

We're the

Advancing Progress

Type

What's Your Type?

We're more than type 1 diabetes (T1D). We're the *fighting* type. We're the *advocate* type. We're the *do everything we can to end this disease* type. This year's annual report celebrates all the diverse types in our community. From the families Walking and Riding, to the researchers all over the world working tirelessly to find a cure, to all of our dedicated volunteers and supporters.

We're not defined by type 1.



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Dear JDRF Community,

2018 was an important and successful year for JDRF. JDRF-backed or inspired research opened promising avenues in our race to cure type 1 diabetes (T1D) and brought key advances that are helping people with T1D lead fuller, safer lives until we do. This progress drives us with ever-greater determination toward our vision of a world without T1D.

Mission Progress

We funded nearly 160 new grants. Any of these projects could have a profound and lasting impact as we find the breakthroughs that will lead to cures for T1D.

We are funding projects that help us understand the causes of T1D, what sustains the process of autoimmunity that drives the attack on insulin-producing cells (“beta cells”), how these beta cells respond in different situations and so much more. Many projects also give us the very real chance of finding a way to lessen the body’s immune attack on beta cells or protect the beta cells from such attacks.

Through our continually increased understanding of T1D, we will succeed in doing the two things needed to cure T1D: stop beta cell destruction and ensure enough beta cell levels for normal glucose control. More than a quarter of our 2018 projects focus on replenishing beta cells from either an external source or within a person’s own body. Over 10 percent of our projects focus on the immunological attack on beta cells. JDRF’s commitment to curing T1D is stronger than ever because our optimism is greater than ever.

Here is just a glimpse at the work JDRF is driving:

- Researchers announced exciting results on the use of repurposed medications such as verapamil to protect beta cells.
- The results from several studies confirmed long-held assumptions that certain viruses seem correlated with T1D, a finding that could lead to ways to prevent the immune system from ratcheting up its attack on beta cells.
- Researchers discovered new biomaterials for encapsulation of beta cells that appear likely to be better tolerated by the body than currently tested materials.
- With partners such as IBM, researchers are mining data generated through decades of research in order to understand the different causes of T1D.

At the same time, JDRF is committed to helping people with T1D lead higher-quality, less-burdened lives today. In many cases, without JDRF driving the testing and development of new products, potential therapies would languish in development. Examples include:

- Interoperable automated insulin-delivery systems. JDRF has been a leader in the efforts to drive advancement of insulin-delivery systems for close to two decades. Today, members of the T1D community are reverse-engineering commercial devices and devising systems on their own in order to have systems that have the components and performance features they most value. We want to ensure systems have the safety that comes from proper review while meeting the needs of the users. Hence, we are working with manufacturers and researchers to develop interoperable technologies, and with the FDA to understand the critical need and pave the way for review. Our aim is to get better technology to market faster and to provide people with diabetes more options that work best for them.
- Oral medication. A new medication—backed by JDRF-funded clinical trials—awaits review in the United States and Europe. In trials, sotagliflozin (Zynquista™) significantly reduced high blood-sugar levels, and improved other health measures.

Operational Success

All this work is made possible by our volunteers and staff, who this year helped raise \$219.9 million to drive our mission, the largest amount raised by JDRF in 10 years. In addition, JDRF’s efforts in research and advocacy drove more research spending from third parties. For every dollar that JDRF invested in research, our work led to another \$2.20 in T1D-related research spending from others.

Additional Impact

In the year ahead, in addition to driving promising research, we will focus on several key areas that present potential challenges to the T1D community.

- Our community must have affordable access to lifesaving technologies and drugs. We will continue to advocate as a strong and influential voice, speaking for everyone in our T1D family.
- The research funding environment is increasingly competitive, with fewer dollars to divide among projects. Meanwhile, the cost of research continues to rise. It will remain a top priority to ensure T1D continues to receive ongoing and increased funding, including funding by the Federal Government of the Special Diabetes Program, which is now at \$2.8 billion over the last 21 years.
- When research identifies new potential therapies, we need companies poised to commercialize affordable products. We will continue to focus on supporting promising ventures and helping them win approval to market.

A Thank You

I'd like to offer a personal note of thanks, as this is my last JDRF Annual Report before I transition from President and CEO back to being a member of our International Board of Directors. My work since 2014 has been as fulfilling as any I could hope to do. Representing this amazingly passionate community and guiding an outstandingly talented staff have been an honor. You have inspired me with your countless efforts—conducting research, raising funds, mentoring newly affected families, spreading awareness, providing solid governance and so much more. It will take a village to cure T1D, and our “village” is well established and doing so much for people everywhere.

I thank you all, and I will continue the fight with you for as long as it takes. Let's get it done.



Derek K. Rapp
JDRF President and Chief Executive Officer

Dear JDRF Community,

As we enter the new year, I would like to send warm wishes for a healthy and happy 2019 to all of you. As I look at my own family over the past year, I am thankful for the arrival of two beautiful grandchildren. And like this community of parents and grandparents, I dream of the day when prevention of T1D and the altered course of the disease will be a reality for future generations.

In Derek's letter and in the pages that follow, you will see the tremendous work and progress that has been made over the course of the last year. It is inspiring. It also is energizing, as we see extraordinary potential for true breakthroughs in so many areas.

As many of you know, I have been a part of the T1D community, as a parent of a daughter with T1D, as a community volunteer and as a Board member. I wear a wristband with the words, “Insulin is not a cure”—it's well-worn with some of the letters now obscured. But in a small way it represents the journey of our community for almost 50 years. Our dream hasn't changed. We are here to end this disease and it is a privilege to be a part of this team, this family.

I hope you enjoy this year's annual report. It is about all of you being the *unstoppable* type. It is about us being the *advancing progress* type.



Ellen Leake
Chair, International Board of Directors

FDA Approvals This Year

Over the past year, we have seen unprecedented progress, including a number of approvals from the U.S. Food and Drug Administration (FDA) of new technologies to help people manage their type 1 diabetes (T1D).



Artificial Pancreas

June 21

Medtronic MiniMed™
670G, ages 7 to 13



Continuous Glucose Monitoring (CGM)

June 21

Eversense® Fully
Implantable Sensor,
18 years and older



Insulin Pump

June 21

Tandem t:slim X2™ Insulin
Pump with Basal-IQ™
Technology, 6 years and older

March 27

Dexcom G6® (iCGM),
2 years and older

June 1

Insulet Omnipod DASH™
Personal Diabetes Manager

March 8

Medtronic MiniMed™
Guardian™ Connect System,
14 to 75 year olds

September 27, 2017

Abbott Freestyle Libre™
Flash, 18 years and older



Support Technology

June 12

DreaMed Advisor Pro



A First for Children

The Medtronic 670G, a hybrid closed loop automatic artificial pancreas system, originally approved in 2016, was approved for children ages 7 to 13.

