdistributions for 2019. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2020. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
a	Excess from 2015						
b	Excess from 2016						
С	Excess from 2017						
d	Excess from 2018						
e	Excess from 2019						

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 Page **8** 

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 INCOM	E				
DESCRIPTION	2015	2016	2017	2018	2019	TOTAL
MISC INCOME	94,769.	283,014.	1,793,044.	2,313,482.	1,671,720.	6,156,029.
TOTALS	94,769.	283,014.	1,793,044.	2,313,482.	1,671,720.	6,156,029.

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

## **Political Campaign and Lobbying Activities**

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

**Open to Public** Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

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

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

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

lf th Tax)	e organization answered "Yes," (see separate instructions), ther		` '	, .	•
	Section 501(c)(4), (5), or (6) orga	anizations: Complete Part III.			
	ne of organization			' '	ntification number
_	RF INTERNATIONAL			23-190	
Pa		organization is exempt under			
1	•	organization's direct and indirect	political campaign ac	ctivities in Part IV. (see in	structions for
	definition of "political campa	,			
2		xpenditures (see instructions)			
		campaign activities (see instructio			
Pa		organization is exempt under			
1	Enter the amount of any exc	cise tax incurred by the organization	n under section 495	5 <b>▶</b> \$	
2		cise tax incurred by organization m			
3		a section 4955 tax, did it file Form			
					Yes No
	If "Yes," describe in Part IV.	organization is exempt under	saction E01(a) av	roont coction E01/c\/2	١
	<u> </u>				<u>)·</u>
1	activities	xpended by the filing organization		▶\$	
2		g organization's funds contributed			
3	line 17b	enditures. Add lines 1 and 2. En		▶\$	
<b>4 5</b>	Enter the names, addresses organization made payment the amount of political cont	e Form 1120-POL for this year? and employer identification numbers. For each organization listed, erributions received that were prond or a political action committee (	per (EIN) of all section liter the amount paid nptly and directly de	on 527 political organiza I from the filing organiz livered to a separate po	ations to which the filing cation's funds. Also enter ditical organization, such
	(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) 2019

Sch	nedule C (Form 990 or 990-EZ) 2019	IDKE, I	N'I'ERNA'I' I	ONAL		23-1	90 / / 29 Page <b>2</b>
Pa	art II-A Complete if the org section 501(h)).	anizatio	on is exen	npt under sectior	1 501(c)(3) and	filed Form 5768 (ele	ction under
Α	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).						
В	Check ▶ if the filing organiz	ation che	ecked box A	A and "limited contro	l" provisions app	ly.	
	Limits ( (The term "expenditu		ying Expendence		)	(a) Filing organization's totals	(b) Affiliated group totals
18	a Total lobbying expenditures to ir	ıfluence	public opini	on (grassroots lobb	ying)		
k	<b>b</b> Total lobbying expenditures to ir	nfluence	a legislative	e body (direct lobbyi	ng)		
(	c Total lobbying expenditures (add	d lines 1	a and 1b) .		[		
(	d Other exempt purpose expendite	ures					
•	e Total exempt purpose expenditu	ires (add	l lines 1c an	d 1d)			
f	f Lobbying nontaxable amount.	Enter the	e amount f	from the following	table in both		
	columns.						
	If the amount on line 1e, column (a)	or (b) is:	The lobbying	g 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 pl	us 15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,50	00,000	\$175,000 pl	us 10% of the excess	over \$1,000,000.		
	Over \$1,500,000 but not over \$17,0	000,000	\$225,000 pl	us 5% of the excess o	ver \$1,500,000.		
	Over \$17,000,000		\$1,000,000				
	g Grassroots nontaxable amount				_		
	h Subtract line 1g from line 1a. If a						
	Subtract line 1f from line 1c. If z						
j	If there is an amount other that				•		
	reporting section 4911 tax for th						Yes No
				aging Period Under			
	(Some organizations that				-		nns below.
		See	the separat	te instructions for I	ines 2a through	2f.)	
_		Lobb	ying Exper	nditures During 4-Yo	ear Averaging Pe	riod	T
	Calendar year (or fiscal year beginning in)	(a)	2016	<b>(b)</b> 2017	<b>(c)</b> 2018	(d) 2019	(e) Total
28	Lobbying nontaxable amount						
_ k	b Lobbying ceiling amount (150% of line 2a, column (e))						
_	C Total lobbying expenditures						
_	d Grassroots nontaxable amount						
_	Grassroots ceiling amount (150% of line 2d, column (e))						
f	Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2019

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Pai	t II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).	T file	d For	m 5768	3		
_		(6	a)		(b)		
	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No		Amou	nt	
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:						
а	Volunteers?	X					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.	X					0
С	Media advertisements?	X				16,	, 450
d	Mailings to members, legislators, or the public?	3.7	Х			1 7	CO.F.
е	Publications, or published or broadcast statements?	X					, 625
f	Grants to other organizations for lobbying purposes?	X					,343 ,529
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X					, 329 , 701
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X					, 147
i	Other activities?	^			1		795
j	Total. Add lines 1c through 1i		Х		±,	J Z O ,	, 133
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		21				
b	If "Yes," enter the amount of any tax incurred under section 4912						
c d	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?						
Pai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ection			
	501(c)(6).					V	NI -
	N/			۱	1	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political campaign activity expenditures from				3		
_	t III-B Complete if the organization is exempt under section 501(c)(4), section 501						
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No"					, is	
	answered "Yes."	`					
1	Dues, assessments and similar amounts from members			1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou	unts	of				
	political expenses for which the section 527(f) tax was paid).						
а	Current year			2a			
b	Carryover from last year			2b			
С	Total			2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du	es		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion	of th	ne				
	excess does the organization agree to carryover to the reasonable estimate of nondeductible le	obbyir	ng				
_	and political expenditure next year?			4			
5	Taxable amount of lobbying and political expenditures (see instructions)			5			
	t IV Supplemental Information vide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate	d arou	ın lict	\. Port I	ΙΛ lin	00.1	and
	ee instructions); and Part II-B, line 1. Also, complete this part for any additional information.	a grou	ıp iist	); Part ii	I-A, III	ies i	and
SEI	E PAGE 4						

Schedule C (Form 990 or 990-EZ) 2019

Schedule C (Form 990 or 990-EZ) 2019

#### 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.

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### **SCHEDULE D** (Form 990)

# 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 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

JDRF INTERNATIONAL 23-1907729						
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	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	n donor advised				
	funds are the organization's property, subject to the organization's exclusive legal control?					
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fur					
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for an					
	conferring impermissible private benefit?					
Ра	rt 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).					
	Preservation of land for public use (for example, recreation or education)  Preservation or	f a historically important land area				
	Protection of natural habitat Preservation o	f a certified historic structure				
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in t	the form of a conservation				
	easement on the last day of the tax year.	Held at the End of the Tax Year				
а	Total number of conservation easements	2a				
b		2b				
С	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 termin	ated 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	on, handling of				
	violations, and enforcement of the conservation easements it holds?	Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing c	onservation easements during the year				
	<b>&gt;</b>					
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con	nservation easements during the year				
	<b>&gt;</b> \$					
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	n 170(h)(4)(B)(i)				
	and section 170(h)(4)(B)(ii)?	Yes No				
9	In Part XIII, describe how the organization reports conservation easements in its revenue and					
	balance sheet, and include, if applicable, the text of the footnote to the organization's financia	I statements that describes the				
	organization's accounting for conservation easements.					
Pa	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 FASB ASC 958, not to report in its revenue of art, historical treasures, or other similar assets held for public exhibition, education, or	statement and balance sheet works				
	service, provide in Part XIII the text of the footnote to its financial statements that describes the	ese items.				
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue sta	atement and balance sheet works of				
	art, historical treasures, or other similar assets held for public exhibition, education, or research	arch in furtherance of public service,				
	provide the following amounts relating to these items:	<b>.</b> .				
	(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 as	ssets for financial gain, provide the				
_	following amounts required to be reported under FASB ASC 958 relating to these items:	<b>&gt;</b> 4				
a	Revenue included on Form 990, Part VIII, line 1					
b	Assets included in Form 990, Part X	> \$				

