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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
JD RF INTERNATIONAL

% EMMA PANGILINAN-ROSALES
Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
200 VESEY STREET 28TH FLOOR

City or town, state or province, country, and ZIP or foreign postal code
NEW YORK, NY 10281

D Employer identification number

23-1907729

E Telephone number

(212) 689-2860

G Gross receipts \$ 274,899,230

F Name and address of principal officer:
AARON KOWALSKI
200 VESEY STREET 28TH FLOOR
NEW YORK, NY 10281

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.jdrf.org

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1970

M State of legal domicile: PA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
Improving lives today and tomorrow by accelerating life-changing breakthroughs to cure, prevent and treat T1D and its complications. SEE SCHEDULE O, ATTACH. 1.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) 3 13

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 13

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 868

6 Total number of volunteers (estimate if necessary) 6 235,000

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 49,734

7b Net unrelated business taxable income from Form 990-T, line 39 7b 29,579

Revenue

8 Contributions and grants (Part VIII, line 1h) 8 13

9 Program service revenue (Part VIII, line 2g) 9 13

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 868

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 235,000

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 49,734

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 13 49,734

14 Benefits paid to or for members (Part IX, column (A), line 4) 14 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 15 77,701,531

16a Professional fundraising fees (Part IX, column (A), line 11e) 16a 27,446

b Total fundraising expenses (Part IX, column (D), line 25) ▶ 34,666,848

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 17 46,029,373

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 18 192,605,651

19 Revenue less expenses. Subtract line 18 from line 12 19 19,996,799

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 20 268,023,077

21 Total liabilities (Part X, line 26) 21 134,322,376

22 Net assets or fund balances. Subtract line 21 from line 20 22 133,700,701

Part II Signature Block

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

Sign Here

Signature of officer
2021-04-05
Date
JOANNE MARTZ CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name
Preparer's signature
Date 2021-04-05
Check ☐ if self-employed
PTIN P01907071
Firm's name ▶ KPMG LLP
Firm's EIN ▶
Firm's address ▶ 345 PARK AVE
NEW YORK, NY 10154
Phone no. (212) 758-9700

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the 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.

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

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

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

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

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

4a	(Code:)	(Expenses \$	68,847,301	including grants of \$	68,847,301)	(Revenue \$)
See Additional Data						

4b	(Code:)	(Expenses \$	16,997,889	including grants of \$		(Revenue \$)
See Additional Data						

4c	(Code:)	(Expenses \$	50,681,132	including grants of \$		(Revenue \$)
See Additional Data						

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

4e	Total program service expenses ▶	136,526,322
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Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1,014
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	6
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 868			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes		
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes		
b If "Yes," enter the name of the foreign country: ►IS See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No	
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Yes		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		No	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15		No	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No	

Part VI

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	13	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent	13	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

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

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

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

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

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

See instructions for the order in which to list the persons above.

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

[illegible]

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								5,264,691	0	345,489

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 **▶** 201

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

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
BLUE STATE DIGITAL, 41 FLATBUSH AVE BROOKLYN, NY 11217	WEB DEVELOPMENT	1,903,583
KAVYOS CONSULTING INC, 485 US-1 ISELIN, NJ 08830	IT CONSULTANTS	1,663,170
JOHN GALLIN SON INC, 102 MADISON AVE 9TH FL NEW YORK, NY 10016	GENERAL CONTRACTOR	2,541,820
INNOVATION CLOUD LLC, RUE DE LINDUSTRIE 15 L-8069 BERTRANGE, LU	IT CONSULTANTS	1,336,808
MED-IQ LLC, 5523 RESEARCH PARK DR STE 210 BALTIMORE, MD 21228	PROF. CONSULTANTS	482,886

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

Form 990 (2019)										Page 9			
Part VIII Statement of Revenue													
Check if Schedule O contains a response or note to any line in this Part VIII										☐			
										(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .		1a	3,973,328									
	b Membership dues . . .		1b										
	c Fundraising events . . .		1c	109,565,253									
	d Related organizations		1d										
	e Government grants (contributions)		1e										
	f All other contributions, gifts, grants, and similar amounts not included above		1f	80,535,758									
	g Noncash contributions included in lines 1a - 1f:\$		1g	12,160,404									
	h Total. Add lines 1a-1f ▶		194,074,339										
Program Service Revenue	2a		Business Code										
	b												
	c												
	d												
e													
f All other program service revenue.													
g Total. Add lines 2a-2f. ▶													
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶				2,968,472				49,734		2,918,738		
	4 Income from investment of tax-exempt bond proceeds ▶				0								
	5 Royalties ▶				0								
			(i) Real		(ii) Personal								
	6a Gross rents		6a										
	b Less: rental expenses		6b										
	c Rental income or (loss)		6c	0		0							
	d Net rental income or (loss) ▶				0								
			(i) Securities		(ii) Other								
	7a Gross amount from sales of assets other than inventory		7a	57,078,984									
	b Less: cost or other basis and sales expenses		7b	43,808,518									
	c Gain or (loss)		7c	13,270,466									
	d Net gain or (loss) ▶				13,270,466						13,270,466		
	8a Gross income from fundraising events (not including \$ 109,565,252 of contributions reported on line 1c). See Part IV, line 18		8a	18,254,759									
	b Less: direct expenses		8b	18,254,759									
	c Net income or (loss) from fundraising events . . . ▶												
	9a Gross income from gaming activities. See Part IV, line 19		9a	850,956									
	b Less: direct expenses		9b	233,503									
	c Net income or (loss) from gaming activities . . . ▶				617,453						617,453		
	10a Gross sales of inventory, less returns and allowances . . .		10a	0									
b Less: cost of goods sold . . .		10b	0										
c Net income or (loss) from sales of inventory . . . ▶				0									
Miscellaneous Revenue		Business Code											
11a MISC REVENUE		900099		1,671,720						1,671,720			
b													
c													
d All other revenue													
e Total. Add lines 11a-11d ▶				1,671,720									
12 Total revenue. See instructions ▶				212,602,450				49,734		18,478,377			

Form 990 (2019)

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	47,676,980	47,676,980		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	21,170,321	21,170,321		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	2,271,140	1,362,684	317,960	590,496
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	59,971,320	33,919,245	10,585,372	15,466,703
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9 Other employee benefits	10,155,549	5,805,316	1,610,683	2,739,550
10 Payroll taxes	5,303,522	2,848,001	987,183	1,468,338
11 Fees for services (non-employees):				
a Management	2,448,293	1,334,249	154,938	959,106
b Legal	520,511	153,799	260,220	106,492
c Accounting	254,540		254,540	
d Lobbying	853,826	853,826		
e Professional fundraising services. See Part IV, line 17	27,446			27,446
f Investment management fees	319,620		319,620	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,924,455	1,743,975	1,020,688	1,159,792
12 Advertising and promotion	4,718,131	2,545,090	313,831	1,859,210
13 Office expenses	1,676,281	894,241	365,257	416,783
14 Information technology	6,524,385	2,595,691	1,261,834	2,666,860
15 Royalties	0			
16 Occupancy	8,966,787	4,696,657	1,682,529	2,587,601
17 Travel	2,882,582	1,745,565	301,825	835,192
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	1,175,240	465,852	201,827	507,561
20 Interest	45,282	45,282		
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	4,192,966	1,423,148	887,956	1,881,862
23 Insurance	612,366	261,320	193,328	157,718
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OUTREACH EXPENSES	5,189,866	3,994,526	414,210	781,130
b DUES & FEES	831,976	453,321	159,919	218,736
c OTHER MISC EXPENSES	892,266	537,233	118,761	236,272
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	192,605,651	136,526,322	21,412,481	34,666,848
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☒ if following SOP 98-2 (ASC 958-720).	2,005,061	501,444		1,503,616