More than a decade ago, JDRF launched the Artificial Pancreas Project, which dramatically accelerated progress in this work by fostering collaboration among academic investigators, industry—including Medtronic—regulatory agencies and other funding groups, such as the National Institutes of Health (NIH) and the Helmsley Charitable Trust.



A New CGM, a New Framework

The FDA approved one continuous glucose monitoring system (CGM)—the Dexcom G6—in a new framework that enables companies to more easily combine components into interoperable systems. This new paradigm could dramatically speed innovation and make the regulatory process more efficient.

Fully Implantable

The Eversense CGM, by Senseonics, was approved for ages 18 and older. It can be worn for up to 90 days and is the first fully implantable CGM approved in the United States. It also enables data sharing with an associated app. JDRF provided funding to Senseonics in the early stages of sensor development in the early 2000s.

Zero Fingersticks

The Abbott FreeStyle Libre Flash Glucose Monitoring System is the first CGM that can be used without finger-stick calibration. Users determine glucose levels by waving a mobile reader above a small sensor. It is for ages 18 and older, and can be worn for up to 14 days.

A Smart, Standalone CGM

The FDA approved a smart, standalone CGM, the Guardian Connect System. The Guardian continuously measures glucose levels and delivers them to a smartphone every 5 minutes. It's also the only standalone CGM system that uses smart technology to predict where glucose levels are headed. The system consists of a small sensor inserted under the skin and can be worn for up to 7 days.



First Tubeless System Available

Omnipod's new DASH personal diabetes manager allows remote monitoring of a loved-one's glucose levels. Those using the hand-held device can take a mealtime bolus and programming basal rates that are then shared with caregivers. This allows remote monitoring of glucose levels. This also lays groundwork for Omnipod to update its software remotely in the future. Insulet, an insulin management technology company, has been a JDRF global corporate partner for 10 years.

Compatible with Integrated CGM Systems

The Tandem t:slim X2 Insulin Pump with Basal-IQ technology, with a hypoglycemia-suspend feature, is the first to be approved for children as young as 6 years old and also the first to be designated as compatible with integrated CGM (iCGM) systems. Tandem has partnered with Dexcom, which has the only iCGM on the market (Dexcom G6), to integrate the pump with the iCGM.



Support Technology

DreaMed Diabetes, an Israeli diabetes technology company, received FDA clearance for its Advisor Pro software that can help healthcare providers give insulin dosing recommendations based upon deep analysis of data from an insulin pump and a CGM. JDRF is currently funding the team on a project focused upon optimizing switches from shots to pumps and vice versa.

Leading the Charge Toward a Cure

JDRF is at the center of the movement fighting to end type 1 diabetes (T1D). Our influence stretches around the world, uniting the community to make life better for those affected by this disease.

2018

Vision:
**A world without
type 1 diabetes**

Mission:
**Improving lives today and
tomorrow by accelerating
life-changing breakthroughs
to cure, prevent and treat T1D
and its complications**

More than
70
Chapters across the
United States

6
International
affiliates



Australia



Canada



Denmark



Israel



Netherlands



United Kingdom

Ending T1D Together

900,000

Participants in nearly
200 JDRF One Walks®

16,800

Bags of Hope® and care kits
were delivered to newly
diagnosed families

19,000 attended

52 TypeOneNation Summits

2,300 cyclists in

6 JDRF Rides to Cure Diabetes

\$108M

Directed to T1D research

150+

New research grants

75

Clinical trials supported

8

FDA approvals

I'm the Drive Research Forward Type

Mary Rooney saw clinical trials as a way to both regain control and help others.

A clinical psychologist at the National Institute of Mental Health, Mary approached her diagnosis with a determination to learn more. She wanted to understand what was going on inside her own body.

Clinical trials opened a door. Mary, of San Francisco, joined a phase I trial exploring the possibility of using regulatory T cells (Tregs) to preserve as much beta cell function as possible.

"I think of [Tregs] like the parents in the immune system. You have all these kids running around that need to be controlled. Basically, cells that are either going to attack you or they're going to attack foreign bodies. The parents keep them in line and direct them to what they're supposed to be doing. Those parents are the regulatory T cells."

The study involved extracting her own regulatory T cells, multiplying them in a laboratory and infusing them back into her body. The idea: a higher number of T cells could provide better "supervision" and slow the progression of T1D.

The study is ongoing, but Mary knows that her participation helped advance critical research that may shape the future for others.



When you're diagnosed with something like type 1 diabetes, it's essentially a loss of control.

Being in a study doesn't mean that you can necessarily control the outcome for yourself, but you can make something positive come out of the experience because you can contribute to making things better for everyone.



In FY2018

\$22M

Committed to advancing clinical trials



Our Research

JDRF funds more type 1 diabetes (T1D) research than any other nonprofit organization. Our research portfolio spans more than 20 countries and brings together the best and brightest minds from across the globe, all racing to find a cure for this disease.



Active Research Portfolio

JDRF directly invested \$108 million during fiscal year 2018 to drive research into new and innovative approaches to **cure, prevent and treat T1D.**

How We Fund Research

JDRF makes strategic investments to ensure everything possible is being done—on multiple fronts—to move the most promising research forward. This includes directly funding research grants, financing broader initiatives to foster innovation in the field and bringing together the best minds from academia, research, varied partners and leading global corporations.