Schedule D (Form 990) 2019

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Pa	rt    Organizations Maintaini	ng Collections of	Art, Historical Tr	easures, or	Other Simi	lar Assets (c	continue	d)
3	Using the organization's acquisitio	n, accession, and c	ther records, chec	k any of the	e following the	hat make sign	nificant us	se of its
	collection items (check all that appl	y):						
а	Public exhibition		d Loan	or exchange	program			
b	Scholarly research		e Other					
С	Preservation for future gener	rations						
4	Provide a description of the organ	nization's collections	and explain how	they further	the organiza	ation's exemp	t purpose	in Part
	XIII.		•	,	J	•		
5	During the year, did the organizatio	n solicit or receive d	onations of art. his	orical treasu	res. or other	similar		
	assets to be sold to raise funds rath					_	Yes	No
Pa	rt IV Escrow and Custodial A		р					
	Complete if the organiza 990, Part X, line 21.	•	s" on Form 990, I	Part IV, line	9, or report	ed an amour	nt on For	m
1a	Is the organization an agent, truste	e, custodian or othe	r intermediary for o	contributions	or other asse	ets not		
	included on Form 990, Part X?					[	Yes	No
b	If "Yes," explain the arrangement in					_		
			•			Amount		
С	Beginning balance			1c				
d	Additions during the year							
е	Distributions during the year							
f	Ending balance							
2a	Did the organization include an am-				ıstodial accou	unt liability?	Yes	No
b	If "Yes," explain the arrangement in							_ [
	rt V Endowment Funds.		· · · · · · · · · · · · · · · · · · ·					
	Complete if the organiza	tion answered "Ye	s" on Form 990,	Part IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two yea		hree years back	(e) Four y	ears back
1.0	Beginning of year balance	7,887,833.	7,567,601.	7,341		,176,427.		41,514
_	Contributions	-140,727.	221,441.				,	
b		,	,					
С	Net investment earnings, gains,	33,086.	102,034.	268	,304.	367,446.		37,913
	and losses	55,555			, , , , ,			
	Grants or scholarships							
е	Other expenditures for facilities	71,023.	3,243.	42	,070.	202,506.		3,000
_	and programs	71,020.	3,213.	12	70701	202/000.		3,000
	Administrative expenses	7,709,169.	7,887,833.	7,567	601 7	,341,367.	7 1	76,427
g	End of year balance					73117307.	7 7 ±	70/127
2	Provide the estimated percentage Board designated or quasi-endowm		end balance (line 1g %	, column (a))	held as:			
a	Permanent endowment ▶ 100.0		_ <sup>70</sup>					
		<del></del>						
С	Term endowment ▶ The percentages on lines 2a, 2b, a		000/					
2 0	Are there endowment funds not in t	· ·		are hold an	d administers	nd for the		
Ja		ille possession of the	le organization that	are neiu an	u auministere	id for the	V	es No
	organization by:							X
	(i) Unrelated organizations						3a(i)	X
	(ii) Related organizations						3a(ii) 3b	
	If "Yes" on line 3a(ii), are the relate	•	•				30	
4	nt VI Land, Buildings, and Equ		tion's endowment tu	nas.				
Pa	rt VI Land, Buildings, and Equ Complete if the organiza	ation answered "Ye	es" on Form 990,	Part IV, line	e 11a. See F	orm 990, Pa	rt X, line	10.
	Description of property	(a) Cost or	other basis (b) Cost	or other basis	(c) Accumula	ited (d	l) Book valu	
	Land	(invest	ment) (	other)	depreciation	1		
_	Land							
b	Buildings		-	260 771	4 702 0	063	4.0	6 F00
С	Leasehold improvements		· ·	269,771.	4,783,2			6,508.
d	Equipment		15,	578,062.	4,659,8	390.	10,91	8,172.
<u>e</u>	Other			<b></b>			44	4 600
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Forn	n 990, Part X, colum	n (B), line 10	)c.)	.▶	11,40	4,680.

9E1269 1.000 54356P A06W V 19-8.1F PAGE 32

Page 3 Schedule D (Form 990) 2019

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.  (a) Description of security (including name of security)  (b) Book value  (c) State of end-of-year market value  (b) Book value  (c) State of end-of-year market value  (c) Closely held equity interests  (d) Otherr  (A)  (e)  (f)  (g)  (g)  (g)  (g)  (g)  (g)  (g	Part VII	Investments - Other Securities.	1 "Vaa" on Farm 000	Part IV line 11h Cae Form 000	Dort V. line 12
(Including name of security)   Cost or end-of-year market value					
(2) Closely held equity interests		(including name of security)	, ,		
(3) Other (4) (B) (C) (C) (D) (E) (F) (G) (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 valualizin: Cost or end-of-dyne market value (1) T1D FUND PROGRAM RELATED INVES 50,042,230. FMV  (2) (3) (4) (5) (6) (7) (8) (9) Total (Column (b) must equal Form 990, Part X, col. (B) line 13). ▶  50,042,230.  (a) Description (b) must equal Form 990, Part X, col. (B) line 15).  (a) Description (b) must equal Form 990, Part X, col. (B) line 15.)  (b) Book value  (1) Total (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Total (Column (b) must equal Form 990, Part X, col. (B) line 15.)  (5) (6) (7) (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.  (a) Description of liability (b) Book value  (1) Federal income taxes  (2) SELT INTEREST CIRT RMDR TRUST  (3) (4) (6) (6) (7) (7) (8) (9)					
(A) (B) (C) (C) (C) (D) (E) (F) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H					
(B) (C) (C) (D) (E) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(3) Other_				
(C) (D) (E) (F) (G) (H) (Total. (Column (b) must equal Form 990, Part X, col. (B) line 12) .					
(b) (c) (c) (d) (d) (e) (e) (f) (d) (f) (e) (f) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f					
(E) (F) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H					
(F) (G) (G) (H) Total, (Column (b) must equal Form 990, Part X, col. (B) line 12). ▶    Part VIII   Investments - Program Related.					
(G) (H) (Total (Column (b) must equal Form 990. Part X. col. (B) line 12.) . ▶    Part VIII   Investments - Program Related.					
Total. (Column (b) must equal Form 990. Part X. col. (b) line 12) . ▶					
Total (Column (b) must equal Form 990, Part X, col. (B) line 12) .					
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					
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 50,042,230.  FMV  (2) (3) (4) (5) (6) (7) (8) (9)  Total (Column (b) must equal Form 990, Part X, col. (B) line 13).    (a) Description (b) Book value  (1) Ederal income taxes (2) SPLTT INTEREST CHRT RMDR TRUST (3) (4) (5) (6) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9					
(1) T1D FUND PROGRAM RELATED INVES 50,042,230. FMV  (2)   (3)   (4)   (5)   (6)   (7)   (8)   (9)   (9)   (1)   (	Part VIII		d "Yes" on Form 990	, Part IV, line 11c. See Form 990,	Part X, line 13.
(1) T1D FUND PROGRAM RELATED INVES 50,042,230. FMV  (2)   (3)   (4)   (5)   (6)   (7)   (8)   (9)   (9)   (1)   (		(a) Description of investment	(b) Book value	(c) Method of valuation	on:
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) line 13).    (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 Labilities. 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 (c) (c) (d) (e) (f) (e) (f) (e) (f) (f) (g) (g) 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.  (a) Description of liability (b) Book value (c) (c) (d) (d) (e) (f) (e) (f) (g) (g)		, ,		Cost or end-of-year marke	et value
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X. coi. (B) line 13). ▶ 50, 042, 230.  Part X 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, coi. (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, 507, 247.  (3) (4) (5) (6) (7) (8) (9)	(1) T1D	FUND PROGRAM RELATED INVES	50,042,230.	FMV	
(3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X. col. (B) line 13). ▶ 50, 042, 230.  Part X 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) 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 15.  1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) SPLIT INTEREST CHRT RMDR TRUST (3) (4) (4) (5) (6) (7) (8) (9) (9) (9)					
[4] (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13) . ▶ 50, 042, 230.  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, 507, 247. (3) (4) (5) (6) (7) (8) (9) (9) (9)					
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(6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X, col. (B) line 13.) . ▶ 50,042,230.  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 Llabilities. 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, 507, 247. (3) (4) (5) (6) (7) (8) (9) (9)					
(7)   (8)					
(8) (9) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . ▶ 50, 042, 230.  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.  (a) Description of liability (b) Book value  (1) Federal income taxes (2) SPLIT INTEREST CHRT RMDR TRUST (3) (4) (5) (6) (7) (8) (9)					
10   10   10   10   10   10   10   10					
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         2,507,247.           (3)         (4)         (5)           (6)         (7)           (8)         (9)		n (b) must equal Form 990. Part X. col. (B) line 13.)	50,042,230.		
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.)			, ,		
(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.)			d "Yes" on Form 990	. Part IV. line 11d. See Form 990.	Part X. line 15.
(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 2,507,247. (3) (4) (5) (6) (7) (8) (9)				,	
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(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 2,507,247. (3) (4) (5) (6) (7) (8) (9)					
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(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 2,507,247. (3) (4) (5) (6) (7) (8) (9)					
(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, 507, 247. (3) (4) (5) (6) (7) (8) (9)					
(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 2,507,247. (3) (4) (5) (6) (7) (8) (9)					
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(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 2,507,247.  (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 2,507,247.  (3) (4) (5) (6) (7) (8) (9)					
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 2,507,247. (3) (4) (5) (6) (7) (8) (9)		umn (b) must equal Form 990 Part X, col. (B)	line 15.)	•	
1. (a) Description of liability (b) Book value  (1) Federal income taxes (2) SPLIT INTEREST CHRT RMDR TRUST 2,507,247.  (3) (4) (5) (6) (7) (8) (9)		Other Liabilities. Complete if the organization answered			n 990, Part X,
(1) Federal income taxes (2) SPLIT INTEREST CHRT RMDR TRUST (3) (4) (5) (6) (7) (8) (9)					
(2) SPLIT INTEREST CHRT RMDR TRUST (3) (4) (5) (6) (7) (8) (9)			otion of liability		(b) Book value
(3) (4) (5) (6) (7) (8) (9)	_ ,				0 505 045
(4) (5) (6) (7) (8) (9)	_ ` /	T INTEREST CHRT RMDR TRUST			2,507,247.
(5) (6) (7) (8) (9)					
(6) (7) (8) (9)					
(7) (8) (9)					
(8) (9)					
(9)					
	(8)				
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	(9)				
	Total. (Colun	nn (b) must equal Form 990, Part X, col. (B) line 25.)		· · · · · · · · · · · · · · · · · · ·	2,507,247.

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

Χ

Schedule D (Form 990) 2019 Page 4

Dont	VI Decembration of Povenue new Audited Financial Statements With Povenue new Potum		1 age 4
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	210,185,251.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		0 000 500
е	Add lines 2a through 2d	2e	-2,097,579.
3	Subtract line 2e from line 1	3	212,282,830.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b.  4a 319, 620.		
a	investment expenses not included on Form 550, Fart VIII, line Fb. 1.1.1.1.1.		
b	Other (Describe in Lat All.)	4c	319,620.
С 5	Add lines <b>4a</b> and <b>4b</b>	5	212,602,450.
Part			, ,
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	192,286,031.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	100 006 001
3	Subtract line 2e from line 1	3	192,286,031.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)	4c	319,620.
С 5	Add lines <b>4a</b> and <b>4b</b>	5	192,605,651.
	XIII Supplemental Information.	<u> </u>	132,000,001.
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F	Part V,	line 4; Part X, line
2; Parl	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation	•
SEE	PAGE 5		

### Part XIII Supplemental Information (continued)

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

ORGANIZATION'S ENDOWMENT FUNDS

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

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, 2020 AND 2019.

