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OUR VISION

A world without
type 1 diabetes

OUR MISSION

Accelerating
life-changing
breakthroughs
to cure, prevent
and treat T1D and
its complications

Galvanizing the T1D Community



6 INTERNATIONAL AFFILIATES



Australia



Canada



Denmark



Israel



Netherlands



United Kingdom



900,000 PARTICIPANTS IN **200** JDRF ONE WALKS



13,000 ATTENDEES AT **41** TYPEONENATION SUMMITS ACROSS THE U.S.



13,000 JDRF BAGS OF HOPE[®] AND **3,600** JDRF T1D CARE KITS DELIVERED



1,900 CYCLISTS IN **7** JDRF RIDES TO CURE DIABETES

Dear JDRF Community,

At JDRF, we're fighting for a world without type 1 diabetes (T1D). Every day, we work to further our mission to accelerate life-changing breakthroughs to cure, prevent and treat T1D and its complications. As most of you know, JDRF is the largest nonprofit funder of T1D research. We're at the forefront of innovation to unlock the science around this unforgiving disease.

The engine driving our enormous momentum is the talent, inspiration and passion of the T1D community. It's the advocate sharing her story with legislators on Capitol Hill ... the chapter volunteer working to plan the Gala ... the parent supporting the family of a newly diagnosed child ... the person participating in a clinical trial. Together, we create a powerful force.

That's why we're calling this year's annual report *You Are JDRF*. Every step toward a cure, every advancement to keep people healthy and every regulatory victory is possible only because of you. JDRF is truly a global, grassroots organization. If you volunteer, walk, ride or donate, you're working to drive our shared mission to fight T1D. You're making a great difference. Every day, we're personally inspired by the strength and perseverance of our T1D community.

This report is about you, and the work JDRF is accomplishing because of you. We answer questions like, "In what areas does JDRF invest its research dollars?" "How far along are the various projects JDRF funds?" and "How does JDRF play a leadership role in research?" We're proud of the answers to these questions and so many more, and look forward to showing you the positive impact you have in supporting JDRF.

Thank you—for showing the world your dedication, and for everything you do. We are so grateful to lead an organization with passion and resilience that will succeed in carrying out an exceptional mission.

Sincerely,



Derek K. Rapp

JDRF President & Chief Executive Officer



Mark Fischer-Colbrie

Chairman of the International Board of Directors



It felt amazing to cross that finish line after trying for five years! T1D research has enabled me to live a fuller, healthier life.

Living Life to the Fullest

When Kimberly Ishoy's husband proposed marriage, she felt compelled to warn him that type 1 diabetes (T1D) could dictate so much of her life—"from how we would spend our money so I could have insulin and other supplies to keep me alive, to how many children we could have." Diagnosed at age 11, the disease has impacted many important aspects of her day-to-day living.

Yet today, she says, T1D does not dictate her life as it once did. She is among the first people in the United States using the Medtronic MiniMed 670G, a hybrid closed-loop insulin pump system that self-adjusts to keep her blood-sugar levels in range. Kimberly, a pianist and singer, credits the 670G for allowing her to sleep soundly through the night—and for drastically reducing the amount of time she spends thinking about diabetes throughout the day.

To drive advancements of devices such as the 670G, JDRF established the Artificial Pancreas Project in 2006. The multimillion-dollar initiative accelerated the development of systems like the one transforming Kimberly's life. The AP Project continues to drive advancements and works closely with researchers and companies.

For Kimberly, the 670G has been indispensable to her training for the JDRF Ride to Cure Diabetes. Kimberly no longer needs to wake up early the day after long rides to make sure that her blood sugar isn't dangerously low, and she recently completed her first 100-mile event. She says, "It felt amazing to cross that finish line after trying for five years! T1D research has enabled me to live a fuller, healthier life."



Our Research

Type 1 diabetes (T1D) is an autoimmune disease in which a person’s pancreas stops producing insulin, a hormone people need to get energy from food. T1D strikes both children and adults, and its onset has nothing to do with diet or lifestyle. There is currently nothing you can do to prevent it, and there is no cure.

RESEARCH PROGRAM AREAS

JDRF funds multiple therapeutic approaches to cure, prevent and treat T1D and its complications.

Artificial Pancreas

Systems that can automatically deliver more effective and precise insulin and multi-hormone therapy

Complications

Therapies that prevent or better treat T1D-related damage such as eye and kidney disease

Prevention

Therapies that will keep individuals, especially those at higher risk, from ever developing T1D

Beta Cell Replacement

Cell replacement therapies in a protective device that can provide long-term relief from insulin therapy without the need for intensive immune suppression

Glucose Control

Treatments that will improve the body’s glycemic balance through innovative and personalized therapies beyond the use of insulin alone

Restoration

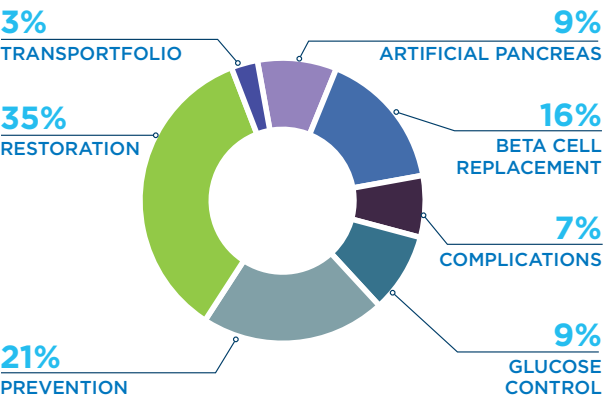
Stopping or reversing the autoimmune attack and restoring the body’s ability to produce insulin, which would represent a biological cure for T1D

HOW JDRF FUNDS RESEARCH

JDRF uses various funding mechanisms in order to build a diverse research portfolio, provide the research community with alternative approaches to address our mission and to provide research training opportunities that attract new talent to the field. Our portfolio is very dynamic, with the number of active grants changing as projects are launched and then completed.

