

Form **990**  
(Rev. January 2020)  
Department of the Treasury  
Internal Revenue Service

# 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](http://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:

|                                     |                         |
|-------------------------------------|-------------------------|
| <input type="checkbox"/>            | Address change          |
| <input type="checkbox"/>            | Name change             |
| <input type="checkbox"/>            | Initial return          |
| <input type="checkbox"/>            | Final return/terminated |
| <input checked="" type="checkbox"/> | Amended return          |
| <input type="checkbox"/>            | Application pending     |

**C** Name of organization: **DIABETES RESEARCH INSTITUTE FOUNDATION, INC.**  
Doing business as: \_\_\_\_\_  
Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **200 SOUTH PARK ROAD STE 100 100**  
City or town, state or province, country, and ZIP or foreign postal code: **HOLLYWOOD, FL 33021**

**D** Employer identification number: **59-1361955**

**E** Telephone number: **(954) 964-4040**

**F** Name and address of principal officer: **SEAN KRAMER**  
**200 SOUTH PARK RD. SUITE 100, HOLLYWOOD, FL 33021**

**G** Gross receipts \$: **25,351,737.**

**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)

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

**J** Website: ▶ **WWW.DIABETESRESEARCH.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶ \_\_\_\_\_

**L** Year of formation: **1974** **M** State of legal domicile: **FL**

## Part I Summary

|   |   |
|---|---|
| <b>Activities &amp; Governance</b>  | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO PROVIDE THE DIABETES RESEARCH INSTITUTE WITH THE FUNDING TO CURE DIABETES NOW.</b> |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.                              |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>3</b> <b>28.</b>  |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> <b>22.</b>  |
|   | <b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a) <b>5</b> <b>28.</b>   |
|   | <b>6</b> Total number of volunteers (estimate if necessary) <b>6</b> <b>2,000.</b>  |
|   | <b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b> <b>0.</b>  |
| <b>7b</b> Net unrelated business taxable income from Form 990-T, line 39 <b>7b</b> _____                      |   |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h) <b>8</b> <b>8,002,527.</b> <b>Prior Year</b> <b>13,732,811.</b> <b>Current Year</b>                                    |
|   | <b>9</b> Program service revenue (Part VIII, line 2g) <b>9</b> <b>0.</b> <b>0.</b> <b>0.</b>  |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>10</b> <b>920,009.</b> <b>1,562,689.</b>   |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>11</b> <b>0.</b> <b>0.</b>  |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>12</b> <b>8,922,536.</b> <b>15,295,500.</b>                                   |
|   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>13</b> <b>6,004,632.</b> <b>6,250,536.</b>  |
| <b>Expenses</b>   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>14</b> <b>0.</b> <b>0.</b>   |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>15</b> <b>2,171,816.</b> <b>2,431,768.</b>                                     |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>16a</b> <b>0.</b> <b>0.</b>   |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>2,420,167.</b>  |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>17</b> <b>2,510,116.</b> <b>2,550,519.</b>  |
|   | <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>18</b> <b>10,686,564.</b> <b>11,232,823.</b>   |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12 <b>19</b> <b>-1,764,028.</b> <b>4,062,677.</b> |   |
| <b>Net Assets or Fund Balances</b>  | <b>20</b> Total assets (Part X, line 16) <b>20</b> <b>29,054,731.</b> <b>Beginning of Current Year</b> <b>31,355,073.</b> <b>End of Year</b>                                  |
|   | <b>21</b> Total liabilities (Part X, line 26) <b>21</b> <b>1,961,414.</b> <b>1,295,612.</b>   |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20. <b>22</b> <b>27,093,317.</b> <b>30,059,461.</b>   |

## 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. My declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

*Sean Kramer*  
Signature of officer  
**Sean Kramer** CEO  
Type or print name and title

Date: \_\_\_\_\_

**Paid Preparer Use Only**

Print/Type preparer's name: **ADAM COHEN C.P.A.** Preparer's signature: *Adam Cohen* Date: **3/31/2021** Check  if self-employed PTIN: **P00541985**

Firm's name ▶ **BERKOWITZ POLLACK BRANT** Firm's EIN ▶ **59-2742314**

Firm's address ▶ **200 S. BISCAYNE BLVD., 7TH FL MIAMI, FL 33131** Phone no. **305 379-7000**

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2019)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO PROVIDE THE DIABETES RESEARCH INSTITUTE WITH THE FUNDING NECESSARY TO CURE DIABETES NOW.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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: 1) (Expenses \$ 6,297,706. including grants of \$ 6,250,536.) (Revenue \$ ) ATTACHMENT 1

4b (Code: 2) (Expenses \$ 493,155. including grants of \$ ) (Revenue \$ ) COMMUNITY DIABETES EDUCATION. THE DIABETES RESEARCH INSTITUTE FOUNDATION PROVIDES INFORMATION TO THE PUBLIC VIA ITS WEBSITE LITERATURE, SPEAKERS AND HOSTING AN ANNUAL DIABETES RESEARCH CONFERENCE, PRINT INTERVIEWS AND TOLL FREE NUMBER 800-321-3437. THE PUBLIC GAINS KNOWLEDGE ABOUT DIABETES, DIABETES CARE AND RESEARCH TOWARDS FINDING A CURE FOR DIABETES.

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

4e Total program service expenses 6,790,861.

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, W-2G forms, and backup withholding rules.

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

Table with 3 columns: Question, Yes, No. Rows include questions 2a through 16 regarding employee reporting, tax shelter transactions, foreign accounts, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (28), 1b (22), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 2
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [ ] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records SAMANTHA DAVIS 200 SOUTH PARK ROAD SUITE 100 HOLLYWOOD, FL 33021 800-321-3437

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

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

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

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

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

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

| (A)<br>Name and title                              | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) LORI WEINTRAUB<br>SENIOR VICE PRESIDENT        | 50.00<br>0.  |   |                       |         |              |                              | X      | 253,470.   | 0.  | 0.  |
| (2) THOMAS KARLYA<br>SENIOR VICE PRESIDENT         | 50.00<br>0.  |   |                       |         | X            |                              |        | 204,000.   | 0.  | 23,721.   |
| (3) JILL SHAPIRO MILLER<br>SENIOR VICE PRESIDENT   | 50.00<br>0.  |   |                       |         | X            |                              |        | 196,750.   | 0.  | 27,421.   |
| (4) SEAN KRAMER<br>CEO                             | 50.00<br>0.  |   |                       |         | X            |                              |        | 122,692.   | 0.  | 0.  |
| (5) ALICE O'ROURKE<br>CEO                          | 1.00<br>0.   |   |                       |         |              |                              | X      | 49,073.  | 0.  | 0.  |
| (6) AMY POWERS<br>CHIEF DATA OFFICER               | 50.00<br>0.  |   |                       |         | X            |                              |        | 30,769.  | 0.  | 1,590.  |
| (7) TIFFANY BEDRAN<br>CHIEF ADMINISTRATIVE OFFICER | 50.00<br>0.  |   |                       |         | X            |                              |        | 27,692.  | 0.  | 831.  |
| (8) CHARLES RIZZO<br>DIRECTOR                      | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (9) BONNIE INSERRA<br>VICE CHAIR                   | 5.00<br>0.   | X   | X                     |         |              |                              |        | 0.   | 0.  | 0.  |
| (10) ELEANOR KOSOW<br>DIRECTOR                     | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (11) ESTHER GOODMAN<br>DIRECTOR                    | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (12) HAROLD DORAN JR.<br>IMMEDIATE PAST CHAIRMAN   | 5.00<br>0.   | X   | X                     |         |              |                              |        | 0.   | 0.  | 0.  |
| (13) JILL VINER<br>DIRECTOR                        | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (14) MARLENE BERG<br>DIRECTOR                      | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |  |   |   |
| ( 15) PIERO GANDINI<br>-----<br>DIRECTOR                                 | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| ( 16) RAMON POO<br>-----<br>DIRECTOR                                     | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| ( 17) RICARDO SALMON<br>-----<br>DIRECTOR                                | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| ( 18) SANDRA LEVY<br>-----<br>DIRECTOR                                   | 3.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| ( 19) WILLIAM FISHLINGER<br>-----<br>CHAIRMAN                            | 5.00<br>0.   | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| ( 20) MARC S. GOODMAN<br>-----<br>DIRECTOR                               | 5.00<br>0.   | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| ( 21) RONALD MAURICE DARLING JR.<br>-----<br>DIRECTOR                    | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| ( 22) BRUCE WALLER<br>-----<br>DIRECTOR                                  | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| ( 23) JOHN DOSCAS<br>-----<br>VICE CHAIR                                 | 5.00<br>0.   | X   |                       | X       |              |                              | 0.       | 0.   | 0.  |   |
| ( 24) DAVID SHERR<br>-----<br>DIRECTOR                                   | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| ( 25) SEAN MCGARVEY<br>-----<br>DIRECTOR                                 | 1.00<br>0.   | X   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| <b>1b Sub-total</b> . . . . .  |  |   |                       |         |              |                              | 884,446. | 0.   | 53,563.   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> . . . . . |  |   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| <b>d Total (add lines 1b and 1c)</b> . . . . .                           |  |   |                       |         |              |                              | 884,446. | 0.   | 53,563.   |   |