Research Grants

Direct funding for early-career and world-renowned scientists

Transportfolio

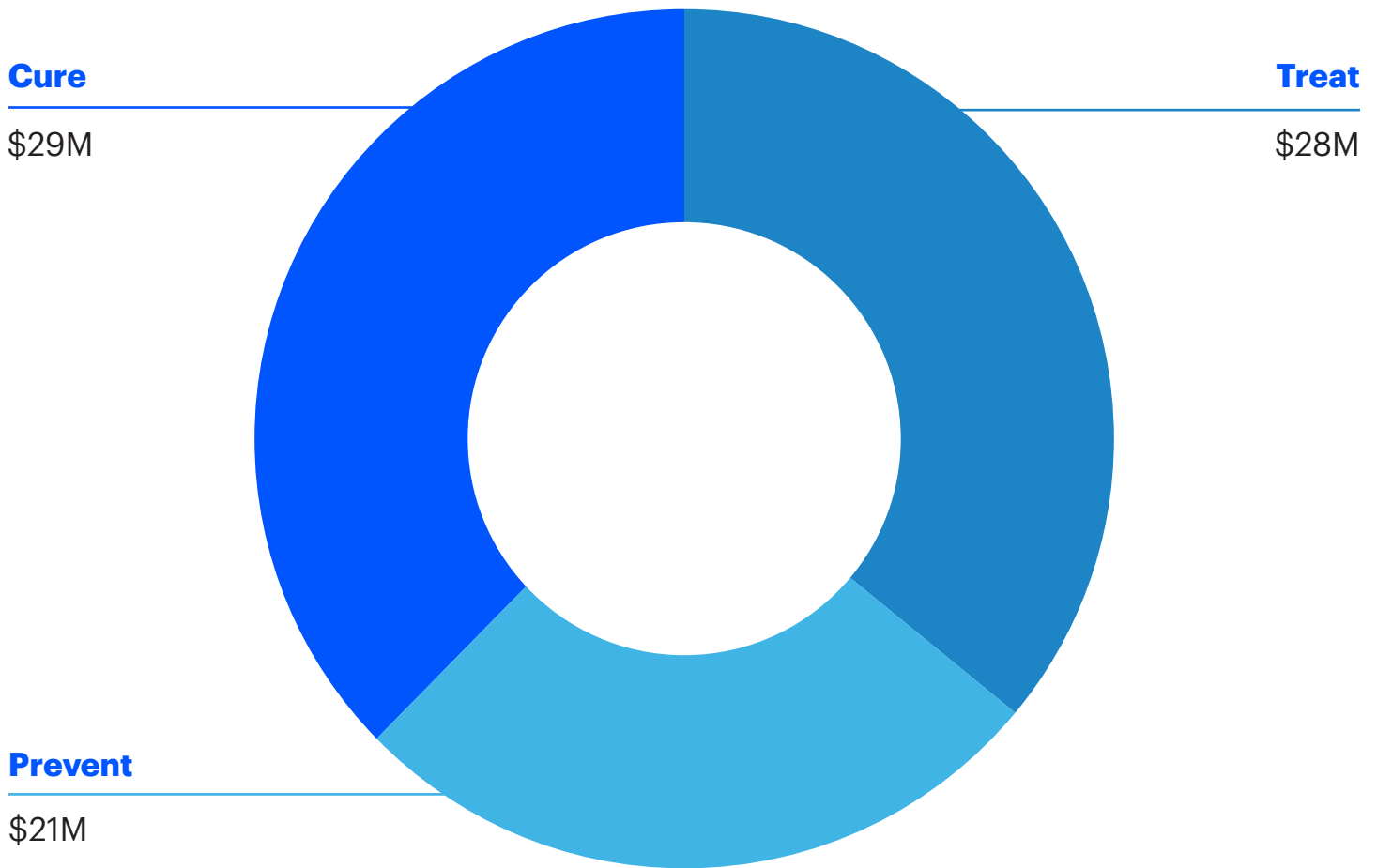
Partnerships and funding opportunities with various agencies

Convening the Best Minds

A team of in-house experts and more than 20 consortia and working groups

A Multifaceted Approach

JDRF research grants support multiple approaches to restore insulin independence in people with T1D, to prevent T1D from occurring in the first place and to improve treatment options to keep people healthy until we find a cure. Of the \$108 million JDRF directed to research last year, \$78 million went to grants specifically aimed to cure, prevent or treat T1D. The remaining \$30 million funded initiatives that support research across our portfolio to cure, treat and prevent T1D.



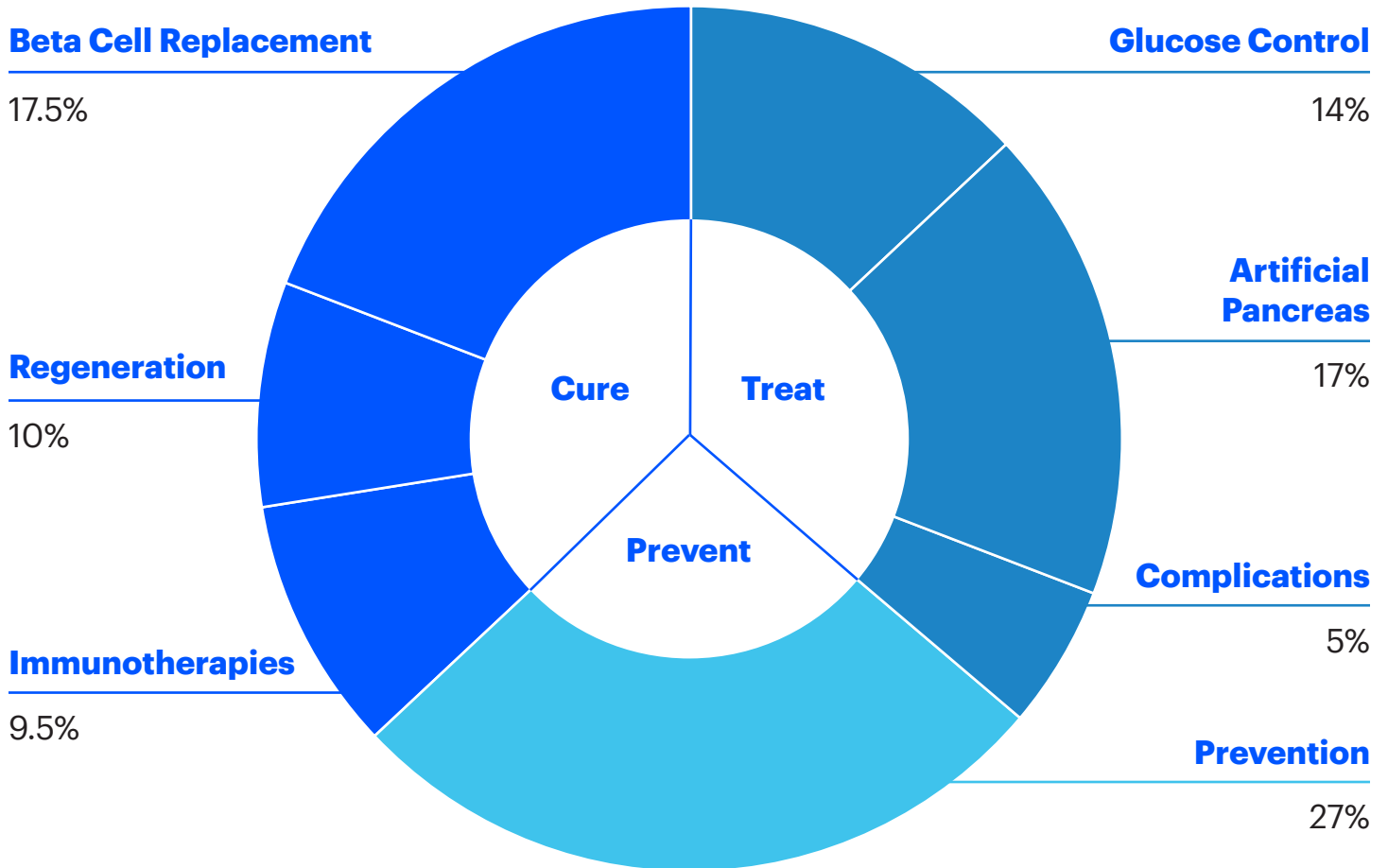
Our Commitment to a Cure

JDRF spends more on cure research than any other research area

We don't know exactly where a cure will come from, so we fund a strategic research portfolio exploring all areas of T1D science, with a focus on racing toward cures.

Seven Program Areas

JDRF invests in seven research program areas to support our goal to cure, prevent and treat type 1 diabetes (T1D). We don't know where a cure will come from, but by supporting science across the field, we pave the way for monumental advancements.



The Research Development Pipeline

All new therapies progress through a series of stages before they reach the people who need them. JDRF invests early in the most promising research, and we continue to support those therapies with the most potential as they advance to later stages of development. JDRF funded over 500 active research grants in fiscal year 2018, with more than 150 new commitments.

Discovery

Includes laboratory studies that form the basis of scientific knowledge

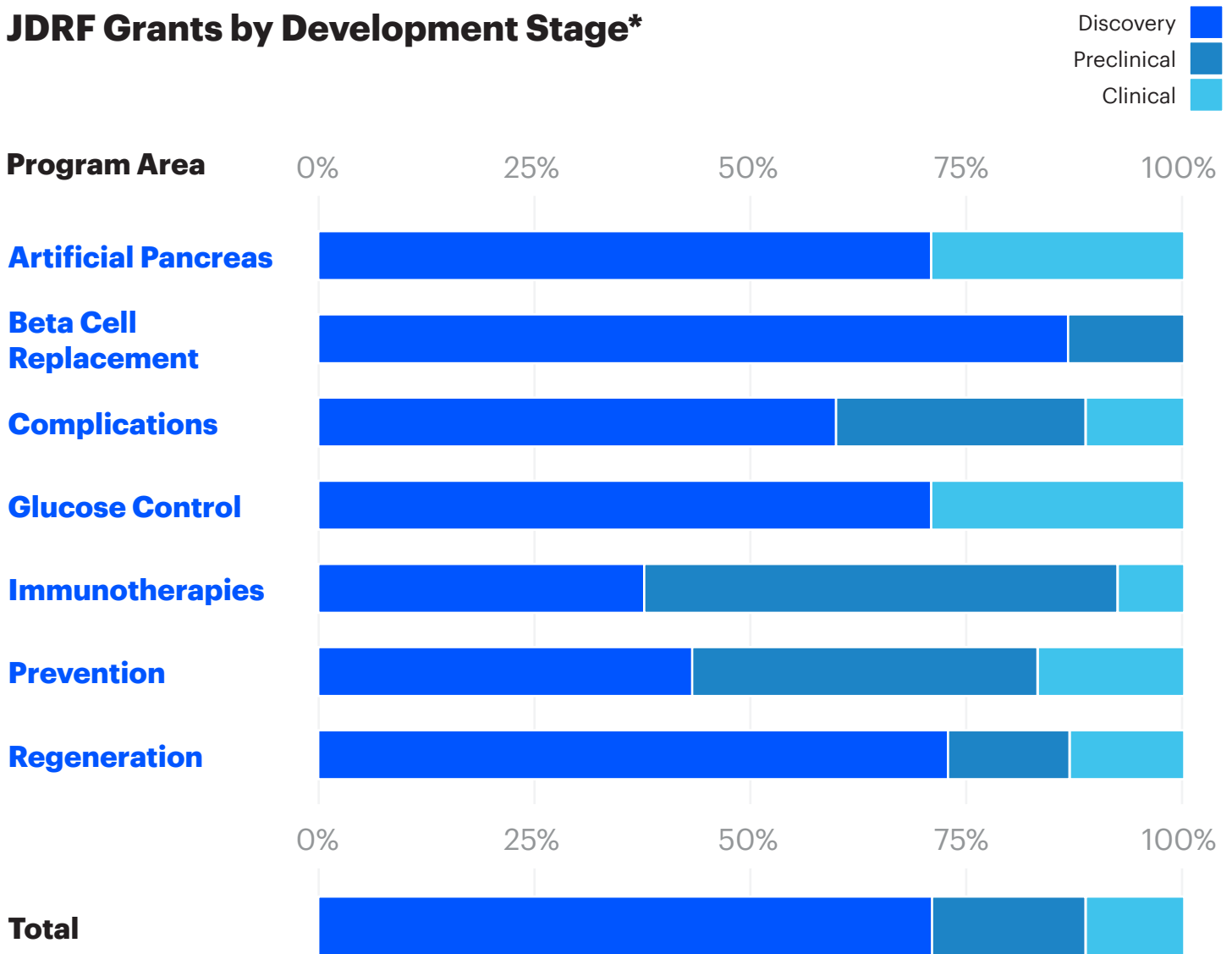
Preclinical

Includes laboratory studies designed to test safety prior to testing in humans

Clinical

Includes studies in humans to test new therapies and to better understand how T1D develops

JDRF Grants by Development Stage*



*Active Grants in FY2018

Post-Approval

As therapies reach later stages of development, JDRF leverages our industry partnerships to move therapies to market—and into the hands of people who need them.

I'm the Find a Cure Type

Since she was diagnosed with type 1 diabetes (T1D) at age nine, Jennifer Sherr, M.D., Ph.D., was certain she would become an endocrinologist. "In fourth grade I could spell it, and I told everybody I was working on a scholarship so I could get to medical school," explains Dr. Sherr.

Today, she is both a pediatric endocrinologist and a clinical researcher at Yale University—helping children with T1D today, and advancing cutting-edge science that will lead to the breakthroughs of tomorrow.

Having T1D herself, Dr. Sherr has participated in several clinical trials. She has also dedicated her career to clinical research—an absolutely pivotal step for transforming science in the lab into new therapies that improve lives. Getting more people to volunteer for clinical trials is critically important.

"It would allow us to finish the research, in many ways, more quickly, and move on to bigger questions or the next steps,"

according to Dr. Sherr.

However, securing enough funding for her research hasn't always been easy. But thanks to a five-year Early-Career Patient-Oriented Diabetes Research award from JDRF, she is able to continue her potentially lifesaving work.

JDRF is funding research in

20 countries

“

JDRF has supported me in many ways in various aspects throughout my life. It's not just about raising funds and advancing science, it's about supporting families. It's about advocacy and getting CGM [continuous glucose monitoring] approved for the Medicare population. And it's about this amazing network of individuals, who are brought together for a joint cause they are passionate about.

”



You can be a part of the research

If you or a close relative has T1D, you may qualify to participate in a trial near you. It's an easy yet impactful way to join the fight against T1D and help get potentially life-saving T1D therapies into the hands of people who need them.