Our research portfolio is overseen by internal and external experts whose charge is to ensure scientific integrity and strategic direction. JDRF’s in-house team of Ph.D. and M.D. scientists possess vast experience in translating research in academia and industry.

ACTIVE JDRF GRANTS BY PROGRAM AREA



TYPE OF FUNDING	DESCRIPTION	NUMBER OF ACTIVE GRANTS*
STRATEGIC RESEARCH AGREEMENTS	Addresses critical gaps and challenges and potential breakthroughs in T1D research	309
TRAINING OPPORTUNITIES	Designed to attract the most promising scientists to the field of T1D research	94
INNOVATIVE GRANTS	Supports highly innovative research with significant potential to accelerate our mission	47
PARTNERSHIPS	Provides funding for T1D research in collaboration between JDRF and other nonprofits, government agencies or industry	33
INDUSTRY DISCOVERY & DEVELOPMENT PARTNERSHIPS	Promotes private sector interest in JDRF’s mission by fostering long-term relationships with industry focused on T1D therapies	27
OTHER		6
TOTAL		516

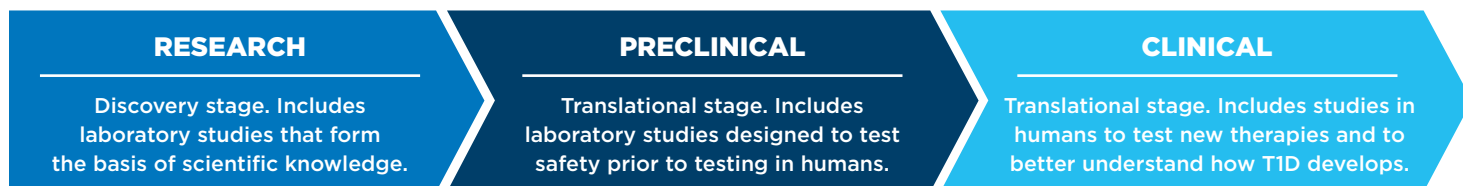
*As of December 2017

T1D Research Development Pipeline

We identify and invest in promising therapies in their early stages, helping researchers pursue innovative ideas and approaches. This investment strategy ensures that the most life-changing breakthroughs can make it through the long research, development and delivery process. As therapies progress into the later stages of development, JDRF leverages our industry partnerships to move therapies to market.

PIPELINE STAGES DEFINED

All new therapies progress through a series of stages before they reach the people who need them. Of the 516 research grants JDRF funded during fiscal year 2017, 388 are tracked through the research pipeline. Training grants and innovative grants are among those not tracked by development stage.



ACTIVE JDRF GRANTS BY DEVELOPMENT STAGE*

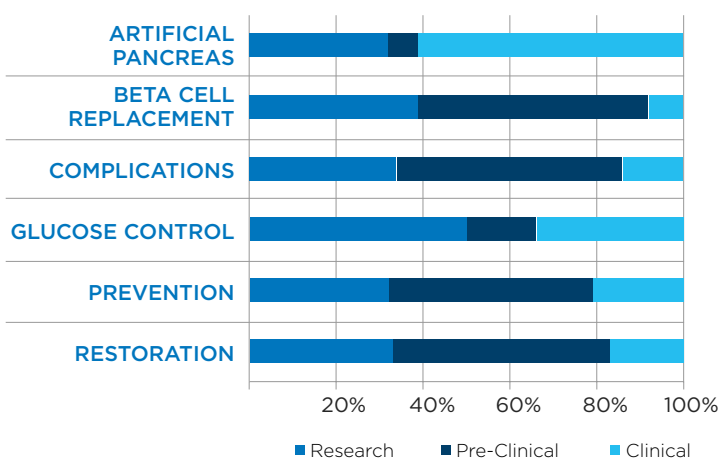
	RESEARCH 140		PRECLINICAL 162		CLINICAL 86
ARTIFICIAL PANCREAS	13	>	3	>	25
BETA CELL REPLACEMENT	32	>	44	>	7
COMPLICATIONS	10	>	15	>	4
GLUCOSE CONTROL	22	>	7	>	15
PREVENTION	25	>	36	>	16
RESTORATION	38	>	57	>	19

*As of December 2017

POST-APPROVAL STAGE

As therapies progress into the later stages of development, JDRF leverages our industry partnerships to move therapies to market.

PERCENT ACTIVE JDRF GRANTS BY DEVELOPMENT STAGE



Clinical Trials

Testing therapies in human clinical trials is a critical step to deliver innovative breakthroughs to our community. Not only are clinical trials a requirement for regulatory approval, we gain scientific understanding from these studies as we learn what's safe and what works. JDRF supported more than 70 human clinical trials of drugs and devices in FY2017. JDRF researchers track 57 of these trials by development phase. Other trials may be tracked by JDRF partners or are tracked outside of the traditional development pipeline.

JDRF CLINICAL TRIALS CONNECTION

You can be a part of the science by participating in a clinical trial. Use JDRF's Clinical Trial Connection (CTC) tool to find trials that need volunteers.

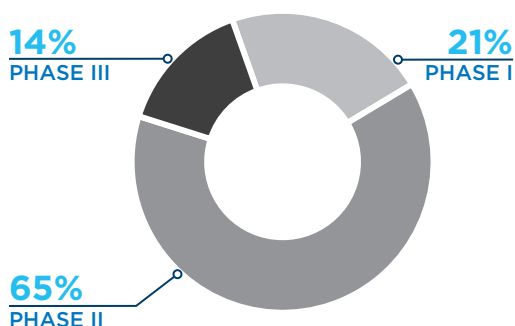
Visit jdrf.org/ctc to learn more.

	PHASE I Proof of Concept	PHASE II Pilot	PHASE III Pivotal
NUMBER OF TRIALS	12	37	8
FOCUS	Safety and dosage	Efficacy and side effects	Efficacy compared to existing therapies
TYPICAL NUMBER OF PARTICIPANTS	20 to 100 volunteers	Up to several hundred volunteers	100 to 3,000 volunteers

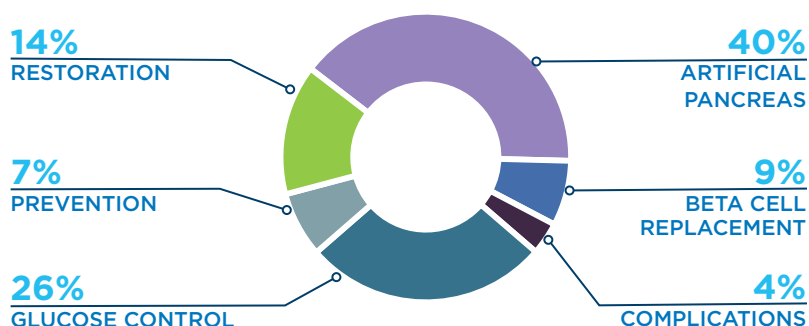
JDRF-FUNDED CLINICAL TRIALS BY PROGRAM AREA

PROGRAM AREA	PHASE I Proof of Concept	PHASE II Pilot	PHASE III Pivotal	TOTAL
ARTIFICIAL PANCREAS	2	16	5	23
BETA CELL REPLACEMENT	4	1	-	5
COMPLICATIONS	-	-	2	2
GLUCOSE CONTROL	4	10	1	15
PREVENTION	-	4	-	4
RESTORATION	2	6	-	8
TOTAL	12	37	8	57

JDRF-FUNDED CLINICAL TRIALS BY DEVELOPMENT PHASE



JDRF-FUNDED CLINICAL TRIALS BY PROGRAM AREA



*As of October 2017

Committed to Results

In FY2017, JDRF advanced 25 different types of research to significant, new stages of development.



ACHIEVE SIGNIFICANT PROGRESS ALONG THE RESEARCH PIPELINE

JDRF is committed to advancing breakthroughs along the development pathway to ensure ongoing progress. We advanced the fight for a cure and also created true clinical impact for people with type 1 diabetes (T1D) in fiscal year 2017.

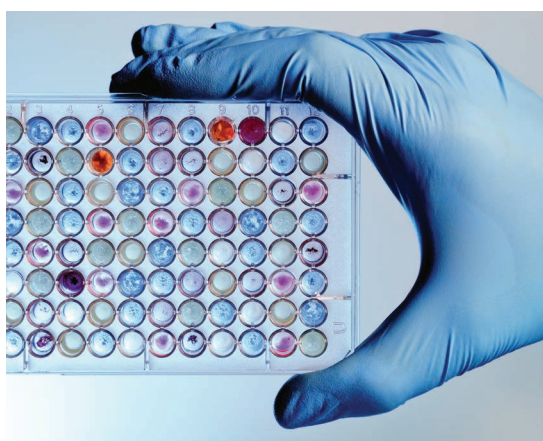
To cure T1D, we need to accomplish two goals. First, we have to stop the immune attack on insulin-producing beta cells. In addition to research into restoration, much of our work in the area of prevention will also help us do this. And second, we need to make sure people have enough beta cells to produce sufficient levels of insulin—either through generation of such cells or introducing cells from an external source. On this front, JDRF continues to bring together innovative scientists to share research on developing insulin-producing beta cells—and then creating ways to enhance the survival and performance of these cells after they’re implanted into a person with T1D. We’re also driving science to create new methods to protect those cells from a subsequent immune attack, such as encapsulation devices and research into proteins that could create “cellular armor.”

One of these is GABA, a dietary supplement that has the ability to produce new beta cells in a culture dish, potentially representing a biological cure for T1D. In just a decade, Patrick Collombat, Ph.D., has moved this prospective therapy from the lab bench into clinical trials, thanks to JDRF funding.

JDRF support also was instrumental in delivering new data that we hope will lead to expanded access to continuous glucose monitoring (CGM) worldwide. The JDRF-funded CONCEPTT trial showed that CGM in pregnant women with T1D improved outcomes for both the women and their babies. The information we learned will change the standard of care for T1D during pregnancy and support reimbursement and coverage for CGM in women around the globe, especially during pregnancy.

A CONVENING OF MINDS

JDRF has created and manages 10 research consortia that bring together the best and brightest minds from sometimes disparate fields to tackle the biggest questions in T1D research. We bolster collaboration and foster inquiry into unsolved mysteries and forge productive partnerships that deliver results.



BRING NEW THERAPIES TO MARKET

Though all stages of therapeutic development are important, bringing new breakthroughs to market is central to our mission. In FY2017, JDRF was instrumental in pushing eight therapies into commercial development.

One is a type of therapy designed to prevent or stop the immune system attack on insulin-producing beta cells in the pancreas. We know this is a critical part of curing T1D, and stopping the immune attack is also essential to prevent it from occurring in the first place. Immune therapies have had significant results in autoimmune diseases like psoriasis and rheumatoid arthritis. In order to achieve similar successes in T1D, we must open pathways for the commercialization of new immune therapies. Earlier this year, pharmaceutical company Novartis licensed a nanomedicine therapy called Navacims™ from Parvus Therapeutics. This therapy was initially developed by Pere Santamaria, M.D., Ph.D., with JDRF funding. It may one day be used to keep the immune system in balance to prevent the immune attack on beta cells in people with T1D.



JDRF T1DFund

T1D research is advancing at an unprecedented pace. But a lack of significant commercial funding could prevent promising T1D therapies from reaching people who need them. The JDRF T1D Fund was formally launched in FY2017 to solve this critical funding gap. The JDRF T1D Fund identifies and invests in the best T1D commercial opportunities to accelerate the delivery of breakthrough therapies for T1D.

Learn more at jdrf.org/t1dfund.

Patrick Collombat, Ph.D., Is JDRF

French National Institute of Health and Medical Research | Inserm

It's a virtuous circle; when you jump-start things, lots of people benefit in the end.

Pursuing a Cure

Dr. Collombat has been pursuing a potential cure for T1D for more than a decade with JDRF support, including a Career Development Award (CDA) in 2010. CDAs are five-year awards designed to attract exceptionally promising scientists early in their faculty careers so they can work at the leading edge of T1D research. "The CDA was really a jump-starter for my career," says Dr. Collombat. "Without the JDRF CDA, none of this would have happened. Five years means you have time to develop a high-risk, high-reward project. This is where real innovation is coming from—making new advances because you have time and funding to do it."

Now an established investigator, Dr. Collombat has become a mentor to other T1D scientists at the start of their own careers. His laboratory has nurtured more than a dozen trainees, some of whom now head their own research groups or work on the pharmaceutical side of diabetes research. "It's a virtuous circle; when you jump-start things, lots of people benefit in the end."



Leading the Charge

LEVERAGE OUR INVESTMENTS TO AMPLIFY OUR IMPACT

Moving potentially life-changing therapies from the laboratory to the real world requires enormous resources. The current cost to bring a product from discovery research through to commercial availability is estimated to exceed \$1 billion. To help meet these needs, JDRF forms research funding partnerships that bring more dollars to the T1D research arena.

By partnering with academia, foundations, industry, governments, regulators, insurers, healthcare providers and the T1D community, we can expand the pool of funding available to accomplish our important work and amplify our impact. In fiscal year 2017, JDRF attracted more than \$214 million in funding from partners, bringing a total of \$300 million to T1D research.

FORGE STRATEGIC PARTNERSHIPS TO DRIVE RESEARCH FORWARD

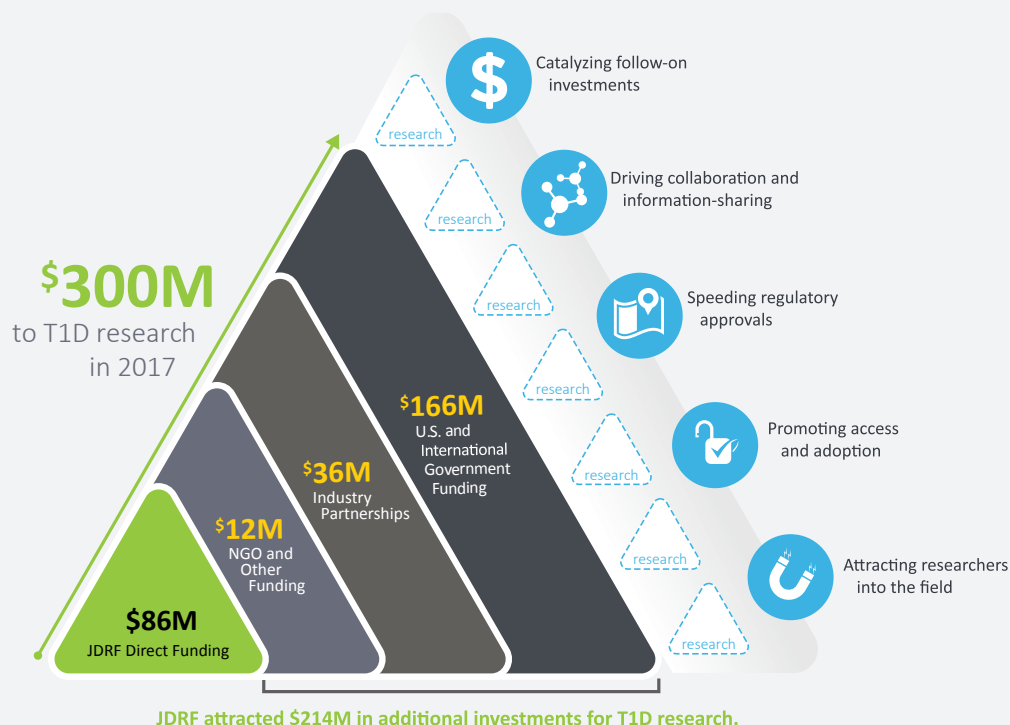
In the private sector, we partner with pharmaceutical companies, device manufacturers, innovative startups, technology firms and companies outside the T1D field to further our research goals. Partnering with industry is part of our strategic plan to deliver potentially transformative therapies into the hands of people with T1D. We successfully initiated or expanded ten industry partnerships in FY2017. One exciting example is our new collaboration with IBM. Together we are using the power of machine learning to unlock the science around T1D progression.

Our goal is to obtain important insights on T1D progression, from being at-risk genetically to becoming autoantibody-positive to becoming insulin-dependent. Knowledge about T1D progression could lead to the development of strategies to prevent the disease entirely. We also hope that the knowledge we gain from this collaboration could help lead to a cure for those already living with T1D.

