, u	Cost	EXTEN	ISIC	N ATTACHED	2939	3 () 4	1700343 9
Form 99	0-T	empt Organization	Bus	siness Income T der section 6033(e	Tax Returi	1	OMB No 1545-0687
	-	ndar year 2017 or other tax year begin				18	୭ ⋒17
Department of th		Go to www.irs gov/Form990			4 ()		
Internal Revenue		not enter SSN numbers on this form a	is it ma	y be made public if your orga			Open to Public Inspection for 501(c)(3) Organizations Only
	ck box if ess changed	Name of organization (Check bo	ox if nai	me changed and see instructions	s) 1		oyer identification number oyees' trust, see instructions)
		TODE THEEDNAMTONAT					
B Exempt und		JDRF INTERNATIONAL Number, street, and room or suite no I	fa B O	hay and instructions		23_1	907729
⊢ °°'' ⊑	or	Number, street, and room or suite no	IAFO	box, see instructions	 		lated business activity codes
408(e) 408A	220(e) Type	26 BROADWAY, 15TH F	L				nstructions)
529(a)	330(a)	City or town, state or province, country		ZIP or foreign postal code			
C Book value		NEW YORK, NY 10004				5259	90
at end of yea	F Gro	up exemption number (See instruct	ions)	>			
226,35		ck organization type 🕨 🐰 501	(c) co	rporation 501(c)		401(a)	trust Other trust
		rimary unrelated business activity					
•	•	corporation a subsidiary in an affili	-	• •	ontrolled group?		▶
		identifying number of the parent con GARY CURTO C/O JDRF II		on D	e number ▶ 212	-179	_7551
		or Business Income		(A) Income	(B) Expens		(C) Net
	receipts or sales	Di Busilless Income		(A) income	(b) Expens		(O) Net
	urns and allowances	c Balance ▶	1c				
		ule A, line 7)	2				1
	•	2 from line 1c	3				
4a Capita	l gain net income (a	ttach Schedule D)	4a				
		Part II, line 17) (attach Form 4797)	4b				
c Capita	l loss deduction for t	rusts	4c				
5 Income	(loss) from partnersh	ps and S corporations (attach statement)	5	17,064.	ATCH 1		17,064.
			6				ļ.
		come (Schedule E)	7				
	•	nts from controlled organizations (Schedule F)	8				
		1(c)(7), (9), or (17) organization (Schedule G)	9				
		ncome (Schedule I)	10				
		tions, attach schedule)	12	143,892.	ATCH 2		143,892.
	•	ough 12					160,956.
Part II	Deductions Not	Taken Elsewhere (See instr	ructio	ons for limitations on d	eductions) (E	xcept f	for contributions,
d	leductions must	be directly connected with t	he u	related business inco	me.)		
14 Compe	ensation of officers,	directors, and trustees (Schedule 🖏	RF(SEIVED I		. 14	
15 Salarie	es and wages		, <u> </u>	* * * * * * * * * * * * O . · · ·		. 15	
16 Repair	s and maintenance	ي. ارق	: = =	1 2 2019 8			
17 Bad de	ebts	879	بب.				1
16 interes	st (attach schedule)						0.0
19 Taxes 20 Charita	and ilcenses	See instructions for limitation rules	A a	ACHMENT 3		20	15 527
		4562),		l		. 20	
		on Schedule A and elsewhere on re				22b	<u>,</u>
23 Deplet	ion					. 23	
		compensation plans					
25 Emplo	yee benefit program	s				. 25	
		Schedule I)					
27 Excess	s readership costs (S	chedule J)				. 27	F 600
		chedule)					01 000
		es 14 through 28					139,747.
		le income before net operating on (limited to the amount on line 30					133,747.
		e income before specific deduction					139,747.
		ally \$1,000, but see line 33 instruc		= :		· —	1 000
•	· · · · · · · · · · · · · · · · · · ·	ble income. Subtract line 33 fr				d	<u> </u>
		line 32		•	~ /	X /	138,747.
For Paperwo	ork Reduction Act	lotice, see instructions.				1	Form 990-T (201)
'^ ' '" ' 543	56P \$\dagged0000000000000000000000000000000000	,	V 1	7-7.10			CII ÂGE
							611