**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 **▶ 4**

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| ATTACHMENT 3                     |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶ 3**



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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |  | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| ( 26) BRUCE A. SIEGEL<br>SECRETARY                             | 5.00<br>0.   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| ( 27) MARC GOLDFARB<br>DIRECTOR                                | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 28) RICHARD TONKINSON<br>TREASURER                           | 1.00<br>0.   | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| ( 29) LINDSEY INSERRA-HUGHES<br>DIRECTOR                       | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 30) STEPHEN RIZZO<br>DIRECTOR                                | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| ( 31) THOMAS SANTIAGO<br>DIRECTOR                              | 1.00<br>0.   | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| <b>1b Sub-total</b>  |  |   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                       |         |              |                              |        |  |   |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                       |         |              |                              |        |  |   |   |

**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 **▶** 4

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

**Part VIII Statement of Revenue**

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

|   |   |  |   | (A)            | (B)                                | (C)                        | (D)  |          |
|---|---|--|---|----------------|------------------------------------|----------------------------|--|----------|
|   |   |  |   | Total revenue  | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512-514 |          |
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b> | <b>1a</b>   | Federated campaigns . . . . .  | <b>1a</b>   | 108,609.       |                                    |                            |  |          |
|   | <b>b</b>  | Membership dues . . . . .  | <b>1b</b>   |                |                                    |                            |  |          |
|   | <b>c</b>  | Fundraising events . . . . .   | <b>1c</b>   | 1,862,565.     |                                    |                            |  |          |
|   | <b>d</b>  | Related organizations . . . . .  | <b>1d</b>   |                |                                    |                            |  |          |
|   | <b>e</b>  | Government grants (contributions) . .  | <b>1e</b>   | 0.             |                                    |                            |  |          |
|   | <b>f</b>  | All other contributions, gifts, grants, and similar amounts not included above . | <b>1f</b>   | 11,761,637.    |                                    |                            |  |          |
|   | <b>g</b>  | Noncash contributions included in lines 1a-1f. . . . .                           | <b>1g</b>   | \$             |                                    |                            |  |          |
|   | <b>h</b>  | <b>Total.</b> Add lines 1a-1f . . . . .  |   |                | 13,732,811.                        |                            |  |          |
|   | <b>Program Service Revenue</b>  | <b>2a</b>  | _____   | Business Code  |                                    |                            |  |          |
| <b>b</b>  |   | _____  |   |                |                                    |                            |  |          |
| <b>c</b>  |   | _____  |   |                |                                    |                            |  |          |
| <b>d</b>  |   | _____  |   |                |                                    |                            |  |          |
| <b>e</b>  |   | _____  |   |                |                                    |                            |  |          |
| <b>f</b>  |   | All other program service revenue . . . . .                                      |   |                |                                    |                            |  |          |
| <b>g</b>  |   | <b>Total.</b> Add lines 2a-2f . . . . .  |   |                | 0.                                 |                            |  |          |
| <b>Other Revenue</b>  |   | <b>3</b>   | Investment income (including dividends, interest, and other similar amounts). . . . . |                |                                    | 329,518.                   |  | 329,518. |
|   | <b>4</b>  | Income from investment of tax-exempt bond proceeds . .                           |   |                | 0.                                 |                            |  |          |
|   | <b>5</b>  | Royalties . . . . .  |   |                | 0.                                 |                            |  |          |
|   | <b>6a</b>   | Gross rents . . . . .  | <b>6a</b>   | (i) Real       | (ii) Personal                      |                            |  |          |
|   |   |  |   |                |                                    |                            |  |          |
|   |   |  |   |                |                                    |                            |  |          |
|   | <b>b</b>  | Less: rental expenses  | <b>6b</b>   |                |                                    |                            |  |          |
|   | <b>c</b>  | Rental income or (loss)  | <b>6c</b>   |                |                                    |                            |  |          |
|   | <b>d</b>  | Net rental income or (loss) . . . . .  |   |                |                                    | 0.                         |  |          |
|   | <b>7a</b>   | Gross amount from sales of assets other than inventory                           | <b>7a</b>   | (i) Securities | (ii) Other                         |                            |  |          |
|   |   |  |   |                |                                    | 8,720,217.                 |  |          |
|   |   |  |   |                |                                    |                            |  |          |
|   | <b>b</b>  | Less: cost or other basis and sales expenses . .                                 | <b>7b</b>   | 7,487,146.     |                                    |                            |  |          |
|   | <b>c</b>  | Gain or (loss) . . . . .   | <b>7c</b>   | 1,233,071.     |                                    |                            |  |          |
|   | <b>d</b>  | Net gain or (loss) . . . . .   |   |                |                                    | 1,233,171.                 | 1,233,171.                                       |          |
| <b>8a</b>   | Gross income from fundraising events (not including \$ 1,862,565. of contributions reported on line 1c). See Part IV, line 18 . . . . . | <b>8a</b>  |   |                | 2,569,091.                         |                            |  |          |
|   |   |  |   |                |                                    |                            |  |          |
|   |   |  |   |                |                                    |                            |  |          |
| <b>b</b>  | Less: direct expenses . . . . .   | <b>8b</b>  | 2,569,091.  |                |                                    |                            |  |          |
| <b>c</b>  | Net income or (loss) from fundraising events. . . . .   |  |   |                | 0.                                 |                            |  |          |
| <b>9a</b>   | Gross income from gaming activities. See Part IV, line 19 . . . . .   | <b>9a</b>  |   |                | 0.                                 |                            |  |          |
|   |   |  |   |                |                                    |                            |  |          |
|   |   |  |   |                |                                    |                            |  |          |
| <b>b</b>  | Less: direct expenses . . . . .   | <b>9b</b>  |   |                | 0.                                 |                            |  |          |
| <b>c</b>  | Net income or (loss) from gaming activities. . . . .  |  |   |                | 0.                                 |                            |  |          |
| <b>10a</b>  | Gross sales of inventory, less returns and allowances . . . . .   | <b>10a</b>   |   |                | 0.                                 |                            |  |          |
|   |   |  |   |                |                                    |                            |  |          |
|   |   |  |   |                |                                    |                            |  |          |
| <b>b</b>  | Less: cost of goods sold . . . . .  | <b>10b</b>   |   |                | 0.                                 |                            |  |          |
| <b>c</b>  | Net income or (loss) from sales of inventory. . . . .   |  |   |                | 0.                                 |                            |  |          |
| <b>Miscellaneous Revenue</b>                                  | <b>11a</b>  | _____  | Business Code   |                |                                    |                            |  |          |
|   | <b>b</b>  | _____  |   |                |                                    |                            |  |          |
|   | <b>c</b>  | _____  |   |                |                                    |                            |  |          |
|   | <b>d</b>  | All other revenue . . . . .  |   |                |                                    |                            |  |          |
|   | <b>e</b>  | <b>Total.</b> Add lines 11a-11d . . . . .  |   |                |                                    | 0.                         |  |          |
| <b>12</b>   | <b>Total revenue.</b> See instructions . . . . .  |  |   |                | 15,295,500.                        |                            | 1,562,689.                                       |          |

