

T1Dedication

T1Drive

T1Discoveries

How we are accelerating cures and improving
lives today and tomorrow

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We Often Say JDRF Works Across The Type 1 Diabetes (T1D) Research & Development Pipeline.

But what does that mean?

It means everything we do maps to accelerating the discovery and development of life-changing breakthroughs to treat and cure T1D, and then getting those breakthroughs into the hands of the people who need them.

“Pipeline” efforts include accelerating T1D therapies and technologies through research (discovery, translational, and clinical), equity investments (financing preclinical and clinical stage therapies), securing regulatory approval and insurance coverage, and educating clinicians and people living with T1D about their options.

The goal? Improved outcomes for people with T1D. Or, as I like to say, “People with T1D, doing better.”

Now and Next: Pipeline Progress

For 50 years, we have played a major role in nearly every advance in T1D treatments, technology, and cures, most recently with artificial pancreas systems, which are helping people with T1D live healthier lives **right now**. As the science has advanced from labs to human clinical trials, we’ve evolved too—launching the innovative T1D Fund to invest in promising early stage companies and attract private venture capital to our cause, and creating regulatory and health policy capacities to accelerate therapy access.

What’s next? JDRF is prioritizing opportunities that hold the greatest potential for cures and life-changing advances in the shortest amount of time.

Beta cell therapies are being tested in people with T1D, showing measurable progress. Pharmaceutical companies have put potential beta cell interventions on commercial pathways. A disease-

modifying therapy, teplizumab, has been shown to delay onset of T1D by 3 years in people almost certain to develop the disease. None of these advances would have been possible without JDRF.

The Power of Us

We didn’t do this alone. You were working alongside us. This year’s unprecedented challenges tested our resolve. The COVID-19 pandemic. Economic issues. Health disparities and inequities. And according to the Centers for Disease Control and Prevention (CDC), T1D diagnoses are increasing—especially among BIPOC (Black, Indigenous, or People of Color) youth.

But through it all, we are continuing the fight. On the following pages, you’ll see how you were unstoppable in helping us work across the pipeline to advance closer toward a world without T1D.

Many thanks,



Aaron J. Kowalski, Ph.D.

Chief Executive Officer, JDRF

Pipeline Progress: Curing T1D and Improving Lives

In the past half-century, JDRF has played a role in nearly every major advance, improvement, and breakthrough delivered for the type 1 diabetes (T1D) community.

This past year, JDRF's research and advocacy efforts across the pipeline have drawn us closer than ever to cures and new breakthroughs to improve lives, including those that currently benefit people with T1D.

Curing T1D

Top scientists are making tremendous advances in these areas. JDRF and the JDRF T1D Fund are right beside these researchers, accelerating their work through funding and connecting them to other scientists. We're also bringing new experts, promising start-ups, and large pharmaceutical companies into the field with equity investments from the Fund and the attraction of private venture capital.



The keys to curing T1D lie in three areas: disease-modifying therapy, beta cell therapy, and screening.



What Are Disease-Modifying Therapies?

Disease-modifying therapies aim to stop the immune system from destroying beta cells—preventing the onset and advancement of T1D, and regenerating and protecting existing beta cells.

T1D remains one of the major autoimmune diseases without a disease-modifying therapy. We are closer to changing that.



Drug Delays T1D Onset by Nearly 3 Years

A follow-up on the teplizumab clinical trial demonstrated that the drug could delay the onset of T1D for nearly 3 years in people almost

certain to develop the disease, adding a year to the previous results. And, there are no significant side effects of the drug. This was the first ever study in humans to show a delay in the onset of type 1. The study was conducted by TrialNet, which is funded by JDRF and the National Institutes of Health's Special Diabetes Program, of which JDRF is a leading advocate.

A submission from Provention Bio, a biopharmaceutical company dedicated to intercepting and preventing immune-mediated diseases, is under review by the U.S. Food and Drug Administration (FDA), and we'll know if teplizumab is approved for the delay of clinical T1D in at-risk individuals in the U.S. in less than a year.

Teplizumab could become the first disease-modifying therapy approved for T1D.



Provention Bio, a T1D portfolio company, is also testing teplizumab in a phase III clinical trial in people who have been recently diagnosed.

JDRF supported the development of teplizumab from nearly the beginning, including the Career Development Award given to Kevan Herold, M.D., in 1988-1990, who showed that he could prevent autoimmune diabetes with an antibody; clinical trials in recent-onset disease published in 2002, 2005, and 2013; a phase III trial run by MacroGenics, which received a JDRF Industry Discovery and Development Program grant from 2006–2011; and funding research to identify who is likely to respond to teplizumab.

If teplizumab secures approval from the FDA, we will be moving ever closer to a world without this disease.

Standardizing and Accelerating Clinical Trials

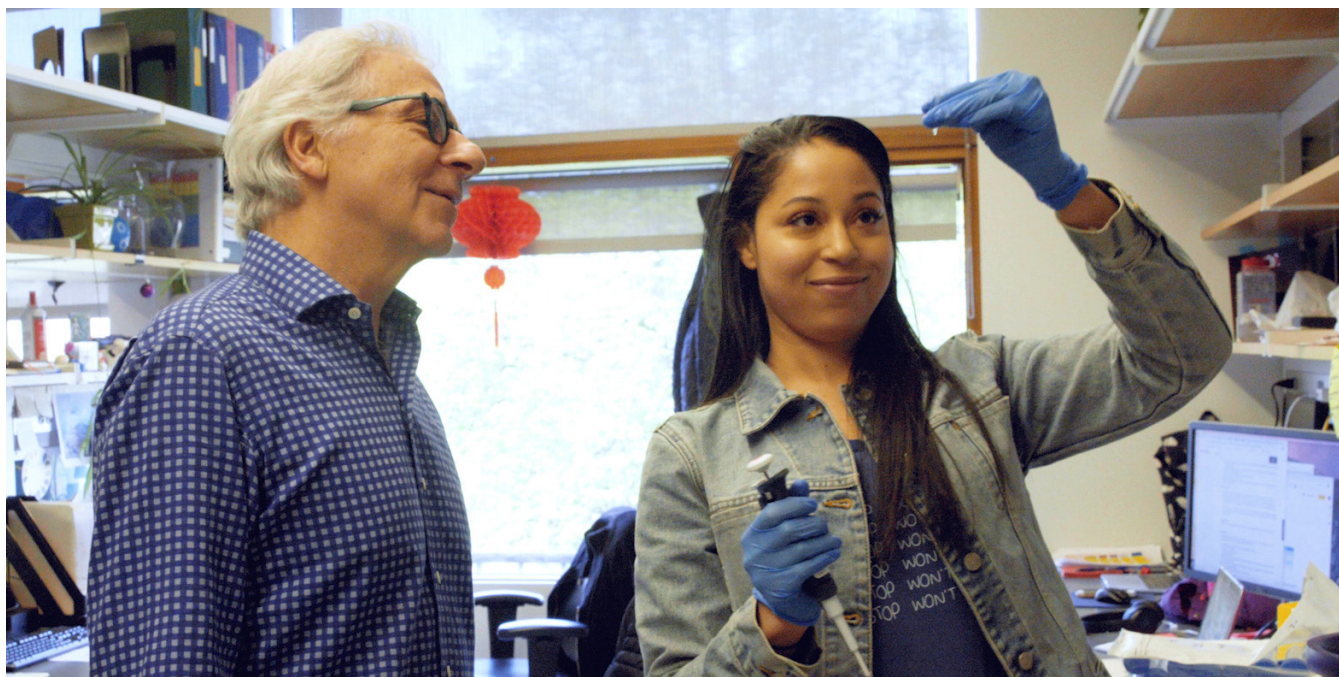
INNODIA (INNOvative DIABetes)—a European public-private partnership, funded in part by JDRF—has developed a Master Protocol to facilitate clinical trials of multiple drugs that have been shown to promote beta cell regeneration in people. The protocol will help accelerate clinical trials focused on people recently diagnosed with T1D, and includes several of the drugs that JDRF had a hand in helping move into the type 1 space, such as the transplant drug, anti-thymocyte globulin (ATG), and the blood pressure drug, verapamil.