gage 1

Pai	t III Tax Computation			
35	Organizations Taxable as Corporations. See instructions for tax computation Controlled group			
	members (sections 1561 and 1563) check here See instructions and			
а	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order)			
	(1) \$ (2) \$ (3) \$			
b	Enter organization's share of (1) Additional 5% tax (not more than \$11,750) \$]		
	(2) Additional 3% tax (not more than \$100,000)]		
С	Income tax on the amount on line 34	35c	33,2	283.
36	Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on			
	the amount on line 34 from Tax rate schedule or Schedule D (Form 1041)	36		
37	Proxy tax. See instructions	37		
38	Alternative minimum tax	38		
39	Tax on Non-Compliant Facility Income. See instructions	39		
40	Total. Add lines 37, 38 and 39 to line 35c or 36, whichever applies	40	33,2	283.
Pai	t IV Tax and Payments	. ч		
41 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 474]]		
b	Other credits (see instructions)	<u> </u>		
С	General business credit Attach Form 3800 (see instructions)]		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)			
		4 le		
42	Subtract line 41e from line 40	42	33,2	<u> 283.</u>
43	Subtract line 41e from line 40	43		
44			33,2	283.
45 a	Payments A 2016 overpayment credited to 2017] (
b	2017 estimated tax payments]		
С	Tax deposited with Form 8868]		
	Foreign organizations Tax paid or withheld at source (see instructions)	↓		
е	Backup withholding (see instructions)	<u> </u>		
f	Credit for small employer health insurance premiums (Attach Form 8941)	-		
g	Other credits and payments Form 2439			
	Other credits and payments Form 2439 Form 4136 Other Total Payments. Add lines 45a through 45g.	46	20 (240
46	Total payments. Add lines 45a through 45g		39,0	
47	Estimated tax penalty (see instructions) Check if Form 2220 is attached	47		73.
48	Tax due. If line 46 is less than the total of lines 44 and 47, enter amount owed	48		
49	Overpayment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	49	٥, و	692.
)50	Enter the amount of line 49 you want Credited to 2018 estimated tax > 5,692. Refunded	····		
Par			ıtv Yes	No
51	At any time during the 2017 calendar year, did the organization have an interest in or a signature or			140
	over a financial account (bank, securities, or other) in a foreign country? If YES, the organization material FinCEN Form 114, Report of Foreign Bank and Financial Accounts If YES, enter the name of the			
	here ISRAEL, NETHERLANDS, DENMARK	Toreign count	"y	
		4		Х
52	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trust /	``	
53	If YES, see instructions for other forms the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$			l i
33	Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the t	best of my knowle	dge and beli	ef it is
Sig	true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge			
Her		ay the IRS disc th the prepare		
		ee instructions)? X	Yes	No
	Print/Type preparer's name Preparer's signature Date	PTI		
Paic	NI COLD DIRECTOR OF Check Chec		149100	5
	Darer Firm's name KPMG, LLP	s EIN ▶13-55		
Use	Only Firm's address ▶ 345 PARK AVE, NEW YORK, NY 10154 Phon	212 7	85-970	0
_			n 990-T	

Form **990-1** (2017

•	·										
Form 990-T (2017)											Page 3
Schedule A - Cost of Go	ods Sold. Er	ter method	d of invento								
1 Inventory at beginning of ye	ear . 1			6 Inve	ntory	at end of yea	ar		6		
2 Purchases				7 Cos	t of	goods so	ld. Subtract li	ne			
3 Cost of labor	3			6 f	rom	line 5 En	ter here and	ın _			
4a Additional section 263A co	sts			Part	I, line	2		L	7		
(attach schedule)	4a			8 Do	the	rules of	section 263A	(with	respect t	O Yes	No
b Other costs (attach schedul	le) . 4b						or acquired				
5 Total. Add lines 1 through	4b . 5			to th	e orga	anization?.	<u> </u>	<u> </u>		•	<u> </u>
Schedule C - Rent Income	(From Real P	roperty a	nd Persor	nal Prop	erty	Leased V	Vith Real Pro	perty)		
(see instructions)											
Description of property											
r. Decempation of property											
(1)											
(2)											
(3)	·										
(4)								-			
· · · · · · · · · · · · · · · · · · ·	2. Rent recei	ved or accru	ed								
(a) From personal property (if the p	percentage of rent	(b) F	rom real and	personal p	roperty	(if the	3(a) Deduction	is direc	tly connected v	with the inc	ome
for personal property is more that		percent	age of rent for	ge of rent for personal property exceeds			in columns 2(a) and 2(b) (attach sche				
more than 50%)		50% o	r if the rent is based on profit or income)								
(1)											
(2)											
(3)	_ .			-							
(4)											
Total		Total									
(c) Total income. Add totals of co	Numns 2(a) and 2(<u> </u>					(b) Total dedu				
here and on page 1, Part I, line 6,	• • • •						Enter here an Part I, line 6, o				
Schedule E - Unrelated De			e instruction	ons)		-	1		(-)		
30.1044.10 2			ľ	•		3. 0	Deductions directly			cable to	
1. Description of deb	t-financed property			2 Gross income from or allocable to debt-financed				nanced ((b) Other deductions		
·			pı	roperty			nt line depreciation ich schedule)		(b) Other d (attach so		
(1)						,			•		
(2)		·									
(3)			-				·				
(4)										-	
4. Amount of average	5 Average adju	sted basis			,						
acquisition debt on or	of or alloca	ble to		Column divided			income reportable		8 Allocable column 6 x to		
allocable to debt-financed property (attach schedule)	debt-financed (attach sche			column 5		(columi	n 2 x column 6)		3(a) and		
(1)	(2112011 3011				%		-				
					%			+			
(2)			1		%			+-			
(3) (4)			+		%						
(-)		•=•			/0	Enter her	e and on page 1	-	Enter here an	d on nag	e 1
							ne 7, column (A)		Part I, line 7,		