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

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		19,125,818	1	18,028,084	
	2	Savings and temporary cash investments		36,566,833	2	29,732,492	
	3	Pledges and grants receivable, net		30,267,097	3	36,176,968	
	4	Accounts receivable, net		20,525,959	4	7,962,575	
	5	Loans and other 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		0	5	0	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0	
	7	Notes and loans receivable, net		6,720,000	7	3,870,000	
	8	Inventories for sale or use		0	8	0	
	9	Prepaid expenses and deferred charges		6,103,129	9	7,022,535	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	15,578,062			
	b	Less: accumulated depreciation	10b	4,173,382	5,895,032	10c	11,404,680
	11	Investments—publicly traded securities		93,573,878	11	102,925,827	
	12	Investments—other securities. See Part IV, line 11		4,213,073	12	857,686	
	13	Investments—program-related. See Part IV, line 11		21,443,947	13	50,042,230	
	14	Intangible assets		0	14	0	
	15	Other assets. See Part IV, line 11		0	15	0	
16	Total assets. Add lines 1 through 15 (must equal line 34)		244,434,766	16	268,023,077		
Liabilities	17	Accounts payable and accrued expenses		16,774,462	17	24,845,175	
	18	Grants payable		100,065,608	18	99,239,193	
	19	Deferred revenue		9,232,753	19	7,730,761	
	20	Tax-exempt bond liabilities		0	20	0	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0	
	22	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		0	22	0	
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0	
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		2,560,463	25	2,507,247	
	26	Total liabilities. Add lines 17 through 25		128,633,286	26	134,322,376	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		76,838,325	27	85,538,657	
	28	Net assets with donor restrictions		38,963,155	28	48,162,044	
	Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
32	Total net assets or fund balances		115,801,480	32	133,700,701		
33	Total liabilities and net assets/fund balances		244,434,766	33	268,023,077		

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	212,602,450
2	Total expenses (must equal Part IX, column (A), line 25)	2	192,605,651
3	Revenue less expenses. Subtract line 2 from line 1	3	19,996,799
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	115,801,480
5	Net unrealized gains (losses) on investments	5	-2,097,578
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	133,700,701

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

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
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	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
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?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Additional Data

Software ID:
Software Version:
EIN: 23-1907729
Name: JDRF INTERNATIONAL

Form 990 (2019)

Form 990, Part III, Line 4a:

RESEARCH FUNDING - FOR THE FY20 PERIOD ENDING JUNE 30, 2020, JDRF DIRECTLY FUNDED RESEARCH GRANTS AND INDUSTRY AGREEMENTS FOR WHICH \$69 MILLION IN RESEARCH GRANT EXPENSE, NET WAS RECOGNIZED ACCORDING TO GAAP AND EXCLUDING \$50 MILLION OF PROGRAMMATIC RESEARCH INVESTMENTS WHICH ARE RECORDED TO THE ORGANIZATION'S BALANCE SHEET. FOR AN EXPANDED DESCRIPTION OF PROGRAM SERVICE ACTIVITIES RELATED TO DIRECT RESEARCH FUNDING, SEE SCHEDULE O.

Form 990, Part III, Line 4b:

RESEARCH SUPPORT - JD RF 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 JD RF 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.

Form 990, Part III, Line 4c:

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

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DEREK RAPP THRU 0419 PRESIDENT AND CEO	0.0 0.0						X	870,371	0	11,538
AARON KOWALSKI PRESIDENT AND CEO	50.0 0.0			X				654,519	0	46,292
HELEN ELIAS MANAGING DIR. JDRF T1D FUND	50.0 0.0				X			450,498	0	25,833
SANDRA HIJIKATA THRU 0420 CHIEF DEV OFFICER & ASST. SECY	50.0 0.0			X				450,550	0	24,944
JOANNE MARTZ CFO/TREASURER	50.0 0.0			X				416,133	0	34,916
ALISA NORRIS CHIEF MARKETING OFFICER	50.0 0.0					X		375,000	0	46,988
CYNTHIA RICE CHIEF MISSION OFFICER	50.0 0.0					X		370,834	0	31,152
SRINIVAS MISHRA CHIEF DATA AND TECHNOLOGY	50.0 0.0					X		363,067	0	34,061
SUSAN YUN THRU 0520 CHIEF PEOPLE OFFICER/ASST. SEC	50.0 0.0			X				373,433	0	14,973
JILL CLARK SVP, VOLUNTEER ENGAGEMENT	50.0 0.0					X		359,900	0	19,588

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SANJOY DUTTA VP, RESEARCH	50.0 0.0					X		286,171	0	16,155
SYDNEY YOVIC CHIEF OF STAFF/ASST. TREASURER	50.0 0.0			X				185,085	0	32,984
JAMES MCDONALD BOARD LIAISON/SECRETARY	50.0 0.0			X				109,130	0	6,065
ELLEN LEAKE CHAIR OF THE BOARD	20.0 0.0	X		X				0	0	0
MARGERY PERRY CHAIR, RESEARCH	5.0 0.0	X						0	0	0
LISA WALLACK BOARD MEMBER	5.0 0.0	X						0	0	0
PAUL HEATH CHAIR, ADVOCACY & IMPACT	3.0 0.0	X						0	0	0
JEFF PLUMER BOARD VICE-CHAIR	10.0 0.0	X		X				0	0	0
GRANT BEARD CHAIR, AUDIT & RISK COMMITTEE	5.0 0.0	X						0	0	0
STEVEN DAVIS CHAIR, NOMINATING & GOVERNANCE	3.0 0.0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOE LACHER CHAIR, TALENT & COMPENSATION	5.0 0.0	X						0	0	0
JENNIFER SCHNEIDER MD BOARD MEMBER	3.0 0.0	X						0	0	0
MATT VAREY BOARD MEMBER	3.0 0.0	X						0	0	0
CHRISTOPHER TURNER CHAIR, FINANCE & INVESTMENTS	5.0 0.0	X						0	0	0
MICHAEL ALTER CHAIR, FUNDING COMMITTEE	3.0 0.0	X						0	0	0
CLAUDIA GRAHAM BOARD MEMBER	3.0 0.0	X						0	0	0
TROY LINDLOFF BEGAN 0220 CDO/ASST. TREASURER	50.0 0.0			X				0	0	0

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
JDRF INTERNATIONAL

Employer identification number
23-1907729

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

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

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

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

Part II

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

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	196,804,267	199,896,852	219,968,105	215,659,011	194,074,339	1,026,402,574
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						0
4	Total. Add lines 1 through 3	196,804,267	199,896,852	219,968,105	215,659,011	194,074,339	1,026,402,574
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). .						0
6	Public support. Subtract line 5 from line 4.						1,026,402,574

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .	196,804,267	199,896,852	219,968,105	215,659,011	194,074,339	1,026,402,574
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	465,379	548,825	1,309,523	2,439,225	2,918,738	7,681,690
9	Net income from unrelated business activities, whether or not the business is regularly carried on . . .	112,437	33,150	138,747	186,965	29,579	500,878
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .	94,769	283,014	1,793,044	2,313,482	1,671,720	6,156,029
11	Total support. Add lines 7 through 10						1,040,741,171
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14 98.622 %
15	Public support percentage for 2018 Schedule A, Part II, line 14	15 98.740 %
16a	33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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 on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a ☐ The organization satisfied the Activities Test. Complete line 2 below.		
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.		
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V

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

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:
Software Version:
EIN: 23-1907729
Name: JD RF INTERNATIONAL

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).

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

Part I-A

Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	▶ \$
3	Volunteer hours for political campaign activities (see instructions)	

Part I-B

Complete if the organization is exempt under section 501(c)(3).