Visit jdrf.org/ctc to learn more

Advancing Clinical Trials

Human clinical trials are critical to get therapies from the lab to the people who need them. Not only are clinical trials a requirement for regulatory approval, but they also help advance scientific understanding of T1D. JDRF supported 75 human clinical trials of drugs and devices in FY2018.

	Phase I Proof of Concept	Phase II Pilot	Phase III Pivotal
Number of trials	26	40	9
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-Supported Clinical Trials by Program Area

Program Area	Phase I Proof of Concept	Phase II Pilot	Phase III Pivotal	Total
Artificial Pancreas	13	13	5	31
Glucose Control	5	13	1	19
Beta Cell Regeneration	1	6	-	7
Prevention	2	5	-	7
Beta Cell Replacement	4	1	-	5
Immunotherapies	1	2	-	3
Complications	-	-	3	3
Total	26	40	9	75

Our Progress

Fiscal year 2018 was a year of significant progress for type 1 diabetes (T1D) research. JDRF-funded researchers made advances in all of our seven program areas, and our transporfolio, JDRF's partnerships and funding opportunities across the research spectrum.



Artificial Pancreas

Open Protocol Initiative

Open Protocol would enable an insulin pump, a continuous glucose monitor (CGM) and an algorithm to collect the devices to “talk” to each other regardless of the manufacturer. Work led by JDRF to enable this has gained nearly universal support among device manufacturers. JDRF is funding two pump companies—Ypsomed and SFC Fluidics—to accelerate delivery to market of interoperable insulin pumps. JDRF also is working to forge new regulatory pathways, with the FDA already clearing one CGM system—the Dexcom G6—to be interoperable, meaning it can be used with various insulin pumps and artificial pancreas algorithms.

Multiple Hormone System

JDRF was key in funding a study that showed using both insulin and pramlintide (a synthetic version of amylin, which is co-secreted with insulin) versus just insulin significantly reduced overall variability in blood-glucose levels after a meal and increased time in range.



Beta Cell Replacement

Keeping Beta Cells Alive

JDRF has made beta cell replacement a top priority and this year celebrated a key partnership in this area. Eli Lilly, a JDRF partner, is working with Sigilon Therapeutics to develop encapsulated cell therapies for T1D, using technology that began with JDRF funding. Encapsulation technologies can “shield” beta cells from immune attack. At JDRF, we catalyzed encapsulation research and attracted people into the field, among them were Daniel Anderson, Ph.D., and Robert Langer, Sc.D. Their research eventually led to the discovery of an encapsulation platform resulting in the formation of Sigilon Therapeutics.

Improving Stem Cell Therapy

In 2014, with JDRF support, ViaCyte initiated the first clinical trial testing a stem-cell-derived beta cell replacement therapy for T1D. Initial results showed that implanted cells can produce insulin—a significant milestone. JDRF is supporting a second clinical trial.



Glucose Control

Managing Blood-Sugar Levels with a New Drug

Lexicon and its partner, Sanofi, submitted a new drug for approval in the United States and Europe for T1D. The drug, sotagliflozin (Zynquista™), would be the first drug to block both SGLT-1 and SGLT-2, which are responsible for blood-sugar absorption in the kidneys and intestines. JDRF was one of the first to support a clinical trial to see if the drug worked in T1D. In this, and later clinical trials, sotagliflozin showed a significant reduction in HbA1c, and also improved other key health measures. If it is approved, it will be the first example of a novel oral drug approved solely for T1D.

CONCEPTT Clinical Trial

JDRF funded the CONCEPTT trial (Continuous Glucose Monitoring in Women with Type 1 Diabetes in Pregnancy Trial) that showed using a CGM during and prior to pregnancy improves the health outcomes for both mothers and babies, while reducing costs for neonatal hospitalization, an otherwise frequent occurrence.



Prevention

IBM Research Partnership

JDRF is collaborating with IBM to develop and apply IBM's world-class computing power to analyze years of global T1D research data and identify factors leading to the onset of T1D in children. By developing a better understanding of risk factors and causes of T1D, we hope to eventually find a way to prevent the disease entirely.

Prevention Collaboration

With JDRF T1D Fund support, the company Provention is developing an enterovirus vaccine platform for T1D. Enterovirus infections are common, and recent evidence suggests that there is a link between the infection and T1D. If Provention's approach is successful, it could potentially prevent or delay up to 50 percent of T1D cases in children.



Complications

Moonshot Initiative

JDRF launched "Restoring Vision: A JDRF Moonshot Initiative," and brought together more than 50 global experts in diabetes-related eye diseases and related disciplines—including physicians, engineers, cell biologists and technology experts—to advance research that could ultimately reverse blindness and low vision that result from T1D. This would fill a critical gap and improve the lives of those affected by what is now an irreversible complication of diabetes. The initiative honors late JDRF International Chairman Mary Tyler Moore, who was impacted by vision loss and wanted to help others avoid this T1D complication.

A Safe and Effective Treatment for Kidney Disease

An important clinical trial is underway to test the benefits of allopurinol—a nearly 50-year-old drug used to treat gout—for kidney disease. This trial is an example of the impact of the great partnership between JDRF and the National Institutes of Health (NIH). After JDRF funded a pilot study showing initial promise and successfully advocated to Congress to renew the Special Diabetes Program, NIH funded this vital phase III trial. If the findings demonstrate allopurinol's effectiveness, the drug could be a low-cost, safe and effective way to prevent this life-threatening and costly complication.



Immunotherapies

Combination Immunotherapy

Michael Haller, M.D., unveiled results of a clinical trial that tested two immune-modulating drugs approved by the FDA for other conditions—Thymoglobulin® (or anti-thymocyte globulin; ATG) and Neulasta® (granulocyte-colony stimulating factor; GCSF)—to see if together they can preserve beta cell function in new-onset T1D. The results suggest that ATG, alone or in combination, could slow T1D progression and beta cell mass. Dr. Haller received an early career grant from JDRF that provided funding to complete the initial pilot studies of ATG and GCSF in T1D, which laid the groundwork for the larger ATG-GCSF combination trial.

Blood Pressure Drug for T1D

Aaron Michels, M.D., and Peter Gottlieb, M.D., both previous JDRF grantees, reported that the drug methyldopa, used for over 50 years for high blood pressure, might delay the progression of new-onset T1D in more than 50 percent of people with the disease (those with a specific genetic risk factor called HLA-DQ8). JDRF funded the clinical trial featured in the report and the investigations by Dr. Michels that uncovered the role that methyldopa might have in delaying the onset of T1D.