What Are Cell Therapies?

This research aims to implant insulin-producing beta cells without the need for chronic immune suppressing drugs. This year, we saw several advances getting us closer to curing T1D.



Pharma Makes a Landmark Investment

Our investment in the T1D space has been multiplied by the JDRF T1D Fund, an innovative venture philanthropy fund we started in 2016. The T1D Fund has transformed the fight to cure T1D by activating the life sciences investment market.

T1D Fund portfolio company Semma Therapeutics made headlines last year when it was acquired by Vertex Pharmaceuticals for nearly \$1 billion. Semma was founded in 2015 with the goal of commercializing replacement beta cells derived from stem cells. The research team, led by Douglas Melton, Ph.D., had support from JDRF since 2000. In 2017, the T1D Fund provided an important investment in Semma at a critical time that helped validate their novel approach and in turn, allowing Semma to attract a new major pharmaceutical company into the T1D space.

Through the T1D Fund, we not only invest in exciting companies that are committed to developing and commercializing T1D therapies, we provide ongoing support for our companies' T1D programs through the expertise of JDRF and The Leona M. and Harry B. Helmsley Charitable Trust. Our efforts are activating a market in T1D by catalyzing alongside private investment in T1D. By the end of FY20, venture capital firms had invested more than \$260 million in T1D programs alongside the T1D Fund.

Through these actions, we leverage our resources more quickly and strategically, with the ultimate goal of accelerating the discovery of cures and delivering them into the hands of people with T1D.



Insulin Production Again in T1D

ViaCyte, a beta cell replacement company long supported by JDRF, has shown—for the first time ever—that its beta cell replacement therapy helps people with T1D produce insulin again. JDRF has long partnered with the California Institute for Regenerative Medicine (CIRM)—California’s stem cell agency—on the project. With the first demonstration of insulin production in people, JDRF is excited for the next round of ViaCyte innovation: To ultimately deliver an effective stem cell-derived beta cell replacement therapy for T1D. This is a significant milestone for the company, JDRF, and the entire T1D community.

What Is Screening?

Detecting T1D—before symptoms occur—is possible through a blood test. A person with two or more T1D-related antibodies has a nearly 100% chance of developing T1D during their lifetime.

JDRF-funded studies have shown that identifying at-risk individuals, along with education and monitoring for those found to be positive, reduces the risk of diabetic ketoacidosis (DKA), which can be life-threatening. It also expands the pool of qualified participants for future trials of disease-modifying therapies, which, historically, take a long time due to slow enrollment—thus accelerating research and development of these therapies. Early detection also enables families to prepare for the onset of clinical disease and for the glucose monitoring and insulin administration that comes with diagnosis.

DKA is a serious, life-threatening complication associated with poor long-term blood-sugar control.



Screening for Risk Universal screening for T1D is a priority for JDRF. The benefits are clear, but the cost of implementing it on a large-scale is uncertain. Now, we have a clue. Headed by JDRF-funded Anette-Gabriele Ziegler, M.D., Ph.D., the Fr1da study—a study of nearly 100,000 children in Bavaria, Germany—showed that of the 280 children who had pre-symptomatic T1D, only two progressed to DKA. That’s less than 1%. The prevalence of DKA in unscreened children? 20% to 60%.



ASK and You Shall Receive The Autoimmunity Screening for Kids (ASK) program is a large-scale, pre-symptomatic T1D screening program for children and adolescents in the metropolitan Denver region, and JDRF-funded research sought to identify the lifetime cost-effectiveness of screening. The study showed that screening benefits go far beyond simply preventing DKA events, suggesting that the cost of screening for children and teens would be more than offset by the cost savings throughout their lives due to fewer diabetes complications.



Predicting Which Children Will Develop T1D JDRF-funded scientists in The Environmental Determinants of Diabetes in the Young (TEDDY) study developed a model that can help predict which children will develop T1D during the first 10 years of life. This can guide families regarding the risk of impending onset of T1D in their child, which can, among other things, prevent DKA—averting the treatment costs and distress that they bring. In addition to JDRF, TEDDY has the support of the NIH’s Special Diabetes Program (SDP), which gives \$150 million a year to T1D research.

Emphasizing the Urgency for Funding T1D Research

According to a 2020 study funded by JDRF and our partner, The Leona M. and Harry B. Helmsley Charitable Trust, people who live with T1D will pay a collective \$813 billion over their lifetimes in medical costs and in lost income and productivity costs, as compared to a similar group that does not have T1D.

The cost translates to nearly \$500,000 per person over the course of a lifetime.

The results point to a significant financial burden for Americans with T1D and the healthcare system. For policy makers and others, this study underscores the importance of continued, increased funding for T1D research.

JDRF is a leading advocate for federal T1D research funding, including the Special Diabetes Program (SDP), a crucial program that provides \$150 million annually for T1D research through the National Institutes of Health. In FY20, JDRF advocacy efforts led to Congress approving a 1-year, \$150 million extension for the SDP. At the close of 2020, the tireless work of JDRF leaders, our advocacy staff, and volunteers netted a major victory: A 3-year renewal of the SDP at \$150 million annually—a total of \$450 million for T1D research! This multi-year continuation—which counts toward FY21, 22, and 23—is the biggest SDP renewal since 2002, when JDRF's advocacy efforts led to a 5-year renewal that took effect in 2004.

The Power of Us: Helping Kids Talk T1D with Parents, Peers



Shaina Hatchell, Registered Nurse (RN) and Certified Diabetes Educator (CDE), participated in a virtual educational event to talk about her children's book, "Shia Learns about Insulin." Hatchell shared how her book could help normalize T1D conversations for children—

Fifty years ago, two families came together to improve the lives of their children and of others living with T1D. In that moment, the Power of Us was born.

with their parents, but also, importantly, with peers. "I have been passionate about diabetes and education for what feels like my entire life," said Hatchell, who was influenced to become an RN and CDE because of her brother's T1D diagnosis when they were children.

Centers of Excellence: Selected for Expertise, Designed for Speed

In some places, T1D research is so promising that it warrants special focus.

It is in these areas that JDRF is launching Centers of Excellence (COE). By providing long-term funding for researchers, the COE foster highly nimble work to drive discovery at maximum speed.

Centers of Excellence (COE)

The JDRF Center of Excellence in Northern California—a partnership with Stanford University and the University of California San Francisco (UCSF)—was the first to launch in fall 2019. Approximately 1 year later, JDRF partnered with the Elizabeth Weiser Caswell Diabetes Institute to launch the JDRF Center of Excellence at the

University of Michigan. More JDRF COE are being developed. Each will focus on different—but interlocking—areas of JDRF’s research priorities. The Northern California COE will focus on beta cell therapy, and the University of Michigan COE will focus on the complications of the disease.

The Power of Us: Connecting with Political Power Players

A former lobbyist, Cassandra Freeland (“Cass”) started volunteering for JDRF shortly after her son was diagnosed in 2016. Today, she leads the Southern and Central Ohio Chapter’s advocacy efforts. She has visited Capitol Hill twice to meet with several Members of Congress, to advocate for continued federal research funding, legislation, and policies for T1D. “This is a way for me to use my skills to give back,” she said.

None of the advances in curing T1D and improving lives would be possible without you.



We fight every day to advance research and technology that can reduce the burden of living with T1D and keep people as healthy as possible until we find cures.

Improving Lives

We are striving to improve lives by driving research and work in Glucose Control Therapies and Complications Therapies, which includes psychosocial well-being.

Through our advocacy efforts, we ensure that new therapies and technologies gain regulatory authorization and that private and public health insurance plans cover them.



What Are Glucose Control Therapies? Fewer than 30% of people with T1D in the United States consistently maintain target blood-glucose levels. That means that more than 70% are at risk of serious health issues. Glucose Control Therapies focus on helping people achieve optimal glucose control, including improving artificial pancreas technology and developing next-generation insulins and new drugs that make T1D easier to live with day-to-day.



A Potential First-in-Class Adjunct Therapy A JDRF-funded clinical trial by vTv Therapeutics provided evidence that treatment with TTP399—an oral therapy to be used in conjunction with insulin—resulted in significant improvements in HbA1c with reduction in insulin dose. Importantly, it did this without increasing the risk of life-threatening events associated with T1D: diabetic ketoacidosis (DKA) and severe low blood sugar. The next step: A phase III clinical trial.



Can Raising Insulin's Opposite—Glucagon—Prevent Hypoglycemia? There are rescue treatments for low blood sugar, called hypoglycemia, but there are no preventive therapies. Zucara Therapeutics, however, is developing a once-daily therapy that restores glucagon, which raises blood-sugar levels, preventing hypoglycemia. JDRF provided funding to move Zucara beyond the “valley of death”—when discovery research is translated into a therapy or technology, but lacks the funding to make it real. As a result, Zucara now has the backing of a large venture capital fund to move its therapy into clinical trials. If these trials are successful, the drug will be much closer to approval, and to providing much-needed relief to the 1.6 million people with this disease.

Hypoglycemia is an unintended consequence of insulin therapy, and happens when one takes too much insulin. It causes sweating, fatigue, irritability, and, in severe cases, seizures and/or death. It is one of the most feared and acute complications of this disease.

What Are Complications Therapies?

We know that 40% to 60% of people with T1D experience eye disease and 25% to 40% experience kidney disease, and that psychosocial issues are higher among young adults with T1D.

Through our Complications Program, we are accelerating therapies to prevent and treat kidney and eye disease and improve psychosocial well-being.



First-in-Class Drug for Kidney Disease

JDRF, with its affiliate JDRF Australia, is funding a phase II trial to test a first-in-class Nox-1/4 inhibitor in adults with T1D. Nox-1/4 inhibitors act to reduce the damage caused by stress on the kidney. If the results mirror the preclinical studies, it will represent a major breakthrough for the management of kidney disease in people with T1D.

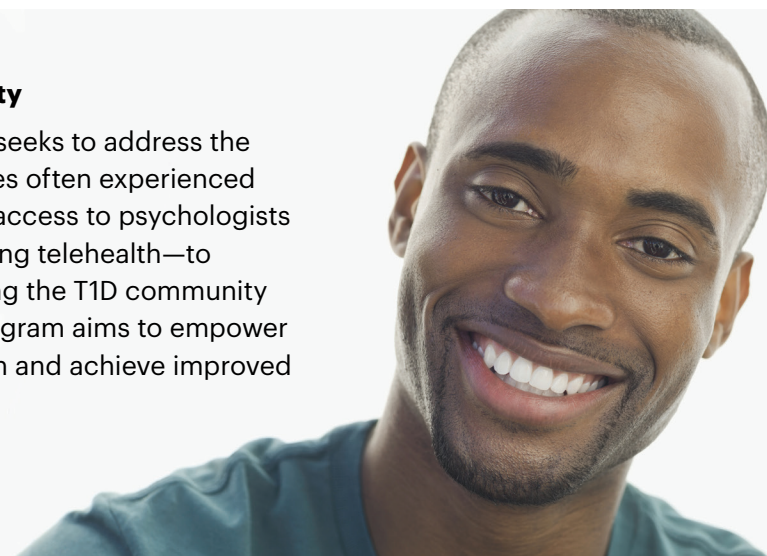


An Eye for the Future

JDRF and The Mary Tyler Moore & S. Robert Levine, M.D., Charitable Foundation have begun an ambitious initiative aimed at restoring vision in people with significant visual loss due to T1D. The first step: To update the staging system for diabetic eye disease—like JDRF did for pre-symptomatic T1D in 2015—to better address early disease, disease progression, development and the use of therapy interventions, and treatment success.

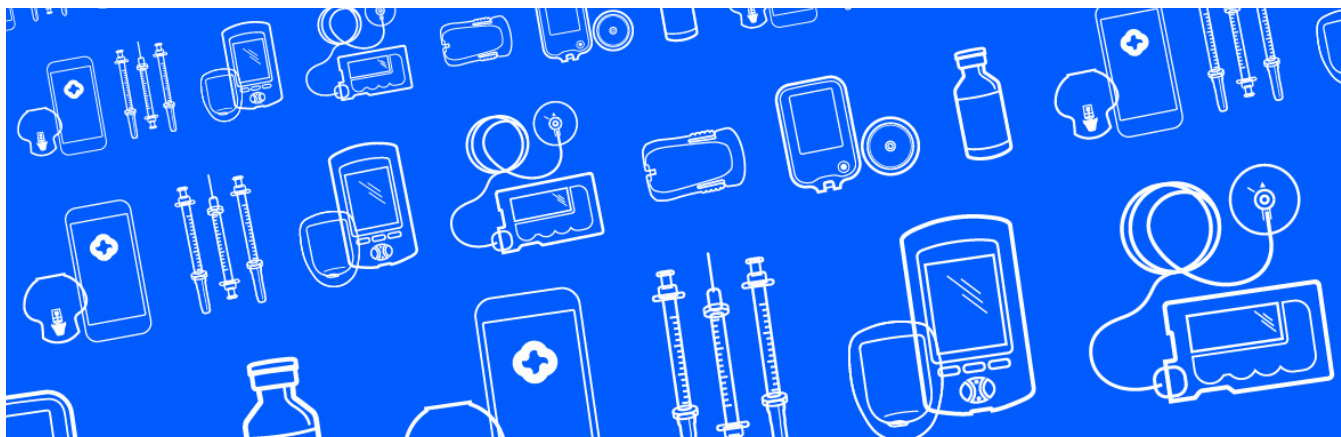
Prioritizing Behavioral Health for the T1D Community

The JDRF Behavioral Health and Psychology Program seeks to address the social, behavioral, and emotional well-being challenges often experienced by people with T1D. By increasing the number of and access to psychologists trained in T1D, supporting research initiatives—including telehealth—to improve mental wellness and outcomes, and educating the T1D community about the psychosocial impact of the disease, our program aims to empower people to better manage T1D throughout their lifespan and achieve improved health outcomes.



