

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)**2025**Department of the Treasury
Internal Revenue ServiceDo 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 2025 calendar year, or tax year beginning , 2025 , and ending , 20		
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Final return/terminated ☐ Amended return ☐ Application pending	C SANSUM DIABETES RESEARCH INSTITUTE 2219 BATH STREET SANTA BARBARA, CA 93105 F Name and address of principal officer: DR. ANDREW RHINEHART SAME AS C ABOVE	D Employer identification number 95-1684086 E Telephone number 805-682-7638 G Gross receipts \$ 10,156,332. H(a) Is this a group return for subordinates? ☐ Yes ☒ No H(b) Are all subordinates included? ☐ Yes ☐ No If "No," attach a list. See instructions. H(c) Group exemption number
I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527		
J Website: WWW.SANSUM.ORG		
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other		
L Year of formation: 1944 M State of legal domicile: CA		

Part I Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>DEDICATED TO IMPROVING THE LIVES OF PEOPLE IMPACTED BY DIABETES THROUGH RESEARCH, EDUCATION AND CARE.</u>	
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	18
	4	Number of independent voting members of the governing body (Part VI, line 1b)	18
	5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	74
	6	Total number of volunteers (estimate if necessary)	44
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	2,056,749.
	9	Program service revenue (Part VIII, line 2g)	2,308,489.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	106,968.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-79,085.
	12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,393,121.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
Expenses	14	Benefits paid to or for members (Part IX, column (A), line 4)	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,805,766.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	
	b	Total fundraising expenses (Part IX, column (D), line 25) 845,695.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,164,549.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,970,315.
	19	Revenue less expenses. Subtract line 18 from line 12	-2,577,194.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	26,544,993.
	21	Total liabilities (Part X, line 26)	1,476,773.
	22	Net assets or fund balances. Subtract line 21 from line 20	25,068,220.

Part II Signature Block					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.					
Sign Here	Signature of officer DR. ANDREW RHINEHART	Date CEO/CMO			
	Type or print name and title				
Paid Preparer Use Only	Preparer's name BRAD STOLTEY	Preparer's signature BRAD STOLTEY	Date	Check ☒ if self-employed	PTIN P00241354
	Firm's name STOLTEY & ASSOCIATES				
	Firm's address 4643 KENNINGTON DR SANTA MARIA, CA 93455	Firm's EIN 770581023			
	Phone no. (805) 689-5880				

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No
BAA For Paperwork Reduction Act Notice, see the separate instructions. TEEA0101L 09/18/25 Form 990 (2025) Created 4/30/25

Part III Statement of Program Service AccomplishmentsCheck 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 ☒ No

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 4,634,525. including grants of \$) (Revenue \$ 1,969,111.)SEE SCHEDULE O**4b** (Code:) (Expenses \$ 367,818. including grants of \$) (Revenue \$ 68,073.)SEE SCHEDULE O**4c** (Code:) (Expenses \$ 279,669. including grants of \$) (Revenue \$ 50,045.)SEE SCHEDULE O**4d** Other program services (Describe on Schedule O.) SEE SCHEDULE O

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

4e Total program service expenses 5,282,012.

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>	1	X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions.	2	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>	3	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>	4	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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	5	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>	6	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>	7	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>	8	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>	9	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>	10	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>	11a	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>	11b	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>	11c	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>	11d	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>	11e	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>	11f	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>	12a	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>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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>	14b	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>	15	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>	16	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.	17	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>	18	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>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	21	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>	22	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>	23	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>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>	25a	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>	25b	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>	26	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>	27	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>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>	28b	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>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M.</i>	29	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>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	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>	32	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>	33	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>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	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>	35b	
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>	36	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>	37	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.	38	X

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.	1a	164
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	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 74		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	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.	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	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?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	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?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12. 10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders. 11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
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?	13a	
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?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O.	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
If "Yes," see the instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.		
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?	17	
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. ☒**Section A. Governing Body and Management**

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

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

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

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.

☒ Own website ☐ Another's website ☒ 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 ContractorsCheck 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	Officer	Key employee	Highest compensated employee	Former			
(1) ELIZABETH THOMPSON CEO	40 0		X				329,755.	0.	19,559.
(2) KRISTIN CASTORINO, DO RESEARCH PHYSICIAN	40 0			X			264,433.	0.	26,327.
(3) KRISTEN NELSON DIR CLINICAL RESE	40 0				X		256,529.	0.	13,638.
(4) DR. ANDREW RHINEHART CEO/CMO	40 0		X				230,465.	0.	6,792.
(5) KARA HORNBuckle VP DEVELOPMENT AND PUBLIC AFFA	40 0			X			168,763.	0.	11,821.
(6) SARINTHA LOGAN CLINICAL RESEARCH	40 0				X		161,001.	0.	17,931.
(7) TRISHA PURKEY CLINICAL RESEARCH	40 0				X		156,913.	0.	19,143.
(8) MELODY LUNG CLINICAL RESEARCH	40 0				X		136,826.	0.	12,150.
(9) OLIVIA WATT MGR LAB/RESEARCH	40 0				X		130,214.	0.	8,891.
(10) JAMES SLOAN PRESIDENT	4 0	X	X				0.	0.	0.
(11) MATTHEW ROWE, CIMA VICE PRESIDENT	2 0	X	X				0.	0.	0.
(12) FLINT OGLE TREASURER	2 0	X	X				0.	0.	0.
(13) ELENA ENGEL SECRETARY	2 0	X	X				0.	0.	0.
(14) JOAN DOELL ARNOLD TRUSTEE	1 0	X					0.	0.	0.

BAA

TEEA0107L 09/18/25

Form 990 (2025)

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) MIGUEL AVILA TRUSTEE	1 0	X					0.	0.	0.
(16) DANIEL BERGER, MD TRUSTEE	1 0	X					0.	0.	0.
(17) ANTHONY CASTILLO TRUSTEE	1 0	X					0.	0.	0.
(18) DAREN DICKERSON TRUSTEE	1 0	X					0.	0.	0.
(19) LINDSEY DUCA, PHD TRUSTEE	1 0	X					0.	0.	0.
(20) LYNN FITZGIBBONS, MD TRUSTEE	1 0	X					0.	0.	0.
(21) YVETTE GILLER TRUSTEE	1 0	X					0.	0.	0.
(22) STEVEN JUNG, ESQ. TRUSTEE	1 0	X					0.	0.	0.
(23) NORMAN KURLAND TRUSTEE	1 0	X					0.	0.	0.
(24) ROBERT NAGY MD TRUSTEE	1 0	X					0.	0.	0.
(25) MICHAEL PASKIN TRUSTEE	1 0	X					0.	0.	0.
1b Subtotal							1,834,899.	0.	136,252.
c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							1,834,899.	0.	136,252.
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 16									

	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
TOUCHPOINT BUSINESS SOLUTIONS, LLC 414 CALLE PALO COLORADO SANTA BAR	CFO SERVICES	224,839.
ONE STORY ARCHITECT, INC. 121 EL PASEO SANTA BARBARA, CA 93101	ARCHITECT SERVICES	210,934.
FRANK SCHIPPER CONSTRUCTION CO 610 EAST COTA STREET SANTA BARBARA, C	CONSTRUCTION	6,266,194.
FRANCINE KAUFMAN, MD 2335 CENTURY HILL LOS ANGELES, CA 90067	MEDICAL DOCTOR	155,767.
CIO SOLUTIONS, LLC 120 CREMONA DR STE 230 GOLETA, CA 93117	IT SERVICES	154,322.
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 8		

2025

Department of the Treasury
Internal Revenue Service

Name of the Organization

Employer identification number

SANSUM DIABETES RESEARCH INSTITUTE

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 organiza- tions 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 WILSON TRUSTEE	1 0	X						0.	0.	0.
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										

Part VIII Statement of RevenueCheck 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	465,074.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	2,468,954.			
	g	Noncash contributions included in lines 1a-1f	1g	33,311.			
	h Total. Add lines 1a-1f			2,934,028.			
Program Service Revenue	Business Code						
	2a	RESEARCH CONTRACTS	541700	2,037,184.	2,037,184.		
	b	PATIENT CARE FEES	541700	50,045.	50,045.		
	c						
	d						
	e						
	f	All other program service revenue ...					
	g Total. Add lines 2a-2f			2,087,229.			
Other Revenue	3		Investment income (including dividends, interest, and other similar amounts)		401,378.		401,378.
	4		Income from investment of tax-exempt bond proceeds				
	5		Royalties				
	6a	Gross rents	(i) Real				
			(ii) Personal				
	b	Less: rental expenses	6b				
	c	Rental income or (loss)	6c				
	d		Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	b	Less: cost or other basis and sales expenses	7b	3,620,847.	56,258.		
	c	Gain or (loss)	7c	1,066,924.	-56,258.		
	d		Net gain or (loss)		1,010,666.	1,010,666.	
	8a	Gross income from fundraising events (not including \$ 465,074. of contributions reported on line 1c). See Part IV, line 18					
b	Less: direct expenses	8b	45,750.	175,890.			
c		Net income or (loss) from fundraising events		-130,140.		-130,140.	
9a	Gross income from gaming activities. See Part IV, line 19						
b	Less: direct expenses	9b					
c		Net income or (loss) from gaming activities					
10a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold ...	10b					
c		Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code						
	11a	OTHER	541700	176.	176.		
	b						
	c						
	d	All other revenue					
	e Total. Add lines 11a-11d			176.			
12 Total revenue. See instructions			6,303,337.	3,098,071.	0.	271,238.	

Part IX Statement of Functional Expenses

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

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

☒

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
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.	1,057,915.	519,880.	255,955.	282,080.
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.	3,267,323.	2,871,992.	245,732.	149,599.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	93,218.	83,967.	7,258.	1,993.
9 Other employee benefits.	303,146.	231,401.	49,550.	22,195.
10 Payroll taxes.	313,761.	247,935.	35,042.	30,784.
11 Fees for services (nonemployees):				
a Management.				
b Legal.	9,434.		9,434.	
c Accounting.	27,000.		27,000.	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	25,268.		25,268.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	1,088,222.	569,714.	290,537.	227,971.
12 Advertising and promotion.	34,415.	6,372.	1,606.	26,437.
13 Office expenses.	98,086.	63,072.	13,644.	21,370.
14 Information technology.	216,008.	141,004.	30,112.	44,892.
15 Royalties.				
16 Occupancy.	35,864.	26,009.	7,183.	2,672.
17 Travel.	24,137.	17,917.	4,526.	1,694.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	46,207.	36,291.	4,627.	5,289.
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	161,832.	133,121.	14,672.	14,039.
23 Insurance.	79,612.	64,964.	12,828.	1,820.
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>	207,845.	207,845.		
b <u>LAB SUPPLIES</u>	55,770.	55,770.		
c <u>CAMPAIGN EXPENSES</u>	17,618.	4,758.		12,860.
d				
e All other expenses.				
25 Total functional expenses. Add lines 1 through 24e.	7,162,681.	5,282,012.	1,034,974.	845,695.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck 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	496,358.	1	125,700.
	2 Savings and temporary cash investments	7,773,243.	2	2,158,353.
	3 Pledges and grants receivable, net	1,704,404.	3	1,679,962.
	4 Accounts receivable, net	294,184.	4	262,369.
	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	600,000.	7	600,000.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	71,227.	9	51,175.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 11,403,191.		
	b Less: accumulated depreciation	10b 2,016,487.		
		2,134,330.	10c	9,386,704.
	11 Investments — publicly traded securities	9,857,957.	11	11,186,692.
	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	3,613,290.	15	3,354,651.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	26,544,993.	16	28,805,606.	
Liabilities	17 Accounts payable and accrued expenses	1,078,731.	17	1,379,606.
	18 Grants payable		18	
	19 Deferred revenue		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	2,626,255.
	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	398,042.	25	45,763.
	26 Total liabilities. Add lines 17 through 25	1,476,773.	26	4,051,624.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. ☒			
	27 Net assets without donor restrictions	14,361,122.	27	13,399,618.
	28 Net assets with donor restrictions	10,707,098.	28	11,354,364.
	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. ☐			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	25,068,220.	32	24,753,982.
	33 Total liabilities and net assets/fund balances	26,544,993.	33	28,805,606.

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,303,337.
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,162,681.
3	Revenue less expenses. Subtract line 2 from line 1	3	-859,344.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	25,068,220.
5	Net unrealized gains (losses) on investments	5	545,106.
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	24,753,982.

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

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both.		
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.		
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 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		

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TEEA0112L 09/18/25

Form 990 (2025)

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

2025

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 must generally 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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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 ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2024 Schedule A, Part II, line 14	15	%
16a 33-1/3% support test—2025. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☐		
b 33-1/3% support test—2024. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
17a 10%-facts-and-circumstances test—2025. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. ☐		
b 10%-facts-and-circumstances test—2024. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,496,686.	5,265,574.	6,445,750.	2,056,749.	2,934,028.	20,198,787.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.	3,210,241.	2,680,236.	3,260,416.	2,308,489.	2,132,979.	13,592,361.
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.	6,706,927.	7,945,810.	9,706,166.	4,365,238.	5,067,007.	33,791,148.
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.)						33,791,148.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6.	6,706,927.	7,945,810.	9,706,166.	4,365,238.	5,067,007.	33,791,148.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	435,645.	353,871.	406,063.	510,756.	401,378.	2,107,713.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						0.
c Add lines 10a and 10b.	435,645.	353,871.	406,063.	510,756.	401,378.	2,107,713.
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.)	5,852.	5,504.	13,082.	3,962.	176.	28,576.
13 Total support. (Add lines 9, 10c, 11, and 12.)	7,148,424.	8,305,185.	10,125,311.	4,879,956.	5,468,561.	35,927,437.
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here .						☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f)).	15	94.05 %
16 Public support percentage from 2024 Schedule A, Part III, line 15.	16	94.64 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2025 (line 10c, column (f), divided by line 13, column (f)).	17	5.87 %
18 Investment income percentage from 2024 Schedule A, Part III, line 17.	18	5.22 %

- 19a 33-1/3% support tests—2025.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☒
- b 33-1/3% support tests—2024.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 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? 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.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
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)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.		
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)? 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.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).		
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? If "Yes," provide detail in Part VI .		
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? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
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))? If "Yes," provide detail in Part VI .		
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? If "Yes," provide detail in Part VI .		
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? If "Yes," provide detail in Part VI .		
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)? If "Yes," answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

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? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
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? 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.		
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? 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.		
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)? 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).		
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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
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 ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental supported organization. Describe in Part VI how you supported a governmental supported organization (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 its supported organization(s)? 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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
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? 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.			
2b			
3 Parent of Supported Organizations. Answer lines 3a, 3b, and 3c below.			
a Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? If "Yes," provide details in Part VI .			
3a			
b Did the organization direct the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			
c Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .			
3c			

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).		

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Schedule A (Form 990) 2025

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 – <i>provide details in Part VI</i>)	5
6	Total annual distributions. Add lines 1 through 5.	6
7	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	7
8	Distributable amount for 2025 from Section C, line 6	8
9	Line 7 amount divided by line 8 amount	9

Section E – Distribution Allocations (see instructions)

	(i) Excess Distributions	(ii) Underdistributions Pre-2025	(iii) Distributable Amount for 2025
1	Distributable amount for 2025 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2025 (reasonable cause required – <i>explain in Part VI</i>). See instructions.		
3	Excess distributions carryover, if any, to 2025		
a	From 2020		
b	From 2021		
c	From 2022		
d	From 2023		
e	From 2024		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2025 distributable amount		
i	Carryover from 2020 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2025 from Section D, line 6: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2025 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	Excess distributions carryover to 2026. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2021		
b	Excess from 2022		
c	Excess from 2023		
d	Excess from 2024		
e	Excess from 2025		

BAA

Schedule A (Form 990) 2025

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, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; 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

NATURE AND SOURCE	2025	2024	2023	2022	2021
OTHER	\$ 176.	\$ 3,962.	\$ 13,082.	\$ 5,504.	\$ 5,852.
TOTAL	<u>\$ 176.</u>	<u>\$ 3,962.</u>	<u>\$ 13,082.</u>	<u>\$ 5,504.</u>	<u>\$ 5,852.</u>

**SCHEDULE D
(Form 990)**

(Rev. December 2024)

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

**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.

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

Part II Conservation Easements

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)	☐ Preservation of a historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$ _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under 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.

c Beginning balance.

d Additions during the year.

e Distributions during the year.

f Ending balance.

	Amount
1c	
1d	
1e	
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.	3,849,227.	3,731,273.	3,556,246.	4,138,658.	4,026,624.
b Contributions.				5,000.	
c Net investment earnings, gains, and losses.	462,243.	384,419.	416,232.	-344,945.	413,732.
d Grants or scholarships.					
e Other expenditures for facilities and programs.		266,465.	241,205.	242,467.	301,698.
f Administrative expenses.					
g End of year balance.	4,311,470.	3,849,227.	3,731,273.	3,556,246.	4,138,658.

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 73.00 %

c Term endowment 27.00 %

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:

(i) Unrelated organizations? ☐ Yes ☒ No

(ii) Related organizations? ☐ Yes ☒ No

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No

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.		1,856,397.	1,779,776.	76,621.
c Leasehold improvements.		125,989.	83,878.	42,111.
d Equipment.		287,088.	152,833.	134,255.
e Other.		8,781,959.		8,781,959.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)). 9,386,704.

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)		
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)		
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	18,730.
(3) BENEFICIAL INTEREST IN PERPETUAL TRUST	1,795,170.
(4) CASH SURRENDER VALUE OF LIFE INSURANCE	136,734.
(5) NON-TRUSTEE REMAINDER INTEREST IN TRUST	1,292,823.
(6) OTHER RECEIVABLE	73,827.
(7) RIGHT OF USE ASSET	37,367.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, column (B)).....	3,354,651.

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) LEASE OBLIGATIONS	39,003.
(3) OBLIGATIONS UNDER SPLIT INTEREST AGREEMENTS	6,760.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, column (B)).....	45,763.

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	6,823,175.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	226,076.
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	319,030.
e	Add lines 2a through 2d	2e	545,106.
3	Subtract line 2e from line 1	3	6,278,069.
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	25,268.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	25,268.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	6,303,337.

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	7,137,413.
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	7,137,413.
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	25,268.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	25,268.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	7,162,681.

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.....	\$	185,364.
CHANGE IN VALUE - SPLIT INT AGREEMENTS.....		133,666.
TOTAL	\$	<u>319,030.</u>

SCHEDULE G
(Form 990)

(Rev. December 2024)

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

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 [X] Mail solicitations
b [X] Internet and email solicitations
c [X] Phone solicitations
d [X] In-person solicitations
e [X] Solicitation of nongovernment grants
f [X] Solicitation of government grants
g [X] 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 [X] No
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
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 col. (a) through col. (c))
Revenue	1 Gross receipts	510,824.			510,824.
	2 Less: Contributions	465,074.			465,074.
	3 Gross income (line 1 minus line 2)	45,750.			45,750.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	32,764.			32,764.
	7 Food and beverages	70,406.			70,406.
	8 Entertainment	3,200.			3,200.
	9 Other direct expenses	69,520.			69,520.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				175,890.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-130,140.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ 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 the 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)**

(Rev. December 2024)

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

**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.

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

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

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

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

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

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

- | | | | |
|--|-----------|---|---|
| a Receive a severance payment or change-of-control payment? | 4a | X | |
| b Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b | | X |
| c Participate in or receive payment from an equity-based compensation arrangement? | 4c | | X |
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. **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 | | X |
| b Any related organization? | 5b | | X |
- 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 | | X |
| b Any related organization? | 6b | | X |
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

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

Schedule J (Form 990) (Rev. 12-2024)

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	DR. ANDREW RHINEHART CEO/CMO	(i) 230,465.	0.	0.	0.	6,792.	237,257.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
2	ELIZABETH THOMPSON CEO	(i) 329,755.	0.	0.	16,488.	3,071.	349,314.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
3	KARA HORNBuckle VP DEVELOPMENT AND PUBLIC AFFAIRS	(i) 168,763.	0.	0.	9,500.	2,321.	180,584.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
4	KRISTIN CASTORINO, DO RESEARCH PHYSICIAN	(i) 264,433.	0.	0.	13,520.	12,807.	290,760.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
5	KRISTEN NELSON DIR CLINICAL RESE	(i) 256,529.	0.	0.	0.	13,638.	270,167.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
6	SARINTHA LOGAN CLINICAL RESEARCH	(i) 161,001.	0.	0.	8,172.	9,759.	178,932.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
7	TRISHA PURKEY CLINICAL RESEARCH	(i) 156,913.	0.	0.	7,899.	11,244.	176,056.	0.
		(ii) 0.	0.	0.	0.	0.	0.	0.
8		(i)						
		(ii)						
9		(i)						
		(ii)						
10		(i)						
		(ii)						
11		(i)						
		(ii)						
12		(i)						
		(ii)						
13		(i)						
		(ii)						
14		(i)						
		(ii)						
15		(i)						
		(ii)						
16		(i)						
		(ii)						

Part III Supplemental Information

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

PART I, LINE 4 - RECEIVED SEVERANCE, SUPPLEMENTAL NQ RETIREMENT, EQUITY-BASED COMPENSATION

CHRISTIAN FARFAN, SEVERANCE, \$13,000

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.

Attach to Form 990.

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

OMB No. 1545-0047

2025

**Open to Public
Inspection**

Name of the organization

SANSUM DIABETES RESEARCH INSTITUTE

Employer identification number

95-1684086

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (EVENT PRIZES)			33,311.	EST FMV
26 Other ()				
27 Other ()				
28 Other ()				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

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

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Yes No

30a		X
31		X
32a		X

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

Schedule M (Form 990) 2025 Created 12/29/25

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

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

SANSUM DIABETES RESEARCH INSTITUTE

Employer identification number

95-1684086

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

RESEARCH

CLINICAL RESEARCH - TYPE 1 DIABETES

SANSUM DIABETES RESEARCH INSTITUTE (SDRI) IS A NONPROFIT ORGANIZATION DEDICATED TO IMPROVING THE LIVES OF PEOPLE IMPACTED BY DIABETES THROUGH CLINICAL RESEARCH, EDUCATION, AND SPECIALIZED PATIENT CARE. DURING 2025, SDRI INITIATED 13 CLINICAL RESEARCH TRIALS INVOLVING 197 INDIVIDUAL PARTICIPANTS. THESE STUDIES EVALUATED NEW TECHNOLOGIES, MEDICATIONS, AND TREATMENT APPROACHES INTENDED TO IMPROVE DIABETES MANAGEMENT AND HEALTH OUTCOMES.

RESEARCH ACTIVITIES INCLUDED AUTOMATED INSULIN DELIVERY SYSTEMS, CONTINUOUS GLUCOSE MONITORING, INHALED INSULIN THERAPIES, GLP-1 MEDICATIONS, KETONE AND LACTATE MONITORING, DIGITAL HEALTH TOOLS, AND OTHER EMERGING DIABETES TECHNOLOGIES. SDRI COLLABORATED WITH LEADING DIABETES TECHNOLOGY AND PHARMACEUTICAL COMPANIES TO CONDUCT RESEARCH THAT SUPPORTS THE DEVELOPMENT OF SAFER AND MORE EFFECTIVE TREATMENTS FOR PEOPLE LIVING WITH DIABETES.

DURING 2025, SDRI ALSO LAUNCHED SCREEN & SUPPORT, A COMMUNITY-BASED TYPE 1 DIABETES EARLY DETECTION PROGRAM. THROUGH AUTOANTIBODY SCREENING, EDUCATION, MONITORING, AND FOLLOW-UP CARE, THE PROGRAM IDENTIFIES CHILDREN AND ADULTS AT INCREASED RISK FOR DEVELOPING TYPE 1 DIABETES BEFORE SYMPTOMS OCCUR. EARLIER IDENTIFICATION HELPS REDUCE THE LIKELIHOOD OF DIAGNOSIS DURING DIABETIC KETOACIDOSIS (DKA), PROVIDES FAMILIES WITH EDUCATION AND SUPPORT, AND EXPANDS ACCESS TO THERAPIES THAT MAY DELAY PROGRESSION TO INSULIN-DEPENDENT DISEASE. SDRI ALSO CONTINUED LEADING THE CALIFORNIA

TYPE 1 DIABETES SCREENING COLLABORATIVE TO EXPAND EARLY DETECTION EFFORTS THROUGHOUT

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Employer identification number

SANSUM DIABETES RESEARCH INSTITUTE

95-1684086

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

CALIFORNIA.

CLINICAL RESEARCH - TYPE 2 DIABETES

SDRI CONTINUED RESEARCH DESIGNED TO IMPROVE TREATMENT OPTIONS AND CLINICAL OUTCOMES FOR INDIVIDUALS LIVING WITH TYPE 2 DIABETES. DURING 2025, THE SDRI PARTICIPATED IN STUDIES EVALUATING AUTOMATED INSULIN DELIVERY SYSTEMS, CONTINUOUS GLUCOSE MONITORING TECHNOLOGIES, AND EMERGING THERAPEUTIC APPROACHES INTENDED TO IMPROVE GLYCEMIC CONTROL WHILE REDUCING THE BURDEN OF DIABETES MANAGEMENT.

RESEARCH FINDINGS CONTRIBUTED TO THE GROWING BODY OF EVIDENCE SUPPORTING ADVANCED DIABETES TECHNOLOGIES FOR ADULTS WITH TYPE 2 DIABETES AND INCLUDED PARTICIPATION FROM DIVERSE POPULATIONS TO IMPROVE THE APPLICABILITY OF STUDY FINDINGS ACROSS COMMUNITIES.

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

EDUCATION AND COMMUNITY OUTREACH

COMMUNITY EDUCATION IS AN ESSENTIAL COMPONENT OF SDRI'S CHARITABLE MISSION. SDRI PROVIDES EVIDENCE-BASED EDUCATION, PEER SUPPORT, AND CULTURALLY RESPONSIVE PROGRAMS THAT IMPROVE DIABETES PREVENTION AND SELF-MANAGEMENT.

DURING 2025, SDRI CONTINUED OCHO PASOS A LA BUENA SALUD, A SPANISH-LANGUAGE DIABETES PREVENTION AND SELF-MANAGEMENT PROGRAM LED BY TRAINED COMMUNITY HEALTH WORKERS (PROMOTORAS). THE PROGRAM PROVIDES CULTURALLY APPROPRIATE EDUCATION ON NUTRITION, PHYSICAL ACTIVITY, AND DIABETES SELF-MANAGEMENT WHILE ADDRESSING BARRIERS TO HEALTHCARE ACCESS.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

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Name of the organization

SANSUM DIABETES RESEARCH INSTITUTE

Employer identification number

95-1684086

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

SDRI ALSO EXPANDED EDUCATION AND SUPPORT THROUGH ONE TALK, LADA TALK, DIABETES TECHNOLOGY TRAINING, BILINGUAL SUPPORT GROUPS, COMMUNITY OUTREACH EVENTS, AND BACK-TO-SCHOOL EDUCATIONAL PROGRAMMING. THESE PROGRAMS IMPROVE DIABETES KNOWLEDGE, INCREASE SELF-MANAGEMENT SKILLS, REDUCE DIABETES-RELATED DISTRESS, AND STRENGTHEN COMMUNITY SUPPORT FOR INDIVIDUALS AND FAMILIES AFFECTED BY DIABETES.

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

CLINICAL CARE

SDRI PROVIDES SPECIALIZED OUTPATIENT CLINICAL CARE IN DIABETES IN PREGNANCY, PEDIATRIC DIABETES, AND ADULT ENDOCRINOLOGY.

DURING 2025, SDRI EXPANDED ITS DIABETES IN PREGNANCY PROGRAM TO PRESERVE ACCESS TO SPECIALIZED CARE FOLLOWING CHANGES IN LOCAL MATERNAL HEALTH SERVICES. SDRI ASSUMED RESPONSIBILITY FOR CARING FOR APPROXIMATELY 100 ADDITIONAL PATIENTS, WITH PARTICULAR EMPHASIS ON SERVING UNDER-RESOURCED AND UNDERREPRESENTED LATINA WOMEN THROUGHOUT SANTA BARBARA COUNTY.

CLINICAL SERVICES INCLUDE INDIVIDUALIZED DIABETES MANAGEMENT, NUTRITION COUNSELING, CONTINUOUS GLUCOSE MONITORING SUPPORT, MEDICATION MANAGEMENT, DIABETES EDUCATION, AND COORDINATED CARE WITH OBSTETRIC AND MATERNAL-FETAL MEDICINE PROVIDERS. SDRI ALSO PROVIDES CULTURALLY RESPONSIVE AND BILINGUAL SERVICES TO IMPROVE MATERNAL AND INFANT HEALTH OUTCOMES.

SDRI'S PEDIATRIC DIABETES PROGRAM PROVIDES COMPREHENSIVE EDUCATION, TECHNOLOGY TRAINING, BEHAVIORAL SUPPORT, AND ONGOING CLINICAL CARE THAT HELPS CHILDREN,

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

SANSUM DIABETES RESEARCH INSTITUTE

Employer identification number

95-1684086

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

ADOLESCENTS, AND FAMILIES SAFELY MANAGE DIABETES AND SUCCESSFULLY TRANSITION TO
LIFELONG SELF-MANAGEMENT.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

EXPENSES

INCLUDING GRANTS

REVENUE

RESEARCH INFRASTRUCTURE

DURING 2025, SDRI COMPLETED RENOVATION OF ITS 18,000-SQUARE-FOOT RESEARCH, CLINICAL
CARE, AND EDUCATION CENTER. THE RENOVATED FACILITY INCREASED ORGANIZATIONAL CAPACITY
BY PROVIDING DEDICATED RESEARCH SUITES, EXPANDED CLINICAL SPACE, INDUSTRY
COLLABORATION AREAS, A TEACHING KITCHEN, A DEXA RESEARCH SUITE, AND COMMUNITY
EDUCATION FACILITIES. THESE IMPROVEMENTS ENHANCE SDRI'S ABILITY TO CONDUCT CLINICAL
RESEARCH, PROVIDE SPECIALIZED PATIENT CARE, AND DELIVER DIABETES EDUCATION PROGRAMS
THAT BENEFIT THE COMMUNITY.

SUMMARY OF PUBLIC BENEFIT

THROUGH ITS INTEGRATED PROGRAMS IN CLINICAL RESEARCH, SPECIALIZED CLINICAL CARE,
EARLY DETECTION, EDUCATION, AND COMMUNITY OUTREACH, SDRI ADVANCES THE EARLY
DETECTION, TREATMENT, AND MANAGEMENT OF DIABETES WHILE IMPROVING ACCESS TO
EVIDENCE-BASED CARE FOR CHILDREN, ADULTS, PREGNANT INDIVIDUALS, AND UNDERSERVED
POPULATIONS. THESE ACTIVITIES FURTHER SDRI'S CHARITABLE MISSION BY IMPROVING HEALTH
OUTCOMES, EXPANDING ACCESS TO SPECIALIZED SERVICES, AND ADVANCING DIABETES SCIENCE
FOR THE BENEFIT OF THE PUBLIC.

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

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

SANSUM DIABETES RESEARCH INSTITUTE

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FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS (CONTINUED)

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

THE ORGANIZATION MAINTAINS A WRITTEN CONFLICT OF INTEREST POLICY APPLICABLE TO ALL TRUSTEES, OFFICERS, KEY EMPLOYEES, AND OTHER INDIVIDUALS COVERED BY THE POLICY. COVERED INDIVIDUALS ARE REQUIRED TO ANNUALLY DISCLOSE ANY ACTUAL OR POTENTIAL CONFLICTS OF INTEREST, AND TO PROMPTLY UPDATE SUCH DISCLOSURES IF CIRCUMSTANCES CHANGE DURING THE YEAR.

DISCLOSURES ARE REVIEWED BY THE BOARD OF TRUSTEES OR AN APPROPRIATE COMMITTEE, AND ANY INDIVIDUAL WITH A CONFLICT ABSTAINS FROM RELATED DISCUSSIONS AND VOTING. COMPLIANCE IS MONITORED THROUGH ANNUAL DISCLOSURES, BOARD OVERSIGHT, AND REVIEW OF RELATED-PARTY TRANSACTIONS, WITH ALL ACTIONS DOCUMENTED IN BOARD MINUTES.

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 CEO, 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

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

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
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.

SCHEDULE O
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

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

SEE PROCESS DESCRIPTION TO FORM 990 PART VI LINE 15A. SAME PROCESS FOLLOWED.

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.

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

	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUND- RAISING
OUTSIDE SERVICES	1,088,222.	569,714.	290,537.	227,971.
TOTAL	\$ 1,088,222.	\$ 569,714.	\$ 290,537.	\$ 227,971.

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2025 FEDERAL BOOK SUMMARY DEPRECIATION SCHEDULE

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SANSUM DIABETES RESEARCH INSTITUTE

95-1684086

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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			1,687,999	S/L	40	43,808
26	FOUNDATION REPAIR	12/31/06		56,940			25,643	S/L	40	1,424
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
52	REPLACED BACK VALVE FOR OUT	9/30/21		5,095			1,659	S/L	10	510
53	FENCING AROUND PEACE GARDEN	3/24/22		8,300			2,303	S/L	10	830
55	BUILDING CONSTRUCTION FOR IN	5/01/23	12/31/25	63,312			7,048	S/L	15	6
56	SECURITY GATE AT LOT	8/02/23		12,330			1,746	S/L	10	1,233
57	SECURITY GATE EXIT AT LOT	11/30/23		11,100			1,207	S/L	10	1,110
TOTAL BUILDINGS				1,919,709		0	1,737,909			48,921
IMPROVEMENTS										
112	IMPROVEMENTS ON HOLLISTER L	9/01/24		125,989			20,883	S/L	2	62,995
TOTAL IMPROVEMENTS				125,989		0	20,883			62,995
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
70	ARCHED BENCH FOR LOBBY	9/27/05	12/31/25	687			687	S/L	5	0
75	DEFIBRILLATOR	12/12/06		1,683			1,683	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	12/31/25	900			900	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
97	LUMIFY SYSTEM	2/08/19		8,703			8,703	S/L	5	0
99	CAPITALIZE DXA MACHINE	5/12/23		100,594			33,017	S/L	5	20,119

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NO.	DESCRIPTION	DATE ACQUIRED	DATE SOLD	COST/ BASIS	BUS. PCT.	CUR 179/ SDA	PRIOR 179/ SDA/ DEPR.	METHOD	LIFE	CURRENT DEPR.
100	EPENDORF REFRIGERATED CEN	8/08/23		9,675			2,709	S/L	5	1,935
101	2500 GLUCOSE/LACTATE ANALYZ	9/18/23		18,753			4,830	S/L	5	3,751
102	ECG MACHINE	9/30/23		5,183			1,300	S/L	5	1,037
103	SLEEP RECORDING SYSTEM	10/04/23		42,688			10,619	S/L	5	8,538
104	FREEZERS	11/07/23		36,563			8,415	S/L	5	7,313
110	2 TRANSPORT STRETCHER GURN	1/10/24		16,525			3,224	S/L	5	3,305
111	LAB BENCHS INSTALLED AT HOL	9/01/24		19,604			1,300	S/L	5	3,918
TOTAL MACHINERY AND EQUIPME				291,529		0	107,358			49,916
MISCELLANEOUS										
107	CIP	12/31/22		126,886						0
108	CIP	12/31/23		242,996						0
109	CIP	12/31/24		941,613						0
113	CIP	12/31/25		7,470,464						0
TOTAL MISCELLANEOUS				8,781,959		0	0			0
TOTAL DEPRECIATION				11,470,944		0	1,866,150			161,832
GRAND TOTAL DEPRECIATION				11,470,944		0	1,866,150			161,832
DEPRECIATION ASSETS SOLD				64,899		0	8,635			6
DEPR REMAINING ASSETS				11,406,045		0	1,857,515			161,826

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FORM 990/990-PF																
BUILDINGS																
1	BUILDING	6/30/86		1,752,328							1,752,328	1,687,999	S/L	40		43,808
26	FOUNDATION REPAIR	12/31/06		56,940							56,940	25,643	S/L	40		1,424
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
52	REPLACED BACK VALVE FOR OUTS	9/30/21		5,095							5,095	1,659	S/L	10		510
53	FENCING AROUND PEACE GARDEN	3/24/22		8,300							8,300	2,303	S/L	10		830
55	BUILDING CONSTRUCTION FOR INS	5/01/23	12/31/25	63,312							63,312	7,048	S/L	15		6
56	SECURITY GATE AT LOT	8/02/23		12,330							12,330	1,746	S/L	10		1,233
57	SECURITY GATE EXIT AT LOT	11/30/23		11,100							11,100	1,207	S/L	10		1,110
TOTAL BUILDINGS				1,919,709		0	0	0	0	0	1,919,709	1,737,909				48,921
IMPROVEMENTS																
112	IMPROVEMENTS ON HOLLISTER L	9/01/24		125,989							125,989	20,883	S/L	2		62,995
TOTAL IMPROVEMENTS				125,989		0	0	0	0	0	125,989	20,883				62,995
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																

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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
70	ARCHED BENCH FOR LOBBY	9/27/05	12/31/25	687							687	687	S/L	5		0
75	DEFIBRILLATOR	12/12/06		1,683							1,683	1,683	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	12/31/25	900							900	900	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
97	LUMIFY SYSTEM	2/08/19		8,703							8,703	8,703	S/L	5		0
99	CAPITALIZE DXA MACHINE	5/12/23		100,594							100,594	33,017	S/L	5		20,119
100	EPPENDORF REFRIGERATED CENT	8/08/23		9,675							9,675	2,709	S/L	5		1,935
101	2500 GLUCOSE/LACTATE ANALYZ	9/18/23		18,753							18,753	4,830	S/L	5		3,751
102	ECG MACHINE	9/30/23		5,183							5,183	1,300	S/L	5		1,037
103	SLEEP RECORDING SYSTEM	10/04/23		42,688							42,688	10,619	S/L	5		8,538
104	FREEZERS	11/07/23		36,563							36,563	8,415	S/L	5		7,313
110	2 TRANSPORT STRETCHER GURN	1/10/24		16,525							16,525	3,224	S/L	5		3,305
111	LAB BENCHS INSTALLED AT HOLL	9/01/24		19,604							19,604	1,300	S/L	5		3,918
TOTAL MACHINERY AND EQUIPME				291,529		0	0	0	0	0	291,529	107,358				49,916
MISCELLANEOUS																
107	CIP	12/31/22		126,886							126,886					0
108	CIP	12/31/23		242,996							242,996					0
109	CIP	12/31/24		941,613							941,613					0

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113	CIP	12/31/25		7,470,464							7,470,464					0
	TOTAL MISCELLANEOUS			8,781,959		0	0	0	0	0	8,781,959	0				0
	TOTAL DEPRECIATION			11,470,944		0	0	0	0	0	11,470,944	1,866,150				161,832
	GRAND TOTAL DEPRECIATION			11,470,944		0	0	0	0	0	11,470,944	1,866,150				161,832
	DEPRECIATION ASSETS SOLD			64,899		0	0	0	0	0	64,899	8,635				6
	DEPR REMAINING ASSETS			11,406,045		0	0	0	0	0	11,406,045	1,857,515				161,826