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

Part I-C

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

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

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

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

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?	Yes		16,450
d	Mailings to members, legislators, or the public?		No	0
e	Publications, or published or broadcast statements?	Yes		17,625
f	Grants to other organizations for lobbying purposes?	Yes		2,343
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		526,529
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		462,701
i	Other activities?	Yes		1,147
j	Total. Add lines 1c through 1i			1,026,795
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
JDRF LOBBYING ACTIVITIES	FORM 990- SCH-C- GENERAL STATEMENT OF ACTIVITIES JDRF is the leading global organization funding type 1 diabetes (T1D) research, focused on curing T1D and improving lives. JDRF's advocacy includes lobbying activity to ensure Congress continues to invest in critically important medical research and puts in place policies to advance development and access to therapies to cure T1D and help people stay as healthy as possible until that day. JDRF has been instrumental in securing the renewal of the Special Diabetes Program, which provides \$150MM annually for T1D research at the National Institutes of Health. JDRF staff and volunteers communicate with government officials through email, phone calls, and meetings, to educate them on issues and encourage the advancement of legislation.

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SCHEDULE D
(Form 990)

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

2019

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ 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.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ 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.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

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

Cat. No. 52283D Schedule D (Form 990) 2019

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐

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
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

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 in 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	7,887,833	7,567,601	7,341,367	7,176,427
b	Contributions	-140,727	221,441		
c	Net investment earnings, gains, and losses	33,086	102,034	268,304	367,446
d	Grants or scholarships				37,913
e	Other expenditures for facilities and programs	71,023	3,243	42,070	202,506
f	Administrative expenses				3,000
g	End of year balance	7,709,169	7,887,833	7,567,601	7,341,367
2	Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:				
a	Board designated or quasi-endowment ▶	0 %			
b	Permanent endowment ▶	100.000 %			
c	Temporarily restricted endowment ▶				
	The percentages on lines 2a, 2b, and 2c should equal 100%.				
3a	Are there endowment funds not in the possession of the organization that are held and administered for the organization by:				
	(i) unrelated organizations				
	(ii) related organizations				
b	If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?				
4	Describe in Part XIII the intended uses of the organization's endowment funds.				

3a(i)

Yes

No

3a(ii)

Yes

No

3b

Yes

No

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	5,269,771	4,783,263	486,508
d	Equipment	15,578,062	4,659,890	10,918,172
e	Other			
Total.	Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶			11,404,680

Part VII

Investments—Other Securities.

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

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

Part VIII

Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) T1D FUND PROGRAM RELATED INVES	50,042,230	F
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶	50,042,230	

Part IX

Other Assets.

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

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

Part X

Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) SPLIT INTEREST CHRT RMDR TRUST	2,507,247
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	2,507,247

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	210,185,251
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-2,097,579
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-2,097,579
3	Subtract line 2e from line 1	3	212,282,830
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	319,620
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	319,620
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	212,602,450

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

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

1	Total expenses and losses per audited financial statements	1	192,286,031
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	192,286,031
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	319,620
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	319,620
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	192,605,651

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.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 23-1907729
Name: JD RF INTERNATIONAL

Supplemental Information

Return Reference	Explanation
ORGANIZATION'S ENDOWMENT FUNDS	FORM 990, PART X, LINE 28 & 29 & SCH D, PART V THE ORGANIZATION UTILIZES EARNINGS ON ENDOWMENT FUNDS IN THE MANNER SPECIFIED BY THE DONOR AND/OR FOR SUPPORTING THE ORGANIZATIONS GENERAL EXEMPT PURPOSE.

Supplemental Information

Return Reference	Explanation
UNCERTAIN TAX POSITIONS	990 SCH-D, PART X, LINE 2 JDRF IS A NOT FOR PROFIT ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501 (C) (3) OF THE INTERNAL REVENUE CODE AND IS ORGANIZED UNDER THE LAWS OF THE COMMONWEALTH OF PENNSYLVANIA. THE EFFECT OF INCOME INCOME TAX POSITIONS IS RECOGNIZED ONLY IF THE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. INCOME GENERATED FROM ACTIVITIES UNRELATED TO JDRF'S EXEMPT PURPOSE IS SUBJECT TO TAX UNDER INTERNAL REVENUE CODE SECTION 511. UNRELATED BUSINESS INCOME TAX LIABILITY WAS INSIGNIFICANT FOR THE YEARS ENDING JUNE 30, 2020 AND 2019.

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

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 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
See Add'l Data					
3a Sub-total	2	2			21,774,944
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	2	2			21,774,944

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.

[illegible]

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 55

3	Enter total number of other organizations or entities	9
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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.
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Part III can be duplicated if additional space is needed.

[illegible]

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.

990 Schedule F, Supplemental Information

Return Reference	Explanation
GRANT MONITORING PROCEDURES	SCH-F PART I LINE 2 RESEARCH GRANTS ARE AWARDED BY JDRF INTERNATIONAL WITH THE SUPPORT OF JDRFI'S RESEARCH COMMITTEE COMPRISED OF "JDRF INTERNATIONAL BOARD MEMBERS AND OTHER VOLUNTEERS" FOLLOWING THE RECOMMENDATIONS OF AN IN-HOUSE TEAM OF PROFESSIONAL SCIENTIFIC STAFF AND WITH INPUT FROM EXTERNAL SCIENTIFIC REVIEWERS. THE REVIEW PROCESS INCLUDES THE FOLLOWING CRITERIA: (1) THE SCIENTIFIC MERIT OF THE PROPOSED RESEARCH OUTLINED IN A GRANT APPLICATION AND (2) THE RELATIONSHIP OF THE PROPOSED RESEARCH TO JDRF'S GOAL TO IMPROVE LIVES TODAY AND TOMORROW BY ACCELERATING LIFE-CHANGING BREAKTHROUGHS TO CURE, PREVENT AND TREAT T1D AND ITS COMPLICATIONS. THE SCIENTIFIC RESEARCH TEAM AND GRANT ADMINISTRATION STAFF MAINTAIN CLOSE CONTACT WITH GRANTEEES, PROVIDING ADVICE AND EVALUATION, REVIEWING PROGRESS REPORTS, REVIEWING RESEARCH EXPENDITURES VERSUS AGREED BUDGETS, AND HELPING DISSEMINATE RESEARCH RESULTS.

Additional Data

Software ID:
Software Version:
EIN: 23-1907729
Name: JDRF INTERNATIONAL

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific			Grantmaking	RESEARCH GRANTS	5,200,123
Europe (Including Iceland and Greenland)			Grantmaking	RESEARCH GRANTS	12,596,152

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Middle East and North Africa			Grantmaking	RESEARCH GRANTS	761,742
North America			Grantmaking	RESEARCH GRANTS	2,032,241

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
South Asia			Grantmaking	RESEARCH GRANTS	618,750
Central America and the Caribbean			Investments	INVESTMENTS	28,320

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland and Greenland)	2	2	Program Services	RESEARCH SUPPORT	537,616

