

Accelerating Progress Across the Pipeline



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Work Across Pipeline + Leverage + Diversified Research Strategy = Accelerating Life-Changing Breakthroughs

Curing type 1 diabetes (T1D) is JDRF's ultimate goal. Along the way, we need to help people with T1D live healthier lives. And in the past decade, we have seen incredible progress.

Artificial pancreas systems, other improved technologies—such as continuous glucose monitors (CGMs)—and advanced insulins are helping to reduce dangerous highs and lows while reducing the burden of living with T1D right now.

Since our founding in 1970, we have learned that the path to life-changing breakthroughs to cure, prevent, and treat T1D and its complications is as complex as the disease is.

It's why we have a comprehensive, optimized-for-acceleration approach to our work.

The Path to Therapy Development and Access

Research is a critical first step and is one of many required to discover and deliver advanced therapies to people living with T1D.

This is why—through our mission pillars of research, advocacy, and community engagement—we work

across the entire T1D therapy development and access pipeline. The “pipeline” is the process by which new or improved therapies are created, brought to market, and ultimately lead to positive health outcomes.

Our work across the pipeline is the first part of how we accelerate T1D breakthroughs and is driven by a series of questions:

- Which scientists will advance T1D therapy approaches with the most potential?
- How can we ensure promising lab discoveries are promptly tested in humans?
- What do we need to do to help secure regulatory approval for therapies that work in humans?
- How can we help impact whether these therapies will be covered by healthcare plans and prescribed by clinicians?

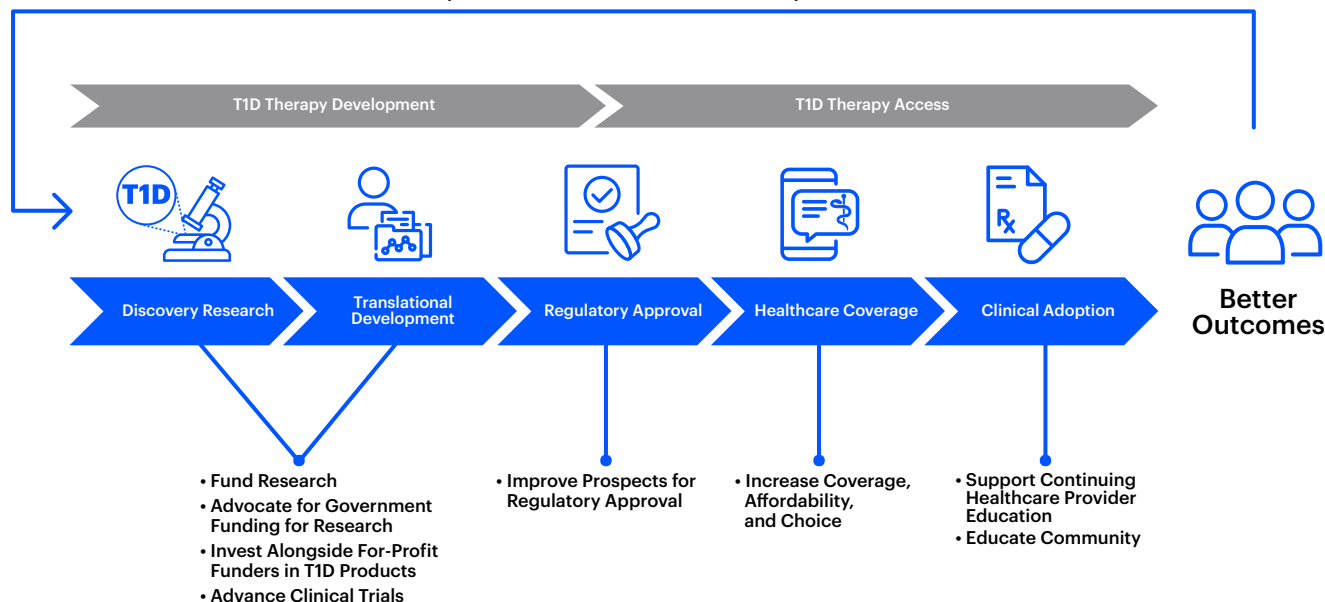
Lead with Leverage

We further accelerate our efforts by leveraging our expertise and leadership to bring in additional funding and supporters.

This “leverage” is the second part of how we

The Pipeline

Cycle of Next Generation T1D Therapies



accelerate T1D therapy development and access. We collaborate with the public and private sectors and influence these partners to invest in research efforts, which amplifies our impact.

A significant driver of leverage is the JDRF T1D Fund, our innovative venture philanthropy fund. The Fund uses donor dollars to invest in companies with T1D programs. The purpose of these investments is to accelerate therapies to patients and attract private venture capital to our cause. As a result of the Fund's efforts, the number of companies developing T1D cure programs or technologies relevant to T1D has risen from just a handful five years ago (when we established the Fund) to approximately 30 today, and nearly \$600 million of new private capital has been invested alongside the Fund since inception.

Multiple Shots on Goal

Finally, we have a diversified research strategy involving different kinds of therapies to cure T1D and improve lives—all of them with multiple projects underway. Or, as I like to say, “multiple shots on goal.”

Together, all three pieces—which we operate simultaneously on a global scale—are moving us as quickly as possible toward cures and the next generation of life-improving therapies.

On the following pages, you'll learn about some of our most exciting advances today—where they are now, how they got there, and the outlook for the future.

None of this would be possible without you, our driving force. Your support and generosity are the fuel advancing our mission to end T1D.

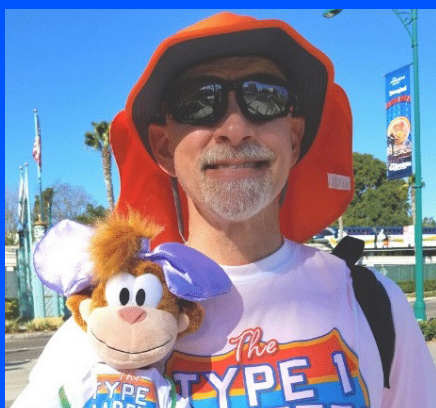
Warm regards,



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

Our Supporters = Our Driving Force

You—**our volunteers, advocates, donors, and fundraisers** who connect with our Chapters across the nation—are our primary driving force and our main accelerant. Here, in your own words, some of you share what inspires you to move us closer to life-changing breakthroughs to cure T1D and improve lives.



“Our type 1 community is strong, connected, and here to figure it out together.”

—Don Muchow, T1D Runner

“I have an incredible passion for activism and societal change.”

—Stutey Pandi, JDRF’s Youth Leadership Council



“The Fund is going to be the key to finding a cure much more quickly.”

—Terry & Bonnie Jackson, JDRF T1D Fund Donors



“I found myself crying with another mom....To be able to give her a place to come and share her feelings....THAT is a major reason I am proud to be actively involved with JDRF.”

—Chelsea Lugone, JDRF Volunteer



"I would say early intervention is the most important thing."

—Cheryl Boyce-Taylor, mother of A Tribe Called Quest founding member, the late Phife Dawg

"For newly diagnosed children, it is important for them to know and see that they are not alone."

—Shaina Hatchell, *Shia Learns about Insulin* author



"Advocates have the power to invoke real change...It's all about making a difference."

—Joel Barnett, JDRF Advocate Leader



"Those are the life-changing steps that JDRF is helping to fund. Better outcomes, better lives, and, eventually, no T1D."

—Chris Eaton, JDRF Ride Champion

Curing T1D

Today's most promising cures research involves a three-pronged approach:



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



Disease-Modifying Therapies, which aim to stop, reverse, or delay the immune attack of insulin-producing beta cells in the pancreas.



Screening and Monitoring to identify more people before T1D onset, a crucial window of opportunity to deploy disease-modifying therapies, and prevent devastating outcomes at diagnosis.

Cell Therapies: Where We Are Now

In 2021, Vertex announced that the first person to receive its stem cell-derived therapy needed 91 percent less insulin 90 days after receiving just half the target dose. The therapy has fast-track designation from the U.S. Food and Drug Administration (FDA), which aims to facilitate development and expedite review of therapies to treat serious conditions.

Another big player in the stem cell-derived space, ViaCyte, also had two major announcements: (1) A clinical trial launch for VCTX210, a gene-edited stem cell replacement therapy combining ViaCyte's stem cell capabilities with CRISPR Therapeutics' pre-eminent gene-editing platform which may not require immunosuppression; and (2) Preliminary results from its second technology, which yielded the first reported evidence of implanted stem cells secreting insulin in response to meal consumption.



Discovery Research

Translational
Development

Regulatory Approval

Healthcare Coverage

Clinical Adoption

Cell Therapies: How We Got Here

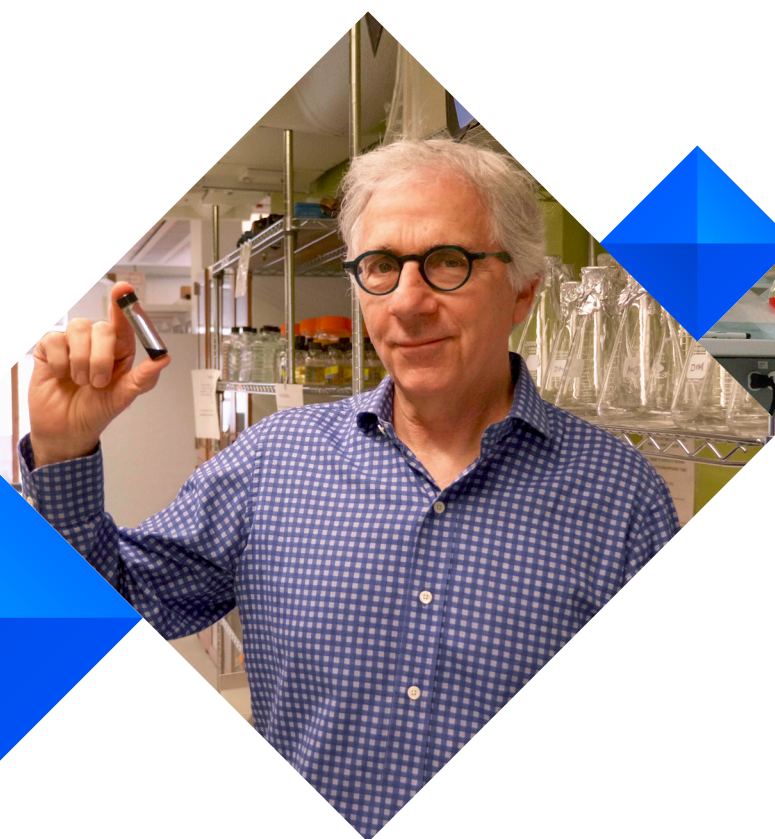
Beta cell transplantation has been a goal of researchers for decades. The first replacement therapies began in the 1970s. Decades later came the Edmonton Protocol—a groundbreaking clinical trial in which all participants remained free of the need for external insulin at one year. The astounding results were published in 2000.

JDRF expanded clinical trials that confirmed the Edmonton Protocol results and made renewable cell sources and immunosuppression-free treatment on its list of goals for cell replacement therapies.

JDRF's involvement in the work Vertex is advancing extends back to 2000, when we awarded Douglas Melton, Ph.D., a grant to make beta cells from stem cells—which he successfully accomplished in 2014.

Since that breakthrough, Melton founded Semma Therapeutics; the JDRF T1D Fund made a catalytic investment in Semma in 2017; and, in 2019, Vertex acquired Semma for almost \$1 billion.

Another person who successfully created beta cells from stem cells in 2014 was Timothy Kieffer, Ph.D. He has received JDRF funding since the early 2000s. In 2021, Dr. Kieffer became the Chief Scientific Officer at ViaCyte, for which JDRF has provided significant support throughout the years. Our funding almost 20 years ago underwrote development of the proprietary line of precursor stem cells used in preclinical and clinical studies, including the first ever clinical trial to test a stem cell-derived replacement therapy for T1D.





Cell Therapies: Future Outlook

Vertex and ViaCyte developments are only two examples of amazing progress in cell therapies—but there are many, many more. Through the Cell Replacement Consortium, JDRF supports 50+ research groups and companies working on cell therapies. It's not a matter of if these therapies will become available to people with T1D, but when.



JDRF T1DFund

The JDRF T1D Fund is a venture philanthropy fund that uses donor funds to invest in companies with T1D programs with the purpose of accelerating therapies to patients and attracting private venture capital to our cause. We started the Fund in December 2016

to address the challenge of low private venture capital investment in T1D therapies. It is now the largest, most enterprising venture philanthropy fund of any disease foundation. As a result of the Fund's efforts, the number of companies with T1D cure programs in development has risen from just a handful when we established the Fund to approximately 30 today, and nearly \$600 million of new private capital has been invested alongside the Fund since inception. These companies are achieving early mission success via new clinical trials, industry partnerships with pharma, and application of the knowledge base for curing and treating other diseases with biology relevant to T1D.





Disease-Modifying Therapies: Where We Are Now

A JDRF-funded clinical trial in Australia is investigating whether a JAK inhibitor therapy, called baricitinib (Olumiant®), will preserve beta cell function in children and young adults who have recently been diagnosed with T1D. This is the first time it is being used in people with T1D, and follows the remarkable use of another JAK inhibitor—as a precision medicine treatment—to reverse T1D in a young man.

Ustekinumab (Stelara®), a psoriasis and Crohn's disease

drug, is the focus of another JDRF clinical trial. The investigators will test whether the therapy will halt the progression of—or reverse—T1D in participants who have recently been diagnosed.

Another disease-modifying therapy, teplizumab, is under regulatory review with the FDA. It was found to delay the onset of T1D by about three years in people almost certain to develop the disease.

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Disease-Modifying Therapies: How We Got Here

Once T1D was established as an autoimmune disease in the 1970s, the next step was to see if an immune-modulating drug would influence the disease.

The first was cyclosporin—a drug that inhibits immune cell signaling. In the 1980s, it provided the first proof of concept that immune treatments could prolong beta cell function (however, the risks of cyclosporin outweighed the benefits, and it was taken out of clinical testing).

We have had multiple shots on goal since then, and many of them are still in clinical studies, including teplizumab.

JDRF had a hand in the development of teplizumab from almost the beginning. JDRF-funded researcher Kevan Herold, M.D., showed that he could prevent

autoimmune diabetes with an anti-CD3 antibody (which, later, became a humanized version, teplizumab).

Dr. Herold has received more than 15 grants from JDRF, and was the lead on the clinical trial that demonstrated that teplizumab could delay the onset of T1D by three years.

Provention Bio, the company that owns teplizumab and submitted it for FDA approval, is another company into which T1D Fund has invested.

The JDRF-funded clinical trial for baricitinib comes on the heels of preliminary research which found that inhibition of JAK (a protein) may help prevent beta cell loss.



Disease-Modifying Therapies: Future Outlook



If teplizumab receives FDA approval, it will be the first disease-modifying therapy for T1D.



If the clinical trial results for baricitinib (Olmiant®) and ustekinumab (Stelara®) are positive, translation to clinical use could be streamlined, as both therapies are already FDA approved for the treatment of other diseases.

Screening and Monitoring: Where We Are Now

Approximately 85 percent of people with T1D have no family history of the disease. This means most people who will be diagnosed with T1D do not know they are at risk of developing it.

T1Detect, JDRF's screening and monitoring program, intends to help everyone understand why screening is important, know how to get screened—regardless of age, ethnicity, socio-economic status, or family history of T1D—and know what to do after they receive their results.

It complements other similar JDRF-supported programs, including U.S.-based DAISY, TrialNet, Autoimmunity Screening for Kids (ASK), and DEW-IT, BABYDIAB and Fr1da in Germany, DIPP in Finland, INNODIA in Europe-UK and DiPiS in Sweden.



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Screening and Monitoring: How We Got Here

JDRF's ties to screening stem back to the 1970s. JDRF-funded physician-scientist Gian Franco Bottazzo, M.D., discovered that diabetes is associated with the development of islet cell antibodies (ICA). His seminal finding was instrumental in determining that T1D is an autoimmune disease. It also led to the recognition that more than one kind of diabetes existed (before that, there was no type 1 or type 2—it was all just diabetes).

Screening and Monitoring: Future Outlook



JDRF's goal is global universal screening and monitoring, which is key for avoiding devastating outcomes at onset, including diabetic ketoacidosis; helping families prepare in advance of a potential diagnosis; and for developing disease-modifying therapies to keep the disease from progressing, prevent it entirely, or reverse it. We are working toward this goal through research, education, awareness, and policy development.

Improving Lives

Today's most promising life-improving research focuses on two main areas:



Glucose Control aims to make T1D easier to manage by developing new therapies and devices. These include improved technologies, novel insulins, and adjunct insulin therapies.



Improving Quality of Life therapies and behavioral health interventions that delay or prevent progression of eye and kidney disease and improve mental health and well-being.

Glucose Control: Where We Are Now

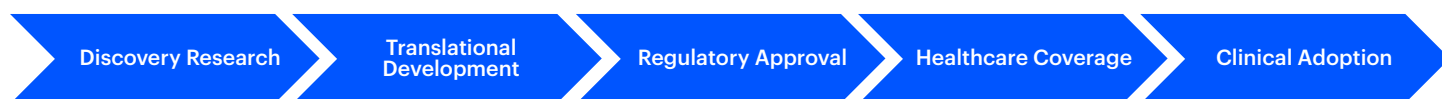
Technologies There are now four FDA-approved artificial pancreas (AP) systems, as well as new and improved continuous glucose monitors (CGMs), insulin pumps, and user-friendly apps for more timely tracking and management of blood-glucose levels. These technologies are reducing dangerous highs and lows and the burden of living with T1D right now. Thanks to JDRF, CGM and AP technologies are covered by all major health plans as well as Medicare.

Affordable Insulins Glargine-yfgn (Semglee®), a long-acting insulin, received FDA approval as the first interchangeable biosimilar insulin, which has the same structure as glargine (Lantus®), in adults and children with T1D. Semglee may now be substituted for Lantus the same way that generics are substituted for brand-name drugs.

Walmart announced it would work with Novo Nordisk to offer ReliOn™ Novolog®, a new, lower-cost insulin in vials and FlexPens®. They will be offered at between 58 and 75 percent discounts compared to other insulin.



Adjunct to Insulin Therapies A JDRF-funded phase II clinical trial provided evidence that treatment with TTP399—an oral therapy from vTv Therapeutics to be used in conjunction with insulin—resulted in significant improvements in HbA1c. It also demonstrated a reduction in insulin dose without increasing the risk of life-threatening events associated with the disease. Next up: A phase III clinical trial. It could become a first-in-class therapy for T1D, helping to prime the pipeline for other insulin adjunct therapies for the disease.



Glucose Control: How We Got Here

Since the 1970s, JDRF has been there as a funder, a partner, or a catalyst—at every major milestone, including:



Funded research for the first genetically engineered human insulin in the 1970s and the range of speeds and durations that followed



Ultra-fast acting insulins that act quickly to reduce the blood-sugar spikes after meals, including the approval of inhaled insulin, Afrezza, among others



A clinical trial that demonstrated that people who use a continuous glucose monitor (CGM)—one that senses blood-sugar levels every five minutes—helped reduce dangerous blood-sugar highs and lows and spurred subsequent healthcare coverage



Artificial pancreas systems that were available starting in 2016 and algorithms that helped make them possible



Approval of two adjunct therapies for adults with T1D, Farxiga and Zynquista, in Europe and Japan, for improved HbA1c and other benefits



Advocating successfully for government funding—\$3.4 billion since the Special Diabetes Program (SDP) was enacted in 1998—and for FDA guidance, as well as for affordability, coverage, and choice of T1D therapies and technologies, including our long-term efforts on Capitol Hill to push for affordable insulin

Glucose Control: Future Outlook



Develop smaller, easier to wear devices; driving algorithm advancements to control blood sugar automatically even when a person with T1D is eating or exercising; and expanding access to and adoption of these technologies to all who live with T1D.



Advance next-generation insulins, including glucose-responsive or “smart” insulin and ultra-rapid insulin, that will more effectively work on their own, as well as with T1D management technologies and forthcoming adjunct therapies.



Continue to work with our partners to improve access to the glucose control therapies and devices that lead to improved health outcomes, while lifting more of the burden of life with T1D.

The Special Diabetes Program and Advanced Technology

The Special Diabetes Program (SDP) helped advance numerous artificial pancreas systems, including the Tandem Control-IQ™ advanced hybrid closed loop technology approved in 2019. The data for the technology’s FDA submission came from the International Diabetes Closed Loop Protocol-3 (iDCL) trial, a six-month closed loop study, funded by the National Institutes of Health (NIH) Special Diabetes Program (SDP).

The SDP funding resulted from a JDRF clinical study to test an extended at-home use of a hybrid artificial pancreas system, which wrapped up in December 2015. The results were so positive, the NIH subsequently awarded the team a grant of \$12.7 million for pivotal trials that would lead to the commercialization of this technology.



Improving Quality of Life: Where We Are Now

Eye Disease JDRF is supporting two clinical trials testing fenofibrate, a cholesterol-lowering oral once-a-day drug, for the treatment of diabetic eye disease. Fenofibrate has been shown to reduce eye damage in people with type 2 diabetes (T2D), and to prevent eye damage in T1D animal models. JDRF supports the The Mary Tyler Moore & S. Robert Levine, M.D. Charitable Foundation’s initiative focused on restoring vision in people with significant visual loss due to diabetes.



Kidney Disease No approved therapy exists for people with T1D who have kidney disease, but SGLT inhibitors—approved for kidney disