

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2023

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning, 2023, and ending, 20

Form header section containing: B Check if applicable (Amended return checked), C SANSUM DIABETES RESEARCH INSTITUTE, D Employer identification number 95-1684086, E Telephone number 805-682-7638, F Name and address of principal officer: ELIZABETH THOMPSON, SAME AS C ABOVE, G Gross receipts \$ 13,082,487, H(a) Is this a group return for subordinates? No, H(b) Are all subordinates included? Yes, I Tax-exempt status: 501(c)(3), J Website: WWW.SANSUM.ORG, K Form of organization: Corporation, L Year of formation: 1944, M State of legal domicile: CA

Part I Summary

Table with 22 rows and 3 columns: Description, Prior Year, Current Year. Rows include: 1 Mission statement, 2-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

Part II Signature Block

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

Signature block section containing: Sign Here (Officer: ELIZABETH THOMPSON, CHIEF EXEC. OFFICER), Paid Preparer Use Only (Preparer: BRAD A. STOLTEY, STOLTEY & ASSOCIATES, SANTA MARIA, CA 93455)

May the IRS discuss this return with the preparer shown above? See instructions. [X] Yes [] No

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:

DEDICATED TO IMPROVING THE LIVES OF PEOPLE IMPACTED BY DIABETES THROUGH RESEARCH, EDUCATION AND CARE.

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

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

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

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

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

4a (Code:) (Expenses \$ 4,595,932. including grants of \$) (Revenue \$ 3,134,391.)

SEE SCHEDULE O

4b (Code:) (Expenses \$ 118,923. including grants of \$) (Revenue \$ 51,650.)

SEE SCHEDULE O

4c (Code:) (Expenses \$ 29,000. including grants of \$) (Revenue \$ 9,000.)

SEE SCHEDULE O

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 4,743,855.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
	2a 94		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year.		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12.		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders.		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?		
	Note: See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
	13b		
c	Enter the amount of reserves on hand		
	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.		

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 (19), 1b (19), 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 (SEE SCHEDULE O), 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 CA
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. SEE SCHEDULE O
20 State the name, address, and telephone number of the person who possesses the organization's books and records. CFO 2219 BATH STREET SANTA BARBARA CA 93105 805-682-7638

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) KRISTIN CASTORINO, DO RESEARCH PHYSICIAN	40 0				X		266,900.	0.	21,775.
(2) RAUL BASTARRACHEA SENIOR RESEARCH SCIENTIST	40 0				X		196,238.	0.	27,891.
(3) ELLEN GOODSTEIN EXECUTIVE DIR.	40 0			X			208,997.	0.	11,308.
(4) KRISTEN NELSON SENIOR CLINICAL NURSE PRACTITI	40 0				X		140,962.	0.	20,119.
(5) MEI MEI CHURCH NURSE PRACTITIONER	40 0					X	136,957.	0.	7,759.
(6) KARA HORNBUCKLE DIR DEVELOPMENT	40 0					X	130,517.	0.	8,565.
(7) ASHLEY THORSELL RESEARCH PHYSICIAN	40 0					X	123,750.	0.	9,758.
(8) CHRISTIAN FARFAN SENIOR CLINICAL TR	40 0					X	122,417.	0.	6,183.
(9) ANDREW KOUTNIK RESEARCH SCIENTIST	40 0					X	118,293.	0.	911.
(10) ALEXANDER DEPAOLI, MD IMMED PAST PRES	2 0	X		X			15,263.	0.	0.
(11) KENNETH WAXMAN, MD, FACS PRESIDENT	4 0	X		X			0.	0.	0.
(12) JAMES SLOAN VP/TREASURER	2 0	X		X			0.	0.	0.
(13) JOAN DOELL ARNOLD SECRETARY	2 0	X		X			0.	0.	0.
(14) MIGUEL AVILA TRUSTEE	1 0	X					0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) DANIEL BERGER, MD TRUSTEE	1 0	X					0.	0.	0.
(16) ANTHONY CASTILLO TRUSTEE	1 0	X					0.	0.	0.
(17) LINDSEY DUCA, PHD TRUSTEE	1 0	X					0.	0.	0.
(18) ELENA ENGEL TRUSTEE	1 0	X					0.	0.	0.
(19) STEVEN JUNG, ESQ. TRUSTEE	1 0	X					0.	0.	0.
(20) NORMAN KURLAND TRUSTEE	1 0	X					0.	0.	0.
(21) ROBERT NAGY, MD TRUSTEE	1 0	X					0.	0.	0.
(22) FLINT OGLE TRUSTEE	1 0	X					0.	0.	0.
(23) MICHAEL PASKIN TRUSTEE	1 0	X					0.	0.	0.
(24) MIGUEL RODRIGUEZ TRUSTEE	1 0	X					0.	0.	0.
(25) MATTHEW ROWE, CIMA TRUSTEE	1 0	X					0.	0.	0.
1b Subtotal							1,460,294.	0.	114,269.
c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							1,460,294.	0.	114,269.
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	13								

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SAMUEL KLEIN 38 RIDGEMOOR DRIVE CLAYTON, MO 63105	CHIEF SCIENTIFIC OFFICER	195,325.
ANCHOR POINT IT SOLUTIONS 213 SANTA BARBARA ST SANTA BARBARA, CA 931	IT CONSULTING	133,148.
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	2	

Department of the Treasury
Internal Revenue Service

Name of the Organization SANSUM DIABETES RESEARCH INSTITUTE	Employer identification number 95-1684086
-----------------------------------------------------------------------	-----------------------------------------------------

Part VII Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WENDY THIES SELL TRUSTEE	1 0	X						0.	0.	0.
(2) MARK SIMON TRUSTEE	4 0	X						0.	0.	0.
(3) SANDRA TILLISCH SVOBODA TRUSTEE	1 0	X						0.	0.	0.
(4) BRAD WEBB TRUSTEE	1 0	X						0.	0.	0.
(5) -----										
(6) -----										
(7) -----										
(8) -----										
(9) -----										
(10) -----										
(11) -----										
(12) -----										
(13) -----										
(14) -----										
(15) -----										
(16) -----										
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,445,750.				
	g Noncash contributions included in lines 1a-1f	1g	23,988.				
	h Total. Add lines 1a-1f		6,445,750.				
	Program Service Revenue	2a <u>RESEARCH CONTRACTS</u>		Business Code 541700	3,143,391.	3,143,391.	
b <u>PATIENT CARE FEES</u>		541700	51,650.	51,650.			
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			3,195,041.				
Miscellaneous Revenue	3 Investment income (including dividends, interest, and other similar amounts)			406,063.		406,063.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			871,251.		871,251.	
	6a Gross rents		(i) Real	(ii) Personal			
		6a	71,665.				
		b Less: rental expenses	6b				
	c Rental income or (loss)	6c	71,665.				
	d Net rental income or (loss)			71,665.	71,665.		
	7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other			
		7a	2,014,260.				
		b Less: cost or other basis and sales expenses	7b	2,334,989.			
	c Gain or (loss)	7c	-320,729.				
	d Net gain or (loss)			-320,729.	-320,729.		
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a	65,375.				
b Less: direct expenses		8b	108,384.				
c Net income or (loss) from fundraising events			-43,009.		-43,009.		
9a Gross income from gaming activities. See Part IV, line 19	9a						
	b Less: direct expenses	9b					
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	10a						
	b Less: cost of goods sold	10b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a <u>OTHER</u>		Business Code 541700	13,082.	13,082.		
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			13,082.			
12 Total revenue. See instructions			10,639,114.	2,959,059.	0.	1,234,305.	

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. X

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	909,453.	692,306.	113,762.	88,122.
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.	0.	0.	0.
7 Other salaries and wages	2,627,621.	1,978,133.	301,375.	348,113.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	85,390.	55,824.	11,962.	17,604.
9 Other employee benefits	201,648.	134,598.	35,623.	31,427.
10 Payroll taxes	255,441.	191,982.	31,313.	32,146.
11 Fees for services (nonemployees):				
a Management				
b Legal	11,412.		11,412.	
c Accounting	24,000.		24,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	30,258.		30,258.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	745,844.	318,134.	406,913.	20,797.
12 Advertising and promotion	62,988.	3,311.	2,597.	57,080.
13 Office expenses	94,869.	55,873.	21,589.	17,407.
14 Information technology	230,759.	152,384.	30,100.	48,275.
15 Royalties	286,088.	286,088.		
16 Occupancy	150,949.	95,988.	40,994.	13,967.
17 Travel	91,158.	70,325.	16,878.	3,955.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	39,749.	32,676.	3,692.	3,381.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	108,733.	81,550.	15,222.	11,961.
23 Insurance	87,136.	57,453.	22,194.	7,489.
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 <u>SUBJECT REIMBURSEMENT</u>	351,769.	351,769.		
b <u>LAB SUPPLIES</u>	185,461.	185,461.		
c <u>CAMPAIGN EXPENSES</u>	86,252.			86,252.
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	6,666,978.	4,743,855.	1,119,884.	787,976.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash – non-interest-bearing	247,231.	1	451,787.
	2 Savings and temporary cash investments	4,343,578.	2	5,192,133.
	3 Pledges and grants receivable, net	2,602,222.	3	6,268,701.
	4 Accounts receivable, net	667,147.	4	580,057.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	45,457.	9	48,302.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,846,735.		
	b Less: accumulated depreciation	10b 3,152,957.	1,258,101.	10c 1,693,778.
	11 Investments – publicly traded securities	8,543,672.	11	9,086,989.
	12 Investments – other securities. See Part IV, line 11		12	
	13 Investments – program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	4,467,173.	15	4,262,209.
16 Total assets. Add lines 1 through 15 (must equal line 33)	22,174,581.	16	27,583,956.	
Liabilities	17 Accounts payable and accrued expenses	484,434.	17	963,703.
	18 Grants payable		18	
	19 Deferred revenue	55.	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	731,821.	25	460,269.
	26 Total liabilities. Add lines 17 through 25	1,216,310.	26	1,423,972.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. <input checked="" type="checkbox"/>			
	27 Net assets without donor restrictions	9,340,642.	27	9,588,974.
	28 Net assets with donor restrictions	11,617,629.	28	16,571,010.
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. <input type="checkbox"/>			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	20,958,271.	32	26,159,984.	
33 Total liabilities and net assets/fund balances	22,174,581.	33	27,583,956.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,639,114.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,666,978.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,972,136.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	20,958,271.
5	Net unrealized gains (losses) on investments	5	1,214,314.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	26,144,721.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
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		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization SANSUM DIABETES RESEARCH INSTITUTE	Employer identification number 95-1684086
-----------------------------------------------------------------------	-----------------------------------------------------

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						
4 Total. Add lines 1 through 3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
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, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10.						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)).	14	%
15 Public support percentage from 2022 Schedule A, Part II, line 14.	15	%
16a 33-1/3% support test—2023. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 33-1/3% support test—2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,271,673.	2,537,565.	3,496,686.	5,265,574.	6,445,750.	19,017,248.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.	2,743,021.	3,194,510.	3,210,241.	2,680,236.	3,260,416.	15,088,424.
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
6 Total. Add lines 1 through 5.	4,014,694.	5,732,075.	6,706,927.	7,945,810.	9,706,166.	34,105,672.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons.	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b.	0.	0.	0.	0.	0.	0.
8 Public support. (Subtract line 7c from line 6.)						34,105,672.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6.	4,014,694.	5,732,075.	6,706,927.	7,945,810.	9,706,166.	34,105,672.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	287,851.	193,494.	435,645.	353,871.	406,063.	1,676,924.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
c Add lines 10a and 10b.	287,851.	193,494.	435,645.	353,871.	406,063.	1,676,924.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						0.
12 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part VI.) SEE PART VI	35,731.	21,359.	5,852.	5,504.	13,082.	81,528.
13 Total support. (Add lines 9, 10c, 11, and 12.)	4,338,276.	5,946,928.	7,148,424.	8,305,185.	10,125,311.	35,864,124.
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)).	15	95.10 %
16 Public support percentage from 2022 Schedule A, Part III, line 15.	16	83.90 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)).	17	4.68 %
18 Investment income percentage from 2022 Schedule A, Part III, line 17.	18	4.95 %
19a 33-1/3% support tests--2023. 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.	<input checked="" type="checkbox"/>	
b 33-1/3% support tests--2022. 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.	<input type="checkbox"/>	
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.	<input type="checkbox"/>	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b 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>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b 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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a	
b A family member of a person described on line 11a above?	11b	
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <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 officers, 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>	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>	2	

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	2a		
b Did the activities described on line 2a, above, 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>	2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	3a		
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>	3b		

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

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

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

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

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

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

Section D – Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required – provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required – explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

BAA

Schedule A (Form 990) 2023

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.)

PART III, LINE 12 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2023</u>	<u>2022</u>	<u>2021</u>	<u>2020</u>	<u>2019</u>
OTHER	\$ 13,082.	\$ 5,504.	\$ 5,852.	\$ 21,359.	\$ 35,731.
TOTAL	<u>\$ 13,082.</u>	<u>\$ 5,504.</u>	<u>\$ 5,852.</u>	<u>\$ 21,359.</u>	<u>\$ 35,731.</u>

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

Employer identification number

SANSUM DIABETES RESEARCH INSTITUTE

95-1684086

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: Question number, (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2a Preservation of land for public use (for example, recreation or education)
2b Protection of natural habitat
2c Preservation of open space
2d Preservation of a historically important land area
2e Preservation of a certified historic structure

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

Table with 2 columns: Question number, Held at the End of the Tax Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included on line 2a, Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

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

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,556,246.	4,138,658.	4,026,624.	3,839,382.	3,251,175.
b Contributions		5,000.			
c Net investment earnings, gains, and losses	416,232.	-344,945.	413,732.	406,505.	588,207.
d Grants or scholarships					
e Other expenditures for facilities and programs	241,205.	242,467.	301,698.	219,263.	
f Administrative expenses					
g End of year balance	3,731,273.	3,556,246.	4,138,658.	4,026,624.	3,839,382.

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 85.00 %
- c Term endowment 15.00 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations?	<input type="checkbox"/>	X
(ii) Related organizations?	<input type="checkbox"/>	X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		351,758.		351,758.
b Buildings		3,658,463.	2,888,438.	770,025.
c Leasehold improvements				
d Equipment		466,632.	264,519.	202,113.
e Other		369,882.		369,882.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)). 1,693,778.

Part VII Investments – Other Securities N/A
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments – Program Related N/A
 Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, line 13, column (B))		

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) ASSETS HELD IN SPLIT INTEREST AGREEMENTS	1,529,954.
(3) BENEFICIAL INTEREST IN PERPETUAL TRUST	1,514,527.
(4) CASH SURRENDER VALUE OF LIFE INSURANCE	129,286.
(5) NON-TRUSTEE REMAINDER INTEREST IN TRUST	1,056,552.
(6) OTHER	
(7) OTHER RECEIVABLE	31,890.
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, line 15, column (B))	4,262,209.

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) OBLIGATIONS UNDER SPLIT INTEREST AGREEMENTS	460,266.
(3) ROUNDING	3.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, line 25, column (B))	460,269.

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. SEE PART XIII.

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

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

1	Total revenue, gains, and other support per audited financial statements	1	11,823,170.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	a Net unrealized gains (losses) on investments	2a	805,743.
	b Donated services and use of facilities	2b	
	c Recoveries of prior year grants	2c	
	d Other (Describe in Part XIII.) SEE PART XIII	2d	408,571.
	e Add lines 2a through 2d	2e	1,214,314.
3	Subtract line 2e from line 1	3	10,608,856.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	30,258.
	b Other (Describe in Part XIII.)	4b	
	c Add lines 4a and 4b	4c	30,258.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	10,639,114.

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

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

1	Total expenses and losses per audited financial statements	1	6,636,720.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
	a Donated services and use of facilities	2a	
	b Prior year adjustments	2b	
	c Other losses	2c	
	d Other (Describe in Part XIII.)	2d	
	e Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	6,636,720.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	30,258.
	b Other (Describe in Part XIII.)	4b	
	c Add lines 4a and 4b	4c	30,258.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	6,666,978.

Part XIII Supplemental Information

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

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

SDRI HAS A POLICY OF APPROPRIATION FOR DISTRIBUTION EACH YEAR A PRUDENT PORTION OF EARNINGS FROM ENDOWMENT ASSETS. IN ESTABLISHING THIS POLICY, SDRI CONSIDERED THE LONG-TERM EXPECTED RETURN ON ITS ENDOWMENT. ACCORDINGLY, OVER THE LONG-TERM, SDRI EXPECTS ITS SPENDING POLICY TO ALLOW SDRI TO CONDUCT DIABETES RESEARCH. THIS IS CONSISTENT WITH SDRI'S OBJECTIVE TO MAINTAIN THE PURCHASING POWER OF THE ENDOWMENT ASSETS HELD IN PERPETUITY AS WELL AS TO PROVIDE ADDITIONAL REAL GROWTH THE NEW GIFTS.

Part XIII Supplemental Information (continued)**PART X - FASB ASC 740 FOOTNOTE**

SDRI IS ORGANIZED AS A CALIFORNIA NONPROFIT CORPORATION AND HAS BEEN RECOGNIZED BY THE IRS AS EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE (IRC) SECTION 501(A) AS AN ORGANIZATION DESCRIBED IN IRC SECTION 501(C) (3) AND QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER IRC SECTION 170(B) (1) (A) (VI) AND HAS BEEN DETERMINED NOT TO BE A PRIVATE FOUNDATION UNDER IRC SECTION 509(A) (2). SDRI IS ANNUALLY REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX (FORM 990) WITH THE IRS. IN ADDITION, SDRI IS SUBJECT TO INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED TO ITS EXEMPT PURPOSE. MANAGEMENT HAS DETERMINED SDRI IS NOT SUBJECT TO UNRELATED BUSINESS INCOME TAX AND HAS NOT FILED AN EXEMPT ORGANIZATION BUSINESS INCOME TAX RETURN (FORM 990-T) WITH THE IRS.

SDRI TAX FILINGS ARE SUBJECT TO EXAMINATION BY THE IRS, GENERALLY FOR THREE YEARS AFTER THEY ARE FILED. SDRI IS NOT AWARE OF ANY ACTIVITIES THAT WOULD JEOPARDIZE ITS TAX EXEMPT STATUS.

**SCHEDULE D, PART XI, LINE 2D
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990**

CHANGE IN VALUE - PERPETUAL TRUSTS.....	\$	129,835.
CHANGE IN VALUE - SPLIT INT AGREEMENTS.....		278,736.
	TOTAL \$	<u>408,571.</u>

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

SANSUM DIABETES RESEARCH INSTITUTE

Employer identification number

95-1684086

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 column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						0.

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
		TOV (event type)	(event type)	NONE (total number)	(add column (a) through column (c))
Revenue	1	Gross receipts	65,375.		65,375.
	2	Less: Contributions			
	3	Gross income (line 1 minus line 2)	65,375.		65,375.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	108,384.		108,384.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			108,384.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-43,009.

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 column (a) through column (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	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: _____
- 10 a 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	13 a	%
b An outside facility	13 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 explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

SANSUM DIABETES RESEARCH INSTITUTE

Employer identification number

95-1684086

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

- a** The organization? **6a** **6b**
- b** Any related organization? **6b**
- 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. **8** **9**

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

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

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(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				(C) Retirement and other deferred compensation
1 ELLEN GOODSTEIN EXECUTIVE DIR.	(i)	201,496.	7,501.	0.	10,450.	858.	220,305.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 RAUL BASTARRACHEA SENIOR RESEARCH SCIENTIST	(i)	196,238.	0.	0.	10,369.	17,522.	224,129.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 KRISTIN CASTORINO, DO RESEARCH PHYSICIAN	(i)	266,900.	0.	0.	13,480.	8,295.	288,675.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 KRISTEN NELSON SENIOR CLINICAL NURSE PRACTITIONER	(i)	140,962.	0.	0.	7,231.	12,888.	161,081.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
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)							

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.

**SCHEDULE L
(Form 990)**

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

SANSUM DIABETES RESEARCH INSTITUTE

Employer identification number

95-1684086

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$ _____

Part II Loans to and/or From Interested Persons

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$						

Part III Grants or Assistance Benefiting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990) 2023

Part IV Business Transactions Involving Interested Persons

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ALEXANDER M. DEPAOLI, M.D	BOARD MEMBER	15,263.	PATIENT CARE		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

SANSUM DIABETES RESEARCH INSTITUTE

Employer identification number

95-1684086

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

RESEARCH

RESEARCH TYPE 1 DIABETES:

SANSUM DIABETES RESEARCH INSTITUTE (SDRI) IS A GLOBAL LEADER IN ADVANCING RESEARCH, EDUCATION, AND CLINICAL CARE TO THOSE IMPACTED BY TYPE 1 DIABETES (T1D). SDRI IS A PREFERRED SITE FOR CLINICAL TRIALS, A TESTAMENT TO OUR EXCEPTIONAL RESEARCH CAPABILITIES AND COMMITMENT TO ADVANCING DIABETES CARE. IN 2023, SDRI CONDUCTED 29 CLINICAL RESEARCH TRIALS, AND ENGAGED OVER 700 PARTICIPANTS. CURRENT INDUSTRY PARTNERS INCLUDE ABBOTT, DEXCOM, INSULET, ELI LILLY, MANNKIND, MEDTRONIC DIABETES, NOVO NORDISK, SANOFI, TANDEM DIABETES CARE, AND MORE.

AS A PREFERRED INDUSTRY PARTNER, SDRI IS COMMITTED TO CONDUCTING PIVOTAL CLINICAL RESEARCH STUDIES TO EVALUATE THE ACCURACY AND EFFICACY OF DIABETES MANAGEMENT DEVICES, INCLUDING CONTINUOUS GLUCOSE MONITORS AND INSULIN PUMPS. THESE ADVANCEMENTS HAVE REVOLUTIONIZED T1D MANAGEMENT BY PROVIDING REAL-TIME ADJUSTMENTS AND REDUCING THE MENTAL BURDEN OF LIVING WITH DIABETES. SDRI WILL CONTINUE PARTNERING WITH INDUSTRY TO CREATE THE BEST QUALITY OF LIFE POSSIBLE FOR THOSE LIVING WITH DIABETES.

SDRI SERVED AS A CLINICAL SITE IN THE TRIALS FOR MEDTRONIC'S CLOSED-LOOP TECHNOLOGY, TANDEM DIABETES CONTROL- IQ AND BASAL-IQ TECHNOLOGY, AND INSULET'S AUTOMATED INSULIN DELIVERY SYSTEM OMNIPOD 5.

GIVEN THAT INSULIN REMAINS A CORNERSTONE IN T1D MANAGEMENT, SDRI CONDUCTS COMPREHENSIVE STUDIES TO EXPLORE NOVEL INSULIN FORMULATIONS, DELIVERY METHODS, AND DOSING STRATEGIES. SDRI HAS PARTICIPATED IN KEY DRUG DEVELOPMENT CLINICAL TRIALS

Name of the organization

Employer identification number

SANSUM DIABETES RESEARCH INSTITUTE

95-1684086

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

INCLUDING MANNKIND'S AFREZZA INHALED INSULIN, ELI LILLY'S ONCE-WEEKLY BASAL INSULIN AND GLP-1 INHIBITORS, NOVO NORDISK'S FAST ACTING INSULIN FIASP AND COMPARING TRESIBA AND LANTUS OVER LONG-HAUL TRAVEL, AND A COMPARISON BETWEEN SANOFI'S DRUGS, TOUJEO AND LANTUS. BY STAYING AT THE FOREFRONT OF INSULIN RESEARCH, WE AIM TO OPTIMIZE TREATMENT OUTCOMES AND MINIMIZE THE BURDEN OF DIABETES MANAGEMENT.

SDRI'S MEANINGFUL RESEARCH PROVIDES VALUABLE INSIGHTS THAT ENHANCE THE QUALITY OF LIFE FOR INDIVIDUALS LIVING WITH T1D.

RESEARCH TYPE 2 DIABETES:

SDRI IS COMMITTED TO CONDUCTING GROUNDBREAKING RESEARCH TO FIND THE NEXT BREAKTHROUGH IN MANAGING TYPE 2 DIABETES (T2D), AS IT IS ONE OF THE FASTEST GROWING CHRONIC DISEASES IN THE WORLD. WE UNDERSTAND THAT EDUCATION PLAYS A VITAL ROLE IN LIVING WITH T2D. OUR TEAM IS COMMITTED TO OFFERING A HOLISTIC APPROACH IN MANAGING T2D WITH A SPECIAL INTEREST IN ADVANCING EDUCATION AND RESEARCH OPPORTUNITIES FOR UNDERSERVED COMMUNITIES.

IN 2023, SDRI CONDUCTED EDUCATION, DIABETES IN PREGNANCY, AND DEVICE CLINICAL RESEARCH STUDIES THAT HELPED IMPROVE THE CARE AND MANAGEMENT OF TYPE 2 DIABETES, LEADING TO BETTER HEALTH OUTCOMES AND QUALITY OF LIFE FOR PATIENTS.

SDRI PROUDLY PARTNERED WITH ROOTED SANTA BARBARA COUNTY IN 2023 IN THE PRODUCTION OF A CULTURALLY TAILORED, PLANT-BASED NUTRITION CURRICULUM THAT AIMS TO IMPROVE THE HEALTH AND HEALTH EQUITY OF SOCIOECONOMICALLY DISADVANTAGED POPULATIONS IN SANTA

Name of the organization

SANSUM DIABETES RESEARCH INSTITUTE

Employer identification number

95-1684086

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

BARBARA.

SDRI EQUIPPED OUR COMMUNITY HEALTH WORKERS WITH NEARLY 30 HOURS OF COMPREHENSIVE TRAINING AT THE UNIVERSITY OF SOUTHERN CALIFORNIA IN 2023, WHERE THEY GAINED ESSENTIAL KNOWLEDGE AND SKILLS TO SUPPORT CLINICAL RESEARCH RECRUITMENT, ENSURE MEDICATION SAFETY, AND IMPROVE DIABETES MANAGEMENT WITH THE LOCAL LATINO COMMUNITY.

IN 2023, SDRI PROVIDED INDIVIDUAL CARE TO 87 UNDERREPRESENTED LATINO'S WHO WERE LIVING WITH PREDIABETES, TYPE 2 DIABETES, OR DIABETES IN PREGNANCY.

SDRI CONTINUED TO LEAD THE SANTA BARBARA NUTRITION HEALTH COALITION IN 2023 IN DEVELOPING AND IMPLEMENTING INNOVATIVE, CULTURALLY SENSITIVE, COMMUNITY-BASED, AND EVIDENCE-BASED NUTRITION INTERVENTION PROGRAMS TO IMPROVE HEALTH AND HEALTH EQUITY OF VULNERABLE POPULATIONS LIVING IN SANTA BARBRA COUNTY.

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

CLINICAL CARE:

SDRI PROVIDED CLINICAL CARE IN 3 AREAS: DIABETES IN PREGNANCY, PEDIATRIC AND ADULT ENDOCRINOLOGY.

FOR NEARLY 50 YEARS, SDRI HAS REMAINED A THOUGHT LEADER FOR DIABETES DURING PREGNANCY. OUR TEAM IS COMMITTED TO CONDUCTING GROUNDBREAKING RESEARCH TO HELP REDUCE RISKS FOR A WOMAN'S PREGNANCY THAT IS COMPLICATED BY DIABETES.

IN 2023, SDRI PROVIDED PATIENT CARE TO 120 PATIENTS WHOSE PREGNANCY WAS COMPLICATED BY ANY FORM OF DIABETES INCLUDING PREDIABETES, GESTATIONAL DIABETES, TYPE 1 DIABETES, AND TYPE 2 DIABETES. DURING APPOINTMENTS OUR ELITE TEAM OFFERED PATIENTS INNOVATIVE TOOLS TO HELP STABILIZE BLOOD GLUCOSE LEVELS TO LIMIT COMPLICATIONS TO

Name of the organization

Employer identification number

SANSUM DIABETES RESEARCH INSTITUTE

95-1684086

FORM 990, PART III, LINE 4B - PROGRAM SERVICE ACCOMPLISHMENTS

BOTH THE EXPECTANT MOTHER AND BABY.

SDRI PARTNERS WITH THE SANTA BARBARA COUNTY HEALTH DEPARTMENT TO ENSURE THAT UNDERREPRESENTED LATINA WOMEN RECEIVE SUPERIOR CARE FOR THEIR PREGNANCY COMPLICATED BY DIABETES.

IN 2023, SDRI INITIATED THREE TRANSFORMATIONAL RESEARCH STUDIES CRITICAL TO DIAGNOSING AND MANAGING DIABETES IN PREGNANCY, IMPROVING HEALTH OUTCOMES, AND ENHANCING THE LIFESPAN OF MOTHERS AND THEIR BABIES.

SDRI SERVED AS A CLINICAL RESEARCH SITE FOR THE FIRST AT HOME USE OF A PREGNANCY SPECIFIC CLOSED-LOOP SYSTEM. IN COLLABORATION WITH HARVARD JOHN A. PAULSON SCHOOL OF ENGINEERING AND APPLIED SCIENCES AT HARVARD UNIVERSITY, ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI, AND THE MAYO CLINIC. THIS STUDY, PUBLISHED IN DIABETES CARE, DEMONSTRATED THAT IN 2023, THE TRIAL DEMONSTRATED THAT THE SYSTEM IMPROVED BLOOD SUGAR CONTROL WITHOUT INCREASING RISKS, INDICATING IT CAN SAFELY HELP PREGNANT WOMEN MANAGE THEIR BLOOD SUGAR TARGETS AT HOME. THE STUDY RESULTS WERE PRESENTED AT THE ADVANCED TECHNOLOGIES AND TREATMENTS FOR DIABETES 2023 INTERNATIONAL DIABETES CONGRESS.

SDRI IS PROUD TO PLAY A CRITICAL ROLE IN ENSURING THE HEALTH SPAN AND LIFESPAN OF WOMEN WHOSE PREGNANCIES ARE COMPLICATED BY DIABETES, AS WELL AS THEIR BABIES.

FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

EDUCATION AND COMMUNITY OUTREACH:

CONTINUING THE LEGACY OF FOUNDER WILLIAM SANSUM, MD, SDRI HAS REMAINED COMMITTED TO PROVIDING LIFE-SAVING DIABETES CARE TO THE COMMUNITY, ENSURING THAT COST IS NEVER A

Name of the organization

SANSUM DIABETES RESEARCH INSTITUTE

Employer identification number

95-1684086

FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

BARRIER.

TO EXPAND OUR REACH IN SANTA BARBARA AND HELP ADDRESS DISPARITIES IN ACCESS TO CARE, SDRI BEGAN HOSTING MOBILE CLINICS IN 2023 AT VARIOUS LOCATIONS AND EVENTS THROUGHOUT THE CITY. THESE MOBILE CLINICS, RUN BY BILINGUAL COMMUNITY HEALTH WORKERS, PROVIDE AN OPPORTUNITY FOR ATTENDEES TO RECEIVE CULTURALLY APPROPRIATE DIABETES EDUCATION, TEST BLOOD GLUCOSE LEVELS, CALCULATE THEIR BODY MASS INDEX, AND GET CONNECTED TO NECESSARY RESOURCES.

RECOGNIZING A GROWING NEED FOR DIABETES TREATMENT AND PREVENTION WITHIN THE LOCAL LATINO POPULATION, IN 2023, SDRI SECURED A PERMANENT SPACE AT LA CASA DE LA RAZA, A PLACE WHERE SANTA BARBARA'S LATINO COMMUNITY CAN CONGREGATE, HOST EVENTS, ATTEND WORKSHOPS, AND RECEIVE ASSISTANCE FROM SEVERAL NONPROFITS. IN ADDITION TO HOSTING CLINICS WEEKLY AT LA CASA, SDRI PROVIDED HEALTH SCREENINGS AND DIABETES EDUCATION AT SEVERAL OTHER LOCATIONS THROUGHOUT THE YEAR INCLUDING THE EASTSIDE LIBRARY, CARPINTERIA CHILDREN'S PROJECT, AND THE SENIOR EXPO OF SANTA BARBARA AT EARL WARREN SHOWGROUNDS.

SDRI CREATED A SERIES OF EDUCATION CLASSES FOR THE LATINO POPULATION INCLUDING: OCHO PASOS - 8 WEEKS TO HEALTHY LIVING, SEMILLAS DE CAMBIO - OCHO PASOS DURING PREGNANCY, AND GRUPO DE APOYO - SPANISH PROGRAM FOR INDIVIDUALS LIVING WITH, OR AT RIS OF DEVELOPING, TYPE 2 DIABETES.

COMMUNITY HEALTH WORKERS PLAY A VITAL ROLE IN OUR EFFORTS TO PROMOTE HEALTH EQUITY BY BRIDGING GAPS IN HEALTHCARE ACCESS AND EDUCATION. THESE DEDICATED INDIVIDUALS ARE TRAINED AT SDRI TO BECOME SPECIALISTS IN DIABETES AND RESEARCH PROGRAMS, WORKING CLOSELY WITH COMMUNITY MEMBERS TO PROVIDE CULTURALLY COMPETENT CARE, SUPPORT

Name of the organization

SANSUM DIABETES RESEARCH INSTITUTE

Employer identification number

95-1684086

FORM 990, PART III, LINE 4C - PROGRAM SERVICE ACCOMPLISHMENTS

SELF-MANAGEMENT PRACTICES, AND EMPOWER INDIVIDUALS TO TAKE CONTROL OF THEIR HEALTH AND DIABETES.

IN 2023, SDRI OFFERED ONETALK - A PROGRAM WHERE PARTICIPANTS IMPACTED BY T1D SHARE THEIR IDEAS, EXPERIENCE AND EXPLORE WAYS TO ENHANCE THEIR HEALTH AND LIFESTYLE; LADATALK - A PROGRAM FOR THOSE IMPACTED BY LATENT AUTOIMMUNE DIABETES IN ADULTS (LADA) AND OFFERS INSIGHTS, CONNECTIONS, AND UP-TO-DATE INFORMATION ON CLINICAL RESEARCH TRIALS FROM SDRI'S CLINICAL RESEARCH TEAM; FAMILY OUTREACH EVENTS - QUARTERLY EVENTS TO SUPPORT THE DIABETES COMMUNITY, WHERE FAMILIES CONNECT WITH OTHERS LIVING WITH TYPE 1 DIABETES, SHARE EXPERIENCES, AND LEARN ABOUT CURRENT CLINICAL TRIALS FROM SDRI'S CLINICAL RESEARCH TEAM.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

A DRAFT OF THE FORM 990 IS SENT TO EACH BOARD MEMBER PRIOR TO THE DESIGNATED BOARD MEETING DURING WHICH IT WILL BE DISCUSSED. THE FORM 990 IS DISCUSSED AT THE DESIGNATED BOARD MEETING AND MUST BE APPROVED BY A MAJORITY OF THE BOARD BEFORE BEING FILED.

IF THE BOARD IS NOT SCHEDULED TO MEET UNTIL AFTER THE FILING DEADLINE, A BOARD REPRESENTATIVE WILL REVIEW A DRAFT OF THE FORM 990 AND MAKE A RECOMMENDATION FOR FILING. THE DRAFT FORM 990 WILL THEN BE REVIEWED BY THE ENTIRE BOARD AT THE NEXT SCHEDULED MEETING.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

EACH BOARD MEMBER IS ASKED TO COMPLETE A CONFLICT OF INTEREST FORM ANNUALLY, WHICH IS REVIEWED BY THE OBJECTIVITY AND INTEGRITY IN SCIENCE COMMITTEE (OISC). THE OISC ALSO REVIEWS ALL RESEARCH PROJECTS, PUBLICATIONS, AND SCIENTIFIC REPORTS FOR CONFLICTS OF INTEREST.

Name of the organization

SANSUM DIABETES RESEARCH INSTITUTE

Employer identification number

95-1684086

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

THE BOARD OF TRUSTEES HAS ESTABLISHED A COMPENSATION COMMITTEE WHOSE ROLE IS TO PROVIDE THE BOARD WITH COMPENSATION RECOMMENDATIONS FOR THE EXECUTIVE DIRECTOR, CHIEF SCIENTIFIC OFFICER, CHIEF FINANCIAL OFFICER, AND ANY OTHER HIGHLY COMPENSATED EMPLOYEES AND CONSULTANTS EARNING \$200,000 OR MORE PER ANNUM.

THE PROCESS FOR REVIEW AND APPROVAL OF COMPENSATION OCCURS UPON INITIAL HIRING, WHENEVER THE TERM OF EMPLOYMENT IS RENEWED OR EXTENDED, AND WHENEVER THE COMPENSATION IS MODIFIED, UNLESS A MODIFICATION OF COMPENSATION EXTENDS TO SUBSTANTIALLY ALL EMPLOYEES.

THE PRESIDENT OF THE BOARD OF TRUSTEES IS RESPONSIBLE FOR OVERSEEING AND EVALUATING EXECUTIVE PERFORMANCE ON AN ANNUAL BASIS. THE SUPERVISORS OF THE HIGHLY COMPENSATED EMPLOYEES AND CONSULTANTS EVALUATE THEIR PERFORMANCE.

THE COMPENSATION COMMITTEE USES THE FOLLOWING PROCESS TO DETERMINE THE COMPENSATION THEY WILL RECOMMEND TO THE BOARD FOR APPROVAL FOR THE EXECUTIVES AND HIGHLY COMPENSATED EMPLOYEES AND CONSULTANTS:

1. CONDUCT RESEARCH AND OBTAIN APPROPRIATE COMPARABILITY OR BENCHMARKING DATA DOCUMENTING COMPENSATION LEVELS AND BENEFITS FOR SIMILARLY QUALIFIED INDIVIDUALS IN COMPARABLE POSITIONS AT SIMILAR ORGANIZATIONS. DATA MAY INCLUDE SALARY AND BENEFIT COMPENSATION STUDIES BY INDEPENDENT SOURCES, INDUSTRY SURVEYS, WRITTEN JOB OFFERS FOR POSITIONS AT SIMILAR ORGANIZATIONS, AND INFORMATION OBTAINED FROM IRS FORM 990 FILINGS OF SIMILAR ORGANIZATIONS.

2. CAREFULLY CONSIDER THE PERFORMANCE REVIEWS AND SUPERVISOR'S RECOMMENDATIONS

Name of the organization

SANSUM DIABETES RESEARCH INSTITUTE

Employer identification number

95-1684086

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT (CON
REGARDING APPROPRIATE COMPENSATION.

3. DETERMINE THE COMPENSATION TO BE RECOMMENDED TO THE BOARD FOR APPROVAL, AND CONTEMPORANEOUSLY DOCUMENT THE BASIS FOR THESE RECOMMENDATIONS, INCLUDING THE DATA ON WHICH IT RELIED, THE DATE IT WAS DISCUSSED, THE MEMBERS PRESENT FOR THE DISCUSSION, AND THE RESULTS OF THE VOTE.

4. PRESENT THE COMMITTEE'S COMPENSATION RECOMMENDATIONS TO THE FULL BOARD FOR APPROVAL, WITH APPROVAL DOCUMENTED IN THE MINUTES OF THE BOARD.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

THE BOARD OF TRUSTEES HAS ESTABLISHED A COMPENSATION COMMITTEE WHOSE ROLE IS TO PROVIDE THE BOARD WITH COMPENSATION RECOMMENDATIONS FOR THE EXECUTIVE DIRECTOR, CHIEF SCIENTIFIC OFFICER, CHIEF FINANCIAL OFFICER, AND ANY OTHER HIGHLY COMPENSATED EMPLOYEES AND CONSULTANTS EARNING \$200,000 OR MORE PER ANNUM.

THE PROCESS FOR REVIEW AND APPROVAL OF COMPENSATION OCCURS UPON INITIAL HIRING, WHENEVER THE TERM OF EMPLOYMENT IS RENEWED OR EXTENDED, AND WHENEVER THE COMPENSATION IS MODIFIED, UNLESS A MODIFICATION OF COMPENSATION EXTENDS TO SUBSTANTIALLY ALL EMPLOYEES.

THE PRESIDENT OF THE BOARD OF TRUSTEES IS RESPONSIBLE FOR OVERSEEING AND EVALUATING EXECUTIVE PERFORMANCE ON AN ANNUAL BASIS. THE SUPERVISORS OF THE HIGHLY COMPENSATED EMPLOYEES AND CONSULTANTS EVALUATE THEIR PERFORMANCE.

THE COMPENSATION COMMITTEE USES THE FOLLOWING PROCESS TO DETERMINE THE COMPENSATION THEY WILL RECOMMEND TO THE BOARD FOR APPROVAL FOR THE EXECUTIVES AND HIGHLY

Name of the organization

SANSUM DIABETES RESEARCH INSTITUTE

Employer identification number

95-1684086

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES ((

COMPENSATED EMPLOYEES AND CONSULTANTS:

1. CONDUCT RESEARCH AND OBTAIN APPROPRIATE COMPARABILITY OR BENCHMARKING DATA DOCUMENTING COMPENSATION LEVELS AND BENEFITS FOR SIMILARLY QUALIFIED INDIVIDUALS IN COMPARABLE POSITIONS AT SIMILAR ORGANIZATIONS. DATA MAY INCLUDE SALARY AND BENEFIT COMPENSATION STUDIES BY INDEPENDENT SOURCES, INDUSTRY SURVEYS, WRITTEN JOB OFFERS FOR POSITIONS AT SIMILAR ORGANIZATIONS, AND INFORMATION OBTAINED FROM IRS FORM 990 FILINGS OF SIMILAR ORGANIZATIONS.

2. CAREFULLY CONSIDER THE PERFORMANCE REVIEWS AND SUPERVISOR'S RECOMMENDATIONS REGARDING APPROPRIATE COMPENSATION.

3. DETERMINE THE COMPENSATION TO BE RECOMMENDED TO THE BOARD FOR APPROVAL, AND CONTEMPORANEOUSLY DOCUMENT THE BASIS FOR THESE RECOMMENDATIONS, INCLUDING THE DATA ON WHICH IT RELIED, THE DATE IT WAS DISCUSSED, THE MEMBERS PRESENT FOR THE DISCUSSION, AND THE RESULTS OF THE VOTE.

4. PRESENT THE COMMITTEE'S COMPENSATION RECOMMENDATIONS TO THE FULL BOARD FOR APPROVAL, WITH APPROVAL DOCUMENTED IN THE MINUTES OF THE BOARD.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE GENERAL PUBLIC UPON WRITTEN REQUEST. IN ADDITION, THE MOST RECENT AUDITED FINANCIAL STATEMENTS AND DONOR PRIVACY POLICY ARE POSTED ON THE ORGANIZATION'S WEBSITE.

