Fiscal Year 2023 Annual Report
July 1, 2022 through June 30, 2023

T1D Breakthroughs: Past, Present, and Future

JDRF IMPROVING LIVES. CURING TYPE 1 DIABETES.

JDRF is a Charity Navigator four-star charity and is a Platinum Level Guide Star participant.

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Charity Navigator FOUR-STAR

Platinum Transparency 2024 Candid.

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T1D Breakthroughs: Past, Present, and Future

What is a breakthrough? It's the origin of innovation—a "eureka!" moment that has huge impact. For JDRF, a breakthrough results from decades of hard work and determination.

Most importantly, a breakthrough changes lives.

In recent years, we've advanced numerous breakthroughs that have dramatically improved life with type 1 diabetes (T1D). We've moved the standard of care from finger pokes to continuous glucose monitors (CGMs), insulin pumps, and automated insulin delivery (AID) systems. These technologies are leading to more time-in-range, fewer dangerous highs or lows, better sleep, and healthier pregnancies. We are thrilled people with T1D are doing better. Now, we have our sights set on T1D breakthroughs of the future.

Breakthroughs like new islet replacement therapies that allow people to take off their devices and walk away from T1D—without the need for immunosuppressants to prevent rejection. Or more disease-modifying therapies to delay T1D onset AND to protect and preserve beta cell function in people with new onset T1D. We see advanced insulins and insulin-adjunctive therapies, such as glucose-responsive insulin or drugs that reduce the amount of insulin you take. We see millions more people around the world helping us accelerate cures and life-changing breakthroughs, unlocking access along the way.

On the following pages, you'll read about the past, present, and future of some of our most recent and exciting breakthroughs. The potential for transformation is electrifying and it's only possible because of you, our dedicated supporters.

Let's keep pushing to advance breakthroughs, unlock access, and deepen and strengthen support for JDRF. Together, we'll champion a new era of T1D breakthroughs!

Warm regards,

Aaron J. Kowalski, Ph.D.
Chief Executive Officer, JDRF

In Your Words

No one should face T1D alone. By supporting JDRF, you're changing lives. By sharing what inspires you to get involved, you're raising awareness and breaking open new possibilities for people facing T1D. Here, you share what motivates you to continue supporting the entire T1D community.

"It was an honor to carry the JDRF flag to the top of the world. I hope my journey will inspire others to chase their dreams and benefit others while doing so."

–Cameron Kenny, advocate, raised $140,000 while climbing Mount Everest, brother living with T1D

"It's important to speak up for people who can't or people who are afraid to."

–Nadia, 2023 Children's Congress Delegate in Texas, living with T1D

"Every JDRF One Walk feels like a reunion with family and friends from high school, college, graduate school, and various jobs. My team and I look forward to the JDRF walk year after year."

–P.J. Pimpinelli, Walk participant, living with T1D

"As a practicing Sikh American, we are taught to give back to our community. This motorcycle ride was a dream come true from all aspects."

–Guri Burmi, advocate, raised $6,000 on his cross-country motorcycle ride, nephew living with T1D

"I feel more comfortable with my condition now, knowing that I'm not the only one struggling with this disease."

–Felix Navarro, Ride participant and recipient of the Spirit Jersey, living with T1D

"I have the opportunity to make a difference in the lives of those impacted by T1D, whether it be through fundraising, advocacy efforts, or volunteering at events."

–Christine Jakubowski, Minnesota and Dakotas Chapter Volunteer, living with T1D

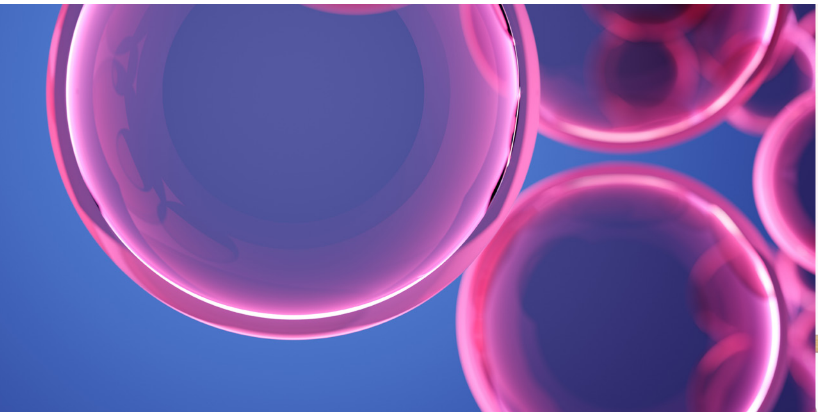
Curing T1D

Today's most promising cures research involves three key areas:

Cell Therapies replace beta cells so that people with T1D can again produce their own insulin.

Disease-Modifying Therapies prevent, slow, halt, or reverse T1D progression.

Early Detection Initiatives identify and support people at risk for T1D before onset of the condition.



Cures: Present

First FDA-Approved Cell Therapy

In a historic moment, the FDA approved Lantidra®, the first-ever cell transplant therapy for people with T1D in the United States. It's for adults with severe hypoglycemia and is made from donated organ cells, which are in short supply. It also requires immunosuppressive drugs to prevent transplant rejection.

This approval was a HUGE step. It illuminated the regulatory pathway for cell therapy approval—a pathway that we're working to accelerate for more scalable and broader solutions. We are working to overcome the challenges of islet supply and the need for immunosuppression, and we are seeing amazing results in clinical trials.

Multiple people are coming off insulin.

In addition, Vertex—a company advancing work we have long supported—broke ground on a new facility in Portsmouth, New Hampshire, to support the commercial production of its cell therapies.

All of these are concrete signs of how fast we are moving, and how far we have come.

Disease-Modifying Therapies to Delay, Halt, or Reverse T1D

The U.S. Food and Drug Administration's (FDA) approval of Tzield™ (teplizumab-mzwv) in November 2022 was only the beginning of the incredible progress we've seen in disease-modifying therapies (DMTs) for T1D.

In June 2023, the American Diabetes Association added Tzield to its standards of care for people at risk of developing clinical T1D, again advancing T1D clinical care.

Moreover, our pipeline is stocked with several other DMTs in clinical trials that have potential to gain regulatory approvals for T1D in countries around the world.

The people with T1D who took these drugs kept making more of their own insulin, measured by the amount of C-peptide in their blood.

It's an incredible—and encouraging—finding. Hopefully in the future, one or more of these or other therapies will join Tzield and give the T1D community another option for delaying, halting progression, or eventually reversing type 1 diabetes.

Expanding Access to T1D Early Detection, Guidelines for Monitoring

T1D diagnoses are increasing—including among people of different age ranges and diverse populations. Historically, early detection programs excluded these populations.

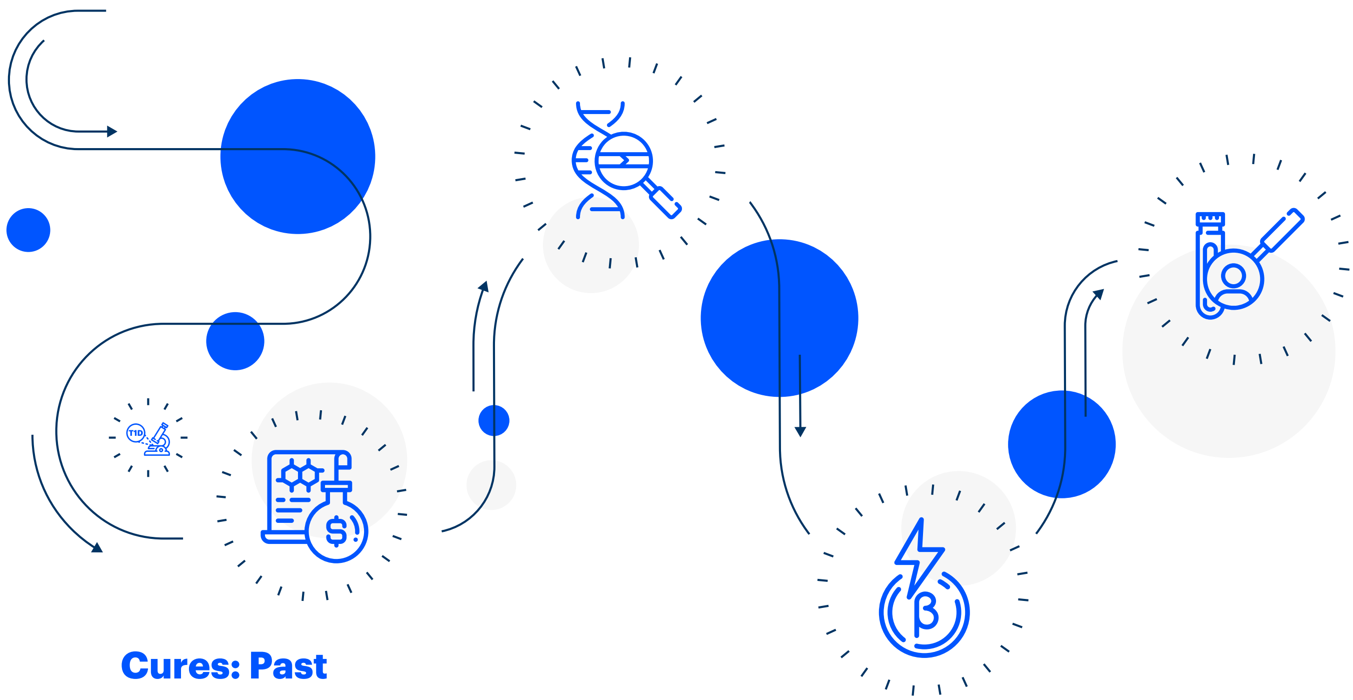
Our efforts in expanding scope and access to early detection include a pilot initiative in which we are partnering with 20+ community health centers and clinics in six states to offer early detection programs. These centers serve urban and rural communities that traditionally have been underserved by the healthcare system.

At just two of the pilot sites, 500+ people have been screened, adding to the more than a quarter of a million people screened since the launch of our early detection program.

Additionally, we are the lead on developing new, international clinical guidelines for the monitoring and care of people who via screening, test positive for 2+ T1D biomarkers, which indicates that they most certainly will develop T1D.

Developed in partnership with 70+ clinicians, the guidelines provide an evidence-based approach to determine how often people of different ages and with different numbers of T1D biomarkers should be monitored for changes in blood sugar and autoantibodies.

It is critical to provide universal guidelines for follow-up monitoring of individuals identified through early detection programs to provide education; prevent life-threatening diabetic ketoacidosis (DKA); and to give these individuals the opportunity to participate in clinical trials, as well as make available to them approved therapies that may lead to healthier outcomes.



Cures: Past

Cell Therapies: 40+ Years of Work

We started funding research in the 1980s to develop beta cell transplantation therapies. To date, we have funded $230M+ in cell replacement research for T1D. In the early 2000s, we started funding research now advanced by Vertex. These are the therapies in clinical trials that are allowing people to come off insulin therapy.

This work—first led by Semma Therapeutics—benefited from a transformative T1D Fund venture capital investment.

Our Beta Cell Replacement Consortium, launched in 2013, has dramatically accelerated progress by bringing together academic researchers, government agencies, and industry.

DMTs: 40+ Years of Work

We have supported the development of T1D DMTs since the 1980s. This includes the efforts that specifically led to Tzield: discovery research grants (the first of which was awarded in 1988), clinical trial funding, and advocacy for the regulatory approval pathway for disease-modifying therapies.

As was the case for Semma and its cell therapy work, the T1D Fund made a game-changing venture capital investment in Provention Bio, the company that developed Tzield. Current T1D Fund portfolio companies have several DMTs in clinical trials or entering clinical trials in the next 24 months.

Our 40+ years of work in this cures space also includes our support of other DMTs in the pipeline—three of which we have supported for between 10 to 20 years!

Early Detection: 40+ Years of Work

Our interest in T1D early detection goes back to the 1980s, when a scientist we funded made a discovery instrumental to determining that T1D is an autoimmune disease: diabetes is associated with the development of islet cell antibodies.

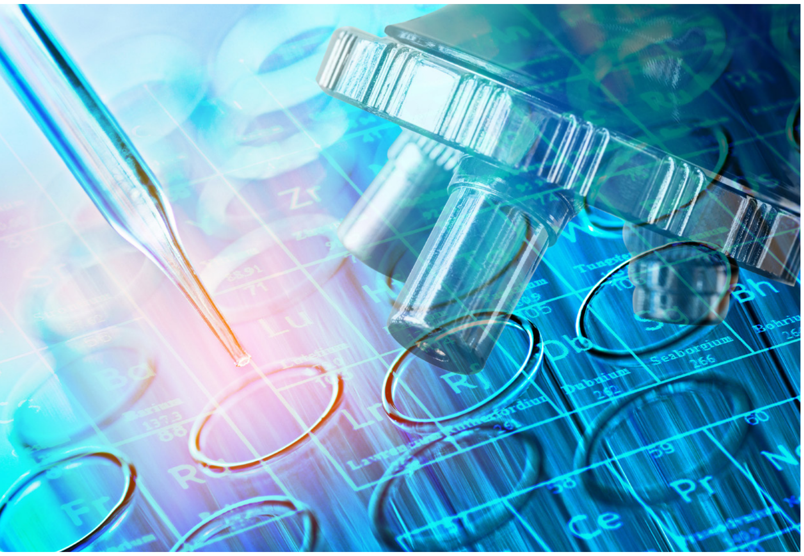
Since then, early detection has grown in importance as it can help prevent DKA at diagnosis, help families prepare for T1D onset, and is critical to accelerating clinical development of DMTs.