9E1226 1.000 54356P A06W V 19-8.1F PAGE 35

### **SCHEDULE F** (Form 990)

### **Statement of Activities Outside the United States**

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

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

OMB No. 1545-0047 **Open to Public** Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

JDR	F INTERNATIONAL				23-19077	29
Par	General Information o Form 990, Part IV, line 14t		Outside the	United States. Compl	ete if the organization a	inswered "Yes" or
2	For grantmakers. Does the orgother assistance, the grantees' award the grants or assistance?  For grantmakers. Describe in F	eligibility for t	he grants or a	assistance, and the selec	ction criteria used to	X Yes No
•	outside the United States.	in a Doubline	2 Aabla aan ba			
3	Activities per Region. (The follow  (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	(f) Total expenditures for and investments in the region
(1)	EAST ASIA AND THE PACIFIC	0.	0.	GRANTMAKING	RESEARCH GRANTS	5,200,123.
(2)	EUROPE	0.	0.	GRANTMAKING	RESEARCH GRANTS	12,596,152.
(3)	MIDDLE EAST AND NORTH AFRICA	0.	0.	GRANTMAKING	RESEARCH GRANTS	761,742.
(4)	NORTH AMERICA	0.	0.	GRANTMAKING	RESEARCH GRANTS	2,032,241.
(5)	SOUTH ASIA	0.	0.	GRANTMAKING	RESEARCH GRANTS	618,750.
(6)	CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS	INVESTMENTS	28,320.
(7)	EUROPE	2.	2.	PROGRAM SERVICES	RESEARCH SUPPORT	537,616.
(8)						
(9)						
(10)						
(11)						
(12) (13)						
(13) (14)						
(15)						
(16)						
(17)						
3a b		2.	2.			21,774,944.

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

JSA

c Totals (add lines 3a and 3b)

9E1274 1.000 54356P A06W V 19-8.1F PAGE 36

Schedule F (Form 990) 2019

21,774,944.

JDRF INTERNATIONAL 23-1907729

Schedule F (Form 990) 2019

#### Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990 Part II Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Purpose of (b) IRS code (f) Manner of 1 (c) Region (e) Amount of (g) Amount of (h) Description (i) Method of organization section and EIN (if applicable) of noncash grant cash grant cash noncash valuation disbursement (book, FMV, assistance assistance appraisal, other) (1) EUROPE/ICELAND/GREENLAND IMMUNE THERA 195,000. CHECK/WIRE N/A (2) EAST ASIA/PACIFIC PREVENTION 37,185. CHECK/WIRE N/A N/A (3) EUROPE/ICELAND/GREENLAND PREVENTION 120,000. CHECK/WIRE N/A N/A (4) EUROPE/ICELAND/GREENLAND PREVENTION 705,195. CHECK/WIRE N/A N/A (5) 62,853. CHECK/WIRE N/A N/A MIDDLE EAST/NORTH AFRICA BETA CELL TH (6) EUROPE/ICELAND/GREENLAND IMMUNOTHERAP 807,719. CHECK/WIRE N/A N/A (7) EAST ASIA/PACIFIC TRANSPLNTATN 574,445. CHECK/WIRE N/A N/A (8) EAST ASIA/PACIFIC IMMUNOTHERAP 1,475,385. CHECK/WIRE N/A N/A (9) NORTH AMERICA IMMUNE THERA 60,816. CHECK/WIRE N/A N/A (10)EUROPE/ICELAND/GREENLAND IMMUNOTHERAP 63,529. CHECK/WIRE (11)160,000. N/A EAST ASIA/PACIFIC PREVENTION CHECK/WIRE N/A (12)859,430. CHECK/WIRE N/A N/A NORTH AMERICA COMPLICATION (13)NORTH AMERICA BETA CELL RE 544,578. CHECK/WIRE N/A N/A (14)110,000. CHECK/WIRE N/A N/A EUROPE/ICELAND/GREENLAND IMMUNE THERA 444,396. (15)EUROPE/ICELAND/GREENLAND PREVENTION 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
	Enter total number of other organizations or entities

NORTH AMERICA

Schedule F (Form 990) 2019

N/A

N/A

(16)

BETA CELL RE

148,924.

CHECK/WIRE

JDRF INTERNATIONAL 23-1907729

Schedule F (Form 990) 2019

#### Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990 Part II Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Purpose of (b) IRS code (f) Manner of 1 (c) Region (e) Amount of (g) Amount of (h) Description (i) Method of organization section and EIN (if applicable) of noncash grant cash grant cash noncash valuation disbursement (book, FMV, assistance assistance appraisal, other) (1) EUROPE/ICELAND/GREENLAND PREVENTION 261,295. CHECK/WIRE N/A (2) EUROPE/ICELAND/GREENLAND BETA CELL RE 146,601. CHECK/WIRE N/A N/A (3) EAST ASIA/PACIFIC BETA CELL RE 109,994. CHECK/WIRE N/A N/A (4) TRANSPORTFOI 175,000. CHECK/WIRE N/A N/A EUROPE/ICELAND/GREENLAND (5) PREVENTION 625,728. CHECK/WIRE N/A N/A EAST ASIA/PACIFIC (6) EUROPE/ICELAND/GREENLAND PREVENTION 1,192,020. CHECK/WIRE N/A N/A (7) EUROPE/ICELAND/GREENLAND COMPLICATION 522,660. CHECK/WIRE N/A N/A (8) EUROPE/ICELAND/GREENLAND BETA CELL RE 26,949. CHECK/WIRE N/A N/A (9) NORTH AMERICA IMMUNE THERA 92,280. CHECK/WIRE N/A N/A (10)EAST ASIA/PACIFIC PREVENTION 64,649. CHECK/WIRE (11)361,020. N/A EUROPE/ICELAND/GREENLAND PREVENTION CHECK/WIRE N/A (12)318,106. N/A N/A EUROPE/ICELAND/GREENLAND IMMUNE THEPA CHECK/WIRE (13)EUROPE/ICELAND/GREENLAND PREVENTION 489,216. CHECK/WIRE N/A N/A (14)EAST ASIA/PACIFIC PREVENTION 30,221. CHECK/WIRE N/A N/A 248,430. (15)NORTH AMERICA IMMUNE THERA 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-exem	ıpt
	by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	<b></b>
	Enter total number of other organizations or entities	<b>•</b>

BETA CELL

EUROPE/ICELAND/GREENLAND

119,821.

CHECK/WIRE

Schedule F (Form 990) 2019

N/A

N/A

(16)

JDRF INTERNATIONAL 23-1907729

Page 2 Schedule F (Form 990) 2019

Part II	Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.								
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other
(1)			EUROPE/ICELAND/GREENLAND	BETA CELL	62,500.	CHECK/WIRE		N/A	N/A
(2)			EUROPE/ICELAND/GREENLAND	PREVENTION	1,392,697.	CHECK/WIRE		N/A	N/A
(3)			EAST ASIA/PACIFIC	IMMUNE THERA	618,750.	CHECK/WIRE		N/A	N/A
(4)			EAST ASIA/PACIFIC	ARTIFICIAL P	859,399.	CHECK/WIRE		N/A	N/A
(5)			EUROPE/ICELAND/GREENLAND	BETA CELL RE	521,988.	CHECK/WIRE		N/A	N/A
(6)			EUROPE/ICELAND/GREENLAND	METABOLIC CO	154,085.	CHECK/WIRE		N/A	N/A
(7)			EAST ASIA/PACIFIC	IMMUNE THERA	484,125.	CHECK/WIRE		N/A	N/A
(8)			NORTH AMERICA	IMMUNE THERA	80,550.	CHECK/WIRE		N/A	N/A
(9)			EUROPE/ICELAND/GREENLAND	IMMUNE THERA	413,423.	CHECK/WIRE		N/A	N/A
(10)			EUROPE/ICELAND/GREENLAND	IMMUNE THERA	62,640.	CHECK/WIRE		N/A	N/A
(11)			EAST ASIA/PACIFIC	MISSION	600,000.	CHECK/WIRE		N/A	N/A
(12)			EAST ASIA/PACIFIC	PREVENTION	69,060.	CHECK/WIRE		N/A	N/A
(13)			EUROPE/ICELAND/GREENLAND	CONTROL	243,750.	CHECK/WIRE		N/A	N/A
(14)			EUROPE/ICELAND/GREENLAND	PREVENTION	485,728.	CHECK/WIRE		N/A	N/A
(15)			EUROPE/ICELAND/GREENLAND	PREVENTION	300,000.	CHECK/WIRE		N/A	N/A
				1	l .	1		1	1

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

EUROPE/ICELAND/GREENLAND

287,643. CHECK/WIRE

Schedule F (Form 990) 2019

N/A

(16)