**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

| <b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .   | 6,250,536.            | 6,250,536.                      |  |                             |
| 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 . . . . .   | 0.                    |                                 |  |                             |
| 4 Benefits paid to or for members . . . . .  | 0.                    |                                 |  |                             |
| 5 Compensation of current officers, directors, trustees, and key employees . . . . .   | 621,046.              | 136,322.                        | 56,292.                                | 428,432.                    |
| 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 . . . . .   | 1,411,742.            | 235,407.                        | 452,131.                               | 724,204.                    |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   | 65,561.               | 13,419.                         | 12,777.                                | 39,365.                     |
| 9 Other employee benefits . . . . .  | 184,638.              | 11,021.                         | 81,640.                                | 91,977.                     |
| 10 Payroll taxes . . . . .   | 148,781.              | 24,655.                         | 39,467.                                | 84,659.                     |
| 11 Fees for services (nonemployees):   |                       |                                 |  |                             |
| a Management . . . . .   | 0.                    |                                 |  |                             |
| b Legal . . . . .  | 28,940.               |                                 | 23,526.                                | 5,414.                      |
| c Accounting . . . . .   | 43,427.               |                                 | 43,427.                                |                             |
| d Lobbying . . . . .   | 44,000.               |                                 |  | 44,000.                     |
| e Professional fundraising services. See Part IV, line 17.   | 0.                    |                                 |  |                             |
| f Investment management fees . . . . .   | 0.                    |                                 |  |                             |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .   | 0.                    |                                 |  |                             |
| 12 Advertising and promotion . . . . .   | 0.                    |                                 |  |                             |
| 13 Office expenses . . . . .   | 42,011.               | 83.                             | 33,831.                                | 8,097.                      |
| 14 Information technology . . . . .  | 0.                    |                                 |  |                             |
| 15 Royalties . . . . .   | 0.                    |                                 |  |                             |
| 16 Occupancy . . . . .   | 250,985.              | 16,638.                         | 204,174.                               | 30,173.                     |
| 17 Travel . . . . .  | 0.                    |                                 |  |                             |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials  | 0.                    |                                 |  |                             |
| 19 Conferences, conventions, and meetings . . . . .  | 30,320.               | 19,821.                         | 4,988.                                 | 5,511.                      |
| 20 Interest . . . . .  | 0.                    |                                 |  |                             |
| 21 Payments to affiliates . . . . .  | 0.                    |                                 |  |                             |
| 22 Depreciation, depletion, and amortization . . . . .   | 28,584.               | 984.                            | 25,872.                                | 1,728.                      |
| 23 Insurance . . . . .   | 55,588.               |                                 | 55,588.                                |                             |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)   |                       |                                 |  |                             |
| a BAD DEBT   | 431,037.              |                                 | 431,037.                               |                             |
| b CONTRACTUAL SERVICES   | 1,420,879.            | 92,946.                         | 628,484.                               | 699,449.                    |
| c CATERING   | 16,127.               |                                 | 3,911.                                 | 12,216.                     |
| d LICENSES & TAXES   | 7,034.                |                                 | 7,034.                                 |                             |
| e All other expenses _____   | 151,587.              | -10,971.                        | -82,384.                               | 244,942.                    |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e   | <b>11,232,823.</b>    | <b>6,790,861.</b>               | <b>2,021,795.</b>                      | <b>2,420,167.</b>           |
| <b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . . | 0.                    |                                 |  |                             |

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |             | (B)<br>End of year |
|---|--|--------------------------|-------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing . . . . .   | 642,829.                 | <b>1</b>    | 7,123,014.         |
|   | <b>2</b> Savings and temporary cash investments . . . . .  | 2,465,653.               | <b>2</b>    | 0.                 |
|   | <b>3</b> Pledges and grants receivable, net . . . . .  | 8,511,385.               | <b>3</b>    | 7,319,259.         |
|   | <b>4</b> Accounts receivable, net. . . . .   | 775,270.                 | <b>4</b>    | 494,007.           |
|   | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . . | 0.                       | <b>5</b>    | 0.                 |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). . . . .  | 0.                       | <b>6</b>    | 0.                 |
|   | <b>7</b> Notes and loans receivable, net . . . . .   | 0.                       | <b>7</b>    | 0.                 |
|   | <b>8</b> Inventories for sale or use . . . . .   | 0.                       | <b>8</b>    | 0.                 |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .   | 0.                       | <b>9</b>    | 0.                 |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .   | <b>10a</b> 570,650.      |             |                    |
|   | <b>b</b> Less: accumulated depreciation . . . . .  | <b>10b</b> 490,012.      |             |                    |
|   |  | 93,255.                  | <b>10c</b>  | 80,638.            |
|   | <b>11</b> Investments - publicly traded securities. . . . . <b>ATCH 4</b>  | 16,029,261.              | <b>11</b>   | 15,684,281.        |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 . . . . .   | 0.                       | <b>12</b>   | 0.                 |
|   | <b>13</b> Investments - program-related. See Part IV, line 11. . . . .   | 0.                       | <b>13</b>   | 0.                 |
|   | <b>14</b> Intangible assets . . . . .  | 0.                       | <b>14</b>   | 0.                 |
| <b>15</b> Other assets. See Part IV, line 11 . . . . .                        | 537,078.   | <b>15</b>                | 653,874.    |                    |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . . | 29,054,731.  | <b>16</b>                | 31,355,073. |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .  | 874,703.                 | <b>17</b>   | 489,496.           |
|   | <b>18</b> Grants payable . . . . .   | 1,086,711.               | <b>18</b>   | 390,816.           |
|   | <b>19</b> Deferred revenue. . . . .  | 0.                       | <b>19</b>   | 0.                 |
|   | <b>20</b> Tax-exempt bond liabilities. . . . .   | 0.                       | <b>20</b>   | 0.                 |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D. . . . .   | 0.                       | <b>21</b>   | 0.                 |
|   | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .     | 0.                       | <b>22</b>   | 0.                 |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   | 0.                       | <b>23</b>   | 0.                 |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties. . . . .  | 0.                       | <b>24</b>   | 0.                 |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .  | 0.                       | <b>25</b>   | 415,300.           |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25. . . . .  | 1,961,414.               | <b>26</b>   | 1,295,612.         |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                          |             |                    |
|   | <b>27</b> Net assets without donor restrictions . . . . .  | 14,108,032.              | <b>27</b>   | 4,485,027.         |
|   | <b>28</b> Net assets with donor restrictions. . . . .  | 12,985,285.              | <b>28</b>   | 25,574,434.        |
|   | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                          |             |                    |
|   | <b>29</b> Capital stock or trust principal, or current funds . . . . .   |                          | <b>29</b>   |                    |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund. . . . .  |                          | <b>30</b>   |                    |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds. . . . .  |                          | <b>31</b>   |                    |
|   | <b>32</b> Total net assets or fund balances . . . . .  | 27,093,317.              | <b>32</b>   | 30,059,461.        |
| <b>33</b> Total liabilities and net assets/fund balances . . . . .            | 29,054,731.  | <b>33</b>                | 31,355,073. |                    |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |             |
|-----------|--|-----------|-------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 15,295,500. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 11,232,823. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 4,062,677.  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 27,093,317. |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | -1,089,667. |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  | 0.          |
| <b>7</b>  | Investment expenses  | <b>7</b>  | 0.          |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  | 0.          |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)   | <b>9</b>  | -6,866.     |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 30,059,461. |

**Part XII Financial Statements and Reporting**

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

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

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

Form **990** (2019)

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

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization

DIABETES RESEARCH INSTITUTE FOUNDATION, INC.

Employer identification number

59-1361955

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2019

JSA  
9E1210 1.000

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

Section A. Public Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total; 5 The portion of total contributions by each person; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support; 12 Gross receipts from related activities; 13 First five years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2019 (77.54%); 15 Public support percentage from 2018 Schedule A, Part II, line 14 (97.21%); 16a 33 1/3% support test - 2019 (checked); 16b 33 1/3% support test - 2018; 17a 10%-facts-and-circumstances test - 2019; 17b 10%-facts-and-circumstances test - 2018; 18 Private foundation.

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

Section A. Public Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2015, (b) 2016, (c) 2017, (d) 2018, (e) 2019, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 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

Table with 3 columns: Description, 2019, 2018. Row 15: Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)). Row 16: Public support percentage from 2018 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, 2019, 2018. Row 17: Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)). Row 18: Investment income percentage from 2018 Schedule A, Part III, line 17.

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.

19b 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations (continued)**

|  | Yes         | No |
|--|-------------|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |             |    |
| <b>a</b> 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>11 a</b> |    |
| <b>b</b> A family member of a person described in (a) above?   | <b>11 b</b> |    |
| <b>c</b> 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>  | <b>11 c</b> |    |

**Section B. Type I Supporting Organizations**

|   | Yes      | No |
|---|----------|----|
| <b>1</b> 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> | <b>1</b> |    |
| <b>2</b> 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>   | <b>2</b> |    |

**Section C. Type II Supporting Organizations**

|  | Yes      | No |
|--|----------|----|
| <b>1</b> 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> | <b>1</b> |    |

**Section D. All Type III Supporting Organizations**

|   | Yes      | No |
|---|----------|----|
| <b>1</b> 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? | <b>1</b> |    |
| <b>2</b> 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>   | <b>2</b> |    |
| <b>3</b> 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>  | <b>3</b> |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|   |           |     |    |
|---|-----------|-----|----|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |           |     |    |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |           |     |    |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |           |     |    |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).   |           |     |    |
| <b>2</b> Activities Test. Answer (a) and (b) below.   |           | Yes | No |
| <b>a</b> 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>2a</b> |     |    |
| <b>b</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>  | <b>2b</b> |     |    |
| <b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.   |           |     |    |
| <b>a</b> 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>3a</b> |     |    |
| <b>b</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>   | <b>3b</b> |     |    |

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

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

| <b>Section A - Adjusted Net Income</b>  |          | (A) Prior Year | (B) Current Year<br>(optional) |
|---|----------|----------------|--------------------------------|
| <b>1</b> Net short-term capital gain  | <b>1</b> |                |                                |
| <b>2</b> Recoveries of prior-year distributions   | <b>2</b> |                |                                |
| <b>3</b> Other gross income (see instructions)  | <b>3</b> |                |                                |
| <b>4</b> Add lines 1 through 3.   | <b>4</b> |                |                                |
| <b>5</b> Depreciation and depletion   | <b>5</b> |                |                                |
| <b>6</b> 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) | <b>6</b> |                |                                |
| <b>7</b> Other expenses (see instructions)  | <b>7</b> |                |                                |
| <b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)   | <b>8</b> |                |                                |

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

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

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

Schedule A (Form 990 or 990-EZ) 2019

**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 <b>Total annual distributions.</b> 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)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>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 <b>Total</b> 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. For result greater than zero, explain in Part VI. See instructions. |                             |  |   |
| 6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |                             |  |   |
| 7 <b>Excess distributions carryover to 2020.</b> 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 . . . .  |                             |  |   |

**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.)

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SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

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.

Table with 2 columns: Name of organization (DIABETES RESEARCH INSTITUTE FOUNDATION, INC.) and Employer identification number (59-1361955)

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political campaign activity expenditures (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.

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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

Schedule C (Form 990 or 990-EZ) 2019

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

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

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

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

**4-Year Averaging Period Under Section 501(h)**

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

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

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

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

Table with 3 main columns: Description, (a) Yes/No, and (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; a Volunteers?; b Paid staff or management...; c Media advertisements?; d Mailings to members...; e Publications...; f Grants to other organizations...; g Direct contact with legislators...; h Rallies, demonstrations...; i Other activities?; j Total...; 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?; 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).

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

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."

Table with 2 main columns: Description and Amount. Rows include: 1 Dues, assessments and similar amounts from members; 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; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 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?; 5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

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

PART II-B LINE 1

THE FOUNDATION INCURS LOBBYING EXPENSES TO ENHANCE RESEARCH AT THE DIABETES RESEARCH INSTITUTE. THIS HAS RESULTED IN APPROPRIATIONS FROM STATE GOVERNMENTS.



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**Part IV** Supplemental Information *(continued)*

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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

DIABETES RESEARCH INSTITUTE FOUNDATION, INC.

Employer identification number

59-1361955

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

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

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate values, and yes/no questions about donor advisement.

Part II Conservation Easements.

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

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

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

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

Table with 3 columns: Line number, Description, Amount. Includes rows for art collections, revenue, and assets.

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

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 make significant use of its collection items (check all that apply):

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange program, e Other

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

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

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

b If "Yes," explain the arrangement in Part XIII and complete the following table:

Table with columns for Amount and rows for 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

Table with columns (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back and rows 1a-1g for endowment fund details.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment, b Permanent endowment, c Term 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

Small table for 3a(i), 3a(ii), 3b with Yes/No columns.

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI Land, Buildings, and Equipment.

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

Table with columns (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value and rows 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

**Part VII Investments - Other Securities.**

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

| (a) Description of security or category<br>(including name of security)     | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives . . . . .   |                |  |
| (2) Closely held equity interests . . . . .                                 |                |  |
| (3) Other _____   |                |  |
| (A)   |                |  |
| (B)   |                |  |
| (C)   |                |  |
| (D)   |                |  |
| (E)   |                |  |
| (F)   |                |  |
| (G)   |                |  |
| (H)   |                |  |
| <b>Total.</b> (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:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1)   |                |  |
| (2)   |                |  |
| (3)   |                |  |
| (4)   |                |  |
| (5)   |                |  |
| (6)   |                |  |
| (7)   |                |  |
| (8)   |                |  |
| (9)   |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶ |                |  |

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) PPP LOAN  | 415,300.       |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ |                |
|   | 415,300.       |

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 15,295,500.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 11,232,823.

Part XIII Supplemental Information.

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

SEE PAGE 5

Multiple horizontal lines provided for entering supplemental information.

**Part XIII** Supplemental Information (continued)

## UK AFFILIATE

THE FORM 990 INCLUDES THE ACTIVITY OF THE UK AFFILIATE WHICH IS NOT REFLECTED IN THE AUDITED FINANCIAL STATEMENTS:

|                             |            |
|-----------------------------|------------|
| UK AFFILIATE CONTRIBUTIONS  | \$ 19,276  |
| LESS: CONTRIBUTIONS TO DRIF | \$(12,410) |
|                             | -----      |
| TOTAL                       | \$ 6,866   |

## PART X

THE FOUNDATION ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES IN ACCORDANCE WITH GAAP, WHICH REQUIRES RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS OF A TAX POSITION ONLY AFTER DETERMINING THAT THE RELEVANT TAX AUTHORITY WOULD MORE LIKELY THAN NOT SUSTAIN THE POSITION FOLLOWING AN AUDIT. FOR TAX POSITIONS MEETING THE MORE LIKELY THAN NOT THRESHOLD, THE AMOUNT RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS IS THE LARGEST BENEFIT THAT HAS A GREATER THAN 50 PERCENT LIKELIHOOD OF BEING REALIZED UPON ULTIMATE SETTLEMENT WITH THE RELEVANT TAX AUTHORITY. THE FOUNDATION HAD NO MATERIAL UNRECOGNIZED TAX BENEFITS AND NO ADJUSTMENTS TO ITS CONSOLIDATED FINANCIAL POSITION, ACTIVITIES OR CASH FLOWS WERE REQUIRED AS OF JUNE 30, 2020. THE FOUNDATION DOES NOT EXPECT THAT UNRECOGNIZED TAX BENEFITS WILL INCREASE WITHIN THE NEXT TWELVE MONTHS. THE FOUNDATION'S TAX RETURNS FOR THE YEARS ENDED JUNE 30, 2017 THROUGH 2019 REMAIN SUBJECT TO EXAMINATION BY MAJOR TAX JURISDICTIONS. THE FOUNDATION RECOGNIZES ACCRUED INTEREST AND PENALTIES, IF ANY, RELATED TO UNCERTAIN TAX POSITIONS AS INCOME TAX EXPENSE.

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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

**2019**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

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

Name of the organization: **DIABETES RESEARCH INSTITUTE FOUNDATION, INC.** Employer identification number: **59-1361955**

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

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

| (i) Name and address of individual or entity (fundraiser) | (ii) Activity  | (iii) Did fundraiser have custody or control of contributions? |    | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|---|----------------|--|----|-----------------------------------|---|---|
|   |                | Yes  | No |                                   |   |   |
| <b>1</b><br>POWERED BY PROFESSIONALS                      | EVENT PLANNING |  | X  | 446,406.                          | 79,580.   | 366,826.  |
| <b>2</b><br>NATIONAL OUTDOOR SPORTS ADVERTISING           | DIRECT MAIL    |  | X  | 54,290.                           | 30,628.   | 23,662.   |
| <b>3</b>  |                |  |    |                                   |   |   |
| <b>4</b>  |                |  |    |                                   |   |   |
| <b>5</b>  |                |  |    |                                   |   |   |
| <b>6</b>  |                |  |    |                                   |   |   |
| <b>7</b>  |                |  |    |                                   |   |   |
| <b>8</b>  |                |  |    |                                   |   |   |
| <b>9</b>  |                |  |    |                                   |   |   |
| <b>10</b>   |                |  |    |                                   |   |   |
| <b>Total</b> .....  |                |  |    | 500,696.                          | 110,208.  | 390,488.  |

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

|                 |  | (a) Event #1                    | (b) Event #2                | (c) Other events | (d) Total events                |
|-----------------|--|---------------------------------|-----------------------------|------------------|---------------------------------|
|                 |  | BLUEPR FOR CURE<br>(event type) | EMPIRE BALL<br>(event type) | (total number)   | (add col. (a) through col. (c)) |
| Revenue         | <b>1</b> Gross receipts . . . . .  | 573,399.                        | 1,187,203.                  | 2,671,054.       | 4,431,656.                      |
|                 | <b>2</b> Less: Contributions . . . . .   | 122,127.                        | 829,798.                    | 910,640.         | 1,862,565.                      |
|                 | <b>3</b> Gross income (line 1 minus line 2) . . . . .                              | 451,272.                        | 357,405.                    | 1,760,414.       | 2,569,091.                      |
| Direct Expenses | <b>4</b> Cash prizes . . . . .   |                                 |                             |                  |                                 |
|                 | <b>5</b> Noncash prizes . . . . .  |                                 |                             |                  |                                 |
|                 | <b>6</b> Rent/facility costs . . . . .   |                                 |                             |                  |                                 |
|                 | <b>7</b> Food and beverages . . . . .  |                                 |                             |                  |                                 |
|                 | <b>8</b> Entertainment . . . . .   |                                 |                             |                  |                                 |
|                 | <b>9</b> Other direct expenses . . . . .   | 451,272.                        | 357,405.                    | 1,760,414.       | 2,569,091.                      |
|                 | <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶  |                                 |                             |                  | 2,569,091.                      |
|                 | <b>11</b> 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         | <b>1</b> Gross revenue . . . . .  |   |   |   |  |
| Direct Expenses | <b>2</b> Cash prizes . . . . .  |   |   |   |  |
|                 | <b>3</b> Noncash prizes . . . . .   |   |   |   |  |
|                 | <b>4</b> Rent/facility costs . . . . .  |   |   |   |  |
|                 | <b>5</b> Other direct expenses . . . . .  |   |   |   |  |
|                 | <b>6</b> Volunteer labor . . . . .  | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No | <input type="checkbox"/> Yes _____ %<br><input type="checkbox"/> No |  |
|                 | <b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶        |   |   |   |  |
|                 | <b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶ |   |   |   |  |

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**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 | <b>13a</b> | % |
| b An outside facility         | <b>13b</b> | % |

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

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

Description of services provided ▶ \_\_\_\_\_

Director/officer       Employee       Independent contractor

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

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

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SCHEDULE I (Form 990)

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization

DIABETES RESEARCH INSTITUTE FOUNDATION, INC.

Employer identification number

59-1361955

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance... [X] 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.

Table with 8 columns: (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, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Row 1 contains data for DIABETES RESEARCH INSTITUTE AT UNIVERSITY O.

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

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

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

Schedule I (Form 990) (2019)

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

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

PART I LINE 2

THE FOUNDATION MONITORS THE USE OF GRANT FUNDS AT NATIONAL BOARD MEETINGS  
AND DURING THE BUDGET PROCESS.

SCHEDULE J (Form 990)

Compensation Information

OMB No. 1545-0047

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.

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

DIABETES RESEARCH INSTITUTE FOUNDATION, INC.

Employer identification number

59-1361955

Part I Questions Regarding Compensation

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

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

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

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

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

- Compensation committee, Independent compensation consultant, Form 990 of other organizations, Written employment contract, Compensation survey or study, Approval by the board or compensation committee

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

- a Receive a severance payment or change-of-control payment?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?

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

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

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

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

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

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

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

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

Table with 3 columns: Question ID, Yes, No. Rows 1a-9.

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

Schedule J (Form 990) 2019

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

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

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

| (A) Name and Title                               |      | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|--|------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|  |      | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| 1 JILL SHAPIRO MILLER<br>SENIOR VICE PRESIDENT   | (i)  | 196,750.   | 0.                                  | 0.                                  | 24,773.  | 2,648.                  | 224,171.                        |   |
|  | (ii) | 0.   | 0.                                  | 0.                                  |  |                         |                                 |   |
| 2 LORI WEINTRAUB<br>SENIOR VICE PRESIDENT        | (i)  | 253,470.   | 0.                                  | 0.                                  |  |                         | 253,470.                        |   |
|  | (ii) | 0.   | 0.                                  | 0.                                  |  |                         |                                 |   |
| 3 THOMAS KARLYA<br>SENIOR VICE PRESIDENT         | (i)  | 204,000.   | 0.                                  | 0.                                  | 12,000.  | 11,721.                 | 227,721.                        |   |
|  | (ii) | 0.   | 0.                                  | 0.                                  |  |                         |                                 |   |
| 4 AMY POWERS<br>CHIEF DATA OFFICER               | (i)  | 30,769.  | 0.                                  | 0.                                  |  |                         | 30,769.                         |   |
|  | (ii) | 0.   | 0.                                  | 0.                                  | 1,538.   | 52.                     | 1,590.                          |   |
| 5 ALICE O'ROURKE<br>CEO                          | (i)  | 49,073.  | 0.                                  | 0.                                  |  |                         | 49,073.                         |   |
|  | (ii) | 0.   | 0.                                  | 0.                                  |  |                         |                                 |   |
| 6 SEAN KRAMER<br>CEO                             | (i)  | 122,692.   | 0.                                  | 0.                                  |  |                         | 122,692.                        |   |
|  | (ii) | 0.   | 0.                                  | 0.                                  |  |                         |                                 |   |
| 7 TIFFANY BEDRAN<br>CHIEF ADMINISTRATIVE OFFICER | (i)  | 27,692.  | 0.                                  | 0.                                  | 831.   |                         | 28,523.                         |   |
|  | (ii) | 0.   | 0.                                  | 0.                                  |  |                         |                                 |   |
| 8  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 9  | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 10   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 11   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 12   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 13   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 14   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 15   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |
| 16   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|  | (ii) |  |                                     |                                     |  |                         |                                 |   |

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**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.

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

DIABETES RESEARCH INSTITUTE FOUNDATION, INC.

Employer identification number

59-1361955

**Part I Types of Property**

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

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

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

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

Schedule M (Form 990) 2019

JSA

9E1298 1.000

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**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.

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**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service

Name of the organization

DIABETES RESEARCH INSTITUTE FOUNDATION, INC.

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2019****Open to Public  
Inspection**

Employer identification number

59-1361955

COPY OF FORM 990 TO GOVERNING BODY

THE FORM 990 IS EMAILED TO PERSONS ON THE ORGANIZATIONS GOVERNING BODY  
FOR REVIEW BEFORE FILING THE FORM 990.

CONFLICT OF INTEREST POLICY

THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY THAT REQUIRES  
OFFICERS, DIRECTORS OR TRUSTEES TO DISCLOSE ANNUALLY ANY INTERESTS THAT  
COULD GIVE RISE TO CONFLICTS. DISCUSSION OF POSSIBLE CONFLICTS OF  
INTEREST ARE REVIEWED AND DISCUSSED AT THE MEETING OF THE EXECUTIVE  
COMMITTEE OF THE BOARD.

COMPENSATION OF KEY PERSONS

THE ORGANIZATION REVIEWS FORMS 990 OF OTHER LOCAL ORGANIZATIONS WHICH  
INCLUDES OTHER RESEARCH BASED ORGANIZATIONS AND SUBSCRIBES TO INDEPENDENT  
SALARY SURVEY PUBLICATIONS.

FUND BALANCE RECONCILIATION

NET ACTIVITY FROM UK AFFILIATE \$6,866

-----

CHANGE IN FUND BALANCE \$6,866

=====

FAMILY RELATIONSHIPS BETWEEN OFFICERS

MARC &amp; ESTHER GOODMAN ARE HUSBAND &amp; WIFE, RESPECTIVELY;

|  |  |
|--|--|
| Name of the organization<br>DIABETES RESEARCH INSTITUTE FOUNDATION, INC. | Employer identification number<br>59-1361955 |
|--|--|

CHARLIE & STEPHEN RIZZO ARE FATHER & SON, RESPECTIVELY; AND  
BONNIE & LINDSEY INSERRA ARE MOTHER & DAUGHTER RESPECTIVELY.

AMENDED RETURN FOOTNOTE

THIS 2019 FORM 990 IS BEING AMENDED TO AGREE WITH THE AUDITED FINANCIAL  
STATEMENTS THAT WERE ISSUED SUBSEQUENT TO THE ORIGINALLY FILED TAX RETURN  
INCLUDING A CHANGE IN DONOR RESTRICTED ASSETS IN PART X.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

THE DIABETES RESEARCH INSTITUTE FOUNDATION FUNDS BASIC,  
PRE-CLINICAL AND PATIENT-BASED RESEARCH STUDIES, INCLUDING FIVE  
PHASE I/II CLINICAL STUDIES, SEVERAL OF WHICH ARE SIMULTANEOUSLY  
UNDERWAY AT THE DIABETES RESEARCH INSTITUTE (DRI), WITH THE OTHERS  
PENDING COMMENCEMENT.

THE ONGOING 'ISLETS IN THE OMENTUM' BIOHUB TRIAL WAS THE FIRST  
STEP IN TESTING THE SAFETY AND EFFICACY OF INSULIN-PRODUCING CELLS  
TRANSPLANTED WITHIN A TISSUE-ENGINEERED PLATFORM IN A DIFFERENT  
SITE THAN THE LIVER, THE TRADITIONAL TRANSPLANT SITE. FOUNDATION  
FUNDING HAS ALLOWED THE DRI'S CLINICAL CELL TRANSPLANT TEAM TO  
CONTACT AND SCREEN MORE THAN 1,200 CANDIDATES FOR THIS INNOVATIVE  
PILOT TRIAL, SEVERAL OF WHOM WERE SELECTED AND PLACED ON THE  
WAITING LIST TO UNDERGO THE PROCEDURE PENDING THE AVAILABILITY OF  
A MATCHING DONOR ORGAN. OTHER ALTERNATIVE TRANSPLANT SITES  
CONTINUE TO BE EXPLORED.

DRIF FUNDING ALSO SUPPORTS THE CONTINUED FOLLOW-UP AND CARE OF  
THE DRI'S ISLET TRANSPLANT PATIENTS WHO HAVE PARTICIPATED IN  
PREVIOUS CLINICAL TRIALS. MANY OF THESE HAVE REMAINED INSULIN

|  |  |
|--|--|
| Name of the organization<br>DIABETES RESEARCH INSTITUTE FOUNDATION, INC. | Employer identification number<br>59-1361955 |
|--|--|

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ATTACHMENT 1 (CONT'D)

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INDEPENDENT FOR A VARYING NUMBER OF YEARS. THIS PAST YEAR, DRI PRESENTED DATA SHOWING THAT THEIR ISLET TRANSPLANT PATIENTS WHO WERE STILL FREE FROM INSULIN FOR AN AVERAGE OF 10 YEARS HAD NEAR-NORMAL BLOOD SUGAR LEVELS, SIMILAR TO THOSE WITHOUT DIABETES.

DRIF HAS ALSO FUNDED DRI RESEARCH PROJECTS THAT FOCUS ON ESTABLISHING IMMUNE TOLERANCE AND REVERSING AUTOIMMUNITY, THE BODY'S DESTRUCTION OF THE INSULIN-PRODUCING CELLS WHICH CAUSED THE ONSET OF THE DISEASE. SEVERAL OF THE CLINICAL TRIALS ADDRESS THESE CHALLENGES WHILE OTHER RESEARCH EARLIER IN THE PIPELINE REMAINS UNDERWAY.

ANOTHER MAJOR RESEARCH AREA THAT DRIF SUPPORTS IS THE DEVELOPMENT OF AN UNLIMITED SUPPLY OF INSULIN-PRODUCING CELLS. DRIF-FUNDED STUDIES HAVE LED TO SIGNIFICANT PROGRESS IN STIMULATING THE REGENERATION OF PANCREATIC STEM CELLS INTO INSULIN-PRODUCING CELLS USING A SINGLE FDA-APPROVED MOLECULE. THIS SIGNIFICANT FINDING OPENS TO DOOR TO A NATURAL CELL SUPPLY BANK WITHIN THE PATIENT'S BODY, ADDRESSING SEVERAL ONGOING CHALLENGES FOR CURING THE DISEASE.

THE DRIF HAS FUNDED INTERNATIONAL RESEARCHER TRAINING AND KEY COLLABORATIVE PROGRAMS THAT HELP ACCELERATE RESEARCH PROGRESS THROUGH THE SHARING OF IDEAS AND ADVANCEMENTS. ALSO, DRIF-FUNDED RESEARCH EQUIPMENT WAS USED IN A PHASE III MULTI-CENTER CLINICAL ISLET TRANSPLANTATION TRIAL. THE RESULTING DATA DEMONSTRATED THAT ISLET TRANSPLANTATION IS EFFECTIVE IN PREVENTING SEVERE HYPOGLYCEMIA - DANGEROUSLY LOW BLOOD SUGAR LEVELS - WHICH

|  |  |
|--|--|
| Name of the organization<br>DIABETES RESEARCH INSTITUTE FOUNDATION, INC. | Employer identification number<br>59-1361955 |
|--|--|

ATTACHMENT 1 (CONT'D)

REPRESENTS A PARTICULARLY FEARED COMPLICATION IN TYPE 1 DIABETES THAT CAN LEAD TO SEIZURES, LOSS OF CONSCIOUSNESS AND EVEN DEATH. IMPORTANTLY, THE RESULTS OF THIS PHASE III TRIAL PAVE THE WAY FOR ISLET TRANSPLANTATION TO BECOME AN FDA-APPROVED TREATMENT FOR PATIENTS WITH DIABETES AND ONE THAT WOULD BE ELIGIBLE FOR INSURANCE REIMBURSEMENT.

KEY FUNDED RESEARCH AREAS INCLUDE CELL-BASED THERAPIES FOR ISLET REPLACEMENT, IMMUNE TOLERANCE, IMMUNE REGULATION, REGENERATIVE MEDICINE, AND STEM CELL RESEARCH, AMONG OTHERS, TO RESTORE BIOLOGICAL INSULIN PRODUCTION. TOGETHER WITH OTHER DIABETES ADVOCACY ORGANIZATIONS, THE DRIF HAS APPEARED BEFORE CONGRESS TO REQUEST INCREASED FUNDING FOR DIABETES RESEARCH, AND HAS MADE RECOMMENDATIONS ON THE FUTURE DIRECTION OF RESEARCH APPROPRIATIONS. DRIF ALSO HOSTS AND PARTICIPATES IN A VARIETY OF INFORMATIONAL WORKSHOPS FOR PEOPLE WITH DIABETES AND THEIR FAMILIES FOCUSING ON THE LATEST ADVANCES TOWARD A CURE AND THE NEWEST DIABETES MANAGEMENT TECHNIQUES. THROUGH ITS WEBSITE DIABETESRESEARCH.ORG, THE DRIF PROVIDES 'NEWS YOU CAN USE' AND RESEARCH UPDATES FOR THOSE LIVING WITH DIABETES AND THEIR FAMILY MEMBERS IN THE FORM OF E-NEWSLETTERS, VIDEOS, EMAIL ANNOUNCEMENTS AND INFORMATION VIA SOCIAL MEDIA.

ATTACHMENT 2

FORM 990, PART VI, LINE 17 - STATES

AL, CA, CT,

DC, FL, GA, IL, KS, KY, ME, MD, MA, MI,

MN, NH, NJ, NY, NC, ND, OH, OK, OR, PA,

|  |  |
|--|--|
| Name of the organization<br>DIABETES RESEARCH INSTITUTE FOUNDATION, INC. | Employer identification number<br>59-1361955 |
| <u>ATTACHMENT 2 (CONT'D)</u>   |  |
| <u>FORM 990, PART VI, LINE 17 - STATES</u>                               |  |

RI, SC, UT, VA, WA, WI,

ATTACHMENT 3

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

| <u>NAME AND ADDRESS</u>  | <u>DESCRIPTION OF SERVICES</u> | <u>COMPENSATION</u> |
|--|--------------------------------|---------------------|
| NORTH AMERICA'S BUILDING TRADES UNION<br>815 16TH STREET, STE. 600<br>WASHINGTON, DC 20006 | EVENT PLANNER                  | 275,000.            |
| ORR GROUP, INC<br>3000 K. STREET, SUITE E280<br>WASHINGTON, DC 20007                       | FUNDRAISING AND MGMT           | 672,000.            |
| APERIO PHILANTHROPY LLC<br>360 FURMAN STREET NW, STE 600<br>BROOKLYN, NY 11201             | EXECUTIVE RECRUITING           | 325,000.            |

ATTACHMENT 4

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

| <u>DESCRIPTION</u> | <u>ENDING<br/>BOOK VALUE</u> |
|--------------------|------------------------------|
| EQUITY SECURITIES  | 15,684,281.                  |
| TOTALS             | <u>15,684,281.</u>           |

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

Name of the organization

DIABETES RESEARCH INSTITUTE FOUNDATION, INC.

Employer identification number

59-1361955

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

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity                    | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|--|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) DIABETES RESEARCH INSTITUTE UK 98-0470434<br>81 ALDWYCH LONDON, ENGLAND UK WC2B 4H | DONATIONS               | UK   | 6,866.              | 19,278.                   | DRIF                             |
| (2)  |                         |  |                     |                           |                                  |
| (3)  |                         |  |                     |                           |                                  |
| (4)  |                         |  |                     |                           |                                  |
| (5)  |                         |  |                     |                           |                                  |
| (6)  |                         |  |                     |                           |                                  |

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

| (a)<br>Name, address, and EIN of related organization                                  | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|--|-------------------------|--|----------------------------|---|----------------------------------|--|----|
|  |                         |  |                            |   |                                  | Yes  | No |
| (1) DIABETES RESEARCH INSTITUTE UK 98-0470434<br>81 ALDWYCH LONDON, ENGLAND UK WC2B 4H | DONATIONS               | UK   | 501(C)(3)                  | TAX-EXEMPT  | DRIF                             | X  |    |
| (2)  |                         |  |                            |   |                                  |  |    |
| (3)  |                         |  |                            |   |                                  |  |    |
| (4)  |                         |  |                            |   |                                  |  |    |
| (5)  |                         |  |                            |   |                                  |  |    |
| (6)  |                         |  |                            |   |                                  |  |    |
| (7)  |                         |  |                            |   |                                  |  |    |

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

Schedule R (Form 990) 2019

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

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

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

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

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

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

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

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

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



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

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

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

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**Part VII** **Supplemental Information**

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

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**SCHEDULE D  
(Form 1041)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

▶ Attach to Form 1041, Form 5227, or Form 990-T.  
▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.  
▶ Go to [www.irs.gov/F1041](http://www.irs.gov/F1041) for instructions and the latest information.

OMB No. 1545-0092

**2019**

Name of estate or trust

DIABETES RESEARCH INSTITUTE FOUNDATION, INC.

Employer identification number

59-1361955

Did you dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Note:** Form 5227 filers need to complete *only* Parts I and II.

**Part I Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less** (see instructions)

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.   | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part I,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result with<br>column (g) |
|---|----------------------------------|---------------------------------|---|---|
| <b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b. |                                  |                                 |   |   |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked.   |                                  |                                 |   |   |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked.  |                                  |                                 |   |   |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked.  |                                  |                                 |   |   |
| <b>4</b> Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824.   |                                  |                                 |   | <b>4</b>  |
| <b>5</b> Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts.  |                                  |                                 |   | <b>5</b>  |
| <b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2018 Capital Loss Carryover Worksheet.   |                                  |                                 |   | <b>6</b> ( )  |
| <b>7</b> <b>Net short-term capital gain or (loss).</b> Combine lines 1a through 6 in column (h). Enter here and on line 17, column (3) on the back.   |                                  |                                 |   | <b>7</b>  |

**Part II Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year** (see instructions)

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.  | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part II,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result with<br>column (g) |
|--|----------------------------------|---------------------------------|--|---|
| <b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b. |                                  |                                 |  |   |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked.  | 8,720,217.                       | 7,487,146.                      |  | 1,233,071.  |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked.   |                                  |                                 |  |   |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked.  |                                  |                                 |  |   |
| <b>11</b> Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824.  |                                  |                                 |  | <b>11</b>   |
| <b>12</b> Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts.   |                                  |                                 |  | <b>12</b>   |
| <b>13</b> Capital gain distributions.  |                                  |                                 |  | <b>13</b>   |
| <b>14</b> Gain from Form 4797, Part I.   |                                  |                                 |  | <b>14</b>   |
| <b>15</b> Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2018 Capital Loss Carryover Worksheet.   |                                  |                                 |  | <b>15</b> ( )   |
| <b>16</b> <b>Net long-term capital gain or (loss).</b> Combine lines 8a through 15 in column (h). Enter here and on line 18a, column (3) on the back.  |                                  |                                 |  | <b>16</b> 1,233,071.  |

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2019

| <b>Part III Summary of Parts I and II</b>                          |  | (1) Beneficiaries' (see instr.) | (2) Estate's or trust's | (3) Total  |
|--|--|---------------------------------|-------------------------|------------|
| <b>Caution:</b> Read the instructions before completing this part. |  |                                 |                         |            |
| <b>17</b>  | <b>Net short-term gain or (loss).</b> . . . . .                          | <b>17</b>                       |                         |            |
| <b>18</b>  | <b>Net long-term gain or (loss):</b>                                     |                                 |                         |            |
| a  | Total for year . . . . .   | <b>18a</b>                      |                         | 1,233,071. |
| b  | Unrecaptured section 1250 gain (see line 18 of the worksheet.) . . . . . | <b>18b</b>                      |                         |            |
| c  | 28% rate gain . . . . .  | <b>18c</b>                      |                         |            |
| <b>19</b>  | <b>Total net gain or (loss).</b> Combine lines 17 and 18a. . . . . ▶     | <b>19</b>                       |                         | 1,233,071. |

**Note:** If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 18a and 19, column (2), are net gains, go to Part V, and **don't** complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

| <b>Part IV Capital Loss Limitation</b> |  |               |
|--|--|---------------|
| <b>20</b>                              | Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the <b>smaller</b> of: |               |
| a                                      | The loss on line 19, column (3) or b \$3,000 . . . . .   | <b>20</b> ( ) |

**Note:** If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, page 1, line 23 (or Form 990-T, line 39), is a loss, complete the **Capital Loss Carryover Worksheet** in the instructions to figure your capital loss carryover.

**Part V Tax Computation Using Maximum Capital Gains Rates**

**Form 1041 filers.** Complete this part **only** if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 23, is more than zero.

**Caution:** Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if:

- Either line 18b, col. (2) or line 18c, col. (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.

**Form 990-T trusts.** Complete this part **only** if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 39, is more than zero. Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if either line 18b, col. (2) or line 18c, col. (2) is more than zero.

|           |  |           |  |  |
|-----------|--|-----------|--|--|
| <b>21</b> | Enter taxable income from Form 1041, line 23 (or Form 990-T, line 39). . . . .   | <b>21</b> |  |  |
| <b>22</b> | Enter the <b>smaller</b> of line 18a or 19 in column (2) but not less than zero. . . . .   | <b>22</b> |  |  |
| <b>23</b> | Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T) . . . . .         | <b>23</b> |  |  |
| <b>24</b> | Add lines 22 and 23 . . . . .  | <b>24</b> |  |  |
| <b>25</b> | If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- . . . . . ▶  | <b>25</b> |  |  |
| <b>26</b> | Subtract line 25 from line 24. If zero or less, enter -0- . . . . .  | <b>26</b> |  |  |
| <b>27</b> | Subtract line 26 from line 21. If zero or less, enter -0- . . . . .  | <b>27</b> |  |  |
| <b>28</b> | Enter the <b>smaller</b> of the amount on line 21 or \$2,650 . . . . .   | <b>28</b> |  |  |
| <b>29</b> | Enter the <b>smaller</b> of the amount on line 27 or line 28 . . . . .   | <b>29</b> |  |  |
| <b>30</b> | Subtract line 29 from line 28. If zero or less, enter -0-. This amount is taxed at 0% . . . . . ▶  | <b>30</b> |  |  |
| <b>31</b> | Enter the <b>smaller</b> of line 21 or line 26 . . . . .   | <b>31</b> |  |  |
| <b>32</b> | Subtract line 30 from line 26 . . . . .  | <b>32</b> |  |  |
| <b>33</b> | Enter the <b>smaller</b> of line 21 or \$12,950 . . . . .  | <b>33</b> |  |  |
| <b>34</b> | Add lines 27 and 30 . . . . .  | <b>34</b> |  |  |
| <b>35</b> | Subtract line 34 from line 33. If zero or less, enter -0- . . . . .  | <b>35</b> |  |  |
| <b>36</b> | Enter the <b>smaller</b> of line 32 or line 35 . . . . .   | <b>36</b> |  |  |
| <b>37</b> | Multiply line 36 by 15% (0.15) . . . . . ▶   | <b>37</b> |  |  |
| <b>38</b> | Enter the amount from line 31 . . . . .  | <b>38</b> |  |  |
| <b>39</b> | Add lines 30 and 36 . . . . .  | <b>39</b> |  |  |
| <b>40</b> | Subtract line 39 from line 38. If zero or less, enter -0- . . . . .  | <b>40</b> |  |  |
| <b>41</b> | Multiply line 40 by 20% (0.20) . . . . . ▶   | <b>41</b> |  |  |
| <b>42</b> | Figure the tax on the amount on line 27. Use the 2019 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) . . . . . | <b>42</b> |  |  |
| <b>43</b> | Add lines 37, 41, and 42 . . . . .   | <b>43</b> |  |  |
| <b>44</b> | Figure the tax on the amount on line 21. Use the 2019 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) . . . . . | <b>44</b> |  |  |
| <b>45</b> | <b>Tax on all taxable income.</b> Enter the <b>smaller</b> of line 43 or line 44 here and on Form 1041, Schedule G, Part I, line 1a (or Form 990-T, line 41) . . . . . ▶     | <b>45</b> |  |  |

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

DIABETES RESEARCH INSTITUTE FOUNDATION, INC.

59-1361955

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

**Part II Long-Term.** Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

**Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

**You must check Box D, E, or F below. Check only one box.** If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (D)** Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

| 1   | (a)<br>Description of property<br>(Example: 100 sh. XYZ Co.) | (b)<br>Date acquired<br>(Mo., day, yr.) | (c)<br>Date sold or<br>disposed of<br>(Mo., day, yr.) | (d)<br>Proceeds<br>(sales price)<br>(see instructions) | (e)<br>Cost or other basis.<br>See the <b>Note</b> below<br>and see <i>Column (e)</i><br>in the separate<br>instructions | Adjustment, if any, to gain or loss.<br>If you enter an amount in column (g),<br>enter a code in column (f).<br><b>See the separate instructions.</b> |                                | (h)<br><b>Gain or (loss).</b><br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|---|--|---|---|--|--|---|--------------------------------|--|
|   |  |   |   |  |  | (f)<br>Code(s) from<br>instructions   | (g)<br>Amount of<br>adjustment |  |
|   | PUBLICLY TRADED<br>SECURITIES                                | VAR                                     | VAR   | 8,720,217.   | 7,487,146.   |   |                                | 1,233,071.   |
|   |  |   |   |  |  |   |                                |  |
|   |  |   |   |  |  |   |                                |  |
|   |  |   |   |  |  |   |                                |  |
|   |  |   |   |  |  |   |                                |  |
|   |  |   |   |  |  |   |                                |  |
|   |  |   |   |  |  |   |                                |  |
|   |  |   |   |  |  |   |                                |  |
|   |  |   |   |  |  |   |                                |  |
|   |  |   |   |  |  |   |                                |  |
|   |  |   |   |  |  |   |                                |  |
|   |  |   |   |  |  |   |                                |  |
|   |  |   |   |  |  |   |                                |  |
|   |  |   |   |  |  |   |                                |  |
|   |  |   |   |  |  |   |                                |  |
|   |  |   |   |  |  |   |                                |  |
|   |  |   |   |  |  |   |                                |  |
| <b>2 Totals.</b> Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, <b>line 8b</b> (if <b>Box D</b> above is checked), <b>line 9</b> (if <b>Box E</b> above is checked), or <b>line 10</b> (if <b>Box F</b> above is checked) ► |  |   |   | 8,720,217.   | 7487146.   |   |                                | 1,233,071.   |

**Note:** If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.