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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)	IMMUNE THERAPIES	195,000	CHECK/WIRE		N/A	N/A
		East Asia and the Pacific	PREVENTION	37,185	CHECK/WIRE		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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	120,000	CHECK/WIRE		N/A	N/A
		Europe (Including Iceland and Greenland)	PREVENTION	705,195	CHECK/WIRE		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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)
		Middle East and North Africa		62,853	CHECK/WIRE		N/A	N/A
		Europe (Including Iceland and Greenland)	IMMUNOTHERAPIES	807,719	CHECK/WIRE		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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)
		East Asia and the Pacific		574,445	CHECK/WIRE		N/A	N/A
		East Asia and the Pacific	IMMUNOTHERAPIES	1,475,385	CHECK/WIRE		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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)
		North America	IMMUNE THERAPIES	60,816	CHECK/WIRE		N/A	N/A
		Europe (Including Iceland and Greenland)	IMMUNOTHERAPIES	63,529	CHECK/WIRE		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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)
		East Asia and the Pacific	PREVENTION	160,000	CHECK/WIRE		N/A	N/A
		North America		859,430	CHECK/WIRE		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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)
		North America	BETA CELL REPLACEMENT	544,578	CHECK/WIRE		N/A	N/A
		Europe (Including Iceland and Greenland)	IMMUNE THERAPIES	110,000	CHECK/WIRE		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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	444,396	CHECK/WIRE		N/A	N/A
		North America	BETA CELL REGENERATION	148,924	CHECK/WIRE		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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	261,295	CHECK/WIRE		N/A	N/A
		Europe (Including Iceland and Greenland)	BETA CELL REGENERATION	146,601	CHECK/WIRE		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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)
		East Asia and the Pacific	BETA CELL REPLACEMENT	109,994	CHECK/WIRE		N/A	N/A
		Europe (Including Iceland and Greenland)	TRANSPORTFOLIO	175,000	CHECK/WIRE		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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)
		East Asia and the Pacific	PREVENTION	625,728	CHECK/WIRE		N/A	N/A
		Europe (Including Iceland and Greenland)	PREVENTION	1,192,020	CHECK/WIRE		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)	COMPLICATIONS	522,660	CHECK/WIRE		N/A	N/A
		Europe (Including Iceland and Greenland)	BETA CELL REGENERATION	26,949	CHECK/WIRE		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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)
		North America		92,280	CHECK/WIRE		N/A	N/A
		East Asia and the Pacific	PREVENTION	64,649	CHECK/WIRE		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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	361,020	CHECK/WIRE		N/A	N/A
		Europe (Including Iceland and Greenland)	IMMUNE THEPAPIES	318,106	CHECK/WIRE		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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	489,216	CHECK/WIRE		N/A	N/A
		East Asia and the Pacific	PREVENTION	30,221	CHECK/WIRE		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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)
		North America	IMMUNE THERAPIES	248,430	CHECK/WIRE		N/A	N/A
		Europe (Including Iceland and Greenland)		119,821	CHECK/WIRE		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)	BETA CELL	62,500	CHECK/WIRE		N/A	N/A
		Europe (Including Iceland and Greenland)	PREVENTION	1,392,697	CHECK/WIRE		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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)
		East Asia and the Pacific	IMMUNE THERAPIES	618,750	CHECK/WIRE		N/A	N/A
		East Asia and the Pacific	ARTIFICIAL PANCREAS	859,399	CHECK/WIRE		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)	BETA CELL REPLACEMENT	521,988	CHECK/WIRE		N/A	N/A
		Europe (Including Iceland and Greenland)	METABOLIC CONTROL	154,085	CHECK/WIRE		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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)
		East Asia and the Pacific	IMMUNE THERAPIES	484,125	CHECK/WIRE		N/A	N/A
		North America	IMMUNE THERAPIES	80,550	CHECK/WIRE		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)	IMMUNE THERAPIES	413,423	CHECK/WIRE		N/A	N/A
		Europe (Including Iceland and Greenland)	IMMUNE THERAPIES	62,640	CHECK/WIRE		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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)
		East Asia and the Pacific	MISSION	600,000	CHECK/WIRE		N/A	N/A
		East Asia and the Pacific	PREVENTION	69,060	CHECK/WIRE		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)		243,750	CHECK/WIRE		N/A	N/A
		Europe (Including Iceland and Greenland)	PREVENTION	485,728	CHECK/WIRE		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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	300,000	CHECK/WIRE		N/A	N/A
		Europe (Including Iceland and Greenland)	TRANSPORTFOLIO	287,643	CHECK/WIRE		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)	METABOLIC CONTROL	199,927	CHECK/WIRE		N/A	N/A
		Europe (Including Iceland and Greenland)	BETA CELL REGENERATION	95,000	CHECK/WIRE		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)	ARTIFICIAL PANCREAS	418,664	CHECK/WIRE		N/A	N/A
		Europe (Including Iceland and Greenland)	ARTIFICIAL PANCREAS	100,000	CHECK/WIRE		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)	IMMUNOTHERAPIES	615,241	CHECK/WIRE		N/A	N/A
		Europe (Including Iceland and Greenland)	BETA CELL	250,000	CHECK/WIRE		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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	249,808	CHECK/WIRE		N/A	N/A
		Middle East and North Africa	ARTIFICIAL PANCREAS	481,475	CHECK/WIRE		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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	315,621	CHECK/WIRE		N/A	N/A
		East Asia and the Pacific	BETA CELL REPLACEMENT	109,963	CHECK/WIRE		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(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)	TRANSPORTFOLIO	54,013	CHECK/WIRE		N/A	N/A
		Middle East and North Africa	TRANSPORTFOLIO	333,060	CHECK/WIRE		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)	BETA CELL REPLACEMENT	102,881	CHECK/WIRE		N/A	N/A
		Europe (Including Iceland and Greenland)	METABOLIC CONTROL, PREVENTION	330,777	CHECK/WIRE		N/A	N/A

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(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)	BETA CELL REGENERATION	62,640	CHECK/WIRE		N/A	N/A
		Europe (Including Iceland and Greenland)	TRANSPORTFOLIO	125,000	CHECK/WIRE		N/A	N/A

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 <u>ILLINOIS GALA</u> (event type)	(b) Event #2 <u>NYC/LI BALL</u> (event type)	(c) Other events <u>0</u> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	7,154,385	2,307,514	118,358,113	127,820,012
	2 Less: Contributions	6,250,224	1,945,685	101,369,344	109,565,253
	3 Gross income (line 1 minus line 2)	904,161	361,829	16,988,769	18,254,759
Direct Expenses	4 Cash prizes				
	5 Noncash prizes		1,189	223,503	224,692
	6 Rent/facility costs	37,960		1,153,201	1,191,161
	7 Food and beverages	325,914	170,959	1,824,097	2,320,970
	8 Entertainment	410,752	131,750	2,757,216	3,299,718
	9 Other direct expenses	129,535	57,931	11,030,752	11,218,218
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				18,254,759
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue	1 Gross revenue			850,956	850,956
	2 Cash prizes				
	3 Noncash prizes			18,545	18,545
	4 Rent/facility costs			214,958	214,958
	5 Other direct expenses				
Direct Expenses	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☒ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				233,503
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				617,453

- 9** Enter the state(s) in which the organization conducts gaming activities: See Additional Data Table
- 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	100.000 %

14

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

Name ▶

EVAN CUCCHIARO

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 ▶

EVAN CUCCHIARO SR ACCOUNTANT -JD

Gaming manager compensation ▶ \$

0

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 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.

Return Reference	Explanation
SCHEDULE G, PART I, LINE 2	CHARITABLE ADULT RIDES AND SERVICES (CARS) IS A STATE LICENSED PROFESSIONAL FUNDRAISER THAT HANDLES ALL ASPECTS OF CARS BEING DONATED TO JDRF. DONORS CONTACT THE COMPANY DIRECTLY THROUGH A TOLL FREE NUMBER TO COORDINATE THE DONATION, FOLLOWING WHICH INSURANCE AUTO AUCTIONS HANDLES ALL REQUIRED IRS 1098C REPORTING. FOR THE PERIOD ENDING 6/30/20, THE CAR PROGRAM RAISED \$137,540 WITH TOTAL EXPENSES OF \$27,446 WITH THE NET PROCEEDS OF \$110,094 PROVIDED DIRECTLY TO JDRF. JDRF PAYS NO ADDITIONAL EXPENSES OR FEES TO INSURANCE AUTO AUCTIONS FOR THIS PROGRAM.

Schedule G (Form 990 or 990-EZ) 2019

Additional Data

Software ID:
Software Version:
EIN: 23-1907729
Name: JDRF INTERNATIONAL

Form 990 Schedule G Part III Line 9

Enter the state(s) in which the organization operates gaming activities:	AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY
--	--

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service
Name of the organization
JD RF 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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 58

3 Enter total number of other organizations listed in the line 1 table 17

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
GRANT MONITORING PROCEDURES	SCH-I PART I LINE 2 RESEARCH GRANTS ARE AWARDED BY JDRF INTERNATIONAL WITH THE SUPPORT OF JDRF's RESEARCH COMMITTEE COMPRISED OF "JDRF INTERNATIONAL BOARD MEMBERS AND OTHER VOLUNTEERS" 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 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.