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TRANSPORTFOL

JDRF INTERNATIONAL 23-1907729

Schedule F (Form 990) 2019

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	METABOLIC CO	199,927.	CHECK/WIRE		N/A	N/A
(2)			EUROPE/ICELAND/GREENLAND	BETA CELL RE	95,000.	CHECK/WIRE		N/A	N/A
(3)			EUROPE/ICELAND/GREENLAND	ARTIFICIAL P	418,664.	CHECK/WIRE		N/A	N/A
(4)			EUROPE/ICELAND/GREENLAND	ARTIFICIAL P	100,000.	CHECK/WIRE		N/A	N/A
(5)			EUROPE/ICELAND/GREENLAND	IMMUNOTHERAP	615,241.	CHECK/WIRE		N/A	N/A
(6)			EUROPE/ICELAND/GREENLAND	BETA CELL	250,000.	CHECK/WIRE		N/A	N/A
(7)			EUROPE/ICELAND/GREENLAND	PREVENTION	249,808.	CHECK/WIRE		N/A	N/A
(8)			MIDDLE EAST/NORTH AFRICA	ARTIFICIAL P	481,475.	CHECK/WIRE		N/A	N/A
(9)			EUROPE/ICELAND/GREENLAND	PREVENTION	315,621.	CHECK/WIRE		N/A	N/A
(10)			EAST ASIA/PACIFIC	BETA CELL RE	109,963.	CHECK/WIRE		N/A	N/A
(11)			EUROPE/ICELAND/GREENLAND	TRANSPORTFOL	54,013.	CHECK/WIRE		N/A	N/A
(12)			MIDDLE EAST/NORTH AFRICA	TRANSPORTFOL	333,060.	CHECK/WIRE		N/A	N/A
(13)			EUROPE/ICELAND/GREENLAND	BETA CELL RE	102,881.	CHECK/WIRE		N/A	N/A
(14)			EUROPE/ICELAND/GREENLAND	METABOLIC CO	330,777.	CHECK/WIRE		N/A	N/A
(15)			EUROPE/ICELAND/GREENLAND	BETA CELL RE	62,640.	CHECK/WIRE		N/A	N/A
(16)			EUROPE/ICELAND/GREENLAND	TRANSPORTFOL	125,000.	CHECK/WIRE		N/A	N/A

Schedule F (Form 990) 2019

JDRF INTERNATIONAL 23-1907729

Schedule F (Form 990) 2019

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

54356P A06W V 19-8.1F

Schedule F (Form 990) 2019
Page 4
Part IV Foreign Forms

rait	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)	X	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	X 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)	X	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)	X	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	X 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	X No

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019 Page **5** 

#### Part V Supplemental Information

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

GRANT MONITORING PROCEDURES

SCH-F PART I LINE 2

RESEARCH GRANTS ARE AWARDED BY JDRF INTERNATIONAL WITH THE SUPPORT OF

JDRFI'S RESEARCH COMMITTEE COMPRISED OF "JDRF INTERNATIONAL BOARD MEMBERS

AND OTHER VOLUNTEERS" FOLLOWING THE RECOMMENDATIONS OF AN IN-HOUSE TEAM

OF PROFESSIONAL SCIENTIFIC STAFF AND WITH INPUT FROM EXTERNAL SCIENTIFIC

REVIEWERS. THE REVIEW PROCESS INCLUDES THE FOLLOWING CRITERIA:

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

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

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization					Employer identification	on number
JDRF INTERNATIONAL	lata if the annual		الممسميين	V-a" an Farma 00	23-1907729	7
Part I Fundraising Activities. Comp	•			res on Form 98	90, Part IV, line I	1.
Form 990-EZ filers are not re	·				. 11. 41 4	
1 Indicate whether the organization rais	sed funds through		•			
a X Mail solicitations	е	$\overline{}$		non-government g		
b Internet and email solicitations	f			government grants	3	
c Phone solicitations	g	Spec	cial fundra	ising events		
d In-person solicitations						
<ul> <li>2a Did the organization have a written o or key employees listed in Form 990</li> <li>b If "Yes," list the 10 highest paid indirecompensated at least \$5,000 by the</li> </ul>	, Part VII) or entity viduals or entities	in connec	tion with p	rofessional fundra	ising services?	Yes No fundraiser is to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(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						
3						
10						
Total				137,540.	27,446.	110,094.
List all states in which the organizal registration or licensing.						
registration of ilcensing. AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL	CA HT TD TT	TN				
IA, KS, KY, LA, ME, MD, MA, MI, MN, MS			IV NC NI	) OH		
OK, OR, PA, RI, SC, SD, TN, TX, UT, VT			11,110,111	5,011,		
	, , , , , , , , , , , , , , , , , , , ,	,				

Schedule G	(Form 990 or 990-EZ) 2019	Page <b>2</b>
Part II	<b>Fundraising Events.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or remore than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and events with gross receipts greater than \$5,000.	
	<u> </u>	

			(a) Event #1  ILLINOIS GALA	(b) Event #2 NYC/LI BALL	(c) Other events	(d) Total events (add col. (a) through
a)			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	7,154,385.	2,307,514.	118,358,113.	127,820,012.
ď		Less: Contributions	6,250,224.	1,945,685.	101,369,344.	109,565,253.
		Gross income (line 1 minus line 2)	904,161.	361,829.	16,988,769.	18,254,759.
	4	Cash prizes				
	5	Noncash prizes		1,189.	223,503.	224,692.
enses	6	Rent/facility costs	37,960.		1,153,201.	1,191,161.
Direct Expenses	7	Food and beverages	325,914.	170,959.	1,824,097.	2,320,970.
Direc	8	Entertainment	410,752.	131,750.	2,757,216.	3,299,718.
	9	Other direct expenses	129,535.	57,931.	11,030,752.	11,218,218.
	10 11	Direct expense summary. Add lin Net income summary. Subtract lii	es 4 through 9 in colu	mn (d)		18,254,759.
	rt I		anization answered "			reported more than
Revenue		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue			850,956.	850,956.
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes			18,545.	18,545.
irect E	4	Rent/facility costs			214,958.	214,958.
	5	Other direct expenses	Van er	V or	V	
	6	Volunteer labor	Yes % No	Yes% No	Yes%  X No	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)	<b>&gt;</b>	233,503.
	8	Net gaming income summary. Su	btract line 7 from line	1, column (d)	<b>&gt;</b>	617,453.
9 a k	l	Enter the state(s) in which the orgalis the organization licensed to con If "No," explain:		in each of these state	es?	
l O a		Were any of the organization's gamino lf "Yes," explain:	g licenses revoked, susp			Yes X No

Sched	ule G (Form 990 or 990-EZ) 2019 Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers? Yes X 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?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility 100.0000 %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ► EVAN CUCCHIARO
	000 00 00 10001
	Address ▶ 200 VESEY STREET 28TH FLOOR NEW YORK, NY 10281
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue? Yes X 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 ▶ \$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address >
16	Gaming manager information:
	Name ▶ EVAN CUCCHIARO / SR. ACCOUNTANT -JDRF
	Name   EVAN COCCITARO / Sr. ACCOUNTANT - DEF
	Coming manager companagion N C
	Gaming manager compensation ▶ \$
	Description of services provided ▶ FILING GAMING APPLICATIONS AND REPORTS
	Description of services provided > 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Director/officer X Employee Independent contractor
	Employee Independent contractor
17	Mandatory distributions:
.,	
u	retain the state gaming license?
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations
D	or spent in the organization's own exempt activities during the tax year > \$
Par	
ı aı	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information
	(see instructions).
SCH	EDULE G, PART I, LINE 2
CHA	RITABLE ADULT RIDES AND SERVICES (CARS) IS A STATE LICENSED
PRO	FESSIONAL FUNDRAISER THAT HANDLES ALL ASPECTS OF CARS BEING DONATED TO
JDR	F. DONORS CONTACT THE COMPANY DIRECTLY THROUGH A TOLL FREE NUMBER TO
Ç D1(	
COO	RDINATE THE DONATION, FOLLOWING WHICH INSURANCE AUTO AUCTIONS HANDLES
550.	The second of the second secon
<b>Д</b> Т.Т.	REQUIRED IRS 1098C REPORTING. FOR THE PERIOD ENDING 6/30/20, THE CAR
لدنندء	THE STATE THE TOTAL HELD THE THILLD HAPTING 0/30/20, THE ONE
PRO	GRAM RAISED \$137,540 WITH TOTAL EXPENSES OF \$27,446 WITH THE NET

Sched	ule G (Form 990 or 990-EZ) 2019
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?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
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
15 a	
h	revenue? Yes No  If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
D	amount of gaming revenue retained by the third party > *
_	amount of gaming revenue retained by the third party ▶ \$
С	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:
	Is the organization required under state law to make charitable distributions from the gaming proceeds to
а	
	retain the state gaming license? Yes No
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations
Dow	or spent in the organization's own exempt activities during the tax year   \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Par	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).
PRO	CEEDS OF \$110,094 PROVIDED DIRECTLY TO JDRF. JDRF PAYS NO ADDITIONAL
EXP.	ENSES OR FEES TO INSURANCE AUTO AUCTIONS FOR THIS PROGRAM.