Beta Cell Regeneration

Improved Blood-Sugar Control

Anath Shalev, M.D., identified a protein that increases when beta cells are stressed. She also found that the blood pressure medication verapamil can reduce levels of protein in beta cells. Dr. Shalev has received three grants from JDRF, the last one to fund a clinical trial of verapamil.

The clinical trial showed that verapamil, administered in newly diagnosed adults with T1D, helps to slow progression of T1D and promote insulin production by preserving beta cell function. People with T1D needed less insulin and had better glycemic control, with fewer highs and lows, than those who received a placebo. This provides a powerful proof of concept that controlling beta cell stress can slow down—or even stop—T1D from developing.

Inversago

The JDRF T1D Fund invested in Inversago for its cannabinoid receptor inhibitor. This investment was made based on results from JDRF research funding going back to 2008, to Maire Doyle, Ph.D., and later to Rohit Kulkarni, M.D., Ph.D., that found that cannabinoid receptor inhibition improves beta cell survival.

Transportfolio

In addition to funding research grants, JDRF invests a significant amount of funding into other initiatives to cure, prevent and treat T1D. Examples include: the Network for Pancreatic Organ Donors with Diabetes (nPOD), psychosocial support and opportunity-funded investigations, which are critically important to unlocking the science around the disease.

Insulin Investigation

Last year, a small, yet controversial study was published, in which researchers measured the concentration of insulin from 18 vials bought from five U.S. pharmacies. They reported that insulin vials had an average of just 40.2 percent intact insulin, versus the minimal requirement of 95 percent. JDRF, along with The Leona M. and Harry B. Helmsley Charitable Trust and the American Diabetes Association, has awarded funding to Timothy Garrett, Ph.D., and his team to do a larger study to further investigate these findings.

Network of Pancreatic Organ Donors with Diabetes (nPOD)

nPOD is the world's largest tissue bank dedicated to studying the pancreas for T1D research. nPOD collects and processes pancreatic and other tissues from organ donors who had or were at increased risk for T1D, and makes them available, without cost, to investigators around the world for research. nPOD researchers have made discovery after discovery that struck down dogmas regarding our scientific understanding of how and why T1D develops. It celebrated its tenth year in 2017.

Psychosocial Support

JDRF is leading the way to support psychosocial issues in people with T1D. We have established the JDRF Diabetes Psychology Fellowship Program, a combination of clinical diabetes care and diabetes research, which is designed to increase the capacity in diabetes clinical psychology and diabetes psychology research. We have founded the JDRF College Internship Program, aligning young adults in college or graduate school with employment opportunities across the diabetes sector. And we have incorporated psychosocial content in all 52 of our JDRF Type-One-Nation Summits. We want to make living with T1D as easy and less burdensome as possible, and psychosocial support is enormously crucial in this regard.

I'm the Take Action Type

JDRF Advocates like Stefanie Sonico know just how urgent it is to share our stories with lawmakers. Together, we advocate for federal funding for T1D research and policies that help people living with the disease. We unite our voices to fight for a world without T1D. On social media and in the halls of Congress—we are making an impact.



I'm the *take action* type because Advocacy matters. Signing action alerts, meeting with my Members of Congress and enlisting friends to join me in JDRF campaigns has made such a difference, but we have to keep it up. We have to continue taking action and advocating for the entire T1D community.



You can be part of the movement ending T1D

Know the issues affecting our community

- \$150 million of annual federal funding for T1D research through the Special Diabetes Program
- Protections for those living with pre-existing conditions, like T1D
- Access, choice and affordability when it comes to healthcare and diabetes management tools

In FY2018

25 largest insurance companies
now covering artificial pancreas systems

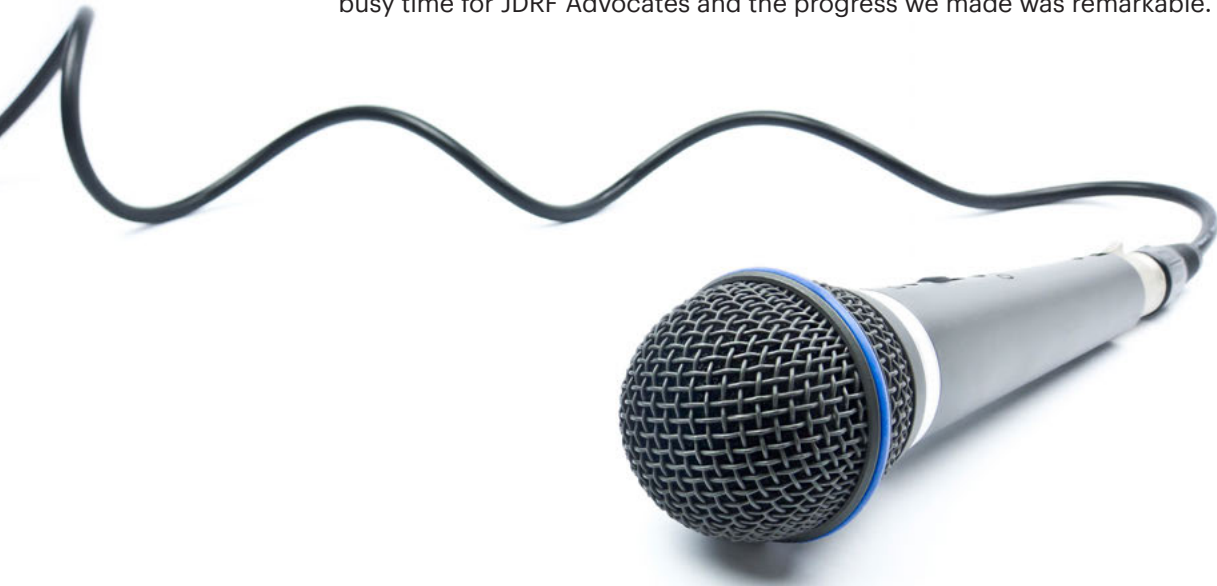
Go to jdrf.org/join

to sign up to be an Advocate today



Standing Up to Stop T1D

JDRF Advocates raise awareness for critical issues facing the type 1 diabetes (T1D) community. We fight for access, choice and affordability so that people with T1D get the healthcare coverage they need and the tools that make managing the disease easier. We make sure that Congress provides critical research funding that is improving lives today and tomorrow. Last year was a busy time for JDRF Advocates and the progress we made was remarkable.



The Special Diabetes Program

In February, Congress approved legislation for a two-year extension of the Special Diabetes Program (SDP), committing \$300 million for T1D research through the National Institutes of Health. This renewed funding will allow researchers to build on past successes and continue promising trials that may lead to better treatments, prevention measures and a cure for T1D. Since 1997, JDRF's grassroots advocacy efforts have been successful in securing and renewing nearly \$2.8 billion through the Special Diabetes Program.