Additional Data

Software ID:
Software Version:
EIN: 23-1907729
Name: JDRF INTERNATIONAL

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BENAROYA RESEARCH INST AT VIRGINIA MASON 1201 9TH AVE SEATTLE, WA 98101	91-0653422	501(C)3	1,651,931		N/A	N/A	
ANN AND ROBERT LURIE CHILDREN'S HOSPITAL 225 EAST CHICAGO AVENUE CHICAGO, IL 60611	36-2170833	501(C)3	175,245		N/A	N/A	PSYCHOSOCIAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAM MED LLC 29 EXETER STREET WEST NEWTON, MA 02465	46-4517489		198,467		N/A	N/A	IMMUNE THERAPIES
UNIVERSITY OF ARIZONA PO Box 245049 TUCSON, AZ 850044593	11-3661893	501(C)3	450,000		N/A	N/A	ARTIFICIAL PANCREAS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CRITICAL PATH INSTITUTE 1730 EAST RIVER ROAD TUCSON, AZ 85718	20-1991334	501(C)3	164,000		N/A	N/A	
INDIANA UNIVERSITY 980 INDIANA AVENUE INDIANAPOLIS, IN 46202	35-6018940	501(C)3	938,214		N/A	N/A	BETA CELL REGENERATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOSLIN DIABETES CENTER 1 JOSLIN PL BOSTON, MA 02215	04-2203836	501(C)3	1,621,981		N/A	N/A	COMPLICATIONS
FREQUENCY THERAPEUTICS 300 TECHNOLOGY SQUARE WOBURN, MA 01801	47-2324450		87,440		N/A	N/A	

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVE CAMBRIDGE, MA 02139	04-2103594	501(C)3	12,049		N/A	N/A	
INDIANA BIOSCIENCES RES INST 1345 W 16TH STREET INDIANAPOLIS, IN 46202	46-2882271	501(C)3	366,810		N/A	N/A	BETA CELL REGENERATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAYO CLINIC 1216 2ND ST SW ROCHESTER, MN 55902	41-1405254	501(C)3	250,611		N/A	N/A	IMMUNE THERAPIES
GEORGIA TECH RESEARCH CORP 505 TENTH STREET ATLANTA, GA 30332	58-0603146	501(C)3	326,261		N/A	N/A	IMMUNE THERAPIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STANFORD UNIVERSITY 291 CAMPUS DRIVE STANFORD, CA 94305	94-1156365	501(C)3	736,781		N/A	N/A	BETA CELL REGENERATION
NEW YORK STEM CELL FOUNDATION 619 WEST 54TH STREET NEW YORK, NY 10019	20-2905531	501(C)3	449,999		N/A	N/A	BETA CELL REGENERATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OREGON HEALTH & SCIENCE UNIVERSITY 3181 SW SAM JACKSON PORTLAND, OR 97239	23-7083114	501(C)3	404,294		N/A	N/A	PSYCHOSOCIAL
IBM 1 N CASTLE DR ARMONK, NY 10504	13-0871925		1,125,000		N/A	N/A	PREVENTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PACIFIC DIABETES TECHNOLOGIES 12154 SW GARDEN PLACE PORTLAND, OR 97223	000000000	501(C)3	220,689		N/A	N/A	
UNIVERSITY OF FLORIDA 1600 SW ARCHER ROAD GAINESVILLE, FL 32610	59-0974739	501(C)3	1,413,091		N/A	N/A	BETA CELL REPLACEMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF VIRGINIA 104 MIDMONT LN CHARLOTTESVILLE, VA 22902	41-6042488	501(C)3	67,817		N/A	N/A	ARTIFICIAL PANCREAS
UNIVERSITY OF MICHIGAN 2003 S STATE STREET ANN ARBOR, MI 48109	38-6006309	501(C)3	2,421,363		N/A	N/A	BETA CELL REPLACEMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOCKHEED MARTIN 199 BORTON LANDING RD MOORESTOWN, NJ 08057	52-1893632		87,304		N/A	N/A	IMMUNE THERAPIES
UNIVERSITY OF CALIFORNIA 3333 CA ST SAN FRANCISCO, CA 94122	95-6006143	501(C)3	3,650,559		N/A	N/A	IMMUNOTHERAPIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UT SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BLVD DALLAS, TX 75390	75-6002868	501(C)3	252,250		N/A	N/A	
VANDERBILT UNIVERSITY MEDICAL CENTER 1211 MEDICAL CENTER DR NASHVILLE, TN 37232	62-0476822	501(C)3	1,016,666		N/A	N/A	BETA CELL REGENERATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOUISIANA STATE UNIV HEALTH SCIENCE 433 BOLIVAR STREET NEW ORLEANS, LA 70112	27-0158443	501(C)3	125,000		N/A	N/A	IMMUNE THERAPIES
JAEB CENTER FOR HEALTH RESEARCH FND 15310 Amberly Drive TAMPA, FL 33647	59-3187624	501(C)3	1,907,184		N/A	N/A	TRANSPORTFOLIO

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIACYTE INC 3550 GENERAL ATOMICS SAN DIEGO, CA 92121	33-0884172		650,000		N/A	N/A	BETA CELL REGENERATION
COLUMBIA UNIVERSITY 535 W 116TH ST NEW YORK, NY 10027	13-5598093	501(C)3	62,640		N/A	N/A	IMMUNOTHERAPIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YALE UNIVERSITY PO BOX 209010 NEW HAVEN, CT 06520	06-0646973	501(C)3	866,764		N/A	N/A	PREVENTION
SFC FLUIDICS INC 534 WEST RES CENTER FAYETTEVILLE, AR 72701	11-3682226		872,538		N/A	N/A	ARTIFICIAL PANCREAS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ALABAMA AT BIRMINGHAM 1720 2ND AVS S BIRMINGHAM, AL 35294	63-6001138	501(C)3	372,551		N/A	N/A	
NORTHWESTERN UNIVERSITY 633 CLARK STREET EVANSTON, IL 60208	23-1352685	501(C)3	66,900		N/A	N/A	IMMUNOTHERAPIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ICAHN SCHOOL OF MEDICINE MOUNT SINAI 1 GUSTAVE L LEVY PLACE NEW YORK, NY 10029	13-6171197	501(C)3	867,090		N/A	N/A	ARTIFICIAL PANCREAS
STATE UNIVERSITY OF NY AT BUFFALO 12 CAPEN HALL BUFFALO, NY 14260	14-1368361	501(C)3	667,124		N/A	N/A	

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MINNESOTA 200 OAK ST SE MINNEAPOLIS, MN 55455	41-6007513	501(C)3	2,063,899		N/A	N/A	ARTIFICIAL PANCREAS
UNIVERSITY OF WASHINGTON 4333 BROOKLYN AVE NE SEATTLE, WA 98195	91-1486484	501(C)3	250,000		N/A	N/A	