#### ATTACHMENT 1

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS? YES NO	GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
CARS (CHARITABLE ADULT RI AND SERVICES)	CAR DONATION	X	137,540.	27,446.	110,094.
4669 MURPHY CANYON RD., STE. 200					

SAN DIEGO CA 92123

#### JDRF INTERNATIONAL

Sched	ule G (Form 990 or 990-EZ) 2019
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?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
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 ▶ \$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address ▶
16	Gaming manager information:
	Nama N
	Name ▶
	Gaming manager compensation ▶\$
	Description of services provided ▶
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	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 🕨 \$
Par	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information
	(see instructions).
~ ~	
SCH	EDULE G, PART III-STATES IN WHICH ORG. OPERATES GAMING ACTIVITIES
7. T	AV AZ AD CA CO CE DE DC EI CA UI ID II IN
ΑЬ,	AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN,
ТА	KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH,
±47,1	1.0, 1.1, 1.2, 1.2, 1.2, 1.1, 1.1, 1.1, 1.1
OK.	OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY,
/	- , , , ,,,,,,,,

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

OMB No. 1545-0047
2019

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization						Employer identificati	on number
JDRF INTERNATIONAL	23-190772	23-1907729					
Part I General Information on Grants ar	nd Assistanc	е				'	
<ol> <li>Does the organization maintain records to see the selection criteria used to award the grant part IV the organization's process.</li> </ol>	nts or assistand dures for mor	e?nitoring the use	of grant funds in the	e United States.			X Yes No
Part II Grants and Other Assistance to I Part IV, line 21, for any recipient		_					es" on Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) BENAROYA RESEARCH INST AT VIRGINIA MASON							
1201 9TH AVE SEATTLE, WA 98101	91-0653422	501 (C) 3	1,651,931.		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	175,245.		N/A	N/A	PSYCHOSOCIAL
(3) CAM MED LLC							
29 EXETER STREET WEST NEWTON, MA 02465	46-4517489		198,467.		N/A	N/A	IMMUNE THERAPIES
(4) UNIVERSITY OF ARIZONA							
P.O. BOX 245049 TUCSON, AZ 85004-4593	11-3661893	501 (C) 3	450,000.		N/A	N/A	ARTIFICIAL PANCREA
(5) CRITICAL PATH INSTITUTE							
1730 EAST RIVER ROAD TUCSON, AZ 85718	20-1991334	501 (C) 3	164,000.		N/A	N/A	IMMUNE THERAPIES
(6) INDIANA UNIVERSITY							
980 INDIANA AVENUE INDIANAPOLIS, IN 46202	35-6018940	501 (C) 3	938,214.		N/A	N/A	BETA CELL REGENERA
(7) JOSLIN DIABETES CENTER							
1 JOSLIN PL BOSTON, MA 02215	04-2203836	501 (C) 3	1,621,981.		N/A	N/A	COMPLICATIONS
(8) FREQUENCY THERAPEUTICS							
300 TECHNOLOGY SQUARE WOBURN, MA 01801	47-232-4450		87,440.		N/A	N/A	IMMUNE THERAPIES
(9) MASSACHUSETTS INSTITUTE OF TECHNOLOGY							
77 MASSACHUSETTS AVE CAMBRIDGE, MA 02139	04-2103594	501 (C) 3	12,049.		N/A	N/A	BETA CELL THERAPIE
10) INDIANA BIOSCIENCES RES INST							
1345 W. 16TH STREET INDIANAPOLIS, IN 46202	46-2882271	501 (C) 3	366,810.		N/A	N/A	BETA CELL REGENERA
11) MAYO CLINIC							
1216 2ND ST SW ROCHESTER, MN 55902	41-1405254	501 (C) 3	250,611.		N/A	N/A	IMMUNE THERAPIES
12) GEORGIA TECH RESEARCH CORP							
505 TENTH STREET ATLANTA, GA 30332	58-0603146	501 (C) 3	326,261.		N/A	N/A	IMMUNE THERAPIES

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

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

OMB No. 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number JDRF INTERNATIONAL 23-1907729 **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 X Yes No the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 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. (f) Method of valuation (book, FMV, appraisal, other) (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of cash (e) Amount of non-(g) Description of (h) Purpose of grant (if applicable) or government grant cash assistance noncash assistance or assistance (1) STANFORD UNIVERSITY 291 CAMPUS DRIVE STANFORD, CA 94305 94-1156365 501(C)3 736,781. N/A BETA CELL REGENERATI (2) NEW YORK STEM CELL FOUNDATION 619 WEST 54TH STREET NEW YORK, NY 10019 20-2905531 501 (C) 3 449,999. N/A N/A BETA CELL REGENERATI (3) OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PORTLAND, OR 97239 23-7083114 501(C)3 404,294. N/A N/A PSYCHOSOCIAL (4) IBM 13-087-1925 1,125,000. 1 N CASTLE DR ARMONK, NY 10504 N/A N/A PREVENTION (5) PACIFIC DIABETES TECHNOLOGIES 12154 SW GARDEN PLACE PORTLAND, OR 97223 00-0000000 501 (C) 3 220,689. N/A N/A IMMUNE THERAPIES (6) UNIVERSITY OF FLORIDA 1600 SW ARCHER ROAD GAINESVILLE, FL 32610 59-0974739 501 (C) 3 1,413,091. N/A N/A BETA CELL REPLACEMEN (7) UNIVERSITY OF VIRGINIA 501 (C) 3 104 MIDMONT LN CHARLOTTESVILLE, VA 22902 41-6042488 67,817. N/A N/A ARTIFICIAL PANCREAS (8) UNIVERSITY OF MICHIGAN 2003 S STATE STREET ANN ARBOR, MI 48109 38-6006309 501 (C) 3 2,421,363. N/A N/A BETA CELL REPLACEMEN (9) LOCKHEED MARTIN 199 BORTON LANDING RD MOORESTOWN, NJ 08057 52-189-3632 87,304. N/A N/A IMMUNE THERAPIES (10) UNIVERSITY OF CALIFORNIA 3333 CA ST SAN FRANCISCO, CA 94122 95-6006143 501(C)3 3,650,559. N/A N/A IMMUNOTHERAPIES (11) UT SOUTHWESTERN MEDICAL CENTER 75-6002868 501 (C) 3 252,250. 5323 HARRY HINES BLVD DALLAS, TX 75390 N/A N/A BETA CELL THERAPIES (12) VANDERBILT UNIVERSITY MEDICAL CENTER 1211 MEDICAL CENTER DR NASHVILLE, TN 37232 62-0476822 501 (C) 3 1,016,666. N/A N/A BETA CELL REGENERATI 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . . 

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

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

OMB No. 1545-0047
2019

Department of the Treasury
Internal Revenue Service
Name of the organization

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.

Open to Public Inspection

Employer identification number

JDRF INTERNATIONAL						23-19077	29
Part I General Information on Grants a	nd Assistanc	е					
1 Does the organization maintain records to	substantiate th	ne amount of the	e grants or assista	nce, the grantee	s' eligibility for the grar	its or assistance, and	
the selection criteria used to award the gra	nts or assistand	e?					X Yes No
2 Describe in Part IV the organization's proce	edures for mor	nitoring the use	of grant funds in th	e United States.			
Part II Grants and Other Assistance to	Domestic Or	ganizations a	nd Domestic Gov	vernments Cor	nnlete if the organi	zation answered "\	es" on Form 990
Part IV, line 21, for any recipient		•					00 0111 01111 000,
				<u>'</u>	•		T
(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) 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
(2) JAEB CENTER FOR HEALTH RESEARCH FND							
15310 AMBERLY DRIVE TAMPA, FL 33647	59-3187624	501 (C) 3	1,907,184.		N/A	N/A	TRANSPORTFOLIO
(3) VIACYTE INC.							
3550 GENERAL ATOMICS SAN DIEGO, CA 92121	33-0884172		650,000.		N/A	N/A	BETA CELL REGENERAT:
(4) COLUMBIA UNIVERSITY							
535 W 116TH ST NEW YORK, NY 10027	13-5598093	501 (C) 3	62,640.		N/A	N/A	IMMUNOTHERAPIES
(5) YALE UNIVERSITY							
PO BOX 209010 NEW HAVEN, CT 06520	06-0646973	501 (C) 3	866,764.		N/A	N/A	PREVENTION
(6) SFC FLUIDICS, INC							
534 WEST RES CENTER FAYETTEVILLE, AR 72701	11-368-2226		872,538.		N/A	N/A	ARTIFICIAL PANCREAS
(7) UNIVERSITY OF ALABAMA AT BIRMINGHAM							
1720 2ND AVS S BIRMINGHAM, AL 35294	63-6001138	501 (C) 3	372,551.		N/A	N/A	BETA CELL THERAPIES
(8) NORTHWESTERN UNIVERSITY							
633 CLARK STREET EVANSTON, IL 60208	23-1352685	501 (C) 3	66,900.		N/A	N/A	IMMUNOTHERAPIES
(9) ICAHN SCHOOL OF MEDICINE, MOUNT SINAI							
1 GUSTAVE L LEVY PLACE NEW YORK, NY 10029	13-6171197	501 (C) 3	867,090.		N/A	N/A	ARTIFICIAL PANCREAS
(10) STATE UNIVERSITY OF NY AT BUFFALO							
12 CAPEN HALL BUFFALO, NY 14260	14-1368361	501 (C) 3	667,124.		N/A	N/A	IMMUNE THERAPIES
(11) UNIVERSITY OF MINNESOTA							
200 OAK ST SE MINNEAPOLIS, MN 55455	41-6007513	501 (C) 3	2,063,899.		N/A	N/A	ARTIFICIAL PANCREAS
(12) UNIVERSITY OF WASHINGTON							
4333 BROOKLYN AVE NE SEATTLE, WA 98195	91-1486484	501 (C) 3	250,000.		N/A	N/A	IMMUNE THERAPIES
2 Enter total number of section 501(c)(3) and	d government	organizations lis	sted in the line 1 tal	ole		<del> &gt;</del>	
3 Enter total number of other organizations li	sted in the line	1 table					