One of our most valued partners in funding T1D research is The Leona M. and Harry B. Helmsley Charitable Trust. Helmsley began awarding grants in 2008, primarily for medical research, and awarded \$1 billion within the next five years. In 2009, Helmsley launched its Type 1 Diabetes Program with the goal of improving the lives of all people living with T1D. Helmsley works closely with key players across the T1D ecosystem to improve care and ultimately prevent the disease. JDRF and Helmsley are closely aligned on research efforts and approach, and we often coordinate our support to speed advancement of new T1D therapies in prevention and treatment. In FY2017, JDRF and Helmsley Charitable Trust co-funded multiple projects, including the work of five researchers developing next-generation artificial pancreas systems. JDRF and Helmsley together committed \$3.5 million to this effort.

JDRF LEVERAGE

For every \$1 JDRF invests in research an additional \$2.50 is brought into the field.



One Voice Standing Strong

JDRF Advocacy continues to be the driving force behind policies to help people more easily manage this disease. In fiscal year 2017, we expanded our goals and began to advocate for health care policies that improve access, affordability and choice of treatments for people with T1D.

CELEBRATING A MAJOR VICTORY

JDRF volunteers and staff—and the entire T1D community—celebrated when, with strong bipartisan encouragement from Congress, the Centers for Medicare & Medicaid Services (CMS) made certain continuous glucose monitoring (CGM) devices approved for making treatment decisions eligible for Medicare coverage. JDRF had long advocated for Medicare coverage of CGMs. We'd like to recognize the leadership of the Senate Diabetes Caucus and the Congressional Diabetes Congress, and their colleagues, who worked diligently to pressure the agency to use their existing authority to make this change. Now those on or aging into Medicare will be better equipped to detect dangerous high and low blood sugars. Additionally, broader coverage also creates incentives for innovation that could result in breakthroughs to cure, prevent and treat this disease. JDRF will continue advocating on this policy to make sure that implementation challenges are appropriately addressed.



ADVANCING OUR ADVOCACY AGENDA

JDRF set an ambitious expanded advocacy agenda for 2017 as part of our continued work to accelerate scientific discovery and ensure that everyone has access to the most effective T1D treatments and therapies until the day comes that we have eradicated T1D.

Secure Funding of Innovative Research

We once again sent hundreds of adults and young people living with T1D to Congress, and to their representatives' home districts, to share their stories and lobby for funds to fight the disease.

We advocated for a multi-year renewal of the Special Diabetes Program (SDP), which provides \$150 million annually for critical T1D research through the National Institutes of Health (NIH). Nearly \$2.5 billion in federal funds has gone into T1D research since SDP began.

JDRF also strongly advocated for the highest possible federal funding for the NIH and the U.S. Food and Drug Administration (FDA), which play vital roles in bringing new therapies to market. As part of this initiative, JDRF joined with the Ad Hoc Group for Medical Research, a coalition of more than 300 patient and research organizations, to thank Congress for increasing NIH funding in FY2017 and to urge them to keep the progress going in FY2018.

Ensure New T1D Therapies are Safe and Effective

As part of our effort to help the FDA review and approve new drugs and technologies, JDRF has worked with the T1D community to better define clinically meaningful outcomes beyond hemoglobin A1c (HbA1C). The T1D Outcomes Program proposes an expanded set of metrics for evaluating T1D therapies in research, regulatory review and healthcare reimbursement—including additional outcomes like hypoglycemia, hyperglycemia, time-in-range and diabetic ketoacidosis—which could help better assess the effectiveness of new therapies.

Promote Access to T1D Therapies and Technologies

People with T1D need access to affordable healthcare insurance that covers the life-saving care and supplies that they depend on. JDRF's work to improve healthcare access for the T1D community focuses on three key areas: coverage, affordability and choice. In 2017, JDRF released a set of healthcare principles that advocate for protections that we believe are absolutely critical to any future healthcare reform. This includes: preserving protections for those with pre-existing conditions; allowing young adults to stay on their parents' insurance until the age of 26; prohibiting insurance companies from setting annual and lifetime dollar limits; and closing the coverage gap in most Medicare prescription drug plans by 2020. These principles guided our advocacy around various congressional efforts to repeal or modify portions of the Affordable Care Act. We also created #Coverage2Control, a campaign urging insurance companies to provide predictable and affordable costs for insulin, freedom to choose an insulin pump, and coverage of artificial pancreas systems.



Maddy Arnstein Is JDRF

At my age, it's becoming less and less about me — and through JDRF I can actually help make things better for the next generation.

A Voice for Change

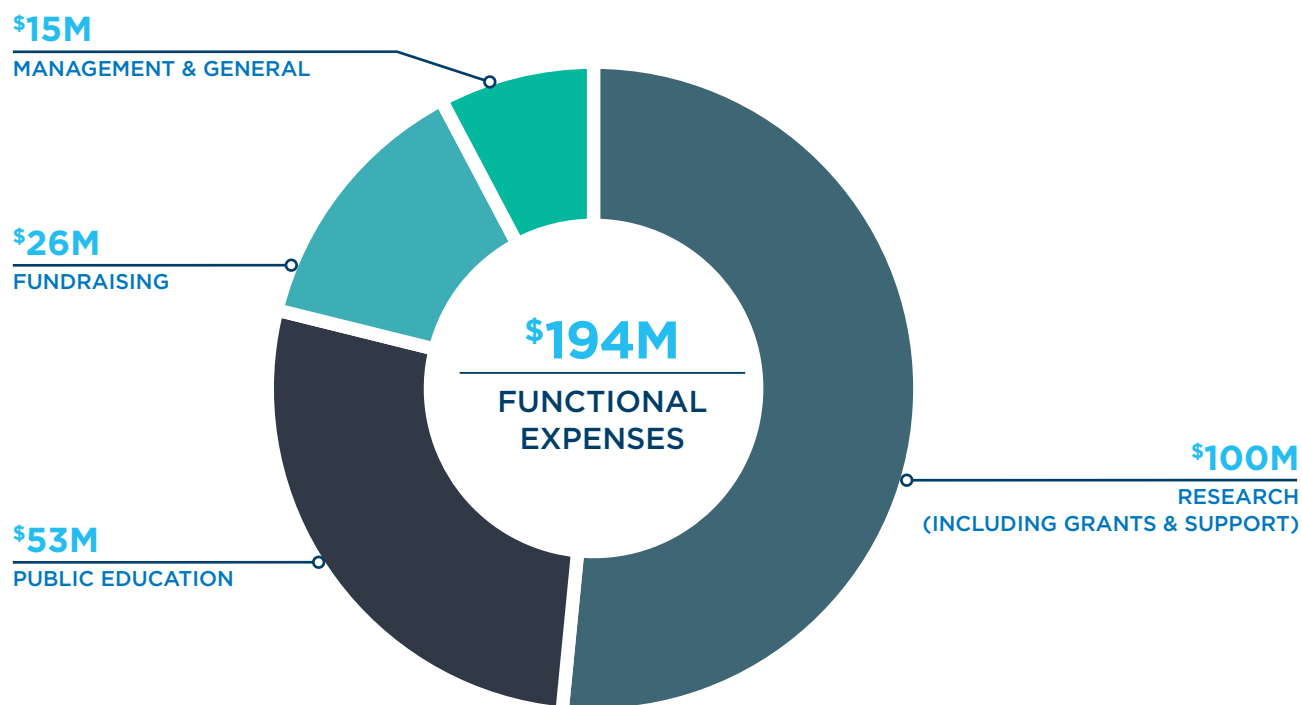
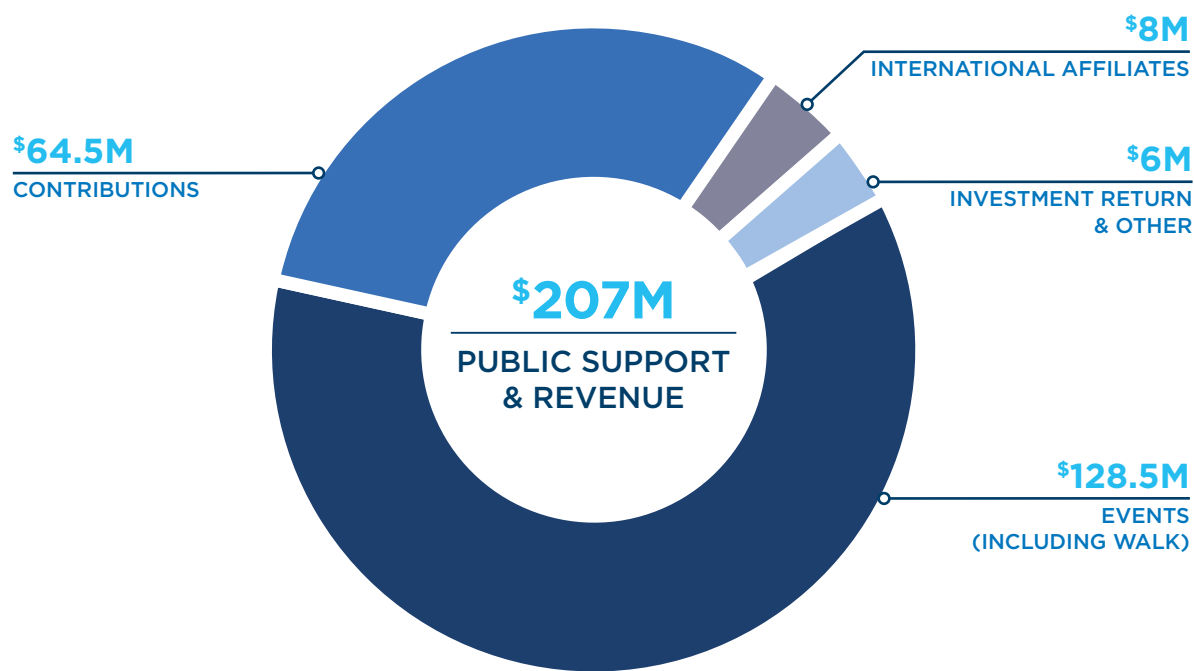
Maddy Arnstein is a fighter. Diagnosed with type 1 diabetes (T1D) at 22 months old, she has now lived with the disease for more than fifty years. “Back then it was one shot a day and you did the best you could,” she says. After using the insulin pump for many years, Maddy started using a continuous glucose monitor (CGM) when she started experiencing extreme hypoglycemia unawareness, which prevented her from driving safely. Now, the CGM warns Maddy whenever her blood sugar drops so she can make adjustments and get on the road without worry.

A social worker, Maddy was quickly drawn to advocacy—initially to help secure continued renewal of funding for T1D research through the Special Diabetes Program (SDP). More recently, she became one of the many JDRF Advocates who successfully fought for Medicare coverage of the devices. “It was shocking to me that the system was putting up any kind of barrier. Why shouldn't people my age have equal access?” she asks.