Paving the Way for New T1D Therapies and Technologies

JDRF has been a leading advocate for regulatory pathways and affordable coverage and choice for diabetes technology and therapies that people need. In 2020, we saw a lot of developments that resulted in more options for people with T1D to choose how to best manage their disease, more affordably.



Artificial Pancreas Systems

JDRF launched the Artificial Pancreas Project in 2006, and since then has put upwards of \$140 million toward funding artificial pancreas research. We led efforts to accelerate the development of artificial pancreas systems, and worked with the FDA to pave a clear pathway to regulatory approval. Several more artificial pancreas systems are likely to get FDA approval in the near future.

The second artificial pancreas system—the Tandem t:slim X2™ insulin pump with Control-IQ™ technology—ushered us into the New Year, but it was only available for people 14 years and up. In June, the FDA expanded the device for children ages 6 and older.

The Medtronic MiniMed™ 780G artificial pancreas system was approved in Europe for people ages 7-80 years old. This is an update on the 670G, which was approved in 2016. In the pivotal clinical trial, the time-in-range was 75%, helping those with T1D maintain more consistent and healthier glucose levels. (In the United States, the MiniMed™ 780G system is not approved for sale, yet.)

The Medtronic MiniMed™ 770G artificial pancreas system—a Bluetooth-enabled version of the 670G—was approved by the FDA for people ages 2 and above in the United States. It is the first marketed device that can automatically adjust insulin delivery based on the continuous glucose monitoring (CGM) values for children in the 2-6 age range.

More people—including children as young as age 2—now have access to life-changing artificial pancreas systems.

Coverage2Control: Nation's Largest Insurer Expands Insulin Pump Coverage

On February 1, 2019, UnitedHealthcare (UHC), the nation's largest insurer, announced that a pre-existing policy that limited pump choice for adults would soon also apply to children.



JDRF saw this as an unacceptable step backward and mobilized the community to respond. Using JDRF's campaign tools, more than 27,000 supporters sent upwards of 145,000 messages to UHC leadership and shared their concerns on social media, urging them to change their decision.

In fall 2019, JDRF CEO Aaron J. Kowalski, Ph.D., and other members of the JDRF senior leadership team met with UHC's medical leadership to make the case directly. In the coming months, UHC announced it would cover the t:slim X2 insulin pump from Tandem Diabetes in network, starting in July.

“Today’s decision reflects the power of the collective voice of our community.”

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

Severe Low Blood Sugar Episodes

The FDA approved Baqsimi®, the first non-injectable emergency treatment for severe episodes of low blood sugar (hypoglycemia). Injectable glucagon has been approved in the United States for several decades, but this is the first non-injectable treatment.

The FDA approved a glucagon pre-filled syringe and auto-injector created by Xeris Pharmaceuticals,

which was also funded by JDRF to develop a bi-hormonal pump with insulin and glucagon. The GVOKE™ line of products features the first pre-mixed, pre-filled liquid glucagon formulation on the market.

Both of these treatments will help save lives, as they reduce the possibility for user error in an emergency situation.

Severe hypoglycemia means that another person has to administer treatment because the person with T1D is not able to themselves, and may have impaired or lost consciousness or is having a seizure.

Continuous Glucose Monitor Technology

The FDA authorized the Abbott FreeStyle® Libre 2 System, a 14-day CGM that transmits data every minute, for adults and children age 4 and up in the United States. The system was approved in Europe in late 2018.



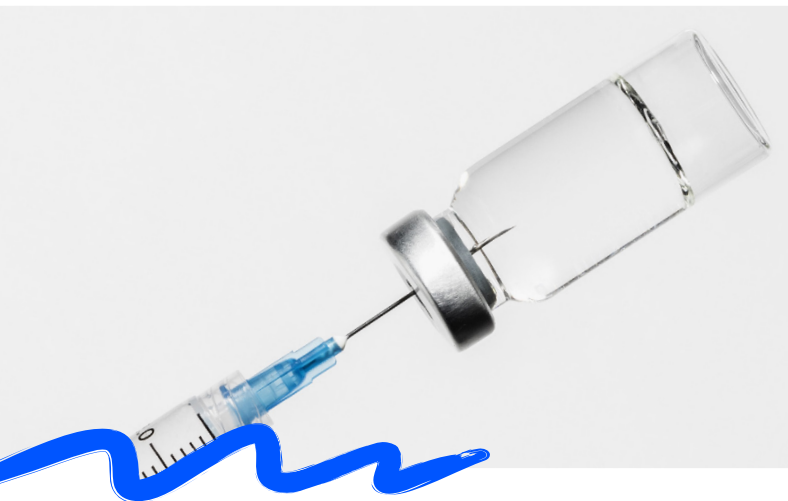
Insulin

Mylan and partner Biocon obtained FDA approval for Semglee™, a long-acting insulin, for adults and children with T1D (and type 2 diabetes), based on clinical trial data of Semglee versus Lantus®. (Semglee has the same structure as Lantus.) The approval brings an affordable treatment option for people with diabetes.

JDRF continues to urgently advocate for long-term, affordable insulin solutions and offers up-to-date information and resources to help people access and pay for insulin and other prescriptions.

The FDA has approved Lyumjev™ in adults with T1 and T2 diabetes. As a rapid-acting mealtime insulin, Lyumjev controls high blood-sugar levels after meals in adults with diabetes.

The Centers for Medicare & Medicaid Services (CMS) announced changes to its plans covering insulin. This will allow for more affordable insulin options for Medicare recipients.



The Power of Us: Chomping Toward Cures

At first glance, Damian Reynoso seems like a typical kid living with T1D. But look closer, and you'll discover he's actually a JDRF fundraising powerhouse. "He makes it look easy because he's our brave T1D superhero and he's also a superhero fundraiser," his mother Paola Reynoso said. Not only is Damian a regular One Walk participant, but he also has sold stickers and a stuffed animal he created named Sharkabetes—all to benefit JDRF.

You are the force that drives us to find cures for T1D and improve the lives of everyone burdened with it.

Community Engagement and Support

To cure T1D and improve lives, we need not only research and advocacy, but to engage, support, connect, and empower members of the T1D community.

We host events and share resources that educate, foster connection, elevate the voices of the T1D community, and raise critically-needed funds to drive research forward.



Helping our Supporters Stay Safe During the COVID-19 Pandemic

As the pandemic began, JDRF acted fast to better understand COVID-19 and how it could affect people with T1D. When JDRF learned that many people using continuous glucose monitors (CGMs) were unable to use their devices in the hospital setting, we collaborated with partners to address this, which included working with the FDA to allow use of CGMs for people with T1D hospitalized for COVID-19 and getting the word out to our community.

To keep our community informed, JDRF created jdrf.org/coronavirus, a hub for the latest information about COVID-19 and T1D, including resources about how to best manage T1D during the pandemic, such as navigating a viral infection, what to do to prepare for a hospital stay, and even what steps to take if one lost

insurance coverage due to unemployment. The site has netted more than a quarter of a million views, and has served as a resource for health care providers and diabetes experts, as well as families and individuals.

The Power of Us: Family's Creativity Drives Impact for JDRF

Just as COVID-19 began disrupting our daily lives with unprecedented challenges, Meredith Coors saw opportunity. Toward the end of March, Meredith began sewing masks for friends and neighbors in exchange for donations to her Walk Team, Peter's Pancreas Pacers. Her husband and children also got involved—including her 17-year-old son Peter, who lives with T1D. In total, the family raised more than \$36,000 for the Denver JDRF One Walk®—more than 14 times the original goal of \$2,500.



Pivoting from In-Person to Virtual Events

The pandemic upended our fundraising model. JDRF volunteers and staff reimagined our legacy in-person fundraising events—One Walk, Ride, and Gala—as virtual events. While it was disappointing to not gather together in person, our unstoppable supporters still recruited teams, racked up miles, and helped raise **\$110 million for T1D research.**

WALK

163

(in-person and virtual)

120,000

Registered Walkers

16,500

Teams

\$47M+

Raised

RIDE

5

(in-person and virtual)

2,445

Riders

\$6M+

Raised

GALA

64

(in-person and virtual)

23,210

Guests

\$50M+

Raised

GOLF

24

Events

\$2M+

Raised

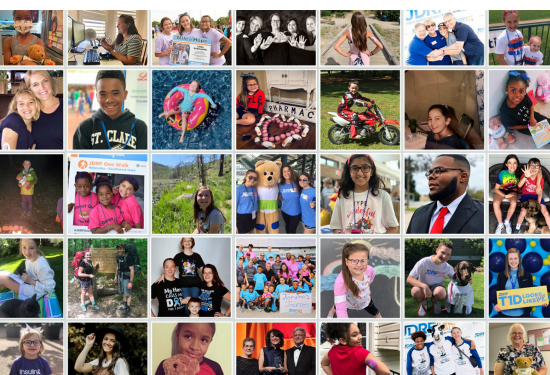
OTHER

26

Events

\$2M+

Raised



Virtual events also opened the door to new ways of connecting with people, and growing the JDRF family. The Power of Us, JDRF's first-of-its-kind, national virtual event, promised community, entertainment, and inspiration. With video vignettes, messages from special guests, and an exclusive musical performance, the event did not disappoint. Hosted by T1D Champion Cristina Alesci, CNN's Business and Politics Correspondent, the June 23 broadcast on Facebook and YouTube drew an audience of approximately 18,000 people.

An Updated Bag of Hope®, New No Limits™ Teen and Adult Care Kit

Helping the newly diagnosed and their families is a cornerstone of JDRF's Community Engagement and Support program. In 2020, we launched our improved JDRF Newly Diagnosed Resources: The Bag of Hope and our new No Limits Teen and No Limits Adult care kits. Each resource offers Begin with Hope, an introductory guide to T1D created by people living with T1D, their families, and medical experts. People who receive any of the three JDRF Newly Diagnosed Resources learn T1D basics, how to educate others about T1D, and where to find more information and support.

**JDRF distributed
13,000+ Bags of
Hope and No Limits
Teen & Adult care kits.**



JDRF + Beyond Type 1 = Stronger Support for the T1D Community

Last year, JDRF and Beyond Type 1, two of the world's leading T1D organizations, activated the JDRF–Beyond Type 1 Alliance.



The Alliance provides greater support for the T1D community by tapping into the combined power of JDRF, the leading global organization funding T1D research, and Beyond Type 1, the organization with the largest online community of any diabetes nonprofit. The Alliance's work centers on three core pillars: Community programs, advocacy, and communications and education.

Shortly after the COVID-19 pandemic began, the Alliance launched its first major global effort: Creating and widely distributing recommendations to curb the spread of COVID-19 and keep people with diabetes safe. The recommendations outline the broad changes in behavior necessary from everyone in the diabetes community to protect those most at risk. Housed on coronavirusdiabetes.org, the recommendations are endorsed by leaders of the international diabetes community.



JDRF Game2Give™ Launches Livestream Fundraising, Enters World of Roblox

JDRF Game2Give explores philanthropic opportunities within the multibillion dollar video game industry.

One opportunity is livestream fundraising, a modern spin on the telethon. We held our first Twitch livestream fundraiser in November 2019. More than 50 streamers participated—many of whom have T1D or have friends or family with T1D. Since then, three more streaming events have driven dozens to stream for JDRF and educate their audiences about T1D.

This year, we also launched our first video game: JDRF One World. Created by JDRF Game2Give in partnership with video game industry professionals who have T1D connections, JDRF One World is a virtual world built inside the online game Roblox, the top game platform for kids and teens. More than 50,000 players joined the JDRF One World experience at launch, and the game has been played 134,000 times.

Since its first fundraising events, JDRF Game2Give has raised \$1.1M.



#GameOverT1D

A Commitment to the T1D Community



JDRF is working toward becoming a more diverse, inclusive, and culturally-aware organization. In 2020, we launched our Diversity & Inclusion Task Force, which will guide our efforts to foster a culture where everyone feels supported, respected, and appreciated.

JDRF is also seeking opportunities to better address the disparities affecting underserved members of the T1D community. This includes continuing to advocate for coverage, affordability, and choice of T1D therapies and technologies, as well as protections for people with pre-existing conditions; offering Spanish-language and culturally-relevant programs and resources for members of the BIPOC (Black, Indigenous, or People of Color) community; ensuring that our education and

support materials—such as the Bag of Hope and No Limits Teen and Adult care kits—are available to underserved communities; and educating our community about health disparities by partnering with peer organizations that are health equity agents of change.

We recognize that members of the BIPOC community are underrepresented in clinical trials and are committed to helping recruit more diverse participants.

These efforts and others will help address our critical need to better engage, maximize impact, and improve health outcomes for diverse populations burdened with diabetes.

“You will see measurable, tangible steps that we have taken and continue to take to ensure that we are diverse and inclusive, and representing everybody with T1D.”
— Aaron J. Kowalski, Ph.D., CEO of JDRF

By the Numbers: Our Financial Efficiency and Responsibility

Because we are part of the very community we support, we are personal stewards of every donation.

Through our advocacy, leadership, and expertise, we maximize each donation by attracting additional funding from organizations and partners for cures research and advances to improve lives. In fiscal year 2020, JDRF drew an additional \$3.50 for every \$1 that we committed to research and invested in research through the T1D Fund.

Our Impact

JDRF Revenue and Advancing Mission

\$210M in Revenue

\$110M

Events (galas, walks, rides, etc.)