Cures: Future

Broader, More Scalable Cell Therapies Approved

We will continue to develop methods to best keep transplanted beta cells alive and healthy through gene editing, encapsulation, and immune modulation. Human clinical trials will advance us closer to commercialized cell therapies—ones that use renewable sources of insulin-producing islets and ones that eliminate the need for immunosuppression.

In the future, these therapies will create a path for people with T1D to remove their devices and walk away from the condition for good.



Accelerating DMT Development and Access

Through our efforts to establish a regulatory approval pathway for Tzield, we laid critical groundwork to improve the regulatory prospects for future T1D DMTs in the pipeline.

Shortly after Tzield was approved, Sanofi acquired Provention Bio, demonstrating an endorsement by one of the world's leading pharmaceutical companies of the potential of T1D DMTs—an endorsement we hope will inspire expanded development of and access to more T1D DMTs. In addition, we convened an expert consensus panel on the significance of C-peptide—something your body produces and releases with insulin—as a key measure of the efficacy of DMTs in clinical trials (an "endpoint").

Use of this in drug development will be key to accelerating DMT development and this panel's recommendations will be used to advocate to regulators.

DMTs are administered during early stage T1D. As such, the current clinical trial endpoints for most T1D therapies—HbA1c, low blood-sugar events, and complications—are not the best way to gauge the efficacy of DMTs. Complications can take decades to develop and low blood-sugar events are rare in early stage T1D. These make development of DMTs prohibitively lengthy and expensive, thus deterring investment by manufacturers in our disease.

Global Universal Early Detection and Monitoring Guidelines Become Standard of Care

We are expanding our early detection pilot program with additional sites in several other states.

As more people are screened and find out what the results mean, and as our monitoring guidelines are finalized and broadly adopted by clinicians as the standard of care, we will see fewer instances of devastating outcomes at diagnosis and increased participation in clinical trials for T1D DMTs—including among diverse populations.

JDRF T1D Fund

In 2016, a group of JDRF volunteers identified the need to attract more private investment for the development of T1D cure therapies. Their vision resulted in the creation of the T1D Fund, an impact investment fund that has used a venture philanthropic approach to catalyze more than $900 million of private investment in our mission and transformed the fight to cure T1D. The T1D Fund's unique approach to philanthropy relies on offering the global network and knowledge of JDRF and the Helmsley Charitable Trust as a resource for investors. This unparalleled source of expertise, delivered through a professional venture fund, has helped to create a bridge between research and commercial development and has helped activate the biotech industry. The FDA approval of Tzield and the cell therapies work being advanced by Vertex are examples of programs that benefited from early investment and support by the T1D Fund.

As of March 2024, the T1D Fund has invested ~$110 million in 43 companies and has attracted more than $800 million of private capital alongside it to be used in T1D programs. In addition, the T1D Fund's investment strategy has resulted in more than $100 million of returns recycled back for future investment. Funded by more than $100 million in gifts from just over 100 donors and support from JDRF, in seven years the T1D Fund has become one of the largest disease-focused venture philanthropy funds in the world and the only one focused on T1D.

Improving Lives

Today's most promising life-improving opportunities focus on two main areas:

Glucometabolic Control to improve glucose and other metabolic outcomes and make it easier to manage T1D. These include novel technologies, better insulins, and adjunctive therapies that complement insulin.

Complications and Behavioral Health to delay or prevent long-term eye, heart, and kidney disease and improve mental health and well-being.

Improving Lives: Present

Glucose-Responsive Insulin Advances

Glucose-responsive insulin (GRI) is insulin that acts to rebalance blood-sugar levels only when needed. GRI projects we have supported have advanced to large animal testing—an important step required before the projects can progress into human clinical trials.

We have supported the development of GRIs by partnering with the best and brightest in the insulin therapy space and two companies—Lilly and Novo Nordisk—are advancing work we supported.

Lilly's acquisition of Protomer Technologies, a company developing a GRI that benefitted from T1D Fund investment, endorses the promise of GRI and underscores how JDRF has catalyzed the field and continues to drive progress forward.

T1D Fund Invests in vTv Therapeutics to Advance FDA-Designated Breakthrough Therapy

Biopharmaceutical company vTv Therapeutics (vTv) announced a $51 million financing round to advance the development of an adjunctive therapy for T1D. The financing includes an investment from the T1D Fund and will support the phase III clinical trial of cadisegliatin, a liver-selective glucokinase (GCK) activator.

GCK—an enzyme your body makes—acts as a critical regulator of sugar levels in the body. When blood-sugar levels rise, activation of GCK in the liver stimulates glucose utilization, lowering glucose levels in the blood.

The phase III trial builds on the results of a phase II trial in which the therapy significantly improved HbA1c in people with T1D. We supported the phase II trial through an industry partnership with the company to develop and advance the therapy. Additionally, those who received the drug showed a reduction in insulin dose, reduced hypoglycemia, and no increase in DKA.

In 2021, the FDA granted cadisegliatin Breakthrough Therapy designation, a status intended to expedite the medication's development and regulatory review.

On the Horizon: More Affordable, Accessible Insulin

Our support of nonprofit pharmaceutical company Civica Rx will result in three broadly available and more affordable biosimilar insulins—the equivalents of glargine (Lantus®), lispro (Humalog®), and aspart (NovoLog®).

Each will cost no more than $30/vial or $55/box of five pens, regardless of insurance status. Test manufacturing runs are underway at Civica's new plant outside of Richmond, Virginia and other required data are being gathered. After that? Filing for FDA approval for the first of these three insulins.

We also had two big wins for insulin affordability. First, the Inflation Reduction Act included something we fought hard to secure—a $35 monthly out-of-pocket co-pay cap for those on Medicare. We are working to expand this cap to other populations. Second, the major insulin companies announcing voluntary reductions to the prices of some of their insulins. We're continuing to support legislation to ensure insulin is affordable to all who need it.

Expanded Access to Life-Changing Technologies

CGMs. Insulin pumps. AID systems. Smart insulin pens and pen caps. People with T1D in the United States now have 15 technologies to choose from when it comes to how they administer insulin and monitor blood-glucose levels and time-in-range. Half of these technologies are AID systems—many of which were developed at some point with our funding.