Form **990-T** (2017)

organization dentification number 3 Net unrelated income (loss) (see instructions) and an experiments made organizations gross income in column 5 (loss) (see instructions) and an experiments made organizations gross income in column 5 (loss) (see instructions) and an experiment made organizations gross income in column 5 (loss) (see instructions) and an experiment made organizations gross income (loss) (see instructions) and an experiment made organizations gross income organization (loss)	Schedule F - Interest, Anni	uities, Royalties					ons (see	instructio	ns)	
organization or dentification number (less) (see enstructions) 4 Total of specified phymenis made 1 Total of specified			Exem	pt Controlled Or	rganizati	ons				
Controlled Organizations S. Net unrelated income (loss) (see instructions) S. Total of specified payments made 10. Part of column 9 that of income (loss) (see instructions) S. Total of specified unrelated in the controlling organization (see instructions) S. Total of specified unrelated in the controlling organization (see instructions) S. Total of specified (see instr			ier j		1	-	ıncluded	in the contro	lling	6. Deductions directly connected with income in column 5
Onexempt Controlled Organizations 7 Taxable Income (9. Net unrelated income (9. Net unrelated income (9. See instructions) (9.) (9.)			1						
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7 Taxable Income (loss) (see instructions) 9. Total of specified in the controlling organization's gross income column 10 9. Add columns 5 and 10 Enter here and on page 1. Part I, line 8, column (A) 9. Total defluctions directly connected with product of the column 5 and 10 Enter here and on page 1. Part I, line 8, column (A) 9. Total defluctions directly connected with product of the column 5 and 10 Enter here and on page 1. Part I, line 8, column (A) 9. Total defluctions directly connected with product of the column 5 and 10 Enter here and on page 1. Part I, line 8, column (B) 9. Total of specified (attach schedule) 1. Description of income 2. Amount of income (attach schedule) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity Description of Enter here and on page 1. Part I, line 9, column (B) 9. Description of exploited activity Description Desc										
7 Taxable income (loss) (see enstructions) Add columns 5 and 10 Enter here and on page 1, Part I, line 8, column (A) 1. Description of income 2 Amount of income 2 Amount of income 2 Amount of income 3. Deductions 4. Set and 50 (attach schedule) 3. Deductions 4. Set and 50 (attach schedule) 5. Total deductions 5 and 10 Fart I, line 8, column (B) 5. Total deductions 6 (attach schedule) 6 (attach schedule) 7 Enter here and on page 1, Part I, line 9, column (A) 8 Enter here and on page 1, Part I, line 9, column (A) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 2. Gross uncreated on production of the income of the	onexempt Controlled Organi	zations				1				-
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Enter here and on page 1, Part I, line 10, col (A) Chedule J - Advertising Income (see instructions) Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 3. Direct advertising costs 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 6. Readership costs (column 6 minus column 4) 7. Excess readership costs (column 6 minus column 4) 9. On the column 4 minus column 5 minus column 4 minus column 4)	•	2. Gross unrelated business income from trade or	3. Expense directly connected very production unrelated	4. Net inco from unrela or business 2 minus co If a gain,	ome (loss) ated trade s (column olumn 3) compute	5. Gros from ac	s income tivity that inrelated	6 Expe	ble to	expenses (column 6 minus column 5, but not more than
2) 3) 4) Enter here and on page 1, Part I, line 10, col (A) Cichedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 2. Gross advertising costs 3. Direct advertising costs 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 5. Circulation income 6. Readership costs (column 6 minus column 5, but not more than column 4) 1) 2) 3) 4)))									
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Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 3. Direct advertising costs Income 3. Direct advertising costs 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 6. Readership costs 7. Excess readership costs on minus column 5, but not more than column 4) 1. Name of periodical 1. Name of periodical 2. Gross advertising costs 3. Direct advertising costs 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 1. Name of periodical 3. Direct advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 1. Name of periodical		page 1, Part I,	page 1, Pai	tl,						on page 1,
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1. Name of periodical 2. Gross advertising income 3. Direct advertising costs 3. Direct advertising costs 3. Direct advertising costs 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 5. Circulation income 6. Readership costs will minus column 5, but not more than column 4) 2. Gross advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		ncome (see instr	uctionsi							
2) 3) 4)	Schedule J - Advertising In			nsolidated Ba	sis					7. Excess readership
2) 3) 4)	Part I Income From Per	2. Gross advertising	ted on a Co 3. Direct	4. Adve gain or (k 2 minus c a gain, c	rtising oss) (col col 3) If ompute	ı		1		costs (column 6 minus column 5, bu not more than
3)	Part I Income From Per 1. Name of periodical	2. Gross advertising	ted on a Co 3. Direct	4. Adve gain or (k 2 minus c a gain, c	rtising oss) (col col 3) If ompute	ı		1		costs (column 6 minus column 5, but not more than
	chedule J - Advertising In Part I Income From Per 1. Name of periodical	2. Gross advertising	ted on a Co 3. Direct	4. Adve gain or (k 2 minus c a gain, c	rtising oss) (col col 3) If ompute	ı		1		costs (column 6 minus column 5, bu not more than
	Part I Income From Per 1. Name of periodical	2. Gross advertising	ted on a Co 3. Direct	4. Adve gain or (k 2 minus d a gain, c	rtising oss) (col col 3) If ompute	ı		1		costs (column 6 minus column 5, bu not more than
	Income From Per 1. Name of periodical	2. Gross advertising	ted on a Co 3. Direct	4. Adve gain or (k 2 minus d a gain, c	rtising oss) (col col 3) If ompute	ı		1		costs (column 6 minus column 5, bu not more than

