

PUBLIC DISCLOSURE COPY

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

# 2021

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the **2021** calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization JDRF INTERNATIONAL		<b>D</b> Employer identification number 23-1907729
	Doing business as		<b>E</b> Telephone number 800-533-2873
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	200 VESEY STREET 28TH FLOOR		<b>G</b> Gross receipts \$ 379,709,090.
City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10281		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>F</b> Name and address of principal officer: AARON KOWALSKI 200 VESEY STREET, NEW YORK, NY 10281		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. See instructions	
<b>J</b> Website: WWW.JDRF.ORG		<b>H(c)</b> Group exemption number ▶	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: 1970	<b>M</b> State of legal domicile: PA

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: IMPROVING LIVES BY ACCELERATING BREAKTHROUGHS TO CURE, PREVENT AND TREAT T1D. SEE SCHEDULE O.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	15
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	14
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	496
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	235000
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	96,472.
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	72,762.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	190,647,071.	205,076,492.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	20,503,582.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	28,497,433.	10,283,819.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,878,139.	2,731,612.
		223,022,643.	238,595,505.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	28,823,131.	72,152,705.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	53,217,471.	57,146,058.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	46,678.	1,388,063.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 28,287,437.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	33,383,167.	32,202,373.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	115,470,447.	162,889,199.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	107,552,196.	75,706,306.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	361,315,226.	389,461,665.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	100,761,301.	94,551,427.
	260,553,925.	294,910,238.	

## Part II Signature Block

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

<b>Sign Here</b>	Signature of officer		Date		
	ROBERT KING, CFAO Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name DEVIN L. DUNCAN	Preparer's signature <i>Devin Duncan</i>	Date 03/28/23	Check if self-employed <input type="checkbox"/>	PTIN P01249521
	Firm's name ▶ KPMG LLP	Firm's EIN ▶ 13-5565207	Phone no. 212-758-9700		
	Firm's address ▶ 345 PARK AVENUE NEW YORK, NY 10154-0102				

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

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

Department of the Treasury  
Internal Revenue Service

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

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

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

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

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

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

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

ROBERT KING

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

Telephone No. ▶ 800-533-2873

Fax No. ▶ \_\_\_\_\_

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

**1** I request an automatic 6-month extension of time until     MAY 15, 2023    , to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year \_\_\_\_\_ or
- ▶  tax year beginning     JUL 1, 2021    , and ending     JUN 30, 2022    .

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

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 72,152,705. including grants of \$ 72,152,705. ) (Revenue \$ ) RESEARCH FUNDING - FOR THE FY2022 PERIOD ENDING JUNE 30, 2022, JDRF DIRECTLY FUNDED RESEARCH GRANTS AND INDUSTRY AGREEMENTS FOR WHICH \$70 MILLION IN RESEARCH GRANT EXPENSE, NET WAS RECOGNIZED ACCORDING TO GAAP AND EXCLUDING \$11.8 MILLION OF PROGRAMMATIC RESEARCH INVESTMENTS THAT ARE RECORDED ON THE ORGANIZATION'S BALANCE SHEET. FOR AN EXPANDED DESCRIPTION OF PROGRAM SERVICE ACTIVITIES RELATED TO DIRECT RESEARCH FUNDING, SEE SCHEDULE O.

4b (Code: ) (Expenses \$ 36,669,581. 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 \$ 13,713,654. including grants of \$ ) (Revenue \$ ) PUBLIC EDUCATION AND OUTREACH - JDRF EDUCATES THE COMMUNITY AND PROVIDES OUTREACH SERVICES TO NEWLY DIAGNOSED CHILDREN AND ADULTS, THEIR FAMILIES, AND OTHERS ABOUT TYPE 1 DIABETES (T1D) AND ITS COMPLICATIONS. FOR AN EXPANDED DESCRIPTION OF PROGRAM SERVICE ACTIVITIES RELATED TO PUBLIC EDUCATION AND OUTREACH, SEE SCHEDULE O.

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

4e Total program service expenses 122,535,940.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions .....	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....	X	
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....	X	
<b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....	X	
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....	X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....	X	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions .....	X	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....	X	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....	X	
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	

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

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

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (15); 1b Enter the number of voting members included on line 1a, above, who are independent (14); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records ROBERT KING - 800-533-2873 200 VESEY STREET 28TH FLOOR, NEW YORK, NY 10281



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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) AARON KOWALSKI, PHD CHIEF EXECUTIVE OFFICER	50.00 0.00			X				751,382.	0.	71,994.
(2) STEVEN ST. PETER MANAGING DIRECTOR, T1D FUND	50.00 0.00				X			712,891.	0.	38,127.
(3) TIMOTHY DOYLE COO/PRESIDENT/ASST TREAS (BEG 12/21)	50.00 0.00			X				544,030.	0.	56,100.
(4) HELEN ELLIAS MANAGING DIRECTOR, T1D FUND	50.00 0.00				X			529,668.	0.	63,779.
(5) TROY LINDLOFF CDO/ASST. TREASURER (END 11/21)	50.00 0.00			X				500,110.	0.	17,699.
(6) CYNTHIA RICE CHIEF MISSION OFFICER	50.00 0.00					X		347,838.	0.	39,881.
(7) JOANNE MARTZ CFO/TREASURER (END 5/21)	50.00 0.00						X	348,691.	0.	24,485.
(8) SANJOY DUTTA, PHD CHIEF SCIENTIFIC OFFICER	50.00 0.00				X			345,769.	0.	20,465.
(9) GILLIAN GREEN VP LEADERSHIP GIVING	50.00 0.00					X		303,511.	0.	47,676.
(10) CRAIG ROBERTSON VP, FIELD DEVELOPMENT	50.00 0.00					X		310,533.	0.	31,277.
(11) YURY KUKUSHKIN MANAGING DIRECTOR, T1D FUND	50.00 0.00					X		310,631.	0.	15,183.
(12) SYDNEY YOVIC CHIEF OF STAFF/ASSISTANT SECRETARY	50.00 0.00			X				259,812.	0.	44,411.
(13) SRINIVAS MISHRA CHIEF TECH OFFICER (END 8/21)	50.00 0.00					X		245,705.	0.	28,010.
(14) ANNE GEHRING CONTRACT CFO (BEG 5/21, END 10/21)	50.00 0.00			X				174,363.	0.	0.
(15) JAMES MCDONALD BOARD LIAISON/SECRETARY	50.00 0.00			X				125,218.	0.	6,797.
(16) ROBERT KING CFAO/TREASURER (BEG 10/21)	50.00 0.00			X				81,324.	0.	5,975.
(17) JOE LACHER CHAIR OF THE BOARD	5.00 0.00	X		X				0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LISA WALLACK VICE CHAIR OF THE BOARD	5.00 0.00	X		X				0.	0.	0.
(19) MICHAEL ALTER CHAIR, FUNDING COMMITTEE	5.00 0.00	X						0.	0.	0.
(20) GRANT BEARD CHAIR, AUDIT & RISK COMMITTEE	5.00 0.00	X						0.	0.	0.
(21) ELIZABETH CASWELL BOARD MEMBER	5.00 0.00	X						0.	0.	0.
(22) STEVEN DAVIS CHAIR NOMINATING & GOV COMMITTEE	5.00 0.00	X						0.	0.	0.
(23) CLAUDIA GRAHAM, PHD BOARD MEMBER	3.00 0.00	X						0.	0.	0.
(24) PAUL HEATH CHAIR, ADVOCACY & IMPACT COMMITTEE	5.00 0.00	X						0.	0.	0.
(25) KAREN JORDAN CHAIR, RESEARCH COMMITTEE	5.00 0.00	X						0.	0.	0.
(26) JEFF PLUMER CHAIR, TALENT & COMP. COMMITTEE	5.00 0.00	X						0.	0.	0.
<b>1b Subtotal</b>								5,891,476.	0.	511,859.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								5,891,476.	0.	511,859.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **151**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
INNOVATION CLOUD LLC 356 OSWEGO CT, WEST NEW YORK, NJ 07093	IT CONSULTING	2,476,956.
THE PURSUANT GROUP, 15660 DALLAS PKWY, SUITE 1000, DALLAS, TX 75248	FUNDRAISING AND MARKETING	1,681,088.
KAVYOS CONSULTING, INC., 485 C ROUTE 1 SOUTH, SUITE 320, ISELIN, NJ 08830	IT CONSULTING	1,223,483.
BLACKBAUD, INC. 65 FAIRCHILD STREET, CHARLESTON, SC 29492	SOFTWARE SERVICES	1,199,682.
BLUE STATE DIGITAL 41 FLATBUSH AVENUE, BROOKLYN, NY 11217	FUNDRAISING AND MARKETING	1,162,384.
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	<b>57</b>	