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE MEDICAL COLLEGE OF WISCONSIN 8701 W WATERTOWN MILWAUKEE, WI 53226	61-1730890	501(C)3	584,260		N/A	N/A	IMMUNE THERAPIES
TIDEPOOL 555 BRYANT ST PALO ALTO, CA 94301	46-2302287		650,000		N/A	N/A	ARTIFICIAL PANCREAS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF UTAH 201 PRESIDENTS CR SALT LAKE CITY, UT 84112	87-6000525	501(C)3	765,065		N/A	N/A	IMMUNOTHERAPIES
PROTOMER TECHNOLOGIES 530 SOUTH LAKE AVE PASADENA, CA 91101	47-4206994		356,314		N/A	N/A	IMMUNE THERAPIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF COLORADO 1800 GRANT STREET DENVER, CO 80203	84-6049811	501(C)3	3,623,140		N/A	N/A	PREVENTION
UNIVERSITY OF ILLINOIS 1200 HARRISON CHICAGO, IL 60612	37-6006007	501(C)3	771,252		N/A	N/A	ARTIFICIAL PANCREAS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 1 COLLEGE HALL PHILADELPHIA, PA 19104	23-1352685	501(C)3	42,621		N/A	N/A	IMMUNE THERAPIES
UNIVERSITY OF TEXAS HEALTH SCIENCE 7703 FLOYD CURL DRIVE SAN ANTONIO, TX 78229	74-1586031	501(C)3	480,505		N/A	N/A	METABOLIC CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON UNIVERSITY One Brookings Drive St Louis, MO 63130	43-0653611	501(C)3	542,203		N/A	N/A	BETA CELL REPLACEMENT
VTV THERAPEUTICS LLC 4170 MENDENHALL OAKS HIGH POINT, NC 27265	11-3682226		600,000		N/A	N/A	IMMUNE THERAPIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE BOSTON, MA 02115	04-3266103	501(C)3	1,859,050		N/A	N/A	BETA CELL REPLACEMENT
HARVARD COLLEGE 677 HUNTINGTON AVE BOSTON, MA 02115	04-2103580	501(C)3	4,312,693		N/A	N/A	BETA CELL REPLACEMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IVIVA MEDICAL INC 100 CUMMINGS CENTER SUITE 451C BEVERLY, MA 01915	000000000		45,000		N/A	N/A	BETA CELL REPLACEMENT
JOHNS HOPKINS UNIVERSITY 3400 N CHARLES STREET BALTIMORE, MD 21218	52-0595110	501(C)3	13,638		N/A	N/A	IMMUNOTHERAPIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARKER INSTITUTE FOR CANCER IMMUNOTHERAPY 1 LETTERMAN DR STE D3500 SAN FRANCISCO, CA 94129	47-3355381	501(C)3	1,106,749		N/A	N/A	
PHYSIOLOGIC DEVICES INC 2232 OLD STAGECOACH TRAIL ALPINE, CA 91901	000000000		962,000		N/A	N/A	

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SINCLAIR RESEARCH CENTER LLC 562 STATE ROAD DD AUXVASSE, MO 65231	000000000		122,027		N/A	N/A	
STOWERS INSTITUTE FOR MEDICAL RESEARCH 1000 EAST 50TH STREET KANSAS CITY, MO 64110	20-2993509	501(C)3	147,893		N/A	N/A	

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE OHIO STATE UNIVERSITY 281 W LANE AVE COLUMBUS, OH 43210	26-1416129	501(C)3	185,000		N/A	N/A	
THE SCRIPPS RESEARCH INSTITUTE 10550 N TORREY PINES RD LA JOLLA, CA 92037	33-0435954	501(C)3	441,100		N/A	N/A	BETA CELL REGENERATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE UNIVERSITY OF OKLAHOMA HEALTH SCIENCES CENTER 1000 STANTON L YOUNG BLVD OKLAHOMA CITY, OK 73104	73-1563627	501(C)3	250,000		N/A	N/A	COMPLICATIONS
UNIVERSITY OF MIAMI 1320 S DIXIE HWY STE 760 CORAL GABLES, FL 33146	59-0624458	501(C)3	467,579		N/A	N/A	BETA CELL REPLACEMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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UNIVERSITY OF NEBRASKA BOARD OF REGENTS 3835 HOLDREGE VARNER HALL LINCOLN, NE 68583	47-0049123	501(C)3	349,998		N/A	N/A	PREVENTION
VANDERBILT UNIVERSITY 2301 VANDERBILT PLACE NASHVILLE, TN 37240	62-0476822	501(C)3	262,640		N/A	N/A	METABOLIC CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAVE 80 BIOSCIENCES 2325 THIRD ST SUITE 215 SAN FRANCISCO, CA 94107	000000000		39,992		N/A	N/A	PREVENTION
ADVANCED REGENERATIVE MANUFACTURING INSTITUTE 400 COMMERCIAL STREET MANCHESTER, NH 03101	81-3327581	501(C)(3)	1,279,011		N/A	N/A	BETA CELL REPLACEMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALBERT EINSTEIN COLLEGE OF MEDICINE INC 1300 MORRIS PARK AVENUE BELFER 312 BRONX, NY 10461	47-2209056		110,000		N/A	N/A	IMMUNOTHERAPIES
ARIZONA STATE UNIVERSITY PO Box 873503 TEMPE, AZ 85281	86-0196696	501(C)(3)	110,000		N/A	N/A	BETA CELL REPLACEMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BALLAD RESEARCH INSTITUTE 10865 ROAD TO THE CURE SAN DIEGO, CA 921211155	61-1771290	501(C)(3)	250,000		N/A	N/A	IMMUNOTHERAPIES
BECKMAN RESEARCH INSTITUTE OF THE CITY OF HOPE 1500 E DUARTE RD DUARTE, CA 91010	95-3432210	501(C)(3)	402,643		N/A	N/A	BETA CELL REGENERATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOSPITAL OF PHILADELPHIA 3401 CIVIC CTR BLVD PHILADELPHIA, PA 19104	23-2237932	501(C)(3)	149,999		N/A	N/A	PREVENTION
COLORADO SCHOOL OF MINES 1500 ILLINOIS ST GOLDEN, CO 80401	84-6000551	501(C)(3)	109,984		N/A	N/A	BETA CELL REGENERATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IQVIA INC 4820 EMPEROR BLVD DURHAM, NC 27703	27-1341991		198,500		N/A	N/A	PREVENTION
O2M TECHNOLOGIES LLC HTI ENTERPRISEWORKS 2242 W HARRISON ST STE 201-18 CHICAGO, IL 60612	000000000		512,762		N/A	N/A	BETA CELL REPLACEMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAB BIOTHERAPEUTICS INC 2301 E 60TH ST N SIOUX FALLS, SD 57104	000000000		100,000		N/A	N/A	IMMUNOTHERAPIES
SAINT LOUIS UNIVERSITY 1 N GRAND BLVD SAINT LOUIS, MO 63103	43-0654872	501(C)(3)	110,000		N/A	N/A	METABOLIC CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
T1D EXCHANGE INC 11 AVENUE DE LAFAYETTE 5TH FL BOSTON, MA 02111	47-5074602	501(C)(3)	25,000		N/A	N/A	TRANSPORTFOLIO
UNIVERSITY OF NOTRE DAME 182 FITZPATRICK HALL NOTRE DAME, IN 46556	35-0868188	501(C)(3)	150,000		N/A	N/A	METABOLIC CONTROL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF PITTSBURGH 4200 FIFTH AVE CENTRAL PLANT NO 3 PITTSBURGH, PA 15260	25-0965591	501(C)(3)	475,610		N/A	N/A	PREVENTION

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
JDRF INTERNATIONAL

Employer identification number
23-1907729

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
☐ First-class or charter travel	☒ Housing allowance or residence for personal use		
☐ Travel for companions	☐ Payments for business use of personal residence		
☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?		2	No
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
☒ Compensation committee	☐ Written employment contract		
☒ Independent compensation consultant	☒ Compensation survey or study		
☒ Form 990 of other organizations	☒ 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?		4a Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 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?		5a	No
b Any related organization?		5b	No
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?		6a	No
b Any related organization?		6b	No
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 in lines 5 and 6? If "Yes," describe in Part III.		7	Yes
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

For 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 are not listed on Form 990, Part VII.

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

[illegible]

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.