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2 Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)	,					
(3)	a .					
(4)						
Totals from Part I ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)			-	Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶					_	

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2 Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)	_	%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			,

Form **990-T** (2017)

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FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS	
KING STREET CAPITAL BELL PRO PARTNERS , BBWT CRYSTAL BASIN CELLARS	71,153. 642. 14,842. 427.
INCOME (LOSS) FROM PARTNERSHIPS	17,064.

	ATTACHMENT 2
	,
PART I - LINE 12 - OTHER INCOME	
PARKING TRANSIT	11,681. 132,211.
PART I - LINE 12 - OTHER INCOME	143,892.

ATTACHMENT	3	

FORM 990T - PART II - LINE 20 - CHARITABLE CONTRIBUTIONS

UNRELATED TRADE OR BUSINESS INCOME ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION LESS: DEDUCTIONS WITHOUT CHARITABLE CONTRIBUTIONS AND DPAD	160,956. 0. 5,682. * 10%
CHARITABLE CONTRIBUTION LIMITATION (10%) CHARITABLE CONTRIBUTION CHARITABLE CONTRIBUTION PERMITABLE OF THE APOLE THO	15,527. 15,527.
CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)	15,527.

ATTACHMENT 4

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION UNDER SECTION 199

TAX PREP FEES

5,600.

PART II - LINE 28 - OTHER DEDUCTIONS

5,600.

<u>23-1907729</u> ATTACHMENT 5

FOI	RM 990-T: FISCAL YEAR CORPORATION TAX COMPUTATION APPLYING BLENDED	TAX RATE
	UNRELATED BUSINESS TAXABLE INCOME (PAGE1, PART II, LINE 34).	138,747.
(TAX ON LINE 1 FIGURED USING THE TAX RATE SCHEDULE OR TAX COMPUTATION WORKSHEET FOR MEMBERS OF A CONTROLLED GROUP	37,361.
4 1	TAX ON LINE 1 FIGURED USING THE 21% RATE	29,137.
5 1	IN THE CORPORATION'S TAX YEAR BEFORE 01/01/2018 MULTIPLY LINE 3 BY THE NUMBER OF DAYS 181	6,874,424.
6 1	IN THE CORPORATION'S TAX YEAR AFTER 12/31/2017 DIVIDE LINE 4 BY THE TOTAL NUMBER OF DAYS 365	5,273,797.
7 1	IN THE CORPORATION'S TAX YEAR	18,834.
	IN THE CORPORATION'S TAX YEAR	14,449.
8 2	ADD LINES 6 AND 7: THE TOTAL TAX FOR THE FISCAL YEAR	33,283.