Name of the organization

Employer identification number

SANSUM DIABETES RESEARCH INSTITUTE

95-1684086

**FORM 990, PART IX, LINE 11G
OTHER FEES FOR SERVICES**

	(A) <u>TOTAL</u>	(B) <u>PROGRAM SERVICES</u>	(C) <u>MANAGEMENT & GENERAL</u>	(D) <u>FUND- RAISING</u>
OUTSIDE SERVICES	745,844.	318,134.	406,913.	20,797.
TOTAL	<u>\$ 745,844.</u>	<u>\$ 318,134.</u>	<u>\$ 406,913.</u>	<u>\$ 20,797.</u>

CLIENT SDRI

SANSUM DIABETES RESEARCH INSTITUTE

95-1684086

10/31/24

10:40AM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
FORM 990/990-PF										
BUILDINGS										
1	BUILDING	6/30/86		1,752,328			1,600,260	S/L	40	43,808
2	EVAPORATOR COIL, PUMP DOWN S	11/08/04		4,750			4,750	S/L	15	0
3	003 - (00) CAPITAL CAMPAIGN	11/15/04		288,583			288,583	S/L	15	0
4	003 - (00) CAPITAL CAMPAIGN	12/01/04		71,504			71,504	S/L	15	0
5	003 - (00) CAPITAL CAMPAIGN	12/31/04		38,919			38,919	S/L	15	0
6	CAPITALIZING ARCHITECT FEES	12/31/04		38,465			38,465	S/L	15	0
7	003 - (00) CAPITAL CAMPAIGN	3/16/05		30,533			30,533	S/L	15	0
8	003 - (00) CAPITAL CAMPAIGN	3/21/05		4,971			4,971	S/L	15	0
9	003 - (00) CAPITAL CAMPAIGN	6/09/05		5,835			5,835	S/L	15	0
10	FRANK SCHIPPER CONSTRUCTION	12/31/05		46,014			46,014	S/L	15	0
11	CAPITALIZE 2005 ARCHITECTS FE	12/31/05		54,408			54,408	S/L	15	0
12	FRANK SCHIPPER CONSTRUCTION	2/01/06		78,229			33,097	S/L	40	1,956
13	FRANK SCHIPPER CONSTRUCTION	3/14/06		73,412			30,853	S/L	40	1,835
14	FRANK SCHIPPER CONSTRUCTION	4/11/06		100,501			42,045	S/L	40	2,513
15	FRANK SCHIPPER CONSTRUCTION	5/07/06		214,793			89,477	S/L	40	5,370
16	GABEL & SCHUBERT, INC.	5/17/06		4,193			1,744	S/L	40	105
17	PLANTERS	5/31/06		1,236			1,236	S/L	15	0
18	FRANK SCHIPPER CONSTRUCTION	6/05/06		32,701			13,557	S/L	40	818
19	ADA SIGNAGE	6/30/06		3,160			1,305	S/L	40	79
20	FRANK SCHIPPER CONSTRUCTION	6/30/06		24,498			10,115	S/L	40	612
21	LANDSCAPE ARCHITECT & INSTA	6/30/06		4,114			4,114	S/L	40	0
22	CARPET INSTALLATION ON 1ST F	8/01/06		2,340			961	S/L	40	59
23	DIRECTIONAL SIGNS	9/01/06		841			344	S/L	40	21
24	FRANK SCHIPPER CONSTRUCTION	9/29/06		42,488			17,277	S/L	40	1,062
25	CAPITALIZE PEDERSEN ARCHITEC	10/31/06		20,377			8,242	S/L	40	509
26	FOUNDATION REPAIR	12/31/06		56,940			22,792	S/L	40	1,424
27	FINAL BILL ON PHASE 2	12/31/06		5,277			2,112	S/L	40	132
28	EXIT DEVICE FOR SIDE STAIRWEL	2/01/07		584			584	S/L	10	0
29	ACOUSTICAL CEILING TREATMEN	2/16/07		2,353			2,353	S/L	10	0
30	FURNISH & INSTALL CABINET	6/22/07		4,588			4,588	S/L	10	0
31	LANDSCAPING PROJECT - BATH &	7/25/07		116,549			116,549	S/L	15	0
32	ELECTRICAL LANDSCAPING WORK	9/30/07		61,036			61,036	S/L	15	0
33	GOULD DUAC PUMP SYSTEM WITH	2/03/09		4,595			4,595	S/L	10	0
34	REDWOOD FENCE AND STRUCTUR	3/12/09		7,429			7,429	S/L	10	0
35	WALKWAY ALONG BUILDING	3/12/09		2,875			2,875	S/L	10	0

CLIENT SDRI

SANSUM DIABETES RESEARCH INSTITUTE

95-1684086

10/31/24

10:40AM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
36	1.5 HP MOTOR FOR HVAC	11/30/09		978			978	S/L	10	0
37	DRIVE FOR HVAC	12/08/09		1,171			1,171	S/L	10	0
38	REMODEL OF BASEMENT	7/01/11		153,748			44,239	S/L	40	3,844
39	WESTAIRE HEATING & AIR	9/23/11		3,750			3,750	S/L	10	0
40	REMODEL OF 1ST FLOOR LAB OF	4/04/12		45,340			12,183	S/L	40	1,134
41	BACK FLOW DEVICE - FEBCO	4/08/13		1,471			1,432	S/L	10	39
42	BACK FLOW DEVICE IN BASEMEN	5/16/13		722			695	S/L	10	27
43	EXPENSE PREPAID - EILINGS BUI	12/31/16		2,197			1,319	S/L	10	220
44	EXPENSE NEW BUILDING SECURIT	12/31/16		17,557			10,539	S/L	10	1,756
45	SINK, FAUCET & CABINET	2/21/17		2,297			1,346	S/L	10	230
46	SINK, FAUCET & CABINET	2/23/17		529			310	S/L	10	53
47	NEW BASEMENT FLOORING	9/01/07		22,036			11,755	S/L	10	2,204
48	NEW CARPET FOR MAIN FLOOR H	12/01/17		11,006			5,596	S/L	10	1,101
49	LIBRARY PROJECT COMPLETED	1/31/18		78,709			38,708	S/L	10	7,871
50	INSTALLATION OF RUTH GARLAN	5/03/18		2,407			1,123	S/L	10	241
51	CARPET ON TOP FLOOR - 4 OFFIC	11/26/18		3,616			2,964	S/L	5	652
52	REPLACED BACK VALVE FOR OUT	9/30/21		5,095			638	S/L	10	510
53	FENCING AROUND PEACE GARDEN	3/24/22		8,300			641	S/L	10	830
54	WATER HEATER	4/01/22		9,373			469	S/L	15	625
55	BUILDING CONSTRUCTION FOR IN	5/01/23		63,312				S/L	15	2,816
56	SECURITY GATE AT LOT	8/02/23		12,330				S/L	10	510
57	SECURITY GATE EXIT AT LOT	11/30/23		11,100				S/L	10	94
	TOTAL BUILDINGS			3,658,463		0	2,803,378			85,060
	LAND									
105	LAND	6/30/86		351,758						0
	TOTAL LAND			351,758		0	0			0
	MACHINERY AND EQUIPMENT									
58	STAT PLUS GLUCOSE & LACTATE	11/01/04		9,952			9,952	S/L	5	0
59	YSI MODEL 2300	1/26/11		5,057			5,057	S/L	5	0
60	LARGE FLAMMABLE CABINET	2/01/01		997			997	S/L	5	0
61	8 TIER ROTARY FILE FOR CT	5/12/03		1,080			1,080	S/L	5	0
62	8 TIER ROTARY FILE FOR CT - 2N	8/15/03		1,159			1,159	S/L	5	0
63	ADDITIONAL 8 TIER ROTARY FILE	8/15/03		3,755			3,755	S/L	5	0
64	BLINDS FOR 2ND FLOOR	10/27/04		4,066			4,066	S/L	5	0
65	BLINDS FOR 3RD FLOOR	1/31/05		2,963			2,963	S/L	5	0