Return Reference	Explanation
HOUSING ALLOWANCE	SCHEDULE J PART I, LINE 1A Pres & CEO Aaron Kowalski and Managing Director of the JDRF T1D Fund Helen Elias both received a housing allowance as per the terms of their employment agreements. The totals for both are as follows: Aaron Kowalski - \$54,519 Helen Elias - \$36,348 For the 2019 calendar year, the housing allowance provided to Derek Rapp was \$25,000; such amount was treated as taxable compensation and included in his Form W-2. This amount was also reported on Schedule J, Part II, Col. (B) (III).
NON-FIXED PAYMENTS	FORM 990, SCHEDULE J, PART I, LINE 7 JDRF AWARDS NON-FIXED PAYMENTS SUCH AS BONUSES ON A DISCRETIONARY BASIS TIED TO THE EMPLOYEES PERFORMANCE. THE NAMES OF EMPLOYEES AND THE AMOUNTS THAT WERE PAID ARE FOUND ON SCHEDULE J, PAGE 2, PART II, COL. (B) (II).
SEVERANCE PAYMENTS	SCHEDULE J, PART I, LINE 4A DEREK RAPP RECEIVED A SEVERANCE PAYMENT OF \$359,385 WHICH IS REPORTED ON SCHEDULE J, PART II, COL. (B)(III) OTHER REPORTABLE COMPENSATION.

Additional Data

Software ID:
Software Version:
EIN: 23-1907729
Name: JDRF INTERNATIONAL

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1AARON KOWALSKI PRESIDENT AND CEO	(i)	460,000	140,000	54,519	12,375	33,917	700,811	0
	(ii)	0	0	0	0	0	0	0
1SANDRA HIJIKATA THRU 0420 CHIEF DEV OFFICER & ASST. SECY	(i)	378,750	71,800		12,375	12,569	475,494	0
	(ii)	0	0	0	0	0	0	0
2JILL CLARK SVP, VOLUNTEER ENGAGEMENT	(i)	285,000	74,900	0	12,375	7,213	379,488	0
	(ii)	0	0	0	0	0	0	0
3ALISA NORRIS CHIEF MARKETING OFFICER	(i)	360,000	15,000		12,375	34,613	421,988	0
	(ii)	0	0	0	0	0	0	0
4SUSAN YUN THRU 0520 CHIEF PEOPLE OFFICER/ASST. SEC	(i)	298,333	75,100	0	12,375	2,598	388,406	0
	(ii)	0	0	0	0	0	0	0
5CYNTHIA RICE CHIEF MISSION OFFICER	(i)	298,034	72,800		12,375	18,777	401,986	0
	(ii)	0	0	0	0	0	0	0
6JOANNE MARTZ CFO/TREASURER	(i)	353,333	62,800		9,987	24,929	451,049	0
	(ii)	0	0	0	0	0	0	0
7HELEN ELIAS MANAGING DIR. JDRF T1D FUND	(i)	260,350	153,800	36,348		25,833	476,331	0
	(ii)	0	0	0	0	0	0	0
8SYDNEY YOVIC CHIEF OF STAFF/ASST. TREASURER	(i)	165,985	19,100		8,140	24,844	218,069	0
	(ii)	0	0	0	0	0	0	0
9DEREK RAPP THRU 0419 PRESIDENT AND CEO	(i)	215,158	270,828	384,385	0	11,538	881,909	0
	(ii)	0	0	0	0	0	0	0
10SRINIVAS MISHRA CHIEF DATA AND TECHNOLOGY	(i)	312,667	50,400		24,929	9,132	397,128	0
	(ii)	0	0	0	0	0	0	0
11SANJOY DUTTA VP, RESEARCH	(i)	256,771	29,400		12,338	3,817	302,326	0
	(ii)	0	0	0	0	0	0	0

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
JDRF INTERNATIONAL

Employer identification number
23-1907729

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	5	223,503	APPRAISAL
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	328	5,097,576	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				
MISC AUCTION ITEMS	X	14,900	6,839,325	FAIR MARKET VALUE
25 Other ► (<u>DONATED</u>)				
26 Other ► (_____)				
27 Other ► (_____)				
28 Other ► (_____)				

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

29

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?

Yes

No

30a

No

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?

31

Yes

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

Yes

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.

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.

Return Reference	Explanation
THIRD PARTY ASSISTANCE	LINE 32B CHARITABLE ADULT RIDES AND SERVICES (CARS) IS A THIRD PARTY CAR DONATION COMPANY THAT HANDLES ALL ASPECTS OF CARS BEING DONATED TO JD RF. DONORS CALL A TOLL FREE NUMBER AND THEY ARE PUT IN CONTACT WITH A TOWING SERVICE IN THEIR AREA. AFTER THE CAR IS DONATED, CARS HANDLES ALL IRS 1098-C REPORTING. CARS IS A LICENSED PROFESSIONAL FUNDRAISER AND IS LICENSED IN THE STATES THAT REQUIRE IT TO REGISTER. FOR THE PERIOD ENDING 6/30/20, CARS RAISED \$137,740 WITH TOTAL EXPENSES OF \$27,446. A NET CHECK IS PAID DIRECTLY TO JD RF. JD RF DOES NOT PAY CARS ANY EXPENSES OR FEES DIRECTLY. TOTAL NET REVENUE FOR FY-20 WAS \$110,094.
NONCASH CONTRIBUTIONS	FORM 990, SCHEDULE M, PAGE 1 TYPES OF PROPERTY AND THE AMOUNTS LISTED IN PART I LINES 6, 9, and 25 ARE THE ACTUAL AMOUNT THAT DONORS HAVE DONATED FOR VEHICLES, SECURITIES, AND MISC ITEMS THAT ARE SOLD AT VARIOUS AUCTIONS & RAFFLES.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization
JDRF INTERNATIONAL

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

23-1907729

990 Schedule O, Supplemental Information

Return Reference	Explanation
PUBLIC DOCUMENTS	FORM 990, PAGE 6, PART VI, SECTION C, LINE 19 The organization makes its governing documents, conflict of interest policy and financial statements available to the public on its website: www.JDRF.org . The public may access copies of JDRF's W-9, annual reports, 990 tax returns, 501(c)(3) IRS letter, and audited financials, at the following link: www.jdrf.org/about/financials

990 Schedule O, Supplemental Information

Return Reference	Explanation
EXECUTIVE COMPENSATION POLICY	PART VI, SECTION B, LINES 15a & 15b JDRF's Board of Directors charges a Talent and Compensation Committee to develop and recommend a compensation philosophy that applies to all employees of JDRF, including recommendations regarding the compensation and benefits of JDRF senior management for approval by the Board of Directors. The Committee works in collaboration with the President and CEO and the Chief People Officer and other senior staff personnel in the JDRF Human Resources Department to ensure that 1) the Foundation's talent strategy supports and is aligned with its overall organization strategies; 2) JDRF is in compliance with IRS guidelines for determining reasonableness in pay practices; and 3) overall compensation for JDRF's key executives is competitive and aligned with pay philosophy. To attract and retain top scientific and executive talent to advance its mission, the organization pays competitive and appropriate salaries as determined by analysis of reliable data and input from independent third-party consultants. The review of JDRF executive compensation and benefits under the procedures noted above is completed annually by an independent Compensation Committee, and the basis for their determination is documented contemporaneously in the minutes of the Committee's meetings, including most recently on June 30, 2020.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 REVIEW PROCESS	SECTION B, PART VI, QUESTION 11B JDRF has a rigorous standard approach to reviewing its 990. The Organization's Senior Accountant works with its outside tax preparers to prepare the return and all supporting schedules. The draft return is reviewed by a number of individuals, including JDRF's Chief Financial Officer and AVP, FINANCE, the Chief Executive Officer, other executives, its external senior tax advisor and others as necessary to ensure accuracy. Any questions and changes with respect to the draft return are addressed. Following this process, the return is reviewed by JDRF's Audit Committee of the Board of Directors with its outside tax advisors. Once approved, the return is distributed to all members of JDRF's Board of Directors for review and comment before it is filed with the Internal Revenue Service.

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III: STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	LINE 4A (\$68,847,301) RESEARCH GRANTS JDRF has played a significant role in nearly every T1D therapeutic advance made in the last 50 years. Our funding supports more than 500 active T1D research grants in the United States and 21 other countries around the world including more than 150 grants in 2020 alone, plus 75 clinical trials. We leverage partnerships with academia, industry and clinicians to accelerate the most promising research opportunities. Our highest priority is developing cures for T1D and improving lives of those living with the disease today, including research in glucose control and prevention of T1D complications. The full impact of JDRF's research investment extends well beyond direct funding. Through advocacy and influence, JDRF drives funding from other sources into the T1D research and has helped secure passage of the Special Diabetes Program, putting more than \$3 billion in federal funding toward T1D research over the last two decades. In addition, JDRF founded the JDRF T1D Fund (www.t1dfund.org). The wholly owned subsidiary of JDRF, the Fund is a venture philanthropy fund accelerating life-changing solutions to treat, prevent and cure T1D through catalytic commercial investments. Through its investments in partnership with private capital, including venture capital, pharma and foundations, the T1D Fund seeks to attract the private investment necessary to advance drugs, devices, diagnostics, and vaccines to help people living with T1D or at risk of developing the disease. The T1D Fund invests in opportunities that drive our mission, with an exclusive focus on the best commercial opportunities. All funds go directly to support companies developing approaches to treat, prevent and cure T1D. In accordance with GAAP, \$50MM of the T1D Fund's total investments as of June 30, 2020 are reflected in the Balance Sheet (Part X) and not included within the organization's research-related mission expense. The foundation's diversified research portfolio includes a focus on Curing T1D and Improving Lives. Curing T1D We face two key challenges in Curing T1D. We must prevent, stop or reverse: the loss of insulin-producing beta cells, and the immune systems attack on beta cells. JDRF is accelerating our work in Curing T1D by focusing on the two areas that have advanced dramatically over the last years: Beta Cell Therapies and Immune Therapies. Beta Cell Therapies: focus on replacing insulin-producing beta cells from outside sources and on internally regenerating and protecting existing beta cells. Through donor-funded research, we now know that when someone has T1D, their own body turns on itself, attacking and destroying the beta cells that create insulin. Understanding the role of beta cells -- was a breakthrough. If we can save beta cells, we can help cure T1D. Immune Therapies: focus on ways to keep the immune system from attacking and destroying beta cells, and to prevent the onset and advancement of T1D. Research has shown that immune t

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III: STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	herapies can interact with a persons immune system, training it to combat internal battles like cancer or autoimmune diseases like rheumatoid arthritis and T1D. While T1D remains o ne of the only major autoimmune diseases without an effective drug therapy, we know we are getting close. Improving Lives T1D brings with it daily struggles and stress that that ma ke the challenges of living a healthy and long life with T1D very real. JDRF fights every day to advance research and technology that can reduce the burden of living with T1D and k eep people as healthy as possible until we find cures. Specifically, we are striving to im prove lives by driving research and work in Glucose Control Therapies and Complications Th erapies which includes psychosocial well-being. Glucose Control Therapies: focus on helpin g those with T1D manage glucose levels and overall metabolic balance, including improved a rtificial pancreas technology, developing next-generation insulins and developing new drug s that control glucose in novel ways. We know that less than 30% of people with T1D in the U.S. consistently maintain target blood-glucose control levels meaning that 70% are at ri sk of serious health issues. Aiming to ensure our community is healthy when cures are foun d, we will continue our focus on bringing new innovation to this area, including improved artificial pancreas technology, next-generation insulins and new drugs that control glucos e in novel ways. Complications Therapies: focus on accelerating therapies to prevent and t reat kidney and eye disease and improving psychosocial well-being. We know that more than 90% of people with T1D develop eye disease within 20 years of diagnosis and that 1 in 4 de velop kidney disease. We also know that prevalence of suicide is higher among young adults with T1D. Our focus on complications will be on accelerating therapies that prevent and t reat kidney and eye disease. We also are expanding our support of psychosocial wellbeing. We have been supporting research of psychosocial wellbeing for several years. Now we are i ncreasing our support as early research has shown that the burden of living with T1D takes a toll well beyond physical complications. Research also has shown us that young adults a nd teens with T1D are often impacted the most, with a significantly higher suicide rate. T his is alarming and is our call to step up this work to help make a positive difference. L INE 4B (\$16,997,889) RESEARCH SUPPORT JDRF's in-house team of skilled and credentialed sci entific, policy and government relations professionals play critical roles in leading and supporting the research strategy and distribution of research funds from JDRF - and our pa rtner organizations toward creating a world without T1D. Our professionals identify, evalu ate and influence groundbreaking research for funding and work with other foundations, gov ernments and industry to accelerate the mission we all share. JDRF professionals work with regulatory and policy officia

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART III: STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	Is to ensure research can proceed without delay and that advances are well understood by healthcare decision makers. As part of these efforts, JDRF organizes and funds scientific meetings, symposia, and conferences to review research proposals, ensure that JDRF's research strategy is aligned with the needs of the T1D community, and allow JDRF to provide scientific updates on the research it manages. This effort ensures that all the research is continually shared and built upon by T1D researchers around the globe. The Strategic Advisory Panel is composed of five established T1D experts in various aspects of the field, including pediatric endocrinology, prevention and treatment of T1D, immunotherapies, regulatory and drug development. The SAP contributes to JDRF scientists strategic planning around research funding goals and priorities. JDRF's work to bring together the best minds in the field enhances JDRF's ability to forecast future scientific direction, judge the potential effectiveness of new pathways, and identify gaps where JDRF funding can make the most impact. LINE 4C (\$50,681,132) PUBLIC EDUCATION JDRF is uniquely qualified to provide public education about diabetes and its complications. JDRF's efforts impact not only the millions of people living with T1D, their families and the general public, but also those at risk for developing the disease. T1D strikes both children and adults suddenly, and the critical adjustment period following a diagnosis can be overwhelming. That's why we support families navigating this challenging time. JDRF also educates people about the warning signs of T1D, aimed at ensuring timely diagnoses and reducing the potential catastrophic consequences of undiagnosed T1D. JDRF also provides information and updates about current research directions and progress and about human clinical trials that are seeking participants (including through JDRF's Clinical Trials Connection matching tool: www.jdrf.org/research/clinical-trials). Through all of our national U.S. chapters; five international affiliates in Australia, Canada, Israel, the Netherlands and United Kingdom; the 30,000 members of our social network, TypeOneNation; and more than one million supporters, JDRF fights to meet T1D community's diverse needs, connecting people with local support, expert resources, and the global effort to create a world without T1D.

990 Schedule O, Supplemental Information

Return Reference	Explanation
CONFLICT OF INTEREST POLICY	FORM 990- PART VI-SECT B, LINE 12C All officers, directors, key employees, board and committee members (both chapters and international boards) are required to sign a conflict of interest policy annually and disclose any conflicts. The Office of the President and CEO manages this process, and JDRF's internal audit department annually audits to ensure compliance. If any conflict does arise, the board members with the conflicts will recuse themselves from the meeting and/or vote.

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 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
JDRF INTERNATIONAL

Employer identification number
23-1907729

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) JDRF T1D FUND LLC C/O JDRF - 200 VESEY STREET 28TH FL NEW YORK, NY 10281 27-4967989	FUNDR/INVEST	DE	23,329,961	98,752,344	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

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
(1) CHARITABLE REMAINDER TRUST (5)	ANNUITY	PA						Yes	

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?

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

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

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

[illegible]

Part VII **Supplemental Information**

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

Return Reference	Explanation
SCHEDULE R, PART I, LINE (1B)	THE PRIMARY ACTIVITY FOR THE JD RF 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.