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JENNIFER SCHNEIDER, MD BOARD MEMBER	3.00 0.00	X						0.	0.	0.
(28) CHRISTOPHER TURNER CHAIR, FINANCE & INVEST. COMM	5.00 0.00	X						0.	0.	0.
(29) MATT VAREY BOARD MEMBER	3.00 0.00	X						0.	0.	0.
(30) DRAYTON VIRKLER BOARD MEMBER	3.00 0.00	X						0.	0.	0.
(31) KAREY L. WITTY BOARD MEMBER	3.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns	<b>1a</b> 2,943,084.					
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b> 99,817,013.					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 102,316,395.					
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b> \$ 5,611,770.					
	<b>h Total.</b> Add lines 1a-1f						205,076,492.
Program Service Revenue	<b>2 a</b> PROGRAM RELATED INVEST	<b>Business Code</b> 541714	20,503,582.			20,503,582.	
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f		20,503,582.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		2,775,930.		96,472.	2,679,458.	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	31,868,601.			
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses	<b>7b</b>	24,360,712.				
	<b>c</b> Gain or (loss)	<b>7c</b>	7,507,889.				
<b>d</b> Net gain or (loss)			7,507,889.		7,507,889.		
<b>8 a</b> Gross income from fundraising events (not including \$ 99,817,013. of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>		16,742,873.				
<b>b</b> Less: direct expenses	<b>8b</b>	16,742,873.					
<b>c</b> Net income or (loss) from fundraising events			0.				
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>		738,140.				
<b>b</b> Less: direct expenses	<b>9b</b>	10,000.					
<b>c</b> Net income or (loss) from gaming activities			728,140.		728,140.		
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
Miscellaneous Revenue	<b>11 a</b> GRANT REFUNDS & ADJUST	<b>Business Code</b> 813212	1,617,037.			1,617,037.	
	<b>b</b> MISC REVENUE	900099	386,435.			386,435.	
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			2,003,472.			
<b>12 Total revenue.</b> See instructions			238,595,505.	0.	96,472.	33,422,541.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	49,414,448.	49,414,448.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	22,738,257.	22,738,257.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	4,545,719.	2,956,133.	695,654.	893,932.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	60,386.	60,386.		
<b>7</b> Other salaries and wages	42,629,011.	24,403,950.	5,239,227.	12,985,834.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,186,454.	691,504.	135,454.	359,496.
<b>9</b> Other employee benefits	5,977,931.	3,452,490.	673,880.	1,851,561.
<b>10</b> Payroll taxes	2,746,557.	1,586,689.	350,579.	809,289.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	470,275.	307,693.	43,336.	119,246.
<b>c</b> Accounting	217,925.		217,925.	
<b>d</b> Lobbying	127,123.	127,123.		
<b>e</b> Professional fundraising services. See Part IV, line 17	1,388,063.			1,388,063.
<b>f</b> Investment management fees	440,890.		440,890.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	2,743,072.	937,007.	916,000.	890,065.
<b>12</b> Advertising and promotion	2,026,369.	850,270.	129,624.	1,046,475.
<b>13</b> Office expenses	767,097.	456,647.	83,796.	226,654.
<b>14</b> Information technology	5,936,467.	3,461,593.	684,689.	1,790,185.
<b>15</b> Royalties				
<b>16</b> Occupancy	4,913,003.	2,830,110.	574,400.	1,508,493.
<b>17</b> Travel	839,275.	453,886.	74,842.	310,547.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	498,654.	195,785.	58,077.	244,792.
<b>20</b> Interest	2,556.	1,427.	322.	807.
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	6,330,959.	3,652,269.	758,536.	1,920,154.
<b>23</b> Insurance	556,782.	227,239.	189,257.	140,286.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> OUTREACH EXPENSES	4,161,874.	3,226,293.	637,086.	298,495.
<b>b</b> FUNDRAISING POSTAGE & P	1,278,245.			1,278,245.
<b>c</b> DUES, FEES, & SUB	665,413.	366,540.	136,613.	162,260.
<b>d</b> OTHER	226,394.	138,201.	25,635.	62,558.
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	162,889,199.	122,535,940.	12,065,822.	28,287,437.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	26,785,629.	<b>1</b>	34,312,094.
	<b>2</b> Savings and temporary cash investments .....	19,599,908.	<b>2</b>	4,006,288.
	<b>3</b> Pledges and grants receivable, net .....	51,322,172.	<b>3</b>	56,535,885.
	<b>4</b> Accounts receivable, net .....	3,785,572.	<b>4</b>	2,438,959.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net .....	3,450,000.	<b>7</b>	2,218,711.
	<b>8</b> Inventories for sale or use .....	0.	<b>8</b>	0.
	<b>9</b> Prepaid expenses and deferred charges .....	6,454,865.	<b>9</b>	15,358,433.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 25,368,692.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 14,797,623.		
	<b>11</b> Investments - publicly traded securities .....	174,011,783.	<b>11</b>	212,935,519.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	748,528.	<b>12</b>	533,309.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	63,338,621.	<b>13</b>	50,551,398.
	<b>14</b> Intangible assets .....	0.	<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	361,315,226.	<b>16</b>	389,461,665.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	23,190,389.	<b>17</b>	17,575,122.
	<b>18</b> Grants payable .....	61,750,136.	<b>18</b>	69,409,827.
	<b>19</b> Deferred revenue .....	13,236,673.	<b>19</b>	5,150,523.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	2,584,103.	<b>25</b>	2,415,955.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	100,761,301.	<b>26</b>	94,551,427.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	193,001,095.	<b>27</b>	229,545,554.
	<b>28</b> Net assets with donor restrictions .....	67,552,830.	<b>28</b>	65,364,684.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	260,553,925.	<b>32</b>	294,910,238.
<b>33</b> Total liabilities and net assets/fund balances .....	361,315,226.	<b>33</b>	389,461,665.	

Form 990 (2021)

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	238,595,505.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	162,889,199.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	75,706,306.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	260,553,925.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-41,349,993.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	294,910,238.

**Part XII Financial Statements and Reporting**

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

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

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

Form **990** (2021)

**SCHEDULE A**  
**(Form 990)**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization <p style="text-align: center;">JDRF INTERNATIONAL</p>	Employer identification number <p style="text-align: center;">23-1907729</p>
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

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

f Enter the number of supported organizations .....

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

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



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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	219,968,105.	215,659,011.	194,074,339.	190,647,071.	203,302,047.	1023650573.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	219,968,105.	215,659,011.	194,074,339.	190,647,071.	203,302,047.	1023650573.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						716,203.
<b>6 Public support.</b> Subtract line 5 from line 4.						1022934370.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	219,968,105.	215,659,011.	194,074,339.	190,647,071.	203,302,047.	1023650573.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	1,309,523.	2,439,225.	2,918,738.	2,297,884.	2,679,851.	11,645,221.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....	138,747.	186,965.	29,579.	58,494.	96,079.	509,864.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	1,793,044.	2,313,482.	1,671,720.	3,345,522.	22,507,054.	31,630,822.
<b>11 Total support.</b> Add lines 7 through 10						1067436480.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	

**13 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	95.83 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	98.14 %

**16a 33 1/3% support test - 2021.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test - 2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10% -facts-and-circumstances test - 2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

**b 10% -facts-and-circumstances test - 2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on 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.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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

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

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021

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

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

OTHER INCOME

2017 AMOUNT: \$ 1,793,044.

2018 AMOUNT: \$ 2,313,482.

2019 AMOUNT: \$ 1,671,720.

2020 AMOUNT: \$ 3,345,522.

2021 AMOUNT: \$ 22,507,054.

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2021**

Name of the organization

JDRF INTERNATIONAL

Employer identification number

23-1907729

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).



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

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ 6,089,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 6,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

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

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

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

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
 ▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

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

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

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

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

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

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

Name of organization <p style="text-align: center;">JDRF INTERNATIONAL</p>	Employer identification number <p style="text-align: center;">23-1907729</p>
-------------------------------------------------------------------------------	---------------------------------------------------------------------------------

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

- 2 Political campaign activity expenditures ..... ▶ \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

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

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

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

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

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

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

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

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount					
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					
<b>c</b> Total lobbying expenditures					
<b>d</b> Grassroots nontaxable amount					
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					
<b>f</b> Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
<b>a</b> Volunteers? .....		X	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
<b>c</b> Media advertisements? .....		X	
<b>d</b> Mailings to members, legislators, or the public? .....	X		11,440.
<b>e</b> Publications, or published or broadcast statements? .....		X	
<b>f</b> Grants to other organizations for lobbying purposes? .....	X		3,990.
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....	X		215,517.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....		X	
<b>i</b> Other activities? .....		X	
<b>j</b> Total. Add lines 1c through 1i .....			230,947.
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....		X	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

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

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

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

**Part IV Supplemental Information**

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

GENERAL STATEMENT OF ACTIVITIES

JDRF IS THE LEADING GLOBAL ORGANIZATION FUNDING TYPE 1 DIABETES (T1D)

RESEARCH, FOCUSED ON CURING T1D AND IMPROVING LIVES. JDRF'S ADVOCACY

INCLUDES LOBBYING ACTIVITY TO ENSURE CONGRESS CONTINUES TO INVEST IN

CRITICALLY IMPORTANT MEDICAL RESEARCH AND PUTS IN PLACE POLICIES TO

**Part IV** Supplemental Information (continued)

ADVANCE DEVELOPMENT AND ACCESS TO THERAPIES TO CURE T1D AND HELP PEOPLE

STAY AS HEALTHY AS POSSIBLE UNTIL THAT DAY. JDRF HAS BEEN INSTRUMENTAL

IN SECURING THE RENEWAL OF THE SPECIAL DIABETES PROGRAM, WHICH PROVIDES

\$150M ANNUALLY FOR T1D RESEARCH AT THE NATIONAL INSTITUTES OF HEALTH.

JDRF STAFF AND VOLUNTEERS COMMUNICATE WITH GOVERNMENT OFFICIALS THROUGH

EMAIL, PHONE CALLS, AND MEETINGS, TO EDUCATE THEM ON ISSUES AND

ENCOURAGE THE ADVANCEMENT OF LEGISLATION.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021



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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	8,911,983.	7,709,169.	7,887,833.	7,567,601.	7,341,367.
b Contributions	25,000.		-140,727.	221,441.	
c Net investment earnings, gains, and losses	-1,144,983.	2,111,094.	33,086.	102,034.	268,304.
d Grants or scholarships					
e Other expenditures for facilities and programs	207,917.	908,280.	71,023.	3,243.	42,070.
f Administrative expenses					
g End of year balance	7,584,083.	8,911,983.	7,709,169.	7,887,833.	7,567,601.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  .0000 %
  - b Permanent endowment  100 %
  - c Term endowment  .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                                                                                                                     | Yes                      | No                                  |
|---------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------|
| (i) Unrelated organizations                                                                                         | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations                                                                                          | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,009,931.	203,913.	806,018.
d Equipment		24,358,761.	14,593,710.	9,765,051.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				10,571,069.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) T1D FUND PROGRAM RELATED INVESTMENT	50,551,398.	END-OF-YEAR MARKET VALUE
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶	50,551,398.	

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SPLIT INTEREST CHARITABLE RMDR TRUST	2,415,955.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,415,955.

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	195,729,918.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-41,349,993.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	542,333.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	-1,617,037.
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-42,424,697.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	238,154,615.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	440,890.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	440,890.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	238,595,505.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	161,373,605.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	542,333.
<b>b</b>	Prior year adjustments	<b>2b</b>	-1,617,037.
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	-1,074,704.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	162,448,309.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	440,890.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	440,890.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	162,889,199.

**Part XIII Supplemental Information.**

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

PART V, LINE 4:

ORGANIZATION'S ENDOWMENT FUNDS

THE ORGANIZATION UTILIZES EARNINGS ON ENDOWMENT FUNDS IN THE MANNER

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

EXEMPT PURPOSE.

PART X, LINE 2:

UNCERTAIN TAX POSITIONS

JDRF IS A NOT-FOR-PROFIT ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXES

UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS ORGANIZED

UNDER THE LAWS OF THE COMMONWEALTH OF PENNSYLVANIA, THE EFFECT OF INCOME

TAX POSITIONS IS RECOGNIZED ONLY IF THE POSITIONS ARE MORE LIKELY THAN

**Part XIII** Supplemental Information *(continued)*

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, 2022 AND 2021.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

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

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

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
EAST ASIA AND THE PACIFIC			GRANTMAKING	RESEARCH GRANTS	5,016,705.
NORTH AMERICA			GRANTMAKING	RESEARCH GRANTS	3,825,650.
EUROPE			GRANTMAKING	RESEARCH GRANTS	11,420,906.
MIDDLE EAST AND NORTH AFRICA			GRANTMAKING	RESEARCH GRANTS	2,274,996.
SOUTH ASIA			GRANTMAKING	RESEARCH GRANTS	200,000.
EUROPE		2	PROGRAM SERVICES	RESEARCH SUPPORT	294,361.
EUROPE			INVESTMENTS	INVESTMENTS	3,431,835.
NORTH AMERICA			INVESTMENTS	INVESTMENTS	3,020,423.
<b>3 a Subtotal</b> .....	0	2			29,484,876.
<b>b Total from continuation sheets to Part I</b> .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	2			29,484,876.