CLIENT SDRI

SANSUM DIABETES RESEARCH INSTITUTE

95-1684086

10/31/24

10:40AM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
66	WORKSTATIONS FOR ADMIN ARE	3/03/05		4,661			4,661	S/L	5	0
67	LITERATURE RACK ON ADMIN FL	4/15/05		1,014			1,014	S/L	5	0
68	WORKSTATION FOR ADMIN - BAL	4/15/05		1,902			1,902	S/L	5	0
69	CHANGES TO OFFICE FURNITURE	6/15/05		1,183			1,183	S/L	5	0
70	ARCHED BENCH FOR LOBBY	9/27/05		687			687	S/L	5	0
71	BLINDS FOR DEVELOPMENT OFFI	10/24/05		1,272			1,272	S/L	5	0
72	BLINDS FOR 3RD FLOOR	4/27/06		15,703			15,703	S/L	5	0
73	APPLIANCES	5/01/06		8,307			8,307	S/L	5	0
74	ALL FURNITURE FOR 3RD FLOOR -	5/02/06		84,906			84,906	S/L	5	0
75	DEFIBRILLATOR	12/12/06		1,683			1,683	S/L	5	0
76	ADDITIONAL PHONE LINES FOR E	2/28/07		3,724			3,724	S/L	5	0
77	3 FILE CABINETS FOR DEVELOPM	5/16/07		2,852			2,852	S/L	5	0
78	FOUNTAIN	8/29/07		2,960			2,960	S/L	5	0
79	4 OUTDOOR BENCHES - PART OF	8/29/07		3,708			3,708	S/L	5	0
80	PEDESTAL LOANED TO US IN 200	10/07/08		900			900	S/L	5	0
81	REFURBISHED TELEPHONE SYST	3/31/09		10,050			10,050	S/L	5	0
82	TWIN BED	7/31/11		687			687	S/L	5	0
83	TWIN BED	7/31/11		687			687	S/L	5	0
84	ALERTON HVAC SOFTWARE UPGR	11/15/13		7,740			7,740	S/L	5	0
85	ECG SYSTEM	2/24/14		5,745			5,745	S/L	5	0
86	SHADES FOR 3 OFFICES UPSTAIR	2/29/16		1,173			1,173	S/L	5	0
87	SERVER INFRASTRURE PROJECT	3/31/16		16,686			16,686	S/L	5	0
88	MEDICATION REFRIGERATOR	2/28/17		609			609	S/L	5	0
89	DEFIBRILLATOR FOR BASEMENT	5/12/17		2,573			2,573	S/L	5	0
90	CAMERA	5/31/17		2,260			2,260	S/L	5	0
91	BATTERY BACKUP & POWER OUT	11/13/17		9,564			9,564	S/L	5	0
92	DELL OPTIPLEX DESKTOP - NICOL	9/01/18		992			860	S/L	5	132
93	DELL OPTIPLEX DESKTOP & MONI	9/01/18		1,189			1,031	S/L	5	158
94	WELCHALLYN DIAGNOSTIC SYSTE	9/12/18		1,286			1,107	S/L	5	179
95	DELL OPTIPLEX DESKTOP FOR M	11/30/18		992			811	S/L	5	181
96	HBA1C DCA ANALYZER	12/12/18		3,720			3,017	S/L	5	703
97	LUMIFY SYSTEM	2/08/19		8,703			6,781	S/L	5	1,741
98	THERMO -80 FREEZER WITH CO2	2/13/19		12,813			4,974	S/L	10	1,281
99	CAPITALIZE DXA MACHINE	5/12/23		100,594				S/L	5	12,843
100	EPPENDORF REFRIGERATED CEN	8/08/23		9,675				S/L	5	769
101	2500 GLUCOSE/LACTATE ANALYZ	9/18/23		18,753				S/L	5	1,069
102	ECG MACHINE	9/30/23		5,183				S/L	5	261
103	SLEEP RECORDING SYSTEM	10/04/23		42,688				S/L	5	2,058
104	FREEZERS	11/07/23		36,563				S/L	5	1,082

CLIENT SDRI

SANSUM DIABETES RESEARCH INSTITUTE

95-1684086

10/31/24

10:40AM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
106	OTHER	12/31/23		1,216				S/L	5	1,216
	TOTAL MACHINERY AND EQUIPME			466,632		0	240,846			23,673
	MISCELLANEOUS									
107	WIP	12/31/22		126,886						0
108	WIP	12/31/23		242,996						0
	TOTAL MISCELLANEOUS			369,882		0	0			0
	TOTAL DEPRECIATION			4,846,735		0	3,044,224			108,733
	GRAND TOTAL DEPRECIATION			4,846,735		0	3,044,224			108,733

CLIENT SDRI

SANSUM DIABETES RESEARCH INSTITUTE

95-1684086

10/31/24

10:40AM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
FORM 990/990-PF																
BUILDINGS																
1	BUILDING	6/30/86		1,752,328							1,752,328	1,600,260	S/L	40		43,808
2	EVAPORATOR COIL, PUMP DOWN S	11/08/04		4,750							4,750	4,750	S/L	15		0
3	003 - (00) CAPITAL CAMPAIGN	11/15/04		288,583							288,583	288,583	S/L	15		0
4	003 - (00) CAPITAL CAMPAIGN	12/01/04		71,504							71,504	71,504	S/L	15		0
5	003 - (00) CAPITAL CAMPAIGN	12/31/04		38,919							38,919	38,919	S/L	15		0
6	CAPITALIZING ARCHITECT FEES	12/31/04		38,465							38,465	38,465	S/L	15		0
7	003 - (00) CAPITAL CAMPAIGN	3/16/05		30,533							30,533	30,533	S/L	15		0
8	003 - (00) CAPITAL CAMPAIGN	3/21/05		4,971							4,971	4,971	S/L	15		0
9	003 - (00) CAPITAL CAMPAIGN	6/09/05		5,835							5,835	5,835	S/L	15		0
10	FRANK SCHIPPER CONSTRUCTION	12/31/05		46,014							46,014	46,014	S/L	15		0
11	CAPITALIZE 2005 ARCHITECTS FE	12/31/05		54,408							54,408	54,408	S/L	15		0
12	FRANK SCHIPPER CONSTRUCTION	2/01/06		78,229							78,229	33,097	S/L	40		1,956
13	FRANK SCHIPPER CONSTRUCTION	3/14/06		73,412							73,412	30,853	S/L	40		1,835
14	FRANK SCHIPPER CONSTRUCTION	4/11/06		100,501							100,501	42,045	S/L	40		2,513
15	FRANK SCHIPPER CONSTRUCTION	5/07/06		214,793							214,793	89,477	S/L	40		5,370
16	GABEL & SCHUBERT, INC.	5/17/06		4,193							4,193	1,744	S/L	40		105
17	PLANTERS	5/31/06		1,236							1,236	1,236	S/L	15		0
18	FRANK SCHIPPER CONSTRUCTION	6/05/06		32,701							32,701	13,557	S/L	40		818
19	ADA SIGNAGE	6/30/06		3,160							3,160	1,305	S/L	40		79
20	FRANK SCHIPPER CONSTRUCTION	6/30/06		24,498							24,498	10,115	S/L	40		612
21	LANDSCAPE ARCHITECT & INSTA	6/30/06		4,114							4,114	4,114	S/L	40		0
22	CARPET INSTALLATION ON 1ST FL	8/01/06		2,340							2,340	961	S/L	40		59
23	DIRECTIONAL SIGNS	9/01/06		841							841	344	S/L	40		21

12/31/23

2023 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 2

CLIENT SDRI

SANSUM DIABETES RESEARCH INSTITUTE

95-1684086

10/31/24

10:40AM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
24	FRANK SCHIPPER CONSTRUCTION	9/29/06		42,488							42,488	17,277	S/L	40		1,062
25	CAPITALIZE PEDERSEN ARCHITEC	10/31/06		20,377							20,377	8,242	S/L	40		509
26	FOUNDATION REPAIR	12/31/06		56,940							56,940	22,792	S/L	40		1,424
27	FINAL BILL ON PHASE 2	12/31/06		5,277							5,277	2,112	S/L	40		132
28	EXIT DEVICE FOR SIDE STAIRWEL	2/01/07		584							584	584	S/L	10		0
29	ACOUSTICAL CEILING TREATMENT	2/16/07		2,353							2,353	2,353	S/L	10		0
30	FURNISH & INSTALL CABINET	6/22/07		4,588							4,588	4,588	S/L	10		0
31	LANDSCAPING PROJECT - BATH &	7/25/07		116,549							116,549	116,549	S/L	15		0
32	ELECTRICAL LANDSCAPING WORK	9/30/07		61,036							61,036	61,036	S/L	15		0
33	GOULD DUAC PUMP SYSTEM WITH	2/03/09		4,595							4,595	4,595	S/L	10		0
34	REDWOOD FENCE AND STRUCTUR	3/12/09		7,429							7,429	7,429	S/L	10		0
35	WALKWAY ALONG BUILDING	3/12/09		2,875							2,875	2,875	S/L	10		0
36	1.5 HP MOTOR FOR HVAC	11/30/09		978							978	978	S/L	10		0
37	DRIVE FOR HVAC	12/08/09		1,171							1,171	1,171	S/L	10		0
38	REMODEL OF BASEMENT	7/01/11		153,748							153,748	44,239	S/L	40		3,844
39	WESTAIRE HEATING & AIR	9/23/11		3,750							3,750	3,750	S/L	10		0
40	REMODEL OF 1ST FLOOR LAB OFF	4/04/12		45,340							45,340	12,183	S/L	40		1,134
41	BACK FLOW DEVICE - FEBCO	4/08/13		1,471							1,471	1,432	S/L	10		39
42	BACK FLOW DEVICE IN BASEMENT	5/16/13		722							722	695	S/L	10		27
43	EXPENSE PREPAID - EILINGS BUIL	12/31/16		2,197							2,197	1,319	S/L	10		220
44	EXPENSE NEW BUILDING SECURIT	12/31/16		17,557							17,557	10,539	S/L	10		1,756
45	SINK, FAUCET & CABINET	2/21/17		2,297							2,297	1,346	S/L	10		230
46	SINK, FAUCET & CABINET	2/23/17		529							529	310	S/L	10		53
47	NEW BASEMENT FLOORING	9/01/07		22,036							22,036	11,755	S/L	10		2,204
48	NEW CARPET FOR MAIN FLOOR HA	12/01/17		11,006							11,006	5,596	S/L	10		1,101
49	LIBRARY PROJECT COMPLETED	1/31/18		78,709							78,709	38,708	S/L	10		7,871
50	INSTALLATION OF RUTH GARLAND	5/03/18		2,407							2,407	1,123	S/L	10		241