In 2017, Maddy also took part in her fourth Government Day with JDRF, where she had an empowering experience meeting with her members of Congress. She believed she offered a unique perspective because she's seen firsthand how far research has come over the years. Maddy says, “At my age, it's becoming less and less about me — and through JDRF I can actually help make things better for the next generation.”



Fiscal Year 2017 Condensed Financials



\$77M
Total end of fiscal year 2017 net assets

To view the FY2017 financial statements, which have been audited by KPMG LLP, please visit jdrforg/financials

Bennie Johnson Is JDRF

Manager of Regulatory Affairs with JDRF Advocacy

If we didn't have volunteers advocating on the Hill and in their hometowns, we could never have made the impact that we have.

Making a Difference

When Bennie Johnson joined the JDRF Advocacy team three years ago, he had a strong background in regulatory affairs but didn't know a lot about type 1 diabetes (T1D)—just that it's a serious disease in need of a cure. He quickly received a crash course on T1D and the important role Advocacy plays in achieving our mission.

Bennie particularly appreciates being a JDRF staff member because we accomplish so much by advocating at every level—from grassroots, to our legislative efforts, to our work with regulators and payers to develop pathways for regulatory approval and coverage for T1D therapies.

Getting to know the T1D community has been incredibly inspiring. He participates in his local JDRF chapter's One Walk, and plays an active role in JDRF Advocacy events like Government Day and Children's Congress.

Through JDRF Government Day, Bennie has formed lasting relationships with JDRF Advocacy Volunteers from his home state of South Carolina, and has become a part of the JDRF family. It is the powerful partnership with volunteers that he admires most about our work. "If we didn't have volunteers advocating on the Hill and in their hometowns, we could never have made the impact that we have."

Bennie finds sharing exciting research advances with those who are directly benefiting from it particularly rewarding. "It's awesome to help pave the way at FDA for something like artificial pancreas systems and then meet people who are using one of the systems. That's probably the greatest feeling to know that you helped a therapy get onto the market."

Bennie makes extraordinary contributions to our mission, helping JDRF Advocacy continue to advance us toward our vision of a world without T1D.



Champions of Progress

Members of the Church family of Granite Falls, North Carolina, have been leaders in the JDRF community since Rita Church was diagnosed with type 1 diabetes (T1D) 10 years ago at age 52. Their friends, Boyde and Anita Wilson, who have a daughter with T1D, invited the family to the JDRF Greater Western Carolinas Chapter Hope Gala, where they were inspired by the community they met.

Stories of children and families burdened by this disease deeply moved the Church family. Since then, both Rita and Ken have been dedicated supporters of JDRF. Ken, who has served on the JDRF Greater Western Carolinas Chapter Board of Directors since 2013, uses his business connections to drive corporate sponsorship at local JDRF events.

When it was announced that Rita and Ken would be honored at the Living and Giving Award at the JDRF Hope Gala in October 2016, their son Eric wanted to make the event extra special. Eric Church is a country music star and philanthropist. In 2013, Eric and his wife Katherine established the Chief Cares Fund, which helps people at home and around the world. Eric and Katherine understood, in a powerfully personal way, the mission of JDRF and how the organization helps families touched by T1D.

In a surprise announcement at the Gala, Eric and Katherine presented a \$1 million check to JDRF. Eric told those gathered at the event: "I can't think of a more fitting occasion to make Chief Cares' largest donation than in honor of my mother and her battle with type 1 diabetes."

Rita and Ken Church Are JDRF

Rita and I eagerly anticipate her going on the artificial pancreas this winter. She's doing well but this will keep her even healthier.



JDRF Leadership

INTERNATIONAL BOARD OF DIRECTORS

Officers

Mark Fischer-Colbrie, *Chairman, International Board of Directors*

Ellen Leake, *Vice Chairman, International Board of Directors*

Lisa F. Wallack, *Secretary*

Grant Beard, *Treasurer*

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Marv Daitch

Maarten de Groot

Nanette DeTurk

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Pam Edmonds, *Chair, Advocacy Committee*

Michelle Griffin, *Chair, Development Committee*

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Lorraine Stiehl

Jerry Wisler

Karey L. Witty

Wendy Wood

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Sandra Hijikata, *Chief Development Officer*

Mark Greene, *Chief Financial Officer & Assistant Treasurer*

Alisa Norris, *Chief Marketing & Communications Officer*

Susan Yun, *Chief People Officer*

Cynthia Rice, *Senior Vice President, Advocacy & Policy*

Jill Clark, *Chief of Staff*

Gil King, *Vice President, Internal Audit*

I think of each of you as a hero for speaking out, for representing millions of others and for becoming a partner with JDRF, with me, and with everyone who has been fighting to find a cure.