\$78M

Contributions

\$14M

Investment
return

\$8M

International
affiliates/
other

\$162.2M Advancing Our Mission

\$85.8M

Research
(grants, support, advocacy)

\$50.7M

Public
Education

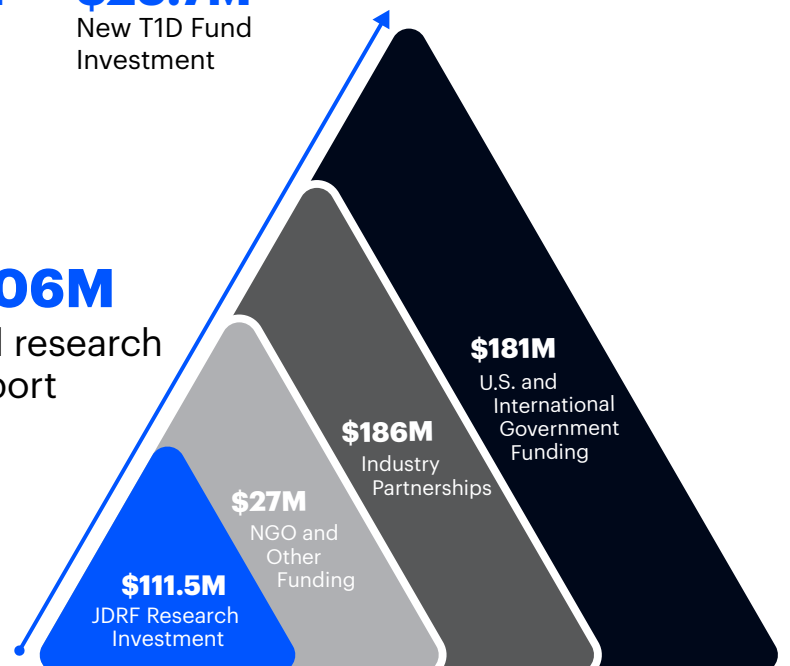
\$25.7M

New T1D Fund
Investment

In FY20, the JDRF T1D Fund catalyzed \$164 million in private investment in companies developing T1D treatments and therapies—more than three times that of FY19.

\$506M

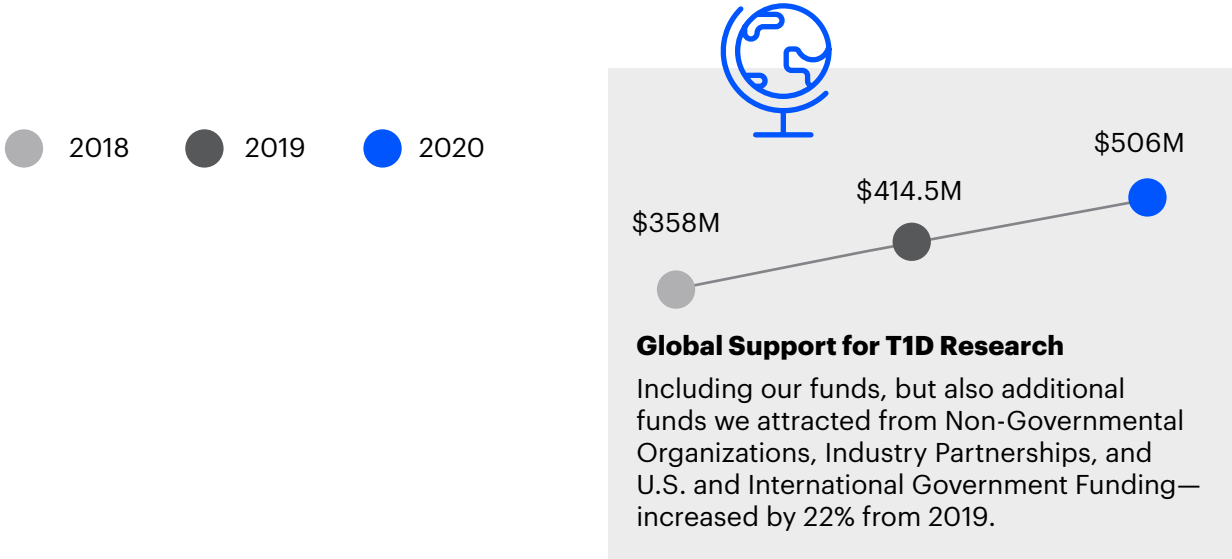
Total research
support



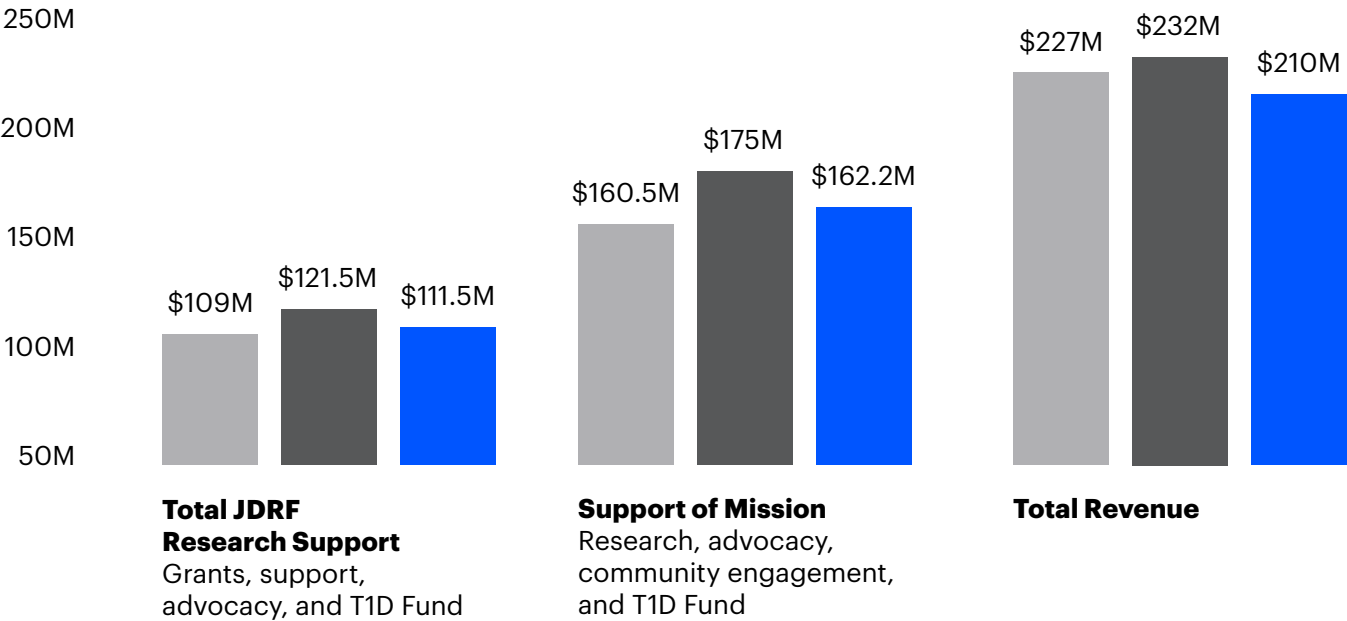
JDRF drew \$394M in additional investments for T1D research — a 34.5% increase from FY19

By the Numbers: Research Support Growth

By diversifying and innovating our fundraising model, we have continued to grow investment in T1D research.