12/31/23

2023 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 3

CLIENT SDRI

SANSUM DIABETES RESEARCH INSTITUTE

95-1684086

10/31/24

10:40AM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
51	CARPET ON TOP FLOOR - 4 OFFICE	11/26/18		3,616							3,616	2,964	S/L	5		652
52	REPLACED BACK VALVE FOR OUTS	9/30/21		5,095							5,095	638	S/L	10		510
53	FENCING AROUND PEACE GARDEN	3/24/22		8,300							8,300	641	S/L	10		830
54	WATER HEATER	4/01/22		9,373							9,373	469	S/L	15		625
55	BUILDING CONSTRUCTION FOR INS	5/01/23		63,312							63,312		S/L	15		2,816
56	SECURITY GATE AT LOT	8/02/23		12,330							12,330		S/L	10		510
57	SECURITY GATE EXIT AT LOT	11/30/23		11,100							11,100		S/L	10		94
TOTAL BUILDINGS				3,658,463		0	0	0	0	0	3,658,463	2,803,378				85,060
LAND																
105	LAND	6/30/86		351,758							351,758					0
TOTAL LAND				351,758		0	0	0	0	0	351,758	0				0
MACHINERY AND EQUIPMENT																
58	STAT PLUS GLUCOSE & LACTATE	11/01/04		9,952							9,952	9,952	S/L	5		0
59	YSI MODEL 2300	1/26/11		5,057							5,057	5,057	S/L	5		0
60	LARGE FLAMMABLE CABINET	2/01/01		997							997	997	S/L	5		0
61	8 TIER ROTARY FILE FOR CT	5/12/03		1,080							1,080	1,080	S/L	5		0
62	8 TIER ROTARY FILE FOR CT - 2N	8/15/03		1,159							1,159	1,159	S/L	5		0
63	ADDITIONAL 8 TIER ROTARY FILE	8/15/03		3,755							3,755	3,755	S/L	5		0
64	BLINDS FOR 2ND FLOOR	10/27/04		4,066							4,066	4,066	S/L	5		0
65	BLINDS FOR 3RD FLOOR	1/31/05		2,963							2,963	2,963	S/L	5		0
66	WORKSTATIONS FOR ADMIN AREA	3/03/05		4,661							4,661	4,661	S/L	5		0
67	LITERATURE RACK ON ADMIN FLO	4/15/05		1,014							1,014	1,014	S/L	5		0
68	WORKSTATION FOR ADMIN - BALA	4/15/05		1,902							1,902	1,902	S/L	5		0

12/31/23

2023 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 4

CLIENT SDRI

SANSUM DIABETES RESEARCH INSTITUTE

95-1684086

10/31/24

10:40AM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
69	CHANGES TO OFFICE FURNITURE	6/15/05		1,183							1,183	1,183	S/L	5		0
70	ARCHED BENCH FOR LOBBY	9/27/05		687							687	687	S/L	5		0
71	BLINDS FOR DEVELOPMENT OFFIC	10/24/05		1,272							1,272	1,272	S/L	5		0
72	BLINDS FOR 3RD FLOOR	4/27/06		15,703							15,703	15,703	S/L	5		0
73	APPLIANCES	5/01/06		8,307							8,307	8,307	S/L	5		0
74	ALL FURNITURE FOR 3RD FLOOR -	5/02/06		84,906							84,906	84,906	S/L	5		0
75	DEFIBRILLATOR	12/12/06		1,683							1,683	1,683	S/L	5		0
76	ADDITIONAL PHONE LINES FOR EX	2/28/07		3,724							3,724	3,724	S/L	5		0
77	3 FILE CABINETS FOR DEVELOPM	5/16/07		2,852							2,852	2,852	S/L	5		0
78	FOUNTAIN	8/29/07		2,960							2,960	2,960	S/L	5		0
79	4 OUTDOOR BENCHES - PART OF L	8/29/07		3,708							3,708	3,708	S/L	5		0
80	PEDESTAL LOANED TO US IN 2006	10/07/08		900							900	900	S/L	5		0
81	REFURBISHED TELEPHONE SYST	3/31/09		10,050							10,050	10,050	S/L	5		0
82	TWIN BED	7/31/11		687							687	687	S/L	5		0
83	TWIN BED	7/31/11		687							687	687	S/L	5		0
84	ALERTON HVAC SOFTWARE UPGRA	11/15/13		7,740							7,740	7,740	S/L	5		0
85	ECG SYSTEM	2/24/14		5,745							5,745	5,745	S/L	5		0
86	SHADES FOR 3 OFFICES UPSTAIR	2/29/16		1,173							1,173	1,173	S/L	5		0
87	SERVER INFRASTRURE PROJECT C	3/31/16		16,686							16,686	16,686	S/L	5		0
88	MEDICATION REFRIGERATOR	2/28/17		609							609	609	S/L	5		0
89	DEFIBRILLATOR FOR BASEMENT	5/12/17		2,573							2,573	2,573	S/L	5		0
90	CAMERA	5/31/17		2,260							2,260	2,260	S/L	5		0
91	BATTERY BACKUP & POWER OUTA	11/13/17		9,564							9,564	9,564	S/L	5		0
92	DELL OPTIPLEX DESKTOP - NICOL	9/01/18		992							992	860	S/L	5		132
93	DELL OPTIPLEX DESKTOP & MONI	9/01/18		1,189							1,189	1,031	S/L	5		158
94	WELCHALLYN DIAGNOSTIC SYSTE	9/12/18		1,286							1,286	1,107	S/L	5		179
95	DELL OPTIPLEX DESKTOP FOR MA	11/30/18		992							992	811	S/L	5		181

12/31/23

2023 FEDERAL BOOK DEPRECIATION SCHEDULE

PAGE 5

CLIENT SDRI

SANSUM DIABETES RESEARCH INSTITUTE

95-1684086

10/31/24

10:40AM

NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179 BONUS	SPECIAL DEPR. ALLOW.	PRIOR 179/ BONUS/ SP. DEPR.	PRIOR DEC. BAL DEPR.	SALVAG /BASIS REDUCT	DEPR. BASIS	PRIOR DEPR.	METHOD	LIFE	RATE	CURRENT DEPR.
96	HBA1C DCA ANALYZER	12/12/18		3,720							3,720	3,017	S/L	5		703
97	LUMIFY SYSTEM	2/08/19		8,703							8,703	6,781	S/L	5		1,741
98	THERMO -80 FREEZER WITH CO2	2/13/19		12,813							12,813	4,974	S/L	10		1,281
99	CAPITALIZE DXA MACHINE	5/12/23		100,594							100,594		S/L	5		12,843
100	EPPENDORF REFRIGERATED CENT	8/08/23		9,675							9,675		S/L	5		769
101	2500 GLUCOSE/LACTATE ANALYZ	9/18/23		18,753							18,753		S/L	5		1,069
102	ECG MACHINE	9/30/23		5,183							5,183		S/L	5		261
103	SLEEP RECORDING SYSTEM	10/04/23		42,688							42,688		S/L	5		2,058
104	FREEZERS	11/07/23		36,563							36,563		S/L	5		1,082
106	OTHER	12/31/23		1,216							1,216		S/L	5		1,216
TOTAL MACHINERY AND EQUIPME				466,632		0	0	0	0	0	466,632	240,846				23,673
MISCELLANEOUS																
107	WIP	12/31/22		126,886							126,886					0
108	WIP	12/31/23		242,996							242,996					0
TOTAL MISCELLANEOUS				369,882		0	0	0	0	0	369,882	0				0
TOTAL DEPRECIATION				<u>4,846,735</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>4,846,735</u>	<u>3,044,224</u>				<u>108,733</u>
GRAND TOTAL DEPRECIATION				<u>4,846,735</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>4,846,735</u>	<u>3,044,224</u>				<u>108,733</u>