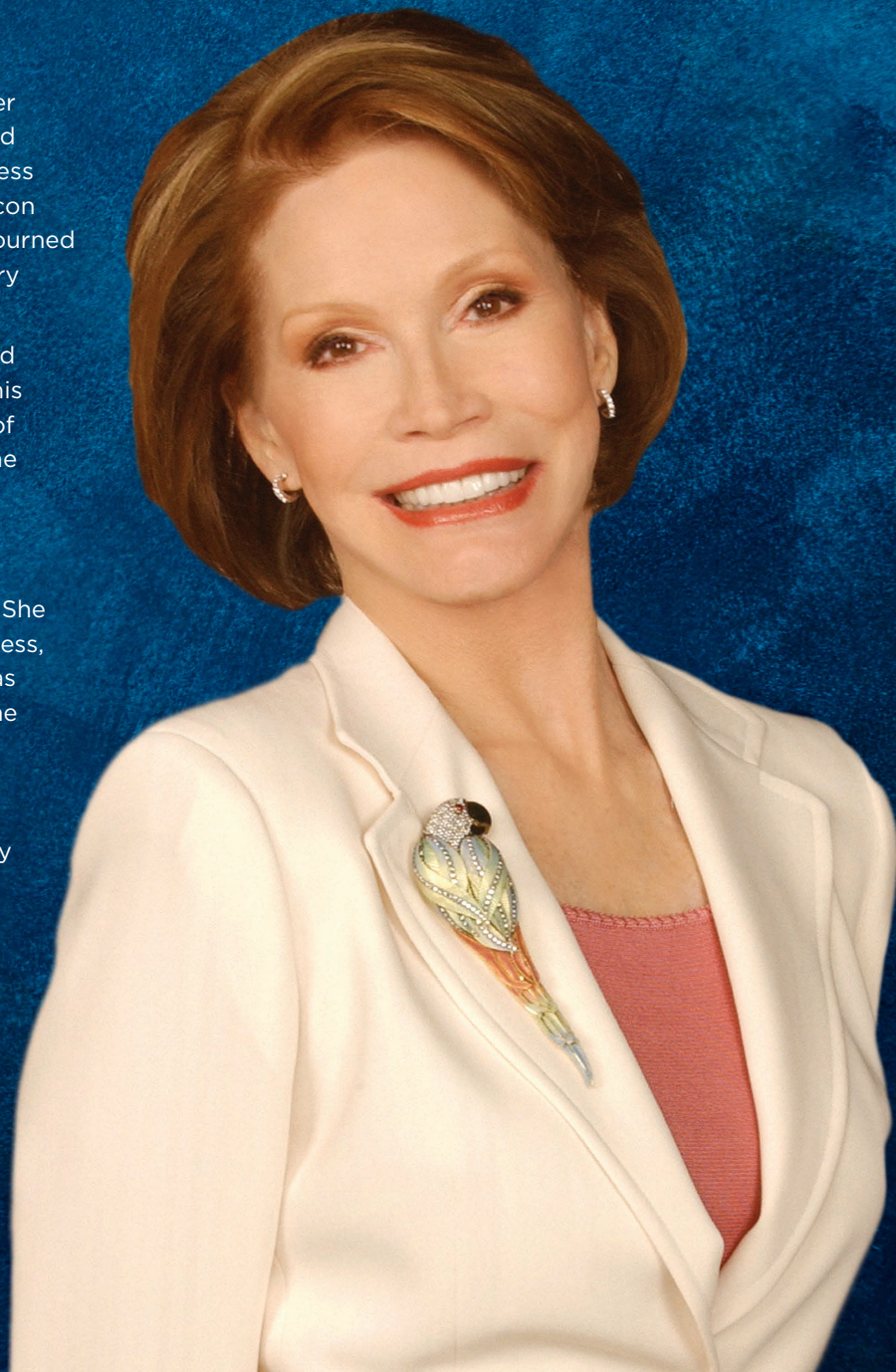
Remembering a Hero

To the type 1 diabetes (T1D) community, Mary Tyler Moore was more than a beloved American icon and groundbreaking actress. She was a hero—a relentless champion fighting for a world without T1D—a beacon of hope. Moore died in January 2017 and we all mourned her passing. Now, we continue to honor her bravery by celebrating her life and legacy.

Mary was diagnosed with T1D in 1970 at age 33 and became JDRF International Chairman in 1984. In this role, she provided a voice to the hopes and fears of millions of people personally affected by T1D as she helped raise awareness of the disease and its devastating consequences.

Together with her husband, Dr. S. Robert Levine, she was one of JDRF's first \$1 million-plus donors. She was the founding chair of JDRF's Children's Congress, where she advocated for T1D research. Mary was as comfortable talking to members of Congress as she was conversing with children diagnosed with T1D. Her Congressional testimony and public service campaigns helped raise billions of dollars for research that has improved lives and will ultimately help us deliver a cure.

Mary meant so much to millions of people. Her tireless efforts inspire us now as we build on her legacy—and work as relentlessly as she did—to create a world without T1D.



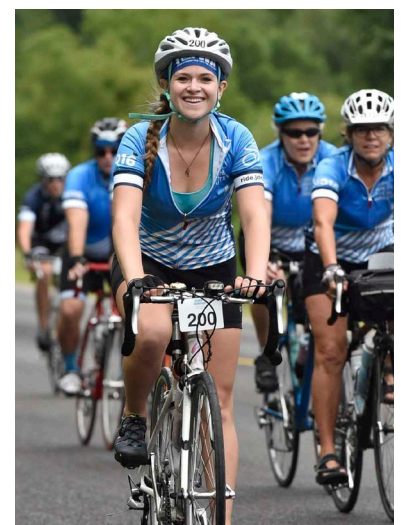
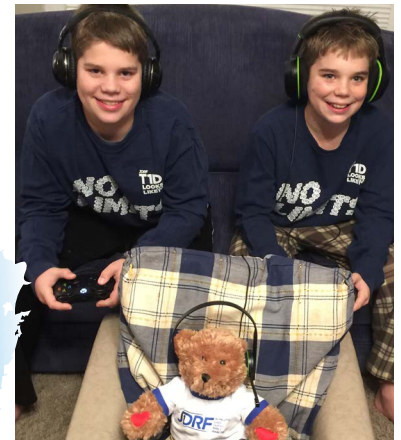


THANK YOU!

You walk. You ride. You volunteer. You mentor. You advocate. You face T1D head-on every single day. You want a world without T1D and you're making it happen.



IF YOU ARE JDRF



Join the movement fighting to end T1D.
Visit **jdrf.org/get-involved** to learn more.

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