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

Schedule F (Form 990) 2021

**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)
		EUROPE (INCLUDING ICELAND AND GREENLAND)	METABOLIC CONTROL	81,635.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		NORTH AMERICA	BETA CELL REPLACEMENT	50,000.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		SOUTH ASIA	METABOLIC CONTROL	200,000.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	IMMUNOTHERAPIES	917,181.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		NORTH AMERICA	PREVENTION	297,815.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EAST ASIA AND THE PACIFIC	MISSION	800,000.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	TRANSPORTFOLIO	56,330.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	TRANSPORTFOLIO	94,418.	CHECK/WIRE TRANSFER	0.	N/A	N/A

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... 0

3 Enter total number of other organizations or entities ..... 61

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	IMMUNOTHERAPIES	109,278.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	IMMUNOTHERAPIES	366,430.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		NORTH AMERICA	BETA CELL REGENERATION	325,000.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		MIDDLE EAST AND NORTH AFRICA	COMPLICATIONS	360,000.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	IMMUNOTHERAPIES	149,963.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		NORTH AMERICA	METABOLIC CONTROL	100,967.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	IMMUNOTHERAPIES	218,660.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	IMMUNOTHERAPIES	126,500.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	BETA CELL REGENERATION	499,448.	CHECK/WIRE TRANSFER	0.	N/A	N/A

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND AND GREENLAND)	TRANSPORTFOLIO	465,000.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		MIDDLE EAST AND NORTH AFRICA	TRANSPORTFOLIO	833,060.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	METABOLIC CONTROL	2,024,922.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	IMMUNOTHERAPIES	609,520.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	PREVENTION	51,477.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	METABOLIC CONTROL	100,000.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		NORTH AMERICA	ARTIFICIAL PANCREAS	336,087.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	BETA CELL REPLACEMENT	54,419.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	IMMUNOTHERAPIES	99,928.	CHECK/WIRE TRANSFER	0.	N/A	N/A



<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	IMMUNOTHERAPIES	300,000.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EAST ASIA AND THE PACIFIC	BETA CELL REGENERATION	109,919.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EAST ASIA AND THE PACIFIC	IMMUNOTHERAPIES	100,000.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	PSYCHOSOCIAL	574,929.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	PREVENTION	424,616.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		MIDDLE EAST AND NORTH AFRICA	ARTIFICIAL PANCREAS	156,936.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EAST ASIA AND THE PACIFIC	BETA CELL REPLACEMENT	95,100.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		MIDDLE EAST AND NORTH AFRICA	PREVENTION	775,000.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		NORTH AMERICA	BETA CELL REPLACEMENT	181,160.	CHECK/WIRE TRANSFER	0.	N/A	N/A

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA	PREVENTION	150,000.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		NORTH AMERICA	BETA CELL REPLACEMENT	374,927.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EAST ASIA AND THE PACIFIC	IMMUNOTHERAPIES	1,635,568.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	PREVENTION	162,520.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		NORTH AMERICA	BETA CELL REPLACEMENT	410,000.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		NORTH AMERICA	BETA CELL REPLACEMENT	497,585.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		NORTH AMERICA	PSYCHOSOCIAL	566,484.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EAST ASIA AND THE PACIFIC	COMPLICATIONS	499,999.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EAST ASIA AND THE PACIFIC	PREVENTION	38,837.	CHECK/WIRE TRANSFER	0.	N/A	N/A

<b>Part II</b> Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
<b>1</b> <b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of non-cash assistance	<b>(h)</b> Description of non-cash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND AND GREENLAND)	BETA CELL REPLACEMENT	647,599.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	BETA CELL REGENERATION	349,264.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	COMPLICATIONS	117,473.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		NORTH AMERICA	BETA CELL REPLACEMENT	262,535.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	COMPLICATIONS	472,642.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	PREVENTION	1,012,196.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	METABOLIC CONTROL	200,816.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	IMMUNOTHERAPIES	70,000.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EAST ASIA AND THE PACIFIC	PREVENTION	289,620.	CHECK/WIRE TRANSFER	0.	N/A	N/A

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND AND GREENLAND)	PREVENTION	900,000.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	BETA CELL REPLACEMENT	60,038.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		NORTH AMERICA	ARTIFICIAL PANCREAS	423,091.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	BETA CELL REGENERATION	63,131.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	PREVENTION	399,851.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EAST ASIA AND THE PACIFIC	PREVENTION	296,077.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EUROPE (INCLUDING ICELAND AND GREENLAND)	ARTIFICIAL PANCREAS	50,000.	CHECK/WIRE TRANSFER	0.	N/A	N/A
		EAST ASIA AND THE PACIFIC	METABOLIC CONTROL	742,308.	CHECK/WIRE TRANSFER	0.	N/A	N/A

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

PART I, LINE 2:

GRANT MONITORING PROCEDURES

RESEARCH GRANTS ARE AWARDED BY JDRF INTERNATIONAL ("JDRFI") WITH THE SUPPORT OF JDRFI'S RESEARCH COMMITTEE COMPRISED OF "JDRFI BOARD MEMBERS AND OTHER VOLUNTEERS" FOLLOWING THE RECOMMENDATIONS OF AN IN-HOUSE TEAM OF PROFESSIONAL SCIENTIFIC STAFF AND WITH INPUT FROM EXTERNAL SCIENTIFIC REVIEWERS. THE REVIEW PROCESS INCLUDES THE FOLLOWING CRITERIA:

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

PART II, LINES 2 AND 3:

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

**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

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

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
BLUE STATE DIGITAL - 41 FLATBUSH AVENUE 8TH FL, THE PURSUANT GROUP - 15660 NORTH DALLAS PARKWAY, SUITE	DIRECT APPEAL FUNDRAISING SERVICES		X	4,397,672.	747,732.	3,649,940.
CARS (CHARITABLE ADULT RIDES AND SERVICES) - 4669 MURPHY CASWELL ZACHRY GRIZZARD - 6301 GASTON AVENUE, SUITE	CAR DONATION PLANNED GIVING MARKETING	X		186,460. 10,000.	33,140. 111,991.	153,320. -101,991.
<b>Total</b>				<b>7,245,730.</b>	<b>1,388,063.</b>	<b>5,857,667.</b>

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NV, NH, NJ  
NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ILLINOIS GALA (event type)	S. TEXAS BALL (event type)	290 (total number)	
Revenue	<b>1</b> Gross receipts .....	15,021,026.	2,872,927.	98,665,933.	116,559,886.
	<b>2</b> Less: Contributions .....	14,079,351.	2,294,620.	83,443,042.	99,817,013.
	<b>3</b> Gross income (line 1 minus line 2) .....	941,675.	578,307.	15,222,891.	16,742,873.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....	0.	0.	0.	
	<b>6</b> Rent/facility costs .....	137,885.	4,383.	2,549,670.	2,691,938.
	<b>7</b> Food and beverages .....	298,546.	239,681.	2,740,998.	3,279,225.
	<b>8</b> Entertainment .....	372,611.	231,208.	3,774,565.	4,378,384.
	<b>9</b> Other direct expenses .....	132,633.	103,035.	6,157,658.	6,393,326.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				16,742,873.
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....				0.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....			10,000.	10,000.
	<b>3</b> Noncash prizes .....			0.	
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No		
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				10,000.	
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) .....				728,140.	

SEE PART IV FOR FULL LIST OF STATES

**9** Enter the state(s) in which the organization conducts gaming activities: AL, AK, AZ, CA, CO, CT, DC, FL, GA, HI, IL, KS  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

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

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

a The organization's facility	13a	%
b An outside facility	13b	100.00 %
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

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

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ ROBERT KING / CFO - JDRF

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

Description of services provided ▶ FILING GAMING APPLICATIONS AND REPORTS

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

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

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

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

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

**Part IV** Supplemental Information (continued)

(I) NAME OF FUNDRAISER: CARS (CHARITABLE ADULT RIDES AND SERVICES)

(I) ADDRESS OF FUNDRAISER:

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

(I) NAME OF FUNDRAISER: CASWELL ZACHRY GRIZZARD

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

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

AL, AK, AZ, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, NV, NH, NJ, NM

NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

PART I, LINE 2:

CHARITABLE ADULT RIDES AND SERVICES (CARS) IS A THIRD-PARTY CAR

DONATION COMPANY THAT HANDLES ALL ASPECTS OF CARS DONATED TO JDRF.

DONORS CALL A TOLL-FREE NUMBER AND ARE PUT IN CONTACT WITH A TOWING

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

1098-C REPORTING. CARS WITHHELD \$20,763 FROM THE GROSS SALES FOR

VARIOUS SELLING EXPENSES.

JDRF PAID FUNDRAISING EXPENSES OF \$383,046 FOR POSTAGE AND \$866,254 FOR

PRINTING TO THE PURSUANT GROUP. THE INVOICES PROVIDE AN ITEMIZED LIST

OF SERVICES AND EXPENSES.

JDRF PAID FUNDRAISING EXPENSES OF \$28,946 FOR POSTAGE TO CASWELL. THE

INVOICES PROVIDE AN ITEMIZED LIST OF SERVICES AND EXPENSES.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

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

**Part I General Information on Grants and Assistance**

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
ALBERT EINSTEIN COLLEGE OF MEDICINE - 1300 MORRIS PARK AVENUE - BRONX, NY 10461	83-0621846	501(C)(3)	980,547.	0.	N/A	N/A	PSYCHOSOCIAL
AVERA MCKENNAN 1325 S. CLIFF AVENUE SIOUX FALLS, SD 57108	30-1043916	501(C)(3)	2,480,110.	0.	N/A	N/A	PSYCHOSOCIAL
BAYLOR COLLEGE OF MEDICINE PO BOX 301207 DALLAS, TX 75303-1207	74-1613878	501(C)(3)	64,999.	0.	N/A	N/A	PSYCHOSOCIAL
BECKMAN RESEARCH INSTITUTE OF THE CITY OF HOPE - 1500 E. DUARTE RD - DUARTE, CA 91010	95-3432210	501(C)(3)	395,153.	0.	N/A	N/A	BETA CELL REGENERATION
BECKMAN RESEARCH INSTITUTE OF THE CITY OF HOPE - 1500 E. DUARTE RD - DUARTE, CA 91010	95-3432210	501(C)(3)	300,000.	0.	N/A	N/A	BETA CELL REPLACEMENT
BECKMAN RESEARCH INSTITUTE OF THE CITY OF HOPE - 1500 E. DUARTE RD - DUARTE, CA 91010	95-3432210	501(C)(3)	300,000.	0.	N/A	N/A	IMMUNOTHERAPIES

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **120.**
- 3** Enter total number of other organizations listed in the line 1 table **9.**

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

Schedule I (Form 990) 2021

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BECKMAN RESEARCH INSTITUTE OF THE CITY OF HOPE - 1500 E. DUARTE RD - DUARTE, CA 91010	95-3432210	501(C)(3)	66,000.	0.	N/A	N/A	TRANSPORTFOLIO
BETH ISRAEL DEACONESS MEDICAL CENTER INC - 330 BROOKLINE AVE - BOSTON, MA 02215	04-2103881	501(C)(3)	110,000.	0.	N/A	N/A	IMMUNOTHERAPIES
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE BOSTON, MA 02115	04-2774441	501(C)(3)	595,000.	0.	N/A	N/A	BETA CELL REPLACEMENT
BOSTON COLLEGE 140 COMMONWEALTH AVENUE CHESTNUT HILL, MA 02467	04-2103545	501(C)(3)	110,000.	0.	N/A	N/A	IMMUNOTHERAPIES
BROWN UNIVERSITY 164 ANGELL STREET-BOX 1929 PROVIDENCE, RI 02912	05-0258809	501(C)(3)	515,513.	0.	N/A	N/A	BETA CELL REPLACEMENT
CARNEGIE MELLON UNIVERSITY P.O. BOX 371032 PITTSBURGH, PA 15213	25-0969449	501(C)(3)	249,996.	0.	N/A	N/A	BETA CELL REPLACEMENT
CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE STE 357 CLEVELAND, OH 44106	34-1018992	501(C)(3)	200,000.	0.	N/A	N/A	IMMUNOTHERAPIES
CHILDREN'S HOSPITAL OF PHILADELPHIA - 3401 CIVIC CENTER BLVD ABRAMSON RESEARCH CENTER - PHILADELPHIA, PA 19104	23-1352166	501(C)(3)	150,000.	0.	N/A	N/A	PREVENTION
CIVICA RX 2912 W EXECUTIVE PKWY STE 325 LEHI, UT 84043-4622	84-4514428	501(C)(3)	3,000,000.	0.	N/A	N/A	MISSION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLORADO SCHOOL OF MINES 1500 ILLINOIS ST GOLDEN , CO 80401	84-6000551	501(C)(3)	110,000.	0.	N/A	N/A	BETA CELL REGENERATION
CORNELL UNIVERSITY 373 PINE TREE RD CORNELL UNIVERSITY ITHACA, NY 14850	15-0532082	501(C)(3)	110,000.	0.	N/A	N/A	BETA CELL REPLACEMENT
CRITICAL PATH INSTITUTE (C-PATH) 1730 EAST RIVER ROAD #200 TUCSON, AZ 85718	20-1991334	501(C)(3)	266,757.	0.	N/A	N/A	IMMUNOTHERAPIES
DUKE UNIVERSITY P.O. BOX 602651 CHARLOTTE, NC 28260-2651	56-0532129	501(C)(3)	65,683.	0.	N/A	N/A	METABOLIC CONTROL
DUKE UNIVERSITY P.O. BOX 602651 CHARLOTTE, NC 28260-2651	56-0532129	501(C)(3)	519,452.	0.	N/A	N/A	PSYCHOSOCIAL
ENABLE BIOSCIENCES INC. 953 INDIANA ST. SAN FRANCISCO, CA 94107	47-4916653	N/A	114,000.	0.	N/A	N/A	PREVENTION
GEISINGER CLINIC 100 N. ACADEMY AVE. DANVILLE, PA 17822	23-6291113	501(C)(3)	495,711.	0.	N/A	N/A	PREVENTION
GEORGIA TECH RESEARCH CORPORATION PO BOX 100117 ATLANTA, GA 30384	58-0603146	501(C)(3)	136,904.	0.	N/A	N/A	BETA CELL REPLACEMENT
GINER, INC. 89 RUMFORD AVE NEWTON, MA 02466	04-2529800	N/A	19,984.	0.	N/A	N/A	BETA CELL REPLACEMENT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ILLINOIS INSTITUTE OF TECHNOLOGY IIT GRANTS LOCKBOX #777562 7562 SOLUTION CENTER - CHICAGO, IL 60677-7005	36-2170136	501(C)(3)	94,500.	0.	N/A	N/A	ARTIFICIAL PANCREAS
INDIANA BIOSCIENCES RESEARCH INSTITUTE - 1210 WATERWAY BLVD STE. 2000 - INDIANAPOLIS, IN 46202	46-2882271	501(C)(3)	109,997.	0.	N/A	N/A	BETA CELL REGENERATION
INDIANA UNIVERSITY PO BOX 66057 DETROIT, MI 48278-0867	35-6001673	501(C)(3)	150,000.	0.	N/A	N/A	PREVENTION
INDIANA UNIVERSITY PO BOX 66057 INDIANAPOLIS, IN 46266-6057	35-6001673	501(C)(3)	777,404.	0.	N/A	N/A	BETA CELL REGENERATION
INTEGRATED MEDICAL SENSORS INC 73 OVERBROOK IRVINE, CA 92620	47-4751319	N/A	80,000.	0.	N/A	N/A	ARTIFICIAL PANCREAS
ITOLERANCE, INC. 1221 SHAFER STREET SAN MATEO, CA 94402	85-3086959	N/A	170,000.	0.	N/A	N/A	BETA CELL REPLACEMENT
JAEB CENTER FOR HEALTH RESEARCH 15310 AMBERLY DR STE 350 TAMPA, FL 33647	59-3187624	501(C)(3)	332,283.	0.	N/A	N/A	COMPLICATIONS
JAEB CENTER FOR HEALTH RESEARCH 15310 AMBERLY DR STE 350 TAMPA, FL 33647	59-3187624	501(C)(3)	204,389.	0.	N/A	N/A	PREVENTION
JOHNS HOPKINS UNIVERSITY 3400 N. CHARLES STREET BALTIMORE, MD 21218	52-0595110	501(C)(3)	350,000.	0.	N/A	N/A	BETA CELL REPLACEMENT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOHNS HOPKINS UNIVERSITY 3400 N. CHARLES STREET BALTIMORE, MD 21218	52-0595110	501(C)(3)	198,000.	0.	N/A	N/A	IMMUNOTHERAPIES
JOSLIN DIABETES CENTER INC. ONE JOSLIN PLACE BOSTON, MA 02215	04-2203836	501(C)(3)	311,228.	0.	N/A	N/A	BETA CELL REGENERATION
JOSLIN DIABETES CENTER INC. ONE JOSLIN PLACE BOSTON, MA 02215	04-2203836	501(C)(3)	200,000.	0.	N/A	N/A	BETA CELL REPLACEMENT
MASSACHUSETTS GENERAL HOSPITAL 101 HUNTINGTON AVE 3RD FLOOR BOSTON, MA 02199	04-2697983	501(C)(3)	196,140.	0.	N/A	N/A	BETA CELL REGENERATION
MASSACHUSETTS GENERAL HOSPITAL 101 HUNTINGTON AVE 3RD FLOOR BOSTON, MA 02199	04-2697983	501(C)(3)	274,164.	0.	N/A	N/A	BETA CELL REPLACEMENT
MASSACHUSETTS GENERAL HOSPITAL 101 HUNTINGTON AVE 3RD FLOOR BOSTON, MA 02199	04-2697983	501(C)(3)	100,000.	0.	N/A	N/A	IMMUNOTHERAPIES
MASSACHUSETTS GENERAL HOSPITAL 101 HUNTINGTON AVE 3RD FLOOR BOSTON, MA 02199	04-2697983	501(C)(3)	65,000.	0.	N/A	N/A	PSYCHOSOCIAL
MASSACHUSETTS INSTITUTE OF TECHNOLOGY - 77 MASSACHUSETTS AVENUE - CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	65,683.	0.	N/A	N/A	BETA CELL REPLACEMENT
MASSACHUSETTS INSTITUTE OF TECHNOLOGY - 77 MASSACHUSETTS AVENUE - CAMBRIDGE, MA 02139	04-2103594	501(C)(3)	95,000.	0.	N/A	N/A	METABOLIC CONTROL

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAYO CLINIC 200 FIRST STREET SW ROCHESTER, MN 55905-0001	41-6011702	501(C)(3)	200,000.	0.	N/A	N/A	BETA CELL REGENERATION
MILLIMAN 1301 5TH AVE STE 3800 SEATTLE, WA 98101-2635	91-0675641	N/A	430,000.	0.	N/A	N/A	TRANSPORTFOLIO
NEURODON LLC 9800 CONNECTICUT DRIVE CROWN POINT, IN 46307	46-5375254	N/A	184,000.	0.	N/A	N/A	BETA CELL REGENERATION
NEW YORK MEDICAL COLLEGE 40 SUNSHINE COTTAGE RD ADMINISTRATION BUILDING - VALHALLA, NY 10595	13-1099420	501(C)(3)	250,000.	0.	N/A	N/A	BETA CELL REGENERATION
NEW YORK STEM CELL FOUNDATION, INC. - 619 WEST 54TH STREET, 3RD FLOOR - NEW YORK, NY 10019	20-2905531	501(C)(3)	450,000.	0.	N/A	N/A	BETA CELL REPLACEMENT
NORTHWESTERN UNIVERSITY 633 CLARK ST - ROOM G-547 EVANSTON, IL 60208	36-2167817	501(C)(3)	99,978.	0.	N/A	N/A	COMPLICATIONS
NORTHWESTERN UNIVERSITY 633 CLARK ST - ROOM G-547 EVANSTON, IL 60208	36-2167817	501(C)(3)	220,000.	0.	N/A	N/A	IMMUNOTHERAPIES
OHIO UNIVERSITY 1 OHIO UNIVERSITY DRIVE ATHENS, OH 45701	31-6402113	501(C)(3)	110,000.	0.	N/A	N/A	BETA CELL REGENERATION
OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK RD PORTLAND, OR 97239	93-1176109	501(C)(3)	199,598.	0.	N/A	N/A	ARTIFICIAL PANCREAS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PARK RD PORTLAND, OR 97239	93-1176109	501(C)(3)	25,000.	0.	N/A	N/A	PSYCHOSOCIAL
PHYSIOLOGIC DEVICES, INC. 2232 OLD STAGECOACH TRAIL ALPINE, CA 91901	80-0917839	N/A	130,000.	0.	N/A	N/A	ARTIFICIAL PANCREAS
PRESIDENT AND FELLOWS OF HARVARD COLLEGE - P.O. BOX 415649 - BOSTON, MA 02241-5649	04-2103580	501(C)(3)	6,499,999.	0.	N/A	N/A	BETA CELL REPLACEMENT
QUAESTIO GLOBAL PARTNERS, LLC ONE KNOLLWOOD TERRACE CHESTER, NJ 07930	20-8396264	N/A	45,000.	0.	N/A	N/A	IMMUNOTHERAPIES
RECTOR & VISITORS OF THE UNIVERSITY OF VIRGINIA - PO BOX 400195 - CHARLOTTESVILLE, VA 22904-4195	54-6001796	501(C)(3)	212,906.	0.	N/A	N/A	ARTIFICIAL PANCREAS
RECTOR & VISITORS OF THE UNIVERSITY OF VIRGINIA - PO BOX 400195 - CHARLOTTESVILLE, VA 22904-4195	54-6001796	501(C)(3)	110,000.	0.	N/A	N/A	BETA CELL REPLACEMENT
RECTOR & VISITORS OF THE UNIVERSITY OF VIRGINIA - PO BOX 400195 - CHARLOTTESVILLE, VA 22904-4195	54-6001796	501(C)(3)	150,000.	0.	N/A	N/A	IMMUNOTHERAPIES
RECTOR & VISITORS OF THE UNIVERSITY OF VIRGINIA - PO BOX 400195 - CHARLOTTESVILLE, VA 22904-4195	54-6001796	501(C)(3)	300,000.	0.	N/A	N/A	PREVENTION
REGENTS OF THE UNIVERSITY OF COLORADO - 1800 GRANT STREET 8TH FLOOR - DENVER, CO 80203	84-6000555	501(C)(3)	150,000.	0.	N/A	N/A	ARTIFICIAL PANCREAS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGENTS OF THE UNIVERSITY OF COLORADO - 1800 GRANT STREET 8TH FLOOR - DENVER, CO 80203	84-6000555	501(C)(3)	578,994.	0.	N/A	N/A	COMPLICATIONS
REGENTS OF THE UNIVERSITY OF COLORADO - 1800 GRANT STREET 8TH FLOOR - DENVER, CO 80203	84-6000555	501(C)(3)	562,623.	0.	N/A	N/A	IMMUNOTHERAPIES
REGENTS OF THE UNIVERSITY OF COLORADO - 1800 GRANT STREET 8TH FLOOR - DENVER, CO 80203	84-6000555	501(C)(3)	1,204,249.	0.	N/A	N/A	METABOLIC CONTROL
REGENTS OF THE UNIVERSITY OF COLORADO - 1800 GRANT STREET 8TH FLOOR - DENVER, CO 80203	84-6000555	501(C)(3)	1,468,624.	0.	N/A	N/A	PREVENTION
REGENTS OF THE UNIVERSITY OF COLORADO - 1800 GRANT STREET 8TH FLOOR - DENVER, CO 80203	84-6000555	501(C)(3)	150,000.	0.	N/A	N/A	PSYCHOSOCIAL
REGENTS OF THE UNIVERSITY OF MICHIGAN - 3003 S. STATE STREET, 5TH FLOOR WOLVERINE TOWER - ANN ARBOR, MI 48109	38-6006309	501(C)(3)	1,578,838.	0.	N/A	N/A	BETA CELL REPLACEMENT
REGENTS OF THE UNIVERSITY OF MICHIGAN - 3003 S. STATE STREET, 5TH FLOOR WOLVERINE TOWER - ANN ARBOR, MI 48109	38-6006309	501(C)(3)	500,000.	0.	N/A	N/A	COMPLICATIONS
REGENTS OF THE UNIVERSITY OF MINNESOTA - 200 OAK ST SE - MINNEAPOLIS, MN 55455	41-6007513	501(C)(3)	348,768.	0.	N/A	N/A	ARTIFICIAL PANCREAS
REGENTS OF THE UNIVERSITY OF MINNESOTA - 200 OAK ST SE - MINNEAPOLIS, MN 55455	41-6007513	501(C)(3)	300,000.	0.	N/A	N/A	BETA CELL REGENERATION

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY - 33 KNIGHTSBRIDGE ROAD, 2ND FLOOR, EAST WING - PISCATAWAY, NJ 08854-3925	45-0583085	501(C)(3)	291,509.	0.	N/A	N/A	PREVENTION
SALK INSTITUTE FOR BIOLOGICAL STUDIES - 10010 N TORREY PINES ROAD - LA JOLLA, CA 92037	95-2160097	501(C)(3)	110,000.	0.	N/A	N/A	BETA CELL REGENERATION
SANFORD-BURNHAM MEDICAL RESEARCH INSTITUTE - 10901 NORTH TORREY PINES ROAD - LA JOLLA, CA 92037	51-0197108	501(C)(3)	330,000.	0.	N/A	N/A	BETA CELL REGENERATION
STANFORD UNIVERSITY P.O. BOX 44253 SAN FRANCISCO, CA 94144-4253	94-1156365	501(C)(3)	200,000.	0.	N/A	N/A	ARTIFICIAL PANCREAS
STANFORD UNIVERSITY P.O. BOX 44253 SAN FRANCISCO, CA 94144-4253	94-1156365	501(C)(3)	64,728.	0.	N/A	N/A	BETA CELL REGENERATION
STANFORD UNIVERSITY P.O. BOX 44253 SAN FRANCISCO, CA 94144-4253	94-1156365	501(C)(3)	66,900.	0.	N/A	N/A	BETA CELL REPLACEMENT
STANFORD UNIVERSITY P.O. BOX 44253 SAN FRANCISCO, CA 94144-4253	94-1156365	501(C)(3)	399,999.	0.	N/A	N/A	IMMUNOTHERAPIES
STANFORD UNIVERSITY P.O. BOX 44253 SAN FRANCISCO, CA 94144-4253	94-1156365	501(C)(3)	964,998.	0.	N/A	N/A	METABOLIC CONTROL
STANFORD UNIVERSITY P.O. BOX 44253 SAN FRANCISCO, CA 94144-4253	94-1156365	501(C)(3)	150,000.	0.	N/A	N/A	PSYCHOSOCIAL

Schedule I (Form 990)

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THE FLORIDA STATE UNIVERSITY RESEARCH FOUNDATION, INC. - 2000 LEVY AVENUE BUILDING A, SUITE 351 - TALLAHASSEE, FL 32310	59-3211153	501(C)(3)	300,000.	0.	N/A	N/A	PREVENTION
THE LUNDQUIST INSTITUTE 1124 WEST CARSON ST TORRANCE, CA 90502	95-2138184	501(C)(3)	1,358,963.	0.	N/A	N/A	MISSION
THE METHODIST HOSPITAL RESEARCH INSTITUTE - 6670 BERTNER AVE - HOUSTON, TX 77030	87-0721923	501(C)(3)	259,699.	0.	N/A	N/A	BETA CELL REGENERATION
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, LOS ANGELES - PAYMENT SOLUTIONS AND COMPLIANCE BOX 957089, 1125 MURPHY HALL 405	95-6006143	501(C)(3)	330,000.	0.	N/A	N/A	BETA CELL REPLACEMENT
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 490 ILLINOIS STREET, 4TH FLOOR - SAN FRANCISCO, CA 94143-0692	94-6036493	501(C)(3)	500,000.	0.	N/A	N/A	BETA CELL REGENERATION
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 490 ILLINOIS STREET, 4TH FLOOR - SAN FRANCISCO, CA 94143-0692	94-6036493	501(C)(3)	600,000.	0.	N/A	N/A	BETA CELL REPLACEMENT
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 490 ILLINOIS STREET, 4TH FLOOR - SAN FRANCISCO, CA 94143-0692	94-6036493	501(C)(3)	1,829,999.	0.	N/A	N/A	IMMUNOTHERAPIES
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 490 ILLINOIS STREET, 4TH FLOOR - SAN FRANCISCO, CA 94143-0692	94-6036493	501(C)(3)	199,999.	0.	N/A	N/A	METABOLIC CONTROL
THE SCRIPPS RESEARCH INSTITUTE 10550 NORTH TORREY PINES ROAD LA JOLLA, CA 92037	33-0435954	501(C)(3)	93,524.	0.	N/A	N/A	IMMUNOTHERAPIES

Schedule I (Form 990)

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THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 104 AIRPORT DRIVE-SUITE 2200 - CHAPEL HILL, NC 27599-1350	56-6001393	501(C)(3)	95,000.	0.	N/A	N/A	IMMUNOTHERAPIES
TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - PO BOX 29789-GENERAL POST OFFICE - NEW YORK, NY 10087-9789	13-5598093	501(C)(3)	400,000.	0.	N/A	N/A	ARTIFICIAL PANCREAS
TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - PO BOX 29789-GENERAL POST OFFICE - NEW YORK, NY 10087-9789	13-5598093	501(C)(3)	110,000.	0.	N/A	N/A	BETA CELL REGENERATION
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET, FRANKLIN BUILDING, 5TH FLOOR - PHILADELPHIA, PA 19104-6205	23-1352685	501(C)(3)	349,999.	0.	N/A	N/A	BETA CELL REPLACEMENT
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET, FRANKLIN BUILDING, 5TH FLOOR - PHILADELPHIA, PA 19104-6205	23-1352685	501(C)(3)	66,900.	0.	N/A	N/A	IMMUNOTHERAPIES
TUFTS UNIVERSITY 419 BOSTON AVE MEDFORD, MA 02155	04-2103634	501(C)(3)	100,000.	0.	N/A	N/A	IMMUNOTHERAPIES
UNITIO, INC 11 AVENUE DE LAFAYETTE, 5TH FLOOR BOSTON, MA 02111	45-1623549	501(C)(3)	275,000.	0.	N/A	N/A	IMMUNOTHERAPIES
UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1720 2ND AVE S, AB 990 - BIRMINGHAM, AL 35294-0109	63-6005396	501(C)(3)	150,000.	0.	N/A	N/A	BETA CELL REPLACEMENT
UNIVERSITY OF CALIFORNIA, DAVIS PO BOX 989062 WEST SACRAMENTO, CA 95798-9062	94-6036494	501(C)(3)	150,000.	0.	N/A	N/A	BETA CELL REGENERATION

Schedule I (Form 990)

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UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DRIVE, DEPT 0009 - LA JOLLA, CA 92093	95-6006144	501(C)(3)	266,666.	0.	N/A	N/A	ARTIFICIAL PANCREAS
UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DRIVE, DEPT 0009 - LA JOLLA, CA 92093	95-6006144	501(C)(3)	343,640.	0.	N/A	N/A	BETA CELL REGENERATION
UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DRIVE, DEPT 0009 - LA JOLLA, CA 92093	95-6006144	501(C)(3)	307,496.	0.	N/A	N/A	COMPLICATIONS
UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DRIVE, DEPT 0009 - LA JOLLA, CA 92093	95-6006144	501(C)(3)	504,224.	0.	N/A	N/A	METABOLIC CONTROL
UNIVERSITY OF FLORIDA 207 GRINTER HALL PO BOX 115500 GAINESVILLE, FL 32611-5500	59-6002052	501(C)(3)	250,000.	0.	N/A	N/A	BETA CELL REPLACEMENT
UNIVERSITY OF FLORIDA 207 GRINTER HALL PO BOX 115500 GAINESVILLE, FL 32611-5500	59-6002052	501(C)(3)	62,958.	0.	N/A	N/A	IMMUNOTHERAPIES
UNIVERSITY OF FLORIDA 207 GRINTER HALL PO BOX 115500 GAINESVILLE, FL 32611-5500	59-6002052	501(C)(3)	250,000.	0.	N/A	N/A	PREVENTION
UNIVERSITY OF KANSAS MEDICAL CENTER RESEARCH INSTITUTE, INC. - 3901 RAINBOW BLVD - KANSAS CITY, KS 66103-2937	48-1108830	501(C)(3)	110,000.	0.	N/A	N/A	IMMUNOTHERAPIES
UNIVERSITY OF MIAMI 1320 S DIXIE HWY STE 760 212 PEARSON HALL - CORAL GABLES, FL 33146-2919	59-0624458	501(C)(3)	300,000.	0.	N/A	N/A	BETA CELL REGENERATION

Schedule I (Form 990)

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

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UNIVERSITY OF MIAMI 1320 S DIXIE HWY STE 760 212 PEARSON HALL - CORAL GABLES, FL 33146-2919	59-0624458	501(C)(3)	307,409.	0.	N/A	N/A	BETA CELL REPLACEMENT
UNIVERSITY OF MIAMI 1320 S DIXIE HWY STE 760 212 PEARSON HALL - CORAL GABLES, FL 33146	59-0624458	501(C)(3)	269,613.	0.	N/A	N/A	PREVENTION
UNIVERSITY OF NOTRE DAME 836A GRACE HALL NOTRE DAME, IN 46556	35-0868188	501(C)(3)	150,000.	0.	N/A	N/A	METABOLIC CONTROL
UNIVERSITY OF PITTSBURGH P.O. BOX 371220 PITTSBURGH, PA 15251-7220	25-0965591	501(C)(3)	297,291.	0.	N/A	N/A	BETA CELL REGENERATION
UNIVERSITY OF UTAH 201 S. PRESIDENT'S CIRCLE, ROOM 406 SALT LAKE CITY, UT 84112	87-6000525	501(C)(3)	173,377.	0.	N/A	N/A	IMMUNOTHERAPIES
UNIVERSITY OF UTAH 201 S. PRESIDENT'S CIRCLE, ROOM 406 SALT LAKE CITY, UT 84112	87-6000525	501(C)(3)	147,269.	0.	N/A	N/A	METABOLIC CONTROL
UNIVERSITY OF WASHINGTON 3917 UNIVERSITY WAY NE SEATTLE, WA 98195	91-6001537	501(C)(3)	148,232.	0.	N/A	N/A	PREVENTION
UNIVERSITY OF WISCONSIN-MADISON UW-MADISON GAR ACCOUNT, RESEARCH PROGRAMS-DRAWER 539 - MILWAUKEE, WI 53278	39-6006492	501(C)(3)	300,000.	0.	N/A	N/A	BETA CELL REPLACEMENT
UNIVERSITY OF WISCONSIN-MADISON UW-MADISON GAR ACCOUNT, RESEARCH PROGRAMS-DRAWER 539 - MILWAUKEE, WI 53278	39-6006492	501(C)(3)	402,655.	0.	N/A	N/A	COMPLICATIONS

Schedule I (Form 990)



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UT SOUTHWESTERN OFFICE OF POST AWARD ADMINISTRATION-P.O. BOX 841765 - DALLAS, TX 75284-1765	75-2556007	501(C)(3)	600,000.	0.	N/A	N/A	BETA CELL REGENERATION
VANDERBILT UNIVERSITY PMB 407749 2301 VANDERBILT PLACE NASHVILLE, TN 37240-7749	62-0476822	501(C)(3)	110,000.	0.	N/A	N/A	METABOLIC CONTROL
VANDERBILT UNIVERSITY MEDICAL CENTER (VUMC) - PMB 407749 2301 VANDERBILT PLACE - NASHVILLE, TN 37240-7749	35-2528741	501(C)(3)	150,000.	0.	N/A	N/A	METABOLIC CONTROL
VTV THERAPEUTICS LLC 4170 MENDENHALL OAKS PARKWAY HIGH POINT, NC 27265	35-2536301	N/A	130,000.	0.	N/A	N/A	METABOLIC CONTROL
WAKE FOREST UNIVERSITY HEALTH SCIENCES - MEDICAL CENTER BLVD. - WINSTON-SALEM, NC 27157-0001	22-3849199	501(C)(3)	249,999.	0.	N/A	N/A	BETA CELL REPLACEMENT
WASHINGTON UNIVERSITY CAMPUS BOX 1034, 700 ROSEDALE AVEN ST. LOUIS, MO 63112-1408	43-0653611	501(C)(3)	214,708.	0.	N/A	N/A	ARTIFICIAL PANCREAS
WASHINGTON UNIVERSITY CAMPUS BOX 1034, 700 ROSEDALE AVEN ST. LOUIS, MO 63112-1408	43-0653611	501(C)(3)	94,552.	0.	N/A	N/A	BETA CELL REPLACEMENT
WASHINGTON UNIVERSITY CAMPUS BOX 1034, 700 ROSEDALE AVEN ST. LOUIS, MO 63112-1408	43-0653611	501(C)(3)	150,000.	0.	N/A	N/A	PREVENTION
WAYNE STATE UNIVERSITY 42 W WARREN AVE DETROIT, MI 48202-3692	38-6028429	501(C)(3)	224,166.	0.	N/A	N/A	METABOLIC CONTROL

Schedule I (Form 990)

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WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY - 1300 YORK AVE, BOX 89 - NEW YORK, NY 10065	13-1623978	501(C)(3)	249,986.	0.	N/A	N/A	BETA CELL REPLACEMENT
WILLIAM MARSH RICE UNIVERSITY 6100 MAIN STREET MS 16 HOUSTON, TX 77005-1892	74-1109620	501(C)(3)	450,000.	0.	N/A	N/A	BETA CELL REPLACEMENT
YALE UNIVERSITY P.O. BOX 1873 NEW HAVEN, CT 06508-1873	06-0646973	501(C)(3)	109,998.	0.	N/A	N/A	BETA CELL REGENERATION
YALE UNIVERSITY P.O. BOX 1873 NEW HAVEN, CT 06508-1873	06-0646973	501(C)(3)	399,344.	0.	N/A	N/A	IMMUNOTHERAPIES
YALE UNIVERSITY P.O. BOX 1873 NEW HAVEN, CT 06508-1873	06-0646973	501(C)(3)	110,000.	0.	N/A	N/A	METABOLIC CONTROL
YALE UNIVERSITY P.O. BOX 1873 NEW HAVEN, CT 06508-1873	06-0646973	501(C)(3)	245,472.	0.	N/A	N/A	PREVENTION

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

RESEARCH GRANTS ARE AWARDED BY JDRF INTERNATIONAL ("JDRFI") WITH THE  
SUPPORT OF JDRFI'S RESEARCH COMMITTEE COMPRISED OF "JDRF INTERNATIONAL  
BOARD MEMBERS AND OTHER VOLUNTEERS" OR THE JDRF INTERNATIONAL BOARD OF  
DIRECTORS FOLLOWING THE RECOMMENDATIONS OF AN IN-HOUSE TEAM OF  
PROFESSIONAL SCIENTIFIC STAFF AND WITH INPUT FROM EXTERNAL SCIENTIFIC  
REVIEWERS. THE REVIEW PROCESS INCLUDES THE FOLLOWING CRITERIA:

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

**Part IV Supplemental Information**

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

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

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

SCIENTIFIC RESEARCH TEAM AND GRANT ADMINISTRATION STAFF MAINTAIN CLOSE

CONTACT WITH GRANTEES, PROVIDING ADVICE AND EVALUATION, REVIEWING

PROGRESS REPORTS, REVIEWING RESEARCH EXPENDITURES VERSUS AGREED BUDGETS,

AND HELPING DISSEMINATE RESEARCH RESULTS.

Multiple horizontal lines for supplemental information.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2021**

Open to Public Inspection

Name of the organization

JDRF INTERNATIONAL

Employer identification number

23-1907729

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) AARON KOWALSKI, PHD CHIEF EXECUTIVE OFFICER	(i)	514,382.	162,000.	75,000.	26,000.	45,994.	823,376.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) STEVEN ST. PETER MANAGING DIRECTOR, T1D FUND	(i)	394,125.	318,766.	0.	23,201.	14,926.	751,018.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) TIMOTHY DOYLE COO/PRESIDENT/ASST TREAS (BEG 12/21)	(i)	434,730.	109,300.	0.	21,240.	34,860.	600,130.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) HELEN ELLIAS MANAGING DIRECTOR, T1D FUND	(i)	314,474.	215,194.	0.	17,876.	45,903.	593,447.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) TROY LINDLOFF CDO/ASST. TREASURER (END 11/21)	(i)	442,235.	0.	57,875.	15,582.	2,117.	517,809.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) CYNTHIA RICE CHIEF MISSION OFFICER	(i)	327,838.	20,000.	0.	15,690.	24,191.	387,719.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) JOANNE MARTZ CFO/TREASURER (END 5/21)	(i)	129,955.	0.	218,736.	10,833.	13,652.	373,176.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) SANJOY DUTTA, PHD CHIEF SCIENTIFIC OFFICER	(i)	289,769.	56,000.	0.	18,140.	2,325.	366,234.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) GILLIAN GREEN VP LEADERSHIP GIVING	(i)	270,511.	33,000.	0.	13,943.	33,733.	351,187.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) CRAIG ROBERTSON VP, FIELD DEVELOPMENT	(i)	266,233.	44,300.	0.	13,693.	17,584.	341,810.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) YURY KUKUSHKIN MANAGING DIRECTOR, T1D FUND	(i)	220,416.	90,215.	0.	13,960.	1,223.	325,814.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) SYDNEY YOVIC CHIEF OF STAFF/ASSISTANT SECRETARY	(i)	215,812.	44,000.	0.	12,012.	32,399.	304,223.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) SRINIVAS MISHRA CHIEF TECH OFFICER (END 8/21)	(i)	245,705.	0.	0.	11,367.	16,643.	273,715.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) ANNE GEHRING CONTRACT CFO (BEG 5/21, END 10/21)	(i)	174,363.	0.	0.	0.	0.	174,363.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

PART I, LINE 1A:

HOUSING ALLOWANCE

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

PART I, LINE 4A:

SEVERANCE PAYMENTS

JOANNE MARTZ AND TROY LINDLOFF BOTH RECEIVED SEVERANCE PAYMENTS AS PER THE TERMS OF THEIR EMPLOYMENT AGREEMENTS. THE TOTALS FOR BOTH ARE AS

FOLLOWS:

JOANNE MARTZ - \$218,736

TROY LINDLOFF - \$57,875

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

OTHER REPORTABLE COMPENSATION.

SCHEDULE J, PART I, LINE 7

NON-FIXED PAYMENTS

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

**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.

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).





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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
STANTON BLACKWELL	SEE BELOW	581,287.	SEE BELOW		X
E. BEARD	SEE BELOW	60,386.	SEE BELOW		X

**Part V Supplemental Information.**

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

SCHEDULE L, PART IV, LINE 1

(B) ANNE GEHRING WAS CONTRACT CFO AND THEREFORE TREASURER OF THE BOARD FOR SEVERAL MONTHS WHILE THE CFO VACANCY WAS FILLED. SHE IS A FOUNDING PARTNER OF STANTON BLACKWELL, A CONSULTING FIRM ENGAGED BY JDRF FOR VARIOUS ADVISORY SERVICES.

(C) REPRESENTS NON-CFO SERVICES PAID BY JDRF.

(D) JDRF PAID STANTON BLACKWELL FOR CONTRACT/INTERIM CFO SERVICES PERFORMED BY ANNE GEHRING, WHO IS A FOUNDING PARTNER OF STANTON BLACKWELL AND FOR OTHER NON-CEO ADVISORY SERVICES.

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

(D) EMPLOYMENT BY JDRF.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2021**

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	278	5,611,770.	NET PROCEEDS OF SALE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement: **29** 0

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

**Part II**

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

SCHEDULE M, PART I, LINE 32B

THIRD PARTY ASSISTANCE

CHARITABLE ADULT RIDES AND SERVICES (CARS) IS A THIRD PARTY CAR

DONATION COMPANY THAT HANDLES ALL ASPECTS OF CARS BEING DONATED TO

JDRF. DONORS CALL A TOLL FREE NUMBER AND ARE PUT IN CONTACT WITH A

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

ALL IRS 1098-C REPORTING. FOR THE YEAR ENDED 6/30/2022, CARS RAISED

\$186,460, WITH SELLING EXPENSES OF \$20,763 AND FUNDRAISING SERVICE FEES

OF \$33,140. JDRF DOES NOT PAY CARS ANY EXPENSES OR FEES DIRECTLY. JDRF

RECEIVED \$132,557 OF NET REVENUE FROM CARS IN FY 2022.

SCHEDULE M, PAGE 1

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

WERE MADE TO JDRF.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

JDRF INTERNATIONAL

Employer identification number

23-1907729

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

AT JDRF, WE WORK TIRELESSLY TO ACCELERATE BREAKTHROUGHS TO CURE,

PREVENT AND TREAT TYPE 1 DIABETES (T1D). WE CONTINUALLY EXPAND OUR

SCIENTIFIC KNOWLEDGE, OUR CONNECTIONS AND COLLABORATIONS, OUR

PARTNERS AND GLOBAL PRESENCE TO UNLOCK THE SCIENCE THAT WILL STOP

T1D. WHILE WE FIGHT FOR A CURE, WE STRIVE JUST AS HARD TO DEVELOP

THERAPIES TO HELP PEOPLE RIGHT NOW. JDRF AND OUR SCIENTISTS ARE

LEADING T1D RESEARCH AROUND THE WORLD. WE ADDRESS KEY GAPS TO MOVE

RESEARCH FASTER AND FARTHER ACROSS THE DEVELOPMENT PIPELINE AND TO

TRANSLATE BREAKTHROUGHS INTO NEW THERAPIES FOR PEOPLE WITH T1D. THIS

ENABLES US TO ADVANCE SCIENCE WITH THE MOST POTENTIAL AND TO DRIVE

RESEARCH THAT ATTRACTS MORE RESOURCES AND SCIENTIFIC EXPERTISE TO THE

FIELD. WE INVEST IN THE EARLY STAGES, ALLOWING RESEARCHERS TO PURSUE

INNOVATIVE IDEAS AND APPROACHES THAT WILL LEAD TO BREAKTHROUGH

TREATMENTS. JDRF ALSO WORKS TO DRIVE NEW THERAPIES AND TECHNOLOGIES

TO MARKET SO THEY GET INTO THE HANDS OF PEOPLE WITH T1D MORE QUICKLY.

AND WE CONNECT THE T1D COMMUNITY TO CREATE A GLOBAL COMMUNITY OF

SUPPORT FOR ANYONE AFFECTED BY T1D. FROM FUNDING INNOVATIVE RESEARCH

TO ADVOCATING FOR GOVERNMENT ACTION AND PROVIDING A SUPPORT STRUCTURE

FOR OUR COMMUNITY, NO OTHER ORGANIZATION DOES MORE TO FIGHT T1D THAN

JDRF. SINCE OUR FOUNDING, JDRF HAS FUNDED MORE THAN \$2.1 BILLION IN

RESEARCH AND HAS MADE SIGNIFICANT PROGRESS IN UNDERSTANDING AND

FIGHTING THE DISEASE. OUR ACTIONS - THROUGH ADVOCACY AND OUR OWN

INVESTMENTS IN T1D RESEARCH - INFLUENCE OTHER ORGANIZATIONS,

CORPORATIONS AND GOVERNMENT AGENCIES TO FOLLOW OUR LEAD AND DIRECT

ADDITIONAL FUNDING TOWARD T1D RESEARCH. TODAY, EVERY \$1 JDRF INVESTS

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

Schedule O (Form 990) 2021

132211 11-11-21

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

IN RESEARCH ATTRACTS AN ADDITIONAL \$7.42 TO THE FIELD. FOR FISCAL YEAR

2022, JDRF'S APPROXIMATELY \$97 MILLION IN DIRECT FUNDING ATTRACTED \$375

MILLION IN ADDITIONAL INVESTMENT IN T1D RESEARCH FROM U.S. AND

INTERNATIONAL GOVERNMENT, NGOS AND CHARITABLE ORGANIZATIONS, AND

CORPORATE PARTNERS.

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

JDRF HAS PLAYED A SIGNIFICANT ROLE IN NEARLY EVERY T1D

ADVANCEMENT--DRUG, DEVICE, CELL THERAPY--MADE IN THE LAST 50 YEARS. OUR

FUNDING SUPPORTS MORE THAN 330 ACTIVE T1D RESEARCH GRANTS IN THE UNITED

STATES AND 21 OTHER COUNTRIES AROUND THE WORLD, INCLUDING MORE THAN 160

GRANTS IN FY2022 ALONE, PLUS 66 CLINICAL TRIALS. WE LEVERAGE

PARTNERSHIPS WITH ACADEMIA, INDUSTRY, AND CLINICIANS TO ACCELERATE THE

MOST PROMISING RESEARCH OPPORTUNITIES. OUR HIGHEST PRIORITY IS

DEVELOPING CURES FOR T1D AND IMPROVING LIVES OF THOSE LIVING WITH THE

DISEASE TODAY, INCLUDING RESEARCH IN GLUCOSE CONTROL AND PREVENTION OF

T1D COMPLICATIONS. THE FULL IMPACT OF JDRF'S RESEARCH INVESTMENT

EXTENDS WELL BEYOND DIRECT FUNDING. THROUGH ADVOCACY AND INFLUENCE,

JDRF DRIVES FUNDING FROM OTHER SOURCES INTO T1D RESEARCH AND HAS HELPED

SECURE PASSAGE OF THE SPECIAL DIABETES PROGRAM, PUTTING 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). A WHOLLY

OWNED ENTITY OF JDRF, THE T1D FUND IS A VENTURE PHILANTHROPY FUND

ACCELERATING LIFE-CHANGING SOLUTIONS TO TREAT, PREVENT, AND CURE T1D

THROUGH CATALYTIC COMMERCIAL INVESTMENTS. THROUGH ITS INVESTMENTS IN

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

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 AND THOSE WHO ARE AT RISK OF DEVELOPING THE  
DISEASE. THE T1D FUND INVESTS IN OPPORTUNITIES THAT DRIVE OUR MISSION,  
WITH AN EXCLUSIVE FOCUS ON THE MOST PROMISING COMMERCIAL OPPORTUNITIES.  
ALL FUNDS GO DIRECTLY TO SUPPORT COMPANIES DEVELOPING APPROACHES TO  
TREAT, PREVENT, AND CURE T1D. IN ACCORDANCE WITH GAAP, \$11.8 MM OF THE  
T1D FUND'S TOTAL INVESTMENTS AS OF JUNE 30, 2022, 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 (1) LOSS OF INSULIN-PRODUCING BETA CELLS AND (2) THE IMMUNE  
SYSTEM'S ATTACK ON BETA CELLS. JDRF IS ACCELERATING OUR WORK IN CURING  
T1D BY FOCUSING ON THREE AREAS THAT HAVE ADVANCED DRAMATICALLY OVER THE  
YEARS: SCREENING FOR RISK OF T1D, CELL THERAPIES, AND DISEASE-MODIFYING  
THERAPIES.

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

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

TAKE PART IN CLINICAL TRIALS TO DELAY OR PREVENT T1D.

CELL THERAPIES: FOCUS ON REPLACING INSULIN-PRODUCING BETA CELLS FROM  
 OUTSIDE SOURCES SUCH AS STEM CELLS OR NON-HUMAN CELLS. THROUGH  
 DONOR-FUNDED RESEARCH, WE NOW KNOW THAT WHEN SOMEONE HAS T1D, THEIR OWN  
 BODY BEGINS ATTACKING AND DESTROYING THE BETA CELLS THAT CREATE  
 INSULIN. IF WE CAN SAVE OR REPLACE BETA CELLS, WE CAN HELP CURE T1D.

THERE IS EARLY BUT CRUCIAL PROGRESS SEEN IN RECENTLY REPORTED CLINICAL  
 TRIALS WHERE BETA CELL REPLACEMENT HAS MADE ADVANCES TOWARD INSULIN  
 INDEPENDENCE, BETTER T1D CONTROL, AND LONGEVITY OF THE THERAPIES.

DISEASE-MODIFYING THERAPIES: FOCUS ON WAYS TO KEEP THE IMMUNE SYSTEM  
 FROM ATTACKING AND DESTROYING BETA CELLS, WAYS TO PROTECT AND SPUR  
 THEM, AND DEVELOP TREATMENTS THAT CAN SLOW, HALT, OR REVERSE T1D, AT  
 ANY AGE OR STAGE OF THE DISEASE. RESEARCH HAS SHOWN THAT IMMUNE  
 THERAPIES CAN INTERACT WITH A PERSON'S IMMUNE SYSTEM, TRAINING IT TO  
 COMBAT INTERNAL BATTLES THAT LEAD TO THE DESTRUCTION OF ITS OWN BETA  
 CELLS. WHILE T1D REMAINS ONE OF THE FEW MAJOR AUTOIMMUNE DISEASES  
 WITHOUT AN EFFECTIVE DRUG THERAPY TO CHANGE THE COURSE OF THE DISEASE,  
 WE KNOW WE ARE GETTING CLOSE.

IMPROVING LIVES

T1D BRINGS WITH IT DAILY STRUGGLES AND STRESSES THAT THAT MAKE THE  
 CHALLENGES OF LIVING A HEALTHY AND LONG LIFE WITH T1D VERY REAL. JDRF  
 FIGHTS EVERY DAY TO ADVANCE RESEARCH THAT CAN REDUCE THE BURDEN OF  
 LIVING WITH T1D AND KEEP PEOPLE AS HEALTHY AS POSSIBLE UNTIL WE FIND  
 CURES. SPECIFICALLY, WE ARE STRIVING TO IMPROVE LIVES BY ACCELERATING

THE DEVELOPMENT OF DRUGS, DEVICES, BEHAVIORAL HEALTH INTERVENTIONS, AND



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

COMBINATIONS OF THESE, TO IMPROVE SHORT- AND LONG-TERM HEALTH OUTCOMES  
AND QUALITY OF LIFE, THROUGH THE FOLLOWING THREE PROGRAMS.

GLUCOSE CONTROL: FOCUS ON HELPING THOSE WITH T1D MANAGE GLUCOSE LEVELS  
AND OVERALL METABOLIC BALANCE, INCLUDING IMPROVED ARTIFICIAL PANCREAS  
TECHNOLOGY, DEVELOPING NEXT-GENERATION INSULINS, AND DEVELOPING NEW  
DRUGS THAT CONTROL GLUCOSE AND OTHER METABOLIC FACTORS IN NOVEL WAYS.  
WE KNOW THAT FEWER THAN 30% OF PEOPLE WITH T1D IN THE U.S. CONSISTENTLY  
MAINTAIN TARGET BLOOD-GLUCOSE LEVELS--MEANING THAT 70% ARE AT RISK OF  
SERIOUS HEALTH ISSUES. AIMING TO ENSURE OUR COMMUNITY IS HEALTHY WHEN  
CURES ARE FOUND, WE WILL CONTINUE TO FOCUS ON NOVEL INSULINS,  
ADJUNCTIVE THERAPIES IN ADDITION TO INSULIN THAT MAKE IT EASIER TO LIVE  
WITH T1D, AND SMALLER, EASIER TO WEAR INSULIN PUMPS AND CONTINUOUS  
GLUCOSE MONITORS WITH IMPROVED ALGORITHMS THAT SHOULDER MORE OF THE  
BURDEN OF T1D.

COMPLICATIONS: FOCUS ON ACCELERATING THERAPIES THAT PREVENT AND TREAT  
KIDNEY AND EYE DISEASE. WE KNOW THAT MORE THAN 90% OF PEOPLE WITH T1D  
DEVELOP SOME LEVEL OF EYE DISEASE WITHIN 20 YEARS OF DIAGNOSIS AND THAT  
1 IN 4 DEVELOP KIDNEY DISEASE. JDRF WILL DIRECT FUNDS TO DEVELOP AND  
IMPROVE EYE AND KIDNEY DISEASE TREATMENTS, SO THAT PEOPLE AT RISK CAN  
TAKE STEPS TO INTERVENE EARLY IN THE DISEASE PROCESS.

PSYCHOSOCIAL HEALTH: FOCUS ON REDUCING THE PSYCHOSOCIAL CHALLENGES OF  
T1D. EARLY RESEARCH HAS SHOWN THAT THE BURDEN OF LIVING WITH T1D TAKES  
A TOLL BEYOND THE PHYSICAL COMPLICATIONS, OFTEN AFFECTING PEOPLE'S  
SOCIAL, BEHAVIORAL, AND EMOTIONAL WELL-BEING, KNOWN COLLECTIVELY AS  
PSYCHOSOCIAL HEALTH. WE AIM TO REDUCE THE CHALLENGES THROUGH INCREASING

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

THE NUMBER OF AND PROVIDING ACCESS TO PSYCHOLOGISTS TRAINED IN T1D,  
SUPPORTING RESEARCH INITIATIVES TO IMPROVE PSYCHOSOCIAL HEALTH AND  
OUTCOMES, AND EDUCATING THE T1D COMMUNITY ABOUT THE PSYCHOSOCIAL IMPACT  
OF THE DISEASE.

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

JDRF'S IN-HOUSE TEAM OF SKILLED AND CREDENTIALLED SCIENTIFIC, POLICY,  
AND GOVERNMENT RELATIONS PROFESSIONALS PLAYS A CRITICAL ROLE IN LEADING  
AND SUPPORTING THE RESEARCH STRATEGY AND DISTRIBUTION OF RESEARCH FUNDS  
FROM JDRF--AND OUR PARTNER ORGANIZATIONS--TOWARD CREATING A WORLD  
WITHOUT T1D. OUR PROFESSIONALS IDENTIFY, EVALUATE, AND INFLUENCE  
GROUNDBREAKING RESEARCH FOR FUNDING AND WORK WITH OTHER FOUNDATIONS,  
GOVERNMENTS, AND INDUSTRY PARTNERS TO ACCELERATE THE MISSION WE ALL  
SHARE. JDRF PROFESSIONALS WORK WITH REGULATORY AND POLICY OFFICIALS TO  
ENSURE RESEARCH CAN PROCEED WITHOUT DELAY AND THAT ADVANCES ARE WELL  
UNDERSTOOD BY HEALTHCARE DECISION MAKERS. AS PART OF THESE EFFORTS,  
JDRF ORGANIZES AND FUNDS SCIENTIFIC MEETINGS, SYMPOSIA, AND  
CONFERENCES, TO ENSURE THAT JDRF'S RESEARCH STRATEGY IS ALIGNED WITH  
THE NEEDS OF THE T1D COMMUNITY AND ALLOW JDRF TO PROVIDE SCIENTIFIC  
UPDATES ON THE RESEARCH IT MANAGES. THIS EFFORT ENSURES THAT ALL THE  
RESEARCH IS CONTINUALLY SHARED AND BUILT UPON BY T1D RESEARCHERS AROUND  
THE GLOBE. THE STRATEGIC ADVISORY PANEL (SAP) IS COMPOSED OF FIVE  
ESTABLISHED T1D EXPERTS IN VARIOUS ASPECTS OF THE FIELD, INCLUDING  
PEDIATRIC ENDOCRINOLOGY, PREVENTION, AND TREATMENT OF T1D,  
IMMUNOTHERAPIES, REGULATORY, AND DRUG DEVELOPMENT. THE SAP CONTRIBUTES  
TO JDRF SCIENTISTS' STRATEGIC PLANNING AROUND RESEARCH FUNDING GOALS  
AND PRIORITIES. JDRF'S WORK TO BRING TOGETHER THE BEST MINDS IN THE  
FIELD ENHANCES JDRF'S ABILITY TO FORECAST FUTURE SCIENTIFIC DIRECTION,

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

JUDGE THE POTENTIAL EFFECTIVENESS OF NEW PATHWAYS, AND IDENTIFY GAPS

WHERE JDRF FUNDING CAN MAKE THE MOST IMPACT.

FORM 990, PART III, LINE 4C: 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, 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 SUPPORTERS, JDRF FIGHTS TO MEET THE T1D

COMMUNITY'S DIVERSE NEEDS, CONNECTING PEOPLE WITH LOCAL SUPPORT, EXPERT

RESOURCES, AND THE GLOBAL EFFORT TO CREATE A WORLD WITHOUT T1D.

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

FORM 990 REVIEW PROCESS

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

Name of the organization

JDRF INTERNATIONAL

Employer identification number

23-1907729

ORGANIZATION'S ACCOUNTING MANAGER WORKS WITH ITS OUTSIDE TAX PREPARERS TO PREPARE THE RETURN AND ALL SUPPORTING SCHEDULES. THE DRAFT RETURN IS REVIEWED BY A NUMBER OF INDIVIDUALS, INCLUDING JDRF'S CHIEF FINANCIAL OFFICER, OTHER EXECUTIVES, ITS EXTERNAL SENIOR TAX ADVISOR AND OTHERS AS NECESSARY TO ENSURE ACCURACY. ANY QUESTIONS AND CHANGES WITH RESPECT TO THE DRAFT RETURNS ARE ADDRESSED. FOLLOWING THIS PROCESS, THE RETURN IS REVIEWED BY JDRF'S AUDIT AND RISK COMMITTEE OF THE BOARD OF DIRECTORS WITH ITS OUTSIDE TAX ADVISORS. ONCE APPROVED, THE RETURN IS DISTRIBUTED TO ALL MEMBERS OF JDRF'S BOARD OF DIRECTORS FOR REVIEW AND COMMENT BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE.

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

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

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

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

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

EXECUTIVE COMPENSATION POLICY

JDRF'S BOARD OF DIRECTORS CHARGES A TALENT AND COMPENSATION COMMITTEE TO DEVELOP AND RECOMMEND A COMPENSATION PHILOSOPHY THAT APPLIES TO ALL EMPLOYEES OF 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 HUMAN RESOURCES OFFICER AND OTHER SENIOR STAFF PERSONNEL IN THE JDRF HUMAN RESOURCES DEPARTMENT TO ENSURE THAT 1) THE FOUNDATION'S TALENT STRATEGY SUPPORTS AND IS ALIGNED WITH ITS OVERALL ORGANIZATION STRATEGIES; 2) JDRF IS IN COMPLIANCE WITH IRS GUIDELINES FOR DETERMINING REASONABLENESS IN PAY PRACTICES; AND 3) OVERALL COMPENSATION FOR JDRF'S KEY EXECUTIVES IS COMPETITIVE AND ALIGNED WITH PAY PHILOSOPHY. TO ATTRACT AND RETAIN TOP SCIENTIFIC AND EXECUTIVE TALENT TO ADVANCE ITS MISSION, THE ORGANIZATION PAYS COMPETITIVE AND APPROPRIATE SALARIES AS DETERMINED BY ANALYSIS OF RELIABLE DATA AND INPUT FROM INDEPENDENT THIRD-PARTY CONSULTANTS. THE REVIEW OF JDRF EXECUTIVE COMPENSATION AND BENEFITS UNDER THE PROCEDURES NOTED ABOVE IS COMPLETED ANNUALLY BY AN INDEPENDENT COMPENSATION COMMITTEE, AND THE BASIS FOR THEIR DETERMINATION IS DOCUMENTED CONTEMPORANEOUSLY IN THE MINUTES OF THE COMMITTEE'S MEETINGS, INCLUDING MOST RECENTLY ON JUNE 30, 2022.

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

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

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

PUBLIC DOCUMENTS

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

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

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization <p style="text-align: center;">JDRF INTERNATIONAL</p>	Employer identification number <p style="text-align: center;">23-1907729</p>
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**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
JDRF T1D FUND LLC - 27-4967989 C/O JDRF - 200 VESEY ST, 28TH FL NEW YORK, NY 10281	FUNDR/INVEST	DELAWARE	5,969,622.	163,269,000.	JDRF

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

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

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

Schedule R (Form 990) 2021

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

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

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

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



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

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

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

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

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

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



**Part VII Supplemental Information**

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

SCHEDULE R, PART I, LINE (1B)

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