Open Protocol Initiative

As part of its Open Protocol initiative, JDRF in 2018 worked with the FDA to establish regulatory and legal frameworks to enable interoperable automated insulin delivery systems to provide more choice and innovation. In March, the FDA announced its clearance of the Dexcom G6, which is the first continuous glucose monitor (CGM) to be interoperable. In April, JDRF and The Leona M. and Harry B. Helmsley Charitable Trust hosted a public workshop that brought numerous stakeholders together to address challenges and plan next steps.

25 Insurance Companies

At JDRF, we know that the artificial pancreas technology is a gamechanger. But the cost of these systems can put them out of reach when not covered by insurance. In a major milestone, all of America's 25 largest health insurance companies now cover the first hybrid closed loop artificial pancreas system, the Medtronic 670G. This came after Anthem—America's second-largest health insurance company—decided to cover the artificial pancreas systems in November. Anthem changed its policy by engaging with JDRF and the T1D community. Through JDRF's Coverage2Control campaign, JDRF is advocating for coverage, choice and affordability of T1D therapies.

Pre-Existing Coverage Matters

In 2017, JDRF joined with other patient advocacy organizations to oppose legislation that would have enabled health insurers to charge higher premiums for people with pre-existing conditions and/or limit or deny coverage altogether. This proposal failed in the U.S. Senate in September. JDRF continued its advocacy in June 2018, expressing our grave concern with the Administration's stance in litigation related to pre-existing conditions. JDRF will continue to advocate for current law protections to remain in place, which are crucial for people with T1D who need coverage to access the drugs and devices that keep them alive every day.

Sharing Data Through Medicare

The Centers for Medicare and Medicaid Services (CMS) announced it will expand its policy to allow Medicare beneficiaries to use smart devices in conjunction with CGM systems. This will enable beneficiaries who use a CGM to share their data with others. JDRF has long worked with regulatory and industry stakeholders to advocate for this change, and we are grateful to CMS for putting patients first and prioritizing innovation.



We're the Go the Extra Mile Type

The Swetnam family's first introduction to type 1 diabetes (T1D) came 18 years ago when then 9-year-old daughter Alex was diagnosed. They spent three days in the hospital learning about the disease before going home to try to figure out their new normal. They turned to JDRF for support and the whole family quickly became part of the JDRF community. Alex's father, Greg, joined the Board of Directors of the JDRF Kansas City Chapter, where he has served for the entire 18 years his daughter has been living with T1D.

On May 2, 2018, the JDRF community took on a whole new level of importance for son Andrew. He was diagnosed at age 24 after a routine physical found elevated blood-sugar levels. Andrew grew up with JDRF—going to Walks and Rides to support his sister. In fact, two months before being diagnosed, he signed up for the JDRF Ride to Cure Diabetes in Santa Fe, New Mexico, to ride 100 miles with his father to support his sister. However, it turned out that the day became an opportunity to support himself as well.

Santa Fe was Greg's thirteenth Ride. His dedication to JDRF stems from the hope we provide. Hope for the future, as JDRF invests in the most innovative research to make life better for people living with T1D.

"The technology has been incredible," says Greg. "It's probably one of the things we've seen advance more than anything else."

He knows that finding a cure is a challenge, but one that JDRF can and will overcome. In the meantime, the advancements in treatments are keeping his two children healthy and safe.

Community Outreach

Every day, all around the world, JDRF volunteers and staff support the T1D Community, delivering lifelong impact at times of often greatest need. This year we continued this important work through:

Resources for Newly Diagnosed

13,200 Bags of Hope® delivered to children and their families

3,600 care kits given to adults

One-on-One Support

3,300 matched with a T1D mentor

1,700 helped by the Online Diabetes Support Team

Special Events

19,000 attended 52 TypeOneNation Summits

In FY2018

2,300 cyclists in
6 JDRF Rides to Cure Diabetes



Fiscal Year 2018 Consolidated Financials

As the leading nonprofit funder of T1D research, fiscal responsibility is at the core of our organization. The donors, supporters and partners of JDRF trust us to make the right investments to find a cure. And we're proud of how we put your money to work.

How we raise funds for T1D

\$129.1M

Events
(Including Walks)

\$83.7M

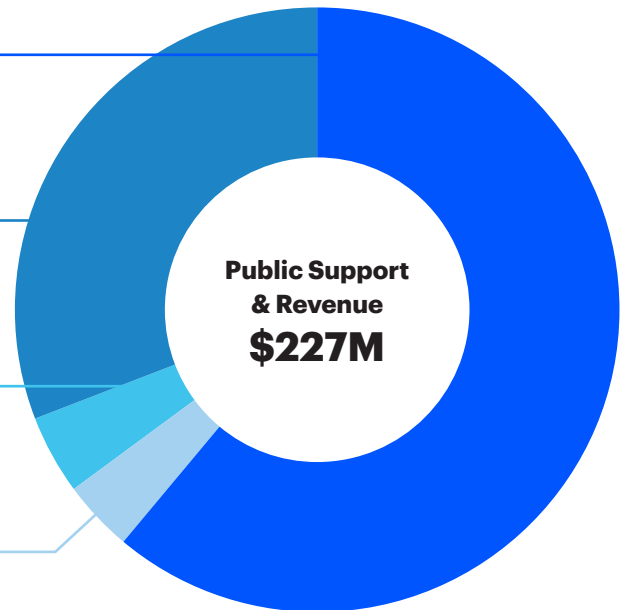
Contributions

\$8.3M

International
Affiliates

\$5.9M

Investment
Return & Other



Delivering on our mission

\$108M

Research
(Includes grants and support)

\$56M

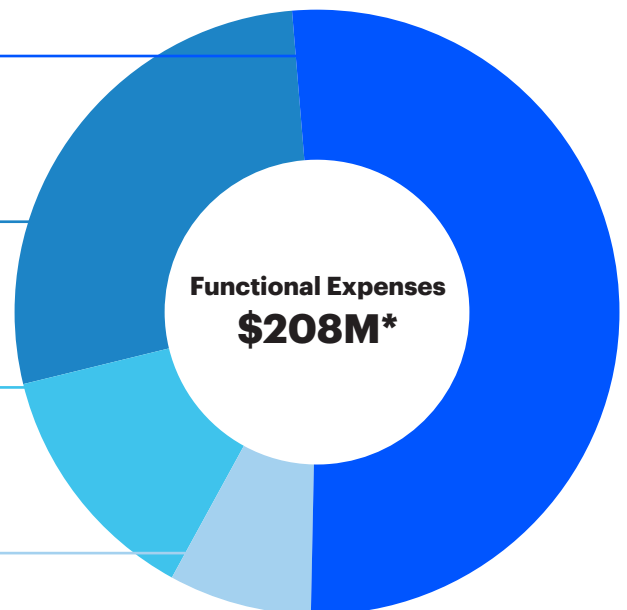
Public Education
(Community engagement, newly-diagnosed outreach, support programs)

\$28M

Fundraising
(Walks, Rides, Galas, Etc., which raised \$227)

\$15.9M

Management



* \$19M was added to net assets (for FY2019)

To view the FY2018 financial statements, which have been audited by KPMG LLP, please visit jdrf.org/financials

\$96M total end of fiscal year 2018 net assets

JDRF Leadership

International Board of Directors

Officers

Ellen Leake, Chair

Jeff Plumer, Vice Chair

Lisa F. Wallack, Secretary/Chair, Nominating & Governance Committee

Grant Beard, Treasurer/Chair, Finance Committee

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Michael Alter

Randy Anderson, Ph.D.