These technologies are leading to better health for people with T1D by reducing dangerous highs and lows, improving time-in-range, and even leading to better sleep.

A recent JDRF-funded study in the New England Journal of Medicine found that AID systems are leading to dramatically healthier pregnancies, with improved outcomes for mothers and babies. The study advocates that all pregnant women with T1D have access to AID systems, and that these systems become a part of the standard of care for T1D pregnancies.

Additional research we funded was the first to show a correlation between time-in-range (determined by CGM data analysis) and complications risk. Among study participants, every 5% decrease of time-in-range was associated with a 16% risk increase of diabetic eye disease—further demonstrating the value of CGMs and their data, as well as time-in-range as a key metric of T1D management.

Thanks to our advocacy efforts, all major healthcare plans and Medicare cover these technologies and global access to them is expanding.

T1D and Eating Disorders

People with T1D have a higher risk of developing eating disorders than do people without diabetes. Disorders like dietary restriction, vomiting, or misusing insulin for weight control increase the risk of severe complications, including DKA, earlier onset of diabetic kidney disease, and an increase in premature death.

Existing eating disorder treatments are not necessarily as helpful for people with T1D: these treatments do not account for insulin therapy (which can cause weight gain), careful dietary management, and diabetes-related distress. We are funding three projects focused on eating disorders and T1D—two are intervention programs for people with T1D and one is aimed at helping healthcare providers better spot early signs of potential eating disorders.

In addition, a new study funded and published by our International Affiliate in the UK highlights the risks of T1D eating disorders and current barriers to safe, effective treatment.

Exploring T2D and Obesity Medications for T1D

They're all over the news: Ozempic ®. Rybelsus®. Wegovy®. Trulicity ®. Jardiance ®. And Mounjaro ™.

These drugs are approved for glucose control in type 2 diabetes (T2D). Some of them also have benefits for cardiovascular disease, kidney health, and obesity.

We are funding numerous studies to investigate whether these drugs can also lower blood-sugar levels for people with T1D and protect them from major heart or kidney disease events without increasing the risk of dangerous highs or lows in blood sugar. A study we funded published in the New England Journal of Medicine found that semaglutide (brand names Ozempic, Rybelsus, and Wegovy) may help people with early-stage T1D make more of their own insulin.

In addition, in August 2023, Novo Nordisk acquired Inversago, a T1D Fund portfolio company working on a medication to treat obesity that may have other potential uses in T1D. The acquisition signals another leading pharma company's endorsement of and investment in a company that benefitted from T1D Fund investment, and the development of a drug pioneered by the company.

Improving Lives: Past

Advanced Insulins: 50+ Years of Work

Since our founding in 1970, we have consistently supported the development of and access to new and improved insulins, including biosimilar and interchangeable insulins, the first of which—Semglee®—was approved in 2021

Affordable Insulin: 10 Years of Work

As insulin prices have dramatically risen during the past decade, we have worked with all stakeholders—including insulin manufacturers, health insurance providers, pharmacy benefit managers (PBMs), and employers—to make insulin more affordable.

Psychosocial Health: 35+ Years of Work

We began funding research in T1D and psychosocial health nearly three decades before the 2018 launch of our Psychosocial Heath Program.

In the past six years alone, we've awarded at least 15 grants to support psychosocial research—exploring topics that range from T1D and eating disorders, reducing disparities in at-risk youth, diabetes distress, and anxiety. Through our National Diabetes Psychology Fellowship Program, 20+ psychologists have developed expertise in addressing the unique needs of people impacted by T1D.

GCK and T1D: 40+ Years of Work

We've supported GCK (glucokinase—an enzyme your body makes that helps regulate blood sugar levels) research since the early 1980s, including funding the physician-scientist who discovered GCK as the primary glucose sensor in the pancreas. With our support, this researcher went on to collaborate with scientists who today are leaders in the diabetes space, including the leading GCK activity investigator.

T1D Management Technologies: 50+ Years of Work

Since the early 1970s, we have successfully led the charge to advance the standard of care for T1D management from finger pricks, test strips, blood glucose meters, and daily injections to insulin pumps, CGMs, and AID systems. This includes efforts in research and development, regulatory approval, healthcare coverage, and widespread adoption of insulin pumps, CGMs, and AID systems.

Complications Therapies: 50+ Years of Work

We have funded complications research since we were established, awarding one-third of our grants to find the underlying causes of and treatments for heart, kidney, eye, and other T1D-related diseases.

GLP-1 medications are rooted in research we funded. In the 1980s, we supported the researcher who first cloned the hormone glucagon and discovered two new hormones, one of which was GLP-1.

Inversago's phase II clinical trial of its therapy now being advanced by Novo Nordisk included people with T1D to investigate whether the therapy could prevent chronic renal disease progression.

Improving Lives: Future

Advanced Insulins and Adjunct Therapies Could Mean Fewer or Smaller Insulin Doses

The T1D Fund's investment in vTv and cadisegliatin will continue the company's partnership with us and help move the therapy through the drug development pipeline into a phase III clinical trial.

Approval of adjunct therapies like cadisegliatin—as well as next-generation insulins, such as GRIs—could allow people with T1D to take fewer and/or smaller doses of insulin to manage their T1D.

Affordable Insulins Available at Your Pharmacy Counter

Through Civica Rx, biosimilars to three of the most widely used insulins in the United States will be available at your pharmacy counter and at a reasonable price, regardless of your insurance status.

Smarter, Smaller, Better T1D Management Technologies

Until the day that no one needs them, T1D management technologies will continuously improve in functionality, user-friendliness, size, and interoperability.

We will continue to advocate to ensure that these devices are covered by all major healthcare plans and work to unlock global access to them.

An Improved Standard of Care for T1D and Eating Disorders

If our studies show that the interventions help prevent and treat eating disorders in people with T1D and the guidelines help healthcare providers spot early signs of eating disorders, we will establish a new model of T1D care that can be easily integrated into clinical practice.

New Paths to Healthier Hearts and Kidneys for People with T1D

If the clinical trial results for existing SGLT inhibitors and GLP-1 activators are positive for people with T1D, translation to clinical use could be streamlined, as these are already FDA-approved for the treatment of T2D and other conditions.

Novo Nordisk's acquisition of Inversago stands to help unlock the full potential of the new therapy class, which one day may expand treatment options for people living with various chronic health conditions, including T1D.

2023 Children's Congress Makes Waves in Washington

In 2023, one of our premiere events returned for the first time in four years when Children's Congress took place in Washington, D.C., from July 9 to 11. The event, chaired by JDRF advocate Natalie Stanback and her family, brought together 163 young Delegates with T1D from nearly every state and four countries!

For the last 20 years, Children's Congress has helped advance bipartisan support for our advocacy agenda, including Special Diabetes Program (SDP) funding and affordable insulin.

While in D.C., the 2023 Delegates and their families continued the momentum by holding nearly 240 meetings with Members of Congress to share their life with T1D experiences, as well as discuss the importance of renewing the SDP and enacting legislation to make insulin more affordable for all Americans.

Celebrity Role Models at the event included a who's who of renowned figures from professional sports, news, media, entertainment, and more, with all 10 Role Models either living with T1D themselves or having a personal connection to the condition.

A highlight of the event was a U.S. Senate Committee on Appropriations hearing led by Senators Patty Murray (D-WA) and Susan Collins (R-ME), who serve as Chair and Vice Chair, respectively; as well as Senator Jeanne Shaheen (D-NH), a senior member of the Committee; where two Delegates, Maria Muayad from Maine and Elise Cataldo from New Hampshire, along with JDRF CEO Aaron J. Kowalski, Ph.D.; Director of the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) Griffin Rodgers, M.D., M.A.C.P.; and Rock & Roll Hall of Fame Inductee Jimmy Jam, whose son lives with T1D, all testified about the challenges of living with T1D and the importance of continued government research funding.

Another highlight included a meeting of several Delegates who have participated in T1D clinical trials with FDA Commissioner Robert M. Califf, M.D., and FDA staff to talk about their experiences participating in clinical trials. They discussed the importance of developing and approving new T1D therapies.

The Special Diabetes Program

Through our Advocacy efforts, we work to ensure that the federal government continues to invest in T1D research. The primary way this happens is through the SDP, which has dedicated $3.5 billion to T1D research since its inception in 1998.

In early 2024, our efforts as primary advocates for the SDP not only resulted in a renewal, but also an increase of $10 million a year—the first increase in the SDP's annual funding in 20 years!

The SDP touches numerous T1D research areas, including environmental triggers, disease-modifying therapies, glucose control, and complications. Our scientists and NIH scientists work together closely to ensure that funding for the SDP and our research builds toward aligned and collaborative goals.

This renewal would not have been possible without our champions on Capitol Hill, including Senate Diabetes Caucus Co-chairs Senators Susan Collins (R-ME) and Jeanne Shaheen (D-NH) and Congressional Diabetes Caucus Co-chairs Representatives Diana DeGette (D-CO) and Gus Bilirakis (R-FL).

It also would not have happened without tireless advocacy from our community, which includes 239 meetings with Members of Congress during 2023 Children's Congress, 368 additional meetings held by our Advocates through our biennial campaign, and powerful testimony from JDRF CEO Aaron J. Kowalski, Ph.D., and 2023 Children's Congress Chair, Natalie Stanback, in a hearing before the Senate Committee on Health, Education, Labor, and Pensions in December 2023. Our Advocates from all over the country also played a pivotal role, contacting Members of Congress thousands of times to let them know the importance of the SDP—and that it should be renewed.

We celebrate this renewal and increase and look forward to continuing to partner with the NIH to improve the lives of everyone affected by T1D and accelerate research breakthroughs to cure, treat, and prevent it.

Unlocking Global Access

Through our work, the global scope and impact of T1D is becoming clearer. Spearheading projects like the Type 1 Diabetes Index (T1D Index) for worldwide T1D data and our early detection program for advancing general population screening globally helps us shed light on the condition and connect our global community.

Africa: Reducing T1D Mortality at Diagnosis
We are investing in clinical and patient-centered awareness campaigns to increase T1D diagnosis. We are funding projects to develop ways to increase diagnoses in low-income countries, specifically parts of Africa with the highest global death rates at diagnosis.

India: Focusing on Access to Basic T1D Care
We are connecting and collaborating with local leaders in India—which has one of the biggest gaps in access to basic care—to bring affordable insulin and test strips to local communities.

Our International Affiliates: Increasing Device Access and Adoption
We are building the human, scientific, and economic case for device adoption and sharing it in the U.S. and across our international affiliate footprint so they can advocate for devices like insulin pumps and CGMs to be covered by insurance or national health systems.

Worldwide: Driving Investments in Health Equity
Empowered with data from the T1D Index, we are driving more and better-leveraged investments in T1D research and care through partnerships with international organizations including the World Health Organization, UNICEF, International Diabetes Federation, and World Diabetes Fund, among others.

Meet Estrela

Estrela is 13 years old and lives in Mozambique, Africa. She lives with T1D.

Like 70% of the people in her country, she doesn't have electricity, so she stores her insulin in a hole in the ground at her grandmother's house to keep it cool.

Because Estrela doesn't have a glucometer to measure her blood sugar, it's very difficult for her to manage her T1D—she was in the hospital for a month because of sores on her feet. She wasn't able to return to school for quite some time because of the sores.

We partnered with the Non-Communicable Diseases and Injuries (NCDI) Poverty Network to provide Estrela with a glucometer and test strips. Now, instead of worrying about growing up healthy, she's planning on growing up and becoming a nurse or doctor.

By The Numbers: Community Engagement

Our community members and Chapters across the country remained dedicated to increasing T1D awareness, providing support for people living with T1D—including newly diagnosed families—and raising funds to advance our mission.

One Walk

73,700+ Walkers
11,080+ Teams

Ride

2,000+ Riders
29 Chapter Teams

Gala

24,400+ Guests
55+ Events

Golf

3,500+ Golfers
24 Events

TEAM JDRF

1,360+ Participants
165+ Teams

Your Way

1,480+ Participants
585 Events

Bag of Hope® and No Limits™ Care Kits

19,910+ Distributed

Virtual TypeOneNation Summits (English & Spanish)

53,700+ Viewers
14 Events

TypeOneNation Summits (in-person)

4,800 Attendees
45 Events

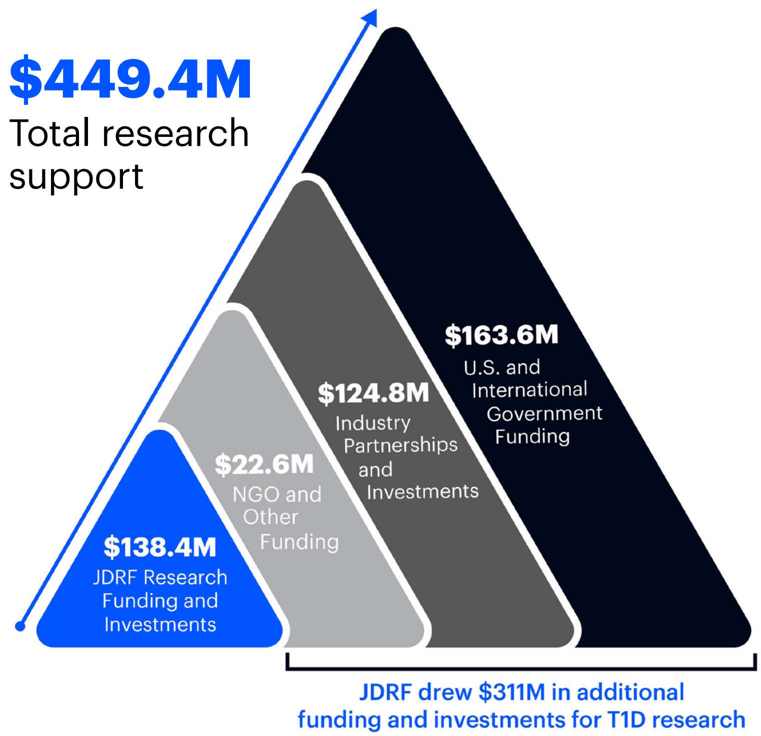
Game2Give®

174,200+ JDRF Game Bundles Sold
250+ Streaming Fundraiser Events

By The Numbers: Our Impact

We accelerate life-changing breakthroughs by raising funds and allocating them to T1D research and therapy development, as well as by leveraging our expertise and leadership to bring in additional funding and supporters from around the world.

In FY23, the T1D Fund catalyzed $94.9 million in private venture capital investment in novel companies developing innovative T1D therapies. This is included in the $124.8M of Industry Partnerships and Investments



Our Future Impact

This leverage will continue to be a key part of our strategy to accelerate as many breakthroughs as quickly as possible. As we expand our role as the leading global T1D organization, our leverage will increase and will empower us to more quickly grow global support of, and investment in, T1D research. It will also continue to directly engage more sources of capital in the investment and pharmaceutical sectors, which are essential to achieving our goal of driving cures while improving lives.

By The Numbers: T1D Therapy Research and Development

Our researchers work with the world's leading scientists and institutions to advance the most promising T1D innovations. **Last year, we saw a 118% increase in funding for new clinical trials over that of FY22.**

19
Countries with JDRF Supported Research
(includes U.S.)

400+
Active Projects

18
Early-Career Scientists Received New Funding

157
New Research Grants

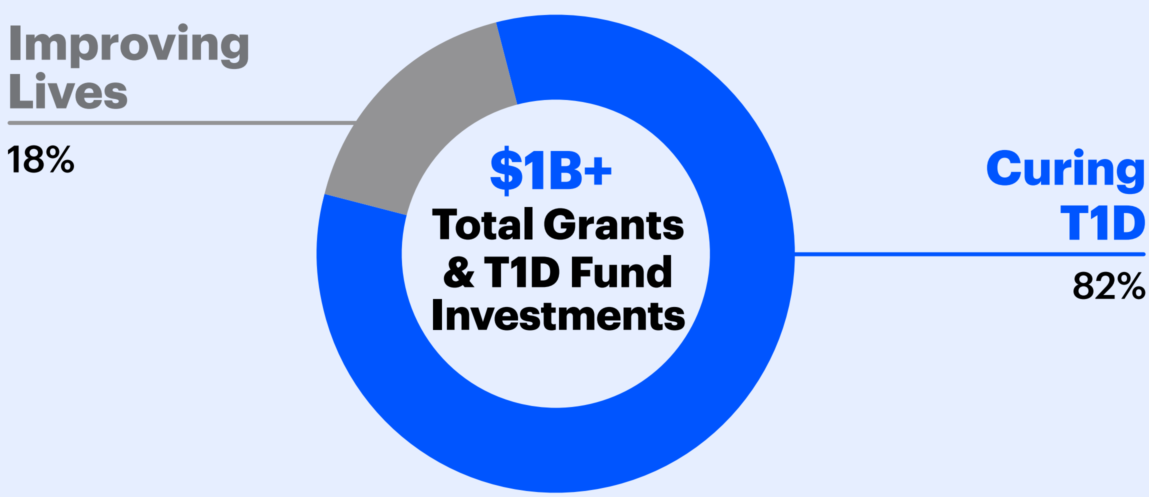
21
Clinical Trials

$24M
To New Clinical Trials

More Than $1 Billion to Cures and Improving Lives

During the past five fiscal years, through our research grants and T1D Fund investments* (those that we have made, as well as private, alongside investments), **more than $1 billion** has been directed to cure T1D and improve lives—with most of it (approximately 82%) focused on cures.

JDRF Grants and T1D Fund Investments: FY19 through FY23

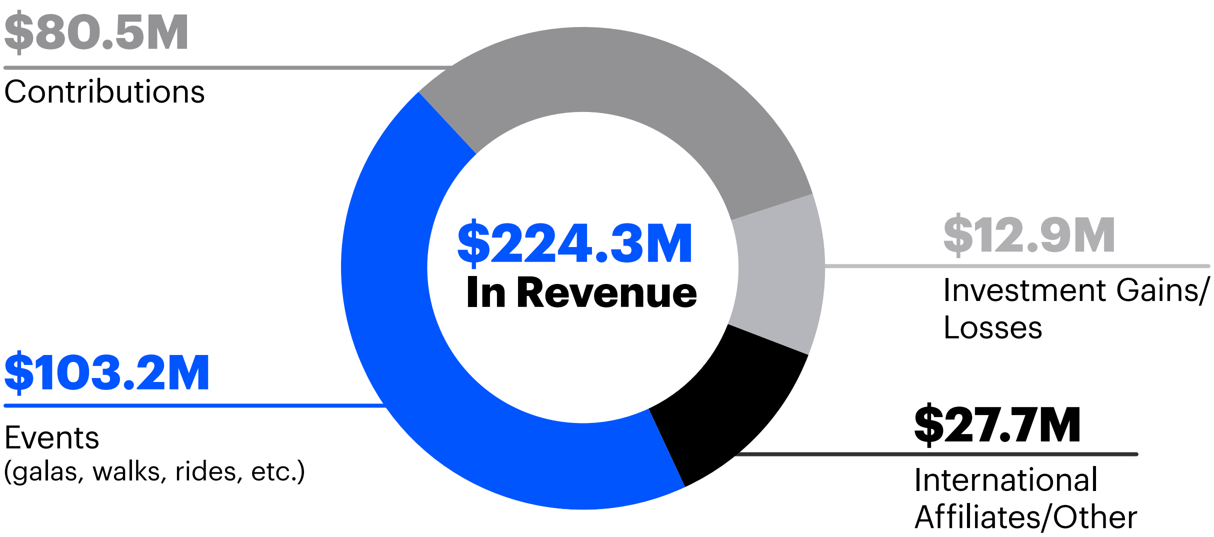


*This is committed capital and includes tranched financings that may not have not had capital deployed yet.

By The Numbers: FY23 Revenue

We have four main revenue streams: Events (Walk, Ride, Gala, etc.); Contributions (gifts, etc.); Investment Gains/Losses (T1D Fund and other investments), and International Affiliates/Other (funding raised by our five International Affiliates, other sources).

For FY23, we saw a nearly 15% increase in our total revenue over that of FY22.

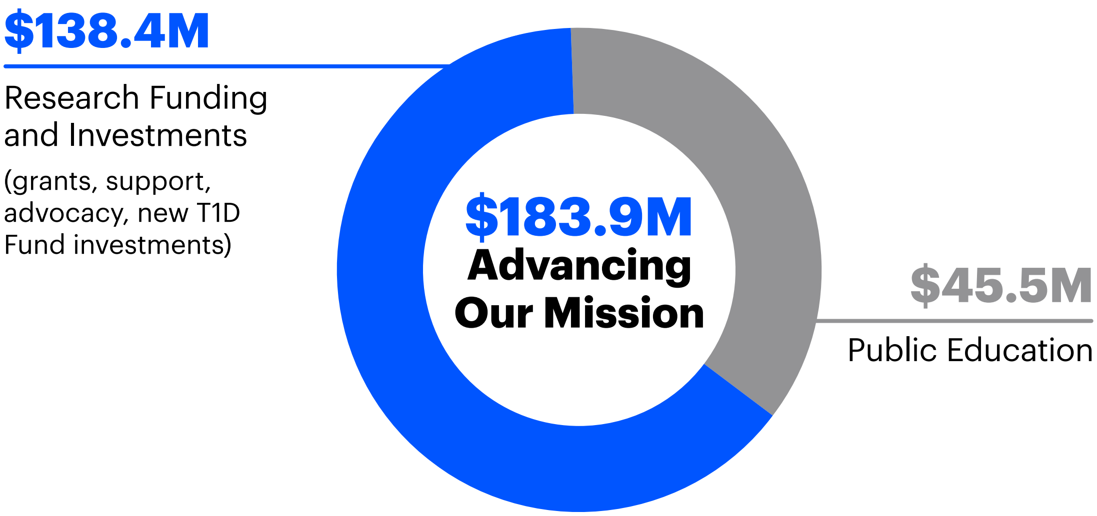


Our Future Revenue

To move as many cures and advanced therapies forward as quickly possible, we must raise more funds. Our fundraising strategy seeks to maximize revenue growth by tailoring our fundraising programs to our communities—empowering us to raise more funds, more efficiently.

By The Numbers: FY23 Mission Spend

In FY23 we spent 37% more on advancing our mission than we did in FY22. **This includes a 43% spending increase over FY22 for research funding and investments (grants, support, advocacy, and new T1D Fund investment), and a 23% spending increase over FY22 in public education/ community engagement.**



Our Future Mission Spend

The global burden of T1D is growing. JDRF has ambitious goals to move more T1D cures and advanced therapies forward, as quickly as possible.

To accomplish this, we need to raise more funds, and we need to engage more people through our public education (community engagement) programs, our efforts to activate volunteers, and our efforts to strengthen our staff-volunteer partnerships.

Engaging more people helps more individuals with T1D live healthier lives, expands our community, amplifies and unifies our voice, and helps further accelerate the path to cures and advanced therapies.

Global and Local Reach

29 Chapters

Supporting more than

1 million people

JDRF Chapters engage and support people with T1D and their loved ones in every major area of the United States. Our Chapters empower families through community connections, educational resources, events, and opportunities to volunteer.

Our global footprint includes five international affiliates and research in 19 countries, including research conducted at our Centers of Excellence located in the United States, Canada, and Australia.


Australia


Canada


Israel


Netherlands


United Kingdom

Industry Partners, Governments, Organizations

Our advocacy, leadership, and expertise attracts additional funding for cures and improving lives from:

- The U.S. government and international governments
- Other nonprofit organizations and foundations
- Industry partners—including pharmaceutical and technology companies

Together, we are a strong network focused on advancing innovation.

Corporate Partners

Through our robust community engagement and educational programs, JDRF empowers members of the T1D community to live better lives.

Diamond Partners

Contributing more than $2,500,000 annually

Ford
Marshalls

Platinum Partners

Contributing between $1,000,000 & $2,499,999 annually

Lilly
VERTEX

Gold Partners

Contributing between $500,000 & $999,999 annually

Abbott
HyVee
Medtronic
sanofi
Wawa

Silver Partners

Contributing between $250,000 & $499,999 annually

Dexcom
MannKind Corporation
Novo Nordisk
Tandem Diabetes
Tops Friendly Markets
Xeris Pharmaceuticals

Bronze Partners

Contributing between $100,000 & $249,999 annually

AmazonSmile Foundation
CARS
Cencora
Embecta
Floyd's 99 Barbershop
Harris Teeter
Insulet
Kemper
Land O' Frost
Mattress Firm
Splenda
Transcarent
Veradigm

Ford Global Action Team Celebrates 25 Years

We want to acknowledge a key milestone that we are proud to celebrate: the 25th anniversary of the Ford Global Action Team!

This employee-driven initiative was established in 1998, with Edsel B. Ford, II, as the Executive Champion. Mr. Ford still leads the effort in honor of his son, Albert, who has been living with T1D for more than 25 years.

In our 50+ years, Ford Motor Company has been one of our most loyal corporate supporters helping to drive our mission to accelerate life-changing breakthroughs. And because of this support—amplified further by the Ford Global Action Team—people with diabetes are living better, healthier lives and we are closer to curing T1D than we ever have been.

Ford Motor Company, its employees, the United Auto Workers, Ford and Lincoln dealerships, the Ford Motor Company Fund, and business partners support efforts for curing T1D at an average of $3.5 million per year. Since 1998, more than $75 million has been raised through the Ford Global Action Team and its creative fundraising initiatives.

Tens of thousands of Ford Motor Company employees and families are directly impacted by diabetes. They are passionate, committed, and generous individuals who will not stop until we have cures for all who are impacted by T1D.

Thank you to all who are a part of the Ford Motor Company's and the Ford Global Action Team's efforts to help us cure T1D and improve the lives of the families affected by this disease.

Remembering Dr. Gerald Fishbone

Dr. Gerald Fishbone, a tireless T1D champion who was a part of JDRF from the very beginning, sadly passed away January 16, 2023. He and his wife, Marilyn, were among the founders of JDRF (then known as "JDF") after their son Scott was diagnosed with T1D in 1969 at the age of 18 months. They spent decades working to improve the lives of people with T1D, like Scott and their grandson, Harris, who was diagnosed in 2001 at the age of 5.