Due to the coronavirus pandemic and the shift from in-person to virtual fundraising events from March through June, we experienced slight decreases from FY19 to FY20 (between 7% and 9%) in each of the following:



By the Numbers: Our Research

JDRF researchers work with the world's leading scientists and institutions to advance the most promising T1D innovations. In the last year, we have seen:



\$111.5M

Research, grants,
support, advocacy,
investment



20

Countries



480

Active Projects



23

Early-career
scientists



\$68.8M

To grants



100+

New research
grants



67

Clinical trials



\$7M

To new
clinical trials

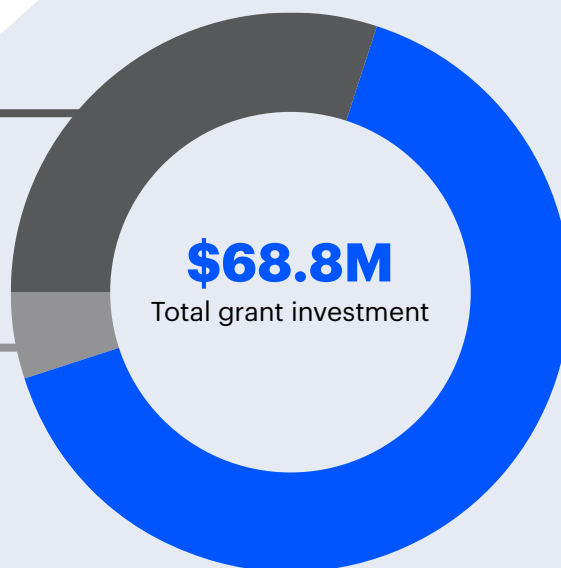
Investing in Cures and Improving Lives

Improving Lives

30%

**Work Crossing
Therapy Areas**

5%

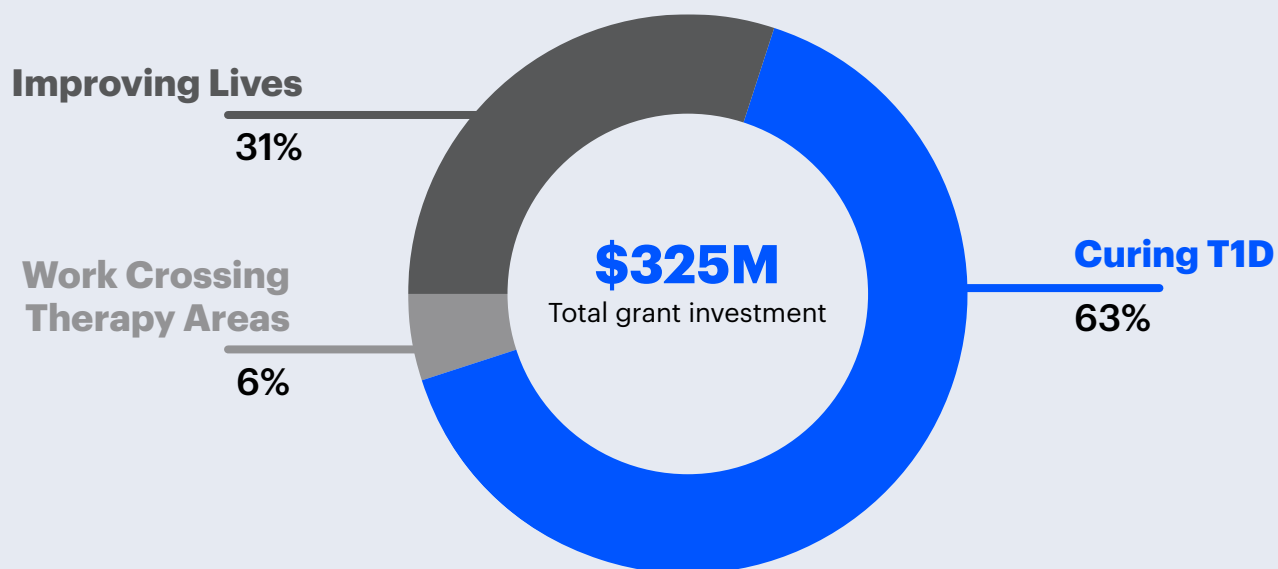


Curing T1D

65%

By the Numbers: Our Research, FY17 through FY20

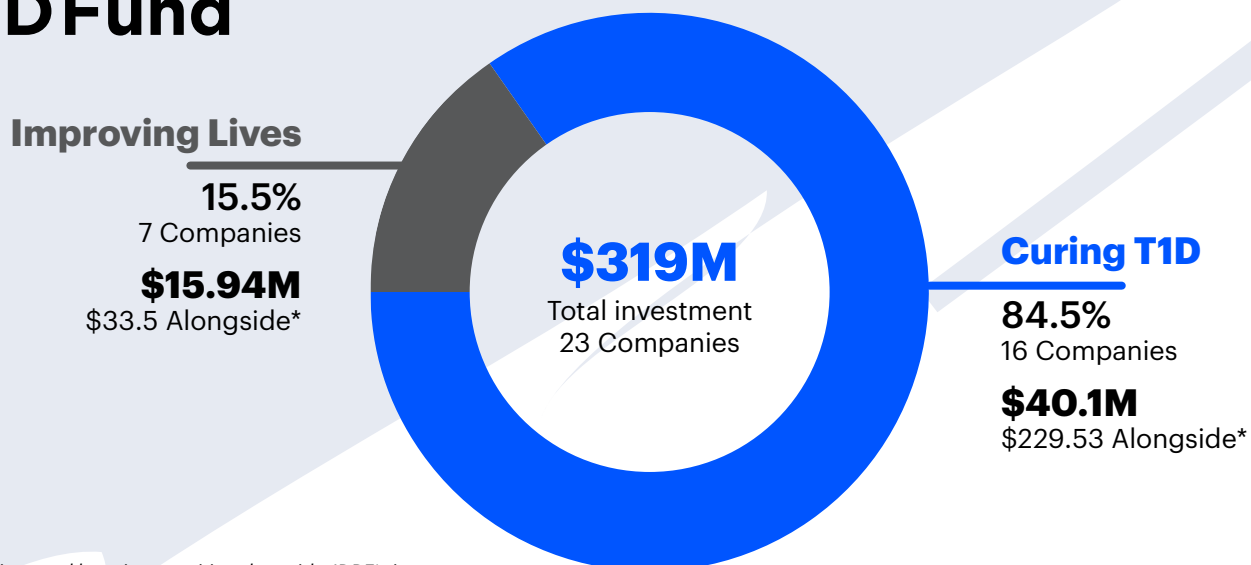
In the last 4 fiscal years, we have seen:



By the Numbers: The JDRF T1D Fund™

The JDRF T1D Fund, an innovative venture philanthropy fund we started in 2016, has multiplied our investment in the T1D research space. Since the Fund's inception, we have seen:

JDRF T1D Fund



*Funds invested by private entities alongside JDRF's investment.

By the Numbers: Local and Global Reach

JDRF has chapters engaging and supporting every major area of the United States. To maximize our resources to better serve the T1D community, we realigned our chapter footprint in late July 2020, resulting in 29 new larger chapters.



JDRF's global footprint includes our 5 international affiliates (see below) and research grants in 20 countries.



Australia



Canada



Israel



Netherlands



United Kingdom

Leadership Giving

Hundreds of individual donors have the means to give generously to JDRF. Their thoughtful gifts help drive our mission forward with deliberate and focused speed.



Loyal Donors Lean-In for Hero Campaign

COVID-19 upended JDRF's fundraising model, forcing in-person events to be reimagined as virtual ones. To help ensure that we could honor our research commitments, JDRF launched the Hero Campaign—an appeal to our most loyal donors. One of them is Henry Mallari-D'Auria of New York. When JDRF reached out to Henry last spring, his response was nothing short of heroic. Henry's pledge of \$1 million to the Hero Campaign, was TWICE what had been asked. "My philanthropy to JDRF is my passion," he said. Henry—a devoted, longtime JDRF supporter—has served as president of JDRF's Greater New York City Chapter, has raised about \$500,000 through his One Walk team, and his table at the Chapter's Promise Ball is an annual fixture. Henry is but one JDRF Hero who stepped up to help preserve our momentum. Others include the entire International Board of Directors, Directors Emeritus, and chapter leadership.

Estate Gift Underscores a Godmother's Love

Known as "Margie" to the many people who loved her, the late Marguerite Mae Rosner of Palm Beach, Florida, was a long-time supporter of JDRF. As part of her estate, she left a generous \$2.8 million gift to JDRF in honor of her goddaughter, Juliet Baum, who was 6 years old when she was diagnosed in 2014. "More than anyone, Margie loved Juliet," said Jill Baum, Juliet's mother, who said that Margie saw Juliet as her granddaughter. On February 8, 2020, Juliet and Jill attended the Gala of JDRF's Palm Beach Chapter (now the Southern Florida Chapter) where the gift was announced. "We can think of no better legacy to leave than helping to advance care and possibly finding a cure for type 1 diabetes," said Jill.



"We can think of no better legacy to leave than helping to advance care and possibly finding a cure for type 1 diabetes."—Jill Baum

Corporate and Nonprofit Partners

Individual donors provide the bedrock of our funding, but accelerating the research needed to uncover T1D cures and improve lives requires a multi-pronged approach.

That's why in addition to our valued donors and our community fundraising events, we raise more dollars, drive strategic investments, and secure funding from other organizations.



JDRF drew an additional \$3.50 for every \$1 that we committed to research and invested in research through the T1D Fund.

Corporate Partners

Hundreds of corporate partners support JDRF through direct giving, sponsorships, and employee events. Many have been supporting our mission for decades, driving millions of dollars into T1D research. (Our leading partners are highlighted on the following page.)



Industry Partners, Governments, Organizations

Our advocacy, leadership, and expertise in emerging research influences and attracts still more funding for cures research and advances to improve lives. This includes funding from the U.S. government and international governments. Other non-profit organizations and foundations—including academic and other research institutions (which in the U.S.,

conduct approximately 80% of all NIH-funded external research)—also partner with us to invest in funding, or to do so on their own based on our leadership work. We collaborate with hundreds of industry partners—including pharmaceutical and technology companies—that also invest in T1D research. Together, we have become a strong network, funding and supporting T1D advances.

This year, we secured an additional:

\$27M

from non-government and other non-profit organizations

\$186M

from industry partnerships

\$181M

in U.S. funding (including the Special Diabetes Program) and international government funding

Corporate Partners

Diamond Partners

Contributing more than \$2,500,000 annually



Platinum Partners

Contributing between \$1,000,000 and \$2,499,999 annually



Gold Partners

Contributing between \$500,000 and \$999,999 annually



Silver Partners

Contributing between \$250,000 and \$499,999 annually

Advance Auto Parts

Dexcom

Floyd's 99 Barbershop

Harris Teeter

Insulet

Livongo
now part of Teladoc Health

Stop & Shop

Tops Friendly Markets

Xeris Pharmaceuticals

Bronze Partners

Contributing between \$100,000 and \$249,999 annually

AmazonSmile

Ascensia Diabetes Care

Bluegreen Vacations

CARS

Delta Tau Delta

Genentech

Tandem Diabetes Care

Walgreens

IBOD Welcomes New Leaders



Joseph P. Lacher, Jr.

In February, JDRF announced two long-term volunteers as our International Board of Directors (IBOD) Chair and Vice Chair, starting July 1, 2020.

Joseph P. Lacher, Jr., President and CEO of Kemper Corporation, was named JDRF Chair. Prior to being named IBOD Chair, Joe served as Illinois Chapter Board President and held several roles with IBOD, including serving on the Talent & Compensation Committee and Funding Committee. Joe is a long-time JDRF volunteer who was diagnosed with type 1 diabetes (T1D) while in college and has two adult sons who were diagnosed as children.

Lisa Fishbone Wallack, a former attorney and passionate community fundraiser, was named IBOD Vice Chair. Previously, she served as New England Chapter President and held two terms as a Board



Lisa Fishbone Wallack

member. She also served as Co-Chair of JDRF's Leadership Giving Working Group. Lisa has been part of the JDRF family her entire life, as her parents founded the New Haven Chapter after her brother was diagnosed at 18 months and her involvement increased when her son was diagnosed at age 5.

Joe and Lisa succeed IBOD Chair Ellen Leake and Vice Chair Jeff Plumer. During their 2-year term, Ellen and Jeff led JDRF's efforts to transform its governance model, spearheaded the selection of JDRF's President and CEO, Aaron J. Kowalski, Ph.D., and established JDRF's Global Mission Board.

JDRF thanks Ellen and Jeff for their leadership and unstoppable commitment to the diabetes community. We look forward to Joe and Lisa building on their success.



JDRF FY20 International Board of Directors

Ellen Leake

Chair of the Board

Jeff Plumer

Vice Chair of Board

Michael Alter

Chair, Funding Committee

Grant Beard

Chair, Audit and Risk Committee

Steven Davis

Chair, Nominating and Governance Committee

Claudia Graham
Paul Heath

Chair, Advocacy and Impact Committee

Joseph P. Lacher, Jr.

Chair, Talent and Compensation Committee

Margery Perry

Chair, Research Committee

Jennifer Schneider, M.D.
Christopher Turner

Chair, Finance and Investment Committee

Matt Varey
Lisa F. Wallack

JDRF FY20 Global Mission Board

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

Kim Roosevelt

Chair

Jeff Adams
Randy Anderson, Ph.D.
Brandon Arbiter
Cathy Baier
Jennifer Bennett
Tim Clark
Toni Clark
Matthew Cohn
Jennie Costner
Marvin Daitch
Nan DeTurk
Pam Edmonds
Cynthia Ford
Michelle Griffin
Karen Jordan
Mike Lee
Mike Norona
Dayton Ogden
Margery Perry
Derek Rapp
Lisa Reed
Lorne Schiff
Michael Soper
Gerald Wisler

Every gift takes us one step closer to finding cures for T1D. Find out how you can support JDRF and make a difference in the lives of people with T1D by visiting jdrf.org.