Brandon Arbiter

Cathy Baier

Jennifer Bennett

Mary Elizabeth Bunzel, Chair, Chancellors

Timothy Clark

Marv Daitch

Steven Davis

Nanette DeTurk, Chair, Advocacy Committee

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Michelle Griffin, Chair, Development Committee

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Joe Lacher, Chair, Talent & Compensation Committee

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Stephen Newman, M.D.

Mike Norona

Dayton Ogden

Margery Perry, Chair, Research Committee

Angie Platt

Lisa Reed

Kim Roosevelt

Jennifer Schneider

Michael Soper

Christopher Turner, Chair, Investment Committee

Matt Varey

Jerry Wisler

Karey L. Witty, Chair, Audit Committee

Senior Management

Derek K. Rapp, President & CEO

Aaron J. Kowalski, Ph.D., Chief Mission Officer

Sandra Hijikata, Chief Development Officer

Alisa Norris, Chief Marketing & Communications Officer

Susan Yun, Chief People Officer

Joanne Martz, Chief Financial Officer

Sri Mishra, Chief Technology Officer

Cynthia Rice, Senior Vice President, Advocacy & Policy

Jill Clark, Chief of Staff

Gil King, Vice President, Internal Audit

[Leadership as of December 2018](#)

We're the Partnering for a World Without T1D Type

JDRF's corporate partners take the fight against T1D to new heights.

Through support of JDRF efforts, they help educate and engage our community. The generosity of their employees who participate in workplace giving, events and in-store promotions help fund critical research. And, by bringing their innovation to the fight, they are helping us do so much more to advance work in key areas. We are grateful for all the ways our partners make a lasting impact as they join JDRF in our mission to improve lives today and tomorrow.

Elite Partners

Contributing more than \$2,000,000 annually



Marshalls

Principal Partners

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



Champion Partners

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

Medtronic



Major Partners

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

Abbott

Dexcom

Discover

Insulet

Walgreens

Supporting Partners

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

ALEX AND ANI

BD Diabetes Care

Connections Academy

Delta Tau Delta

Exelon

Floyd's 99 Barbershop

IAAI

Livongo

Merck

MilliporeSigma

Quest Diagnostics

Sanofi

Schlotzsky's

Stop & Shop

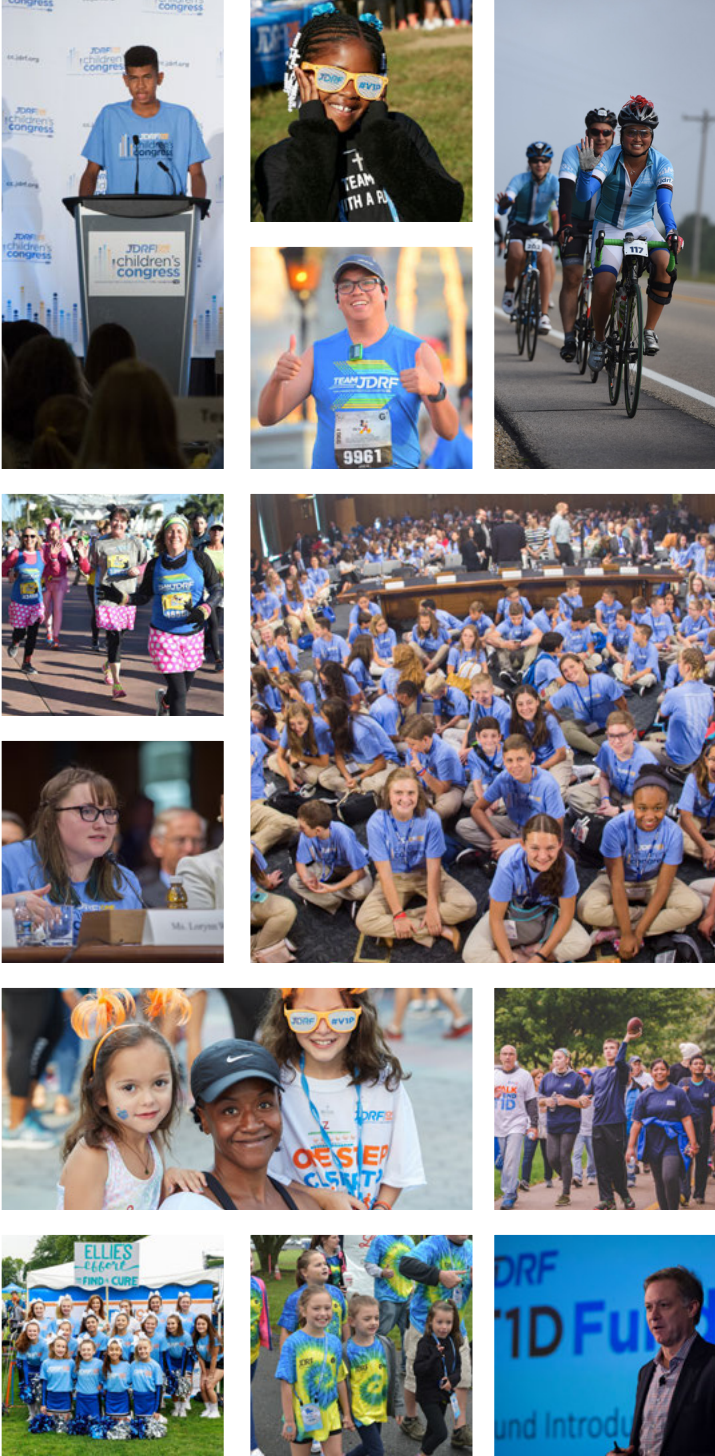
Talking Rain

Tommy Hilfiger Corporate Foundation

Whitlock

We're the Grateful Type

You are the force behind the powerful movement that will end type 1 diabetes (T1D) once and for all. Your dedication, perseverance and generosity are changing the lives of millions for the better, thank you!



Thank you.



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

jdrf.org

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