JSA

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

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

OMB No. 1545-0047

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number JDRF INTERNATIONAL 23-1907729 **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 X Yes No the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 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. (f) Method of valuation (book, FMV, appraisal, other) (c) IRC section (g) Description of 1 (a) Name and address of organization (b) EIN (d) Amount of cash (e) Amount of non-(h) Purpose of grant (if applicable) or government grant cash assistance noncash assistance or assistance (1) THE MEDICAL COLLEGE OF WISCONSIN 501 (C) 3 8701 W. WATERTOWN MILWAUKEE, WI 53226 61-1730890 584,260. N/A IMMUNE THERAPIES (2) TIDEPOOL 46-2302287 555 BRYANT ST. PALO ALTO, CA 94301 650,000. N/A N/A ARTIFICIAL PANCREAS (3) UNIVERSITY OF UTAH 87-6000525 501 (C) 3 201 PRESIDENTS CR SALT LAKE CITY, UT 84112 765,065. N/A N/A TMMINOTHERAPTES (4) PROTOMER TECHNOLOGIES 47-4206994 530 SOUTH LAKE AVE PASADENA, CA 91101 356,314. N/A N/A IMMUNE THERAPIES (5) UNIVERSITY OF COLORADO 1800 GRANT STREET DENVER, CO 80203 84-6049811 501 (C) 3 3,623,140. N/A N/A PREVENTION (6) UNIVERSITY OF ILLINOIS 1200 HARRISON CHICAGO, IL 60612 37-6006007 501 (C) 3 771,252. N/A N/A ARTIFICIAL PANCREAS (7) TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 1 COLLEGE HALL PHILADELPHIA, PA 19104 23-1352685 501 (C) 3 42,621. N/A N/A TMMINE THERAPTES (8) UNIVERSITY OF TEXAS HEALTH SCIENCE 7703 FLOYD CURL DRIVE SAN ANTONIO, TX 78229 74-1586031 501 (C) 3 480,505. N/A N/A METABOLIC CONTROL (9) WASHINGTON UNIVERSITY ONE BROOKINGS DRIVE ST LOUIS, MO 63130 43-0653611 501 (C) 3 542,203. N/A N/A BETA CELL REPLACEMEN (10) VTV THERAPEUTICS LLC 4170 MENDENHALL OAKS HIGH POINT, NC 27265 11-368-2226 600,000. N/A N/A IMMUNE THERAPIES (11) BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE BOSTON, MA 02115 04-3266103 501(C)3 1,859,050. N/A N/A BETA CELL REPLACEMEN (12) HARVARD COLLEGE 677 HUNTINGTON AVE BOSTON, MA 02115 04-2103580 501(C)3 4,312,693. N/A N/A BETA CELL REPLACEMEN 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . . . 

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

Department of the Treasury

Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047
2019

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

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Open to Public Inspection

Employer identification number

JDRF INTERNATIONAL						23-19077	29
Part I General Information on Grants an	d Assistanc	е					
<ol> <li>Does the organization maintain records to s the selection criteria used to award the gran</li> <li>Describe in Part IV the organization's proces</li> </ol>	ts or assistand	e?					X Yes No
Part II Grants and Other Assistance to D Part IV, line 21, for any recipient t		•					es" on Form 990,
(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) IVIVA MEDICAL INC							
100 CUMMINGS CENTER BEVERLY, MA 01915	00-0000000		45,000.		N/A	N/A	BETA CELL REPLACEME
(2) JOHNS HOPKINS UNIVERSITY							
3400 N. CHARLES STREET BALTIMORE, MD 21218	52-0595110	501 (C) 3	13,638.		N/A	N/A	IMMUNOTHERAPIES
(3) PARKER INSTITUTE FOR CANCER IMMUNOTHERAPY							
1 LETTERMAN DR SAN FRANCISCO, CA 94129	47-3355381	501 (C) 3	1,106,749.		N/A	N/A	THERAPIES
(4) PHYSIOLOGIC DEVICES, INC.							
2232 OLD STAGECOACH TRAIL ALPINE, CA 91901	00-0000000		962,000.		N/A	N/A	PANCREAS
(5) SINCLAIR RESEARCH CENTER LLC							
562 STATE ROAD DD AUXVASSE, MO 65231	00-0000000		122,027.		N/A	N/A	CONTROL
(6) STOWERS INSTITUTE FOR MEDICAL RESEARCH							
1000 EAST 50TH STREET KANSAS CITY, MO 64110	20-2993509	501 (C) 3	147,893.		N/A	N/A	CONTROL
(7) THE OHIO STATE UNIVERSITY							
281 W. LANE AVE COLUMBUS, OH 43210	26-1416129	501 (C) 3	185,000.		N/A	N/A	PANCREAS
(8) THE SCRIPPS RESEARCH INSTITUTE							
10550 N TORREY PINES RD LA JOLLA, CA 92037	33-0435954	501 (C) 3	441,100.		N/A	N/A	BETA CELL REGENERAT
(9) THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCES							
1000 STANTON L. YOUNG BLVD OKC, OK 73104	73-1563627	501 (C) 3	250,000.		N/A	N/A	COMPLICATIONS
(10) UNIVERSITY OF MIAMI							
1320 S DIXIE HWY STE 760 CORAL GABLES, FL 3	59-0624458	501 (C) 3	467,579.		N/A	N/A	BETA CELL REPLACEME
(11) UNIVERSITY OF NEBRASKA BOARD OF REGENTS							
3835 HOLDREGE LINCOLN, NE 68583	47-0049123	501 (C) 3	349,998.		N/A	N/A	PREVENTION
(12) VANDERBILT UNIVERSITY							
2301 VANDERBILT PLACE NASHVILLE, TN 37240	62-0476822	501 (C) 3	262,640.		N/A	N/A	METABOLIC CONTROL
<ul><li>2 Enter total number of section 501(c)(3) and</li><li>3 Enter total number of other organizations lis</li></ul>	-	-					

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

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

OMB No. 1545-0047

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

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Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number JDRF INTERNATIONAL 23-1907729 **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 X Yes No the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 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. (f) Method of valuation (book, FMV, appraisal, other) (c) IRC section (g) Description of 1 (a) Name and address of organization (b) EIN (d) Amount of cash (e) Amount of non-(h) Purpose of grant (if applicable) or government grant cash assistance noncash assistance or assistance (1) WAVE 80 BIOSCIENCES 2325 THIRD ST. SAN FRANCISCO, CA 94107 39,992. N/A PREVENTION (2) ADVANCED REGENERATIVE MANUFACTURING INSTITU 400 COMMERCIAL STREET MANCHESTER, NH 03101 81-3327581 501 (C) (3) 1,279,011. N/A N/A BETA CELL REPLACEMEN (3) ALBERT EINSTEIN COLLEGE OF MEDICINE, INC. 47-220-9056 1300 MORRIS PARK AVENUE BRONX, NY 10461 110,000. N/A N/A TMMINOTHERAPTES (4) ARIZONA STATE UNIVERSITY 501 (C) (3) PO BOX 873503 TEMPE, AZ 85281 86-0196696 110,000. N/A N/A BETA CELL REPLACEMEN (5) BALLAD RESEARCH INSTITUTE 10865 ROAD TO THE CURE SF, CA 92121-1155 61-1771290 501 (C) (3) 250,000. N/A N/A IMMUNOTHERAPIES (6) BECKMAN RESEARCH INSTITUTE OF THE CITY OF H 1500 E. DUARTE RD DUARTE, CA 91010 95-3432210 501 (C) (3) 402,643. N/A N/A BETA CELL REGENERATI (7) CHILDREN'S HOSPITAL OF PHILADELPHIA 3401 CIVIC CTR BLVD PHILADELPHIA, PA 19104 23-2237932 501 (C) (3) 149,999. N/A N/A PREVENTION (8) COLORADO SCHOOL OF MINES 1500 ILLINOIS ST GOLDEN, CO 80401 84-6000551 501 (C) (3) 109,984. N/A N/A BETA CELL REGENERATI (9) IQVIA, INC. 4820 EMPEROR BLVD. DURHAM, NC 27703 27-1341991 198,500. N/A N/A PREVENTION (10) 02M TECHNOLOGIES, LLC HTI ENTERPRISEWORKS CHICAGO, IL 60612 00-0000000 512,762. N/A N/A BETA CELL REPLACEMEN (11) SAB BIOTHERAPEUTICS INC. 2301 E 60TH ST N SIOUX FALLS, SD 57104 00-0000000 100,000. N/A N/A TMMIINOTHERAPTES (12) SAINT LOUIS UNIVERSITY 1 N GRAND BLVD SAINT LOUIS, MO 63103 43-0654872 501(C)(3) 110,000. N/A N/A METABOLIC CONTROL 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . . . 

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

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

OMB No. 1545-0047
2019

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

▶ Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization						Employer identificati	ion number
JDRF INTERNATIONAL						23-190772	29
Part I General Information on Grants an	d Assistanc	е					
<ol> <li>Does the organization maintain records to see the selection criteria used to award the grant</li> <li>Describe in Part IV the organization's procedert II</li> </ol> Grants and Other Assistance to I	ts or assistand dures for moi Domestic Or	ce? nitoring the use <b>ganizations a</b>	of grant funds in th	e United States.	nplete if the organiz	ration answered "Y	X Yes No
Part IV, line 21, for any recipient to  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) T1D EXCHANGE, INC.							
11 AVENUE DE LAFAYETTE BOSTON, MA 02111	47-5074602	501(C)(3)	25,000.		N/A	N/A	TRANSPORTFOLIO
(2) UNIVERSITY OF NOTRE DAME							
182 FITZPATRICK HALL NOTRE DAME, IN 46556	35-0868188	501(C)(3)	150,000.		N/A	N/A	METABOLIC CONTROL
(3) UNIVERSITY OF PITTSBURGH							
4200 FIFTH AVE PITTSBURGH, PA 15260	25-0965591	501(C)(3)	475,610.		N/A	N/A	PREVENTION
_(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and	-	-					58. 17.
3 Enter total number of other organizations lis	sted III the line	i idbie				<u> </u>	

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

Schedule I (Form 990) (2019)

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
:					
3					
i.					