Dr. Fishbone served in many roles for our organization, including Chair of the International Board of Directors (IBOD), Medical Advisor, Research Committee member, and donor. He leaves behind a legacy of service which is being carried forward by his children and grandchildren, who participate in all our programs, including Walk and Gala.

His daughter, Lisa Fishbone Wallack, is a longtime volunteer leader in the Greater New England area and has served on our International Board of Directors (IBOD) for nine years, including as Vice Chair from 2020 to 2022. Lisa will serve as IBOD Chair beginning July 1, 2024. She is the first person to serve as IBOD Chair whose parent also served in the role.

Dr. Fishbone's son, Scott, is also a longtime volunteer and currently serves on the Board of the New Jersey Metro and Rockland County Chapter.

Dr. Fishbone was a beloved leader and he is deeply missed. In early 2024, Lisa and Scott presented the inaugural Dr. Gerald Fishbone Award to Margery Perry. The award recognizes an individual who, like Dr. Fishbone, has demonstrated exemplary, long-term volunteerism in support of our mission priorities.

A Bittersweet Goodbye

It was a bittersweet goodbye when one of the most important women in our organization, Chief Mission Strategy Officer Cynthia Rice, decided to step down in March 2023.

"She has led with strategic purpose and passion," read the memo from JDRF CEO Aaron J. Kowalski, Ph.D., that announced Cynthia's decision to leave. "She has been an incredibly valuable partner to me, as well as staff and volunteers throughout the organization."

Cynthia was with JDRF for nearly two decades and left behind quite a legacy.

She helped bring the AID system project to life, drove efforts to renew the SDP, and was a key player in our response to COVID-19—all with the partnership of our strategic staff and vast network of advocacy volunteers, who are the bedrock of our advocacy efforts.

"Our advocacy work has been the foundation for our hard-earned progress that has brought us here today," Cynthia said. "We have influenced long-term policy decisions that have changed the course of history for type 1 diabetes, and for that I am incredibly grateful."

An Enthusiastic Welcome

After a thorough search for the right expert to help further amplify our Advocacy initiatives, Lynn Starr became our new Chief Global Advocacy and Policy Officer.

Lynn is an attorney and an experienced D.C. advocacy professional who provides strategic and operational leadership to advance our mission through legislative, regulatory, and health policy actions.

Repeatedly named a Top Lobbyist by D.C. publication *The Hill*, Lynn has many years of experience in legislative and regulatory policy matters. She served as legislative counsel for a U.S. House of Representatives member and has held leadership roles in government affairs organizations of various Fortune 500 companies.

Her work with us is deeply personal—she has lived with T1D for more than 35 years and had served as a JDRF volunteer through those years before officially joining in this role.

Lynn graduated from Boston College and American University's Washington College of Law. She lives in McLean, VA, with her husband and has two grown children.

JDRF FY23 International Board of Directors

Grant Beard
Chair

Michelle Griffin
Vice Chair

Michael Alter
Chair, Funding Committee

Elizabeth Caswell

Claudia Graham, Ph.D., MPH
Chair, Advocacy & Impact Committee

Paul Heath

Karen Jordan
Chair, Research Committee

Joseph (Joe) P. Lacher, Jr.

Jeff Plumer
Chair, Talent & Compensation Committee

Jennifer Schneider, M.D.
Chair, Nomination & Governance Committee

Christopher H. Turner
Chair, Finance & Investment Committee

Matt Varey
Chair, Audit & Risk Committee

Drayton Virkler

Lisa Fishbone Wallack

Karey L. Witty

FY23 Global Mission Board

The Global Mission Board is a group of national volunteer leaders who accelerate our mission progress through special initiatives.

Jennifer Bennett
Chair

Jeff Adams

Randy Anderson, Ph.D.

Carmen Ashley

Cathy Baier

Timothy Clark

Matthew Cohn

Meredith Coors

Jennie Costner

Laura Cramer

Maarten de Groot

Nanette DeTurk

Pam Edmonds

Cynthia Ford

Ardy Johnson

Ian Joyce

Mark Kacher

Marshall Lang

Mike Lee

James Lurie, Esq.

Gwen Malone

Mike Norona

Dayton Ogden

Carol Oxenreiter

Margery Perry

Derek Rapp

Lisa Reed

Kim Roosevelt

Brad Schur

David Schwab

Lorne Schiff

Michael Soper

Jerry Wisler

T1D Fund FY23 Board of Directors

Sean Doherty
Chair

Gina Agiostratidou
The Leona M. and Harry B. Helmsley Charitable Trust

Timothy Clark

Jay Eastman

Karen Jordan

Aaron J. Kowalski, Ph.D.
CEO, JDRF

Ellen Leake

Amy Raskin

Every gift helps us drive toward cures for T1D as we make life with the condition better for the people who face it. Find out how you can support us and make a difference in the lives of people with T1D. Visit **jdrf.org**.

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JDRF IMPROVING LIVES. CURING TYPE 1 DIABETES.

FY23 Financial Statement Summary

Total Public Support and Revenue for the year ended June 30, 2023 were as follows (in $thousands):

Public Support	
Contributions	81,173
Events revenue, net	103,189
Contributions from international affiliates	6,283
Total Public Support	**190,645**
Investment return, net	**12,899**
Change in value of split-interest agreements	**236**
Bad debt recovery	**613**
Other income	**19,985**
Total Public Support and Revenue	**224,378**
Allocation of Expenses	
Mission program services:	
Research and advocacy, net[1]	117,853
Public education and outreach	45,534
Total mission program services	**163,387**
Mission support services:	
Management and general	16,115
Fundraising	32,606
Total mission support services	**48,721**
Total mission program services and support services	**212,108**

[1] *Does not include T1D Fund investments of $20.55 million; total research expenditures in FY23 were $138.41 million*

JDRF IMPROVING LIVES. CURING TYPE 1 DIABETES.

Statement of Financial Position

June 30, 2023 (in $thousands)

Assets	
Cash and cash equivalents	13,102
Investments:	
Operating and restricted investments	187,506
Long-term investments	83,855
Programmatic investments	63,439
Contributions receivable, net	53,048
Programmatic notes receivable, net	6,689
Prepaid expenses and other	10,110
Operating and finance lease right-of-use assets, net	18,360
Fixed assets, net	10,079
Total assets	**446,188**
Liabilities and Net Assets	
Liabilities:	
Accounts payable and accrued expenses	13,191
Research grants payable	96,426
Deferred revenue	6,416
Operating and finance lease liability	20,582
Liabilities related to split-interest agreements	2,393
Total liabilities	**139,008**
Net assets:	
Without donor restrictions	247,180
With donor restrictions	60,000
Total net assets	**307,180**
Total liabilities and net assets	**446,188**