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

GRANT MONITORING PROCEDURES

SCH-I PART I LINE 2

RESEARCH GRANTS ARE AWARDED BY JDRF INTERNATIONAL WITH THE SUPPORT OF

JDRFI'S RESEARCH COMMITTEE COMPRISED OF "JDRF INTERNATIONAL BOARD MEMBERS

AND OTHER VOLUNTEERS" OR THE JDRF INTERNATIONAL BOARD OF DIRECTORS

FOLLOWING THE RECOMMENDATIONS OF AN IN-HOUSE TEAM OF PROFESSIONAL

SCIENTIFIC STAFF AND WITH INPUT FROM EXTERNAL SCIENTIFIC REVIEWERS. THE

REVIEW PROCESS INCLUDES THE FOLLOWING CRITERIA:

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

Schedule I (Form 990) (2019)

JSA 9E1504 1.000

Schedule I (Form 990) (2019) Page 2

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

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

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

APPLICATION AND (2) THE RELATIONSHIP OF THE PROPOSED RESEARCH TO JDRF'S

GOAL TO IMPROVE LIVES TODAY AND TOMORROW BY ACCELERATING LIFE-CHANGING

BREAKTHROUGHS TO CURE, PREVENT AND TREAT T1D AND ITS COMPLICATIONS. THE

SCIENTIFIC RESEARCH TEAM AND GRANT ADMINISTRATION STAFF MAINTAIN CLOSE

CONTACT WITH GRANTEES, PROVIDING ADVICE AND EVALUATION, REVIEWING

PROGRESS REPORTS, REVIEWING RESEARCH EXPENDITURES VERSUS AGREED BUDGETS,

AND HELPING DISSEMINATE RESEARCH RESULTS.

Schedule I (Form 990) (2019)

9E1504 1.000

54356P A06W V 19-8.1F

PAGE 58

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 **Open to Public** 

Department of the Treasury Internal Revenue Service Name of the organization

JDRF INTERNATIONAL

**Questions Regarding Compensation** 

Inspection Employer identification number

23-1907729

			Yes	No
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.			
	First-class or charter travel    X   Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
D	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b	Х	
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?	2		Х
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	X   Independent compensation consultant   X   Compensation survey or study			
	X Form 990 of other organizations X 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:	_	X	
a	Receive a severance payment or change-of-control payment?	4a	A	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Λ
	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			
3	compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		X
D	If "Yes" on line 5a or 5b, describe in Part III.	0.0		
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:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
-	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.	7	Х	
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	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

### 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.

		<b>(B)</b> Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990		
AARON KOWALSKI	(i)	460,000.	140,000.	54,519.	12,375.	33,917.	700,811.	0.		
1 PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.		
SANDRA HIJIKATA / THRU	(i)	378 <b>,</b> 750.	71,800.	0.	12,375.	12,569.	475,494.	0.		
CHIEF DEV OFFICER & ASST. SECY	(ii)	0.	0.	0.	0.	0.	0.	0.		
JILL CLARK	(i)	285,000.	74,900.	0.	12,375.	7,213.	379 <b>,</b> 488.	0.		
3 <sup>SVP</sup> , VOLUNTEER ENGAGEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.		
ALISA NORRIS	(i)	360,000.	15,000.	0.	12,375.	34,613.	421,988.	0.		
4CHIEF MARKETING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.		
SUSAN YUN / THRU 05/20	(i)	298,333.	75 <b>,</b> 100.	0.	12 <b>,</b> 375.	2,598.	388,406.	0.		
5 <sup>CHIEF</sup> PEOPLE OFFICER/ASST. SEC	(ii)	0.	0.	0.	0.	0.	0.	0.		
CYNTHIA RICE	(i)	298,034.	72 <b>,</b> 800.	0.	12,375.	18,777.	401,986.	0.		
6 CHIEF MISSION OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.		
JOANNE MARTZ	(i)	353,333.	62 <b>,</b> 800.	0.	9,987.	24,929.	451,049.	0.		
7 <sup>CFO/TREASURER</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.		
HELEN ELIAS	(i)	260,350.	153,800.	36,348.		25,833.	476,331.	0.		
8 MANAGING DIR. JDRF T1D FUND	(ii)	0.	0.	0.	0.	0.	0.	0.		
SYDNEY YOVIC	(i)	165,985.	19,100.	0.	8,140.	24,844.	218,069.	0.		
9 <sup>CHIEF</sup> OF STAFF/ASST. TREASURER	(ii)	0.	0.	0.	0.	0.	0.	0.		
DEREK RAPP / THRU 04/19	(i)	215,158.	270 <b>,</b> 828.	384,385.	0.	11,538.	881,909.	0.		
10 PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.		
SRINIVAS MISHRA	(i)	312,667.	50,400.	0.	24,929.	9,132.	397,128.	0.		
11 CHIEF DATA AND TECHNOLOGY	(ii)	0.	0.	0.	0.	0.	0.	0.		
SANJOY DUTTA	(i)	256,771.	29,400.	0.	12,338.	3,817.	302,326.	0.		
12 <sup>VP</sup> , RESEARCH	(ii)	0.	0.	0.	0.	0.	0.	0.		
	(i)									
13	(ii)									
	(i)									
14	(ii)									
	(i)									
15	(ii)									
	(i)									
16	(ii)									

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

#### Part III Supplemental Information

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

HOUSING ALLOWANCE

SCHEDULE J PART I, LINE 1A

PRES & CEO AARON KOWALSKI AND MANAGING DIRECTOR OF THE JDRF T1D FUND

HELEN ELIAS BOTH RECEIVED A HOUSING ALLOWANCE AS PER THE TERMS OF THEIR

EMPLOYMENT AGREEMENTS. THE TOTALS FOR BOTH ARE AS FOLLOWS:

AARON KOWALSKI - \$54,519

HELEN ELIAS - \$36,348

FOR THE 2019 CALENDAR YEAR, THE HOUSING ALLOWANCE PROVIDED TO DEREK RAPP WAS \$25,000; SUCH AMOUNT WAS TREATED AS TAXABLE COMPENSATION AND INCLUDED IN HIS FORM W-2. THIS AMOUNT WAS ALSO REPORTED ON SCHEDULE J, PART II, COL. (B) (III).

NON-FIXED PAYMENTS

FORM 990, SCHEDULE J, PART I, LINE 7

JDRF AWARDS NON-FIXED PAYMENTS SUCH AS BONUSES ON A DISCRETIONARY BASIS

TIED TO THE EMPLOYEES PERFORMANCE. THE NAMES OF EMPLOYEES AND THE AMOUNTS

THAT WERE PAID ARE FOUND ON SCHEDULE J, PAGE 2, PART II, COL. (B) (II).

Schedule J (Form 990) 2019

JSA

Schedule J (Form 990) 2019

#### Part III Supplemental Information

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

SEVERANCE PAYMENTS

SCHEDULE J, PART I, LINE 4A

DEREK RAPP RECEIVED A SEVERANCE PAYMENT OF \$359,385 WHICH IS REPORTED ON

SCHEDULE J, PART II, COL. (B) (III) OTHER REPORTABLE COMPENSATION.

Schedule J (Form 990) 2019

JSA 9E1505 1.000

## **Noncash Contributions**

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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

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

Par	t 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				
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		5.	223,503.	APPRAISAI	ı		
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded		328.	5,097,576.	NET PROCE	EEDS	OF	SALE
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►(ATCH 1)		14,900.	6,839,325.				
26	Other ►()							
27	Other ►()							
28	Other ►(							
29	Number of Forms 8283 received	by the org	anization during the tax y	ear for contributions for				
	which the organization completed I	Form 8283,	Part IV, Donee Acknowledg	gement	29			
							Yes	No
30 a					_			
		-						
			olding period?			30a		X
b	If "Yes," describe the arrangement							
31	•	•		-				
						31	X	
32a	•	Check if applicable Number of contributions or litems contributed Norm 990, Part VIII, line 1g noncash contributions or litems contributed Norm 990, Part VIII, line 1g noncash contributions or litems contributed Norm 990, Part VIII, line 1g noncash contributions or litems contributions contributions or litems contributions contributions contributions contributions contributions contributions contributions contr						
						32a	X	
b	If "Yes," describe in Part II.	A special applicable items contributed items contributed items contributed amounts reported on form 990, Part VIII, line 1g on noncash contributed items contributed amounts reported on noncash contributed items contributed items contributed amounts reported on noncash contributed items contributed items contributed items contributed items contributed amounts reported on noncash contributed items contributed items contributed in the form 990, Part VIII, line 1g on noncash contributed items contributed in the form 990, Part VIII, line 1g on noncash contributed items contributed in the form 990, Part VIII, line 1g on noncash contributed items contributed in the form 990, Part VIII, line 1g on noncash contributed in part II, line 1g on noncash contri						
33		amount in c	column (c) for a type of pro	perty 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) 2019

Schedule M (Form 990) (2019) Page **2** 

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

THIRD PARTY ASSISTANCE

LINE 32B

CHARITABLE ADULT RIDES AND SERVICES (CARS) IS A THIRD PARTY CAR DONATION COMPANY THAT HANDLES ALL ASPECTS OF CARS BEING DONATED TO JDRF. DONORS CALL A TOLL FREE NUMBER AND THEY ARE PUT IN CONTACT WITH A TOWING SERVICE IN THEIR AREA. AFTER THE CAR IS DONATED, CARS HANDLES ALL IRS 1098-C REPORTING. CARS IS A LICENSED PROFESSIONAL FUNDRAISER AND IS LICENSED IN THE STATES THAT REQUIRE IT TO REGISTER. FOR THE PERIOD ENDING 6/30/20, CARS RAISED \$137,740 WITH TOTAL EXPENSES OF \$27,446. A NET CHECK IS PAID DIRECTLY TO JDRF. JDRF DOES NOT PAY CARS ANY EXPENSES OR FEES DIRECTLY. TOTAL NET REVENUE FOR FY-20 WAS \$110,094.

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.

JSA Schedule M (Form 990) (2019)

9E1508 1.000

Schedule M (Form 990) (2019) Page **2** 

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
MISC AUCTION ITEMS DON	NATE X	14900.	6,839,325.	FAIR MARKET VALUE
TOTALS		14,900.	6,839,325.	

JSA Schedule M (Form 990) (2019)

9E1508 1.000

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

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

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

JDRF INTERNATIONAL

Name of the organization

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

Employer identification number 23-1907729

PUBLIC DOCUMENTS

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE: WWW.JDRF.ORG. 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 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

Name of the organization

JDRF INTERNATIONAL

Employer identification number
23-1907729

CONSULTANTS. THE REVIEW OF JDRF EXECUTIVE COMPENSATION AND BENEFITS UNDER THE PROCEDURES NOTED ABOVE IS COMPLETED ANNUALLY BY AN INDEPENDENT COMPENSATION COMMITTEE, AND THE BASIS FOR THEIR DETERMINATION IS DOCUMENTED CONTEMPORANEOUSLY IN THE MINUTES OF THE COMMITTEE'S MEETINGS, INCLUDING MOST RECENTLY ON JUNE 30, 2020.

FORM 990 REVIEW PROCESS

SECTION B, PART VI, QUESTION 11B

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

ORGANIZATION'S SENIOR ACCOUNTANT WORKS WITH ITS OUTSIDE TAX PREPARERS TO

PREPARE THE RETURN AND ALL SUPPORTING SCHEDULES. THE DRAFT RETURN IS

REVIEWED BY A NUMBER OF INDIVIDUALS, INCLUDING JDRF'S CHIEF FINANCIAL

OFFICER AND AVP, 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.

PART III: STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS
LINE 4A (\$68,847,301) 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 2020 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 \$3 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 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, \$50MM OF THE T1D FUND'S TOTAL INVESTMENTS AS OF

Name of the organization

JDRF INTERNATIONAL

Employer identification number
23-1907729

JUNE 30, 2020 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 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

V 19-8.1F PAGE 69

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 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 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 (\$16,997,889) RESEARCH SUPPORT

JDRF'S IN-HOUSE TEAM OF SKILLED AND CREDENTIALED 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 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

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DECISION MAKERS. AS PART OF THESE EFFORTS, JDRF ORGANIZES AND FUNDS

SCIENTIFIC MEETINGS, SYMPOSIA, AND CONFERENCES TO REVIEW RESEARCH

PROPOSALS, ENSURE THAT JDRF'S RESEARCH STRATEGY IS ALIGNED WITH THE NEEDS

OF THE T1D COMMUNITY, AND ALLOW JDRF TO PROVIDE SCIENTIFIC UPDATES ON THE

RESEARCH IT MANAGES. THIS EFFORT ENSURES THAT ALL THE RESEARCH IS

CONTINUALLY SHARED AND BUILT UPON BY T1D RESEARCHERS AROUND THE GLOBE.

THE STRATEGIC ADVISORY PANEL IS COMPOSED OF FIVE ESTABLISHED T1D EXPERTS

IN VARIOUS ASPECTS OF THE FIELD, INCLUDING PEDIATRIC ENDOCRINOLOGY,

PREVENTION AND TREATMENT OF T1D, IMMUNOTHERAPIES, REGULATORY AND DRUG

DEVELOPMENT. THE SAP CONTRIBUTES TO JDRF SCIENTISTS' STRATEGIC PLANNING

AROUND RESEARCH FUNDING GOALS AND PRIORITIES. JDRF'S WORK TO BRING

TOGETHER THE BEST MINDS IN THE FIELD ENHANCES JDRF'S ABILITY TO FORECAST

FUTURE SCIENTIFIC DIRECTION, JUDGE THE POTENTIAL EFFECTIVENESS OF NEW

PATHWAYS, AND IDENTIFY GAPS WHERE JDRF FUNDING CAN MAKE THE MOST IMPACT.

LINE 4C (\$50,681,132) 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 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.

Employer identification number JDRF INTERNATIONAL 23-1907729

ATTACHMENT 1

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

AT JDRF, WE WORK TIRELESSLY TO ACCELERATE BREAKTHROUGHS TO CURE, PREVENT AND TREAT TYPE 1 DIABETES (T1D). WE CONTINUALLY EXPAND OUR SCIENTIFIC KNOWLEDGE, OUR CONNECTIONS AND COLLABORATIONS, OUR PARTNERS AND GLOBAL PRESENCE TO UNLOCK THE SCIENCE THAT WILL STOP T1D. WHILE WE FIGHT FOR A CURE, WE STRIVE JUST AS HARD TO DEVELOP THERAPIES TO HELP PEOPLE RIGHT NOW. JDRF AND OUR SCIENTISTS ARE LEADING T1D RESEARCH AROUND THE WORLD. WE ADDRESS KEY GAPS TO MOVE RESEARCH FASTER AND FARTHER ACROSS THE DEVELOPMENT PIPELINE AND TO TRANSLATE BREAKTHROUGHS INTO NEW THERAPIES FOR PEOPLE WITH T1D. THIS ENABLES US TO ADVANCE SCIENCE WITH THE MOST POTENTIAL AND TO DRIVE RESEARCH THAT ATTRACTS MORE RESOURCES AND SCIENTIFIC EXPERTISE TO THE FIELD. WE INVEST IN THE EARLY STAGES, ALLOWING RESEARCHERS TO PURSUE INNOVATIVE IDEAS AND APPROACHES THAT WILL LEAD TO BREAKTHROUGH TREATMENTS. JDRF ALSO WORKS TO DRIVE NEW THERAPIES AND TECHNOLOGIES TO MARKET SO THEY GET INTO THE HANDS OF PEOPLE WITH T1D MORE OUICKLY. 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 \$2.80 TO THE FIELD. IN 2020, JDRF'S

Name of the organization

JDRF INTERNATIONAL

23-1907729

ATTACHMENT 1 (CONT'D)

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

APPROXIMATELY \$111.5 MILLION IN DIRECT FUNDING ATTRACTED \$314 MILLION IN ADDITIONAL INVESTMENTS IN T1D RESEARCH FROM U.S. AND INTERNATIONAL GOVERNMENTS, NGOS AND CHARITABLE ORGANIZATIONS, AND CORPORATE PARTNERS. IN THE PAST 20 YEARS, OUR ADVOCACY EFFORTS HAVE RESULTED IN \$3 BILLION DIRECTED TO T1D RESEARCH THROUGH THE U.S. GOVERNMENT'S SPECIAL DIABETES PROGRAM.

ATTACHMENT 2

#### FORM 990, PART VI, LINE 17 - STATES

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

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

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

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

ATTACHMENT 3

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
BLUE STATE DIGITAL 41 FLATBUSH AVE. BROOKLYN, NY 11217	WEB DEVELOPMENT	1,903,583.
KAVYOS CONSULTING, INC. 485 US-1 ISELIN, NJ 08830	IT CONSULTANTS	1,663,170.
JOHN GALLIN & SON, INC. 102 MADISON AVE., 9TH FL. NEW YORK, NY 10016	GENERAL CONTRACTOR	2,541,820.
INNOVATION CLOUD, LLC RUE DE L'INDUSTRIE 15, L-8069 BERTRANGE LUXEMBOURG	IT CONSULTANTS	1,336,808.

Name of the organization

JDRF INTERNATIONAL

23-1907729

ATTACHMENT 3 (CONT'D)

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

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

MED-IQ, LLC PROF. CONSULTANTS 482,886.

5523 RESEARCH PARK DR., STE 210 BALTIMORE, MD 21228

ATTACHMENT 4

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

ENDING COST DESCRIPTION BOOK VALUE OR FMV

PUBLICLY TRADED 102,925,827. FMV

TOTALS 102,925,827.

Department of the Treasury

Internal Revenue Service

## **Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990.

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

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the organization

JDRF INTERNATIONAL

23-1907729

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (c) Legal domicile (state (e) End-of-year assets Name, address, and EIN (if applicable) of disregarded entity Primary activity Total income Direct controlling or foreign country) entity (1) JDRF T1D FUND LLC 27-4967989 C/O JDRF - 200 VESEY STREET 28 NEW YORK, NY 10281 FUNDR/INVEST DE 23,329,961. 98,752,344. **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	conti	g) 512(b)(13) rolled ity?
						Yes	No
_(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2019

JSA

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Schedule R (Form 990) 2019

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	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	ij) eral or aging tner?	(k) Percentage ownership
		oountry)					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	Secti 512(b) contro entit	on )(13) olled y?
								Yes N	١o
(1) CHARITABLE REMAINDER TRUST (5)	ANNUITY	PA	N/A					x	
(2)									_
(3)									
(4)									
(5)									
(6)									
(7)									

Schedule R (Form 990) 2019

#### Page 3 Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Yes No 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? Χ a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity Χ Χ Χ Χ e Loans or loan guarantees by related organization(s) f Dividends from related organization(s) 1f Χ Sale of assets to related organization(s) Χ Purchase of assets from related organization(s). Χ Χ Lease of facilities, equipment, or other assets to related organization(s). Χ k Lease of facilities, equipment, or other assets from related organization(s) Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s). Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Χ Χ

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

Other transfer of cash or property to related organization(s) 

Schedule R (Form 990) 2019

Χ

Schedule R (Form 990) 2019

#### 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)	income (related, unrelated, excluded from tax under	(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)	partner?		(k) Percentage ownership
			sections 512-514)	Yes	No			Yes	No		Yes	No	
(2)													
(3)													
(4)													
(5)													
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(8)													
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(11)													
(12)													
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(14)													
(15)													
(40)													
(16)													

Schedule R (Form 990) 2019

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Schedule R (Form 990) 2019 Page **5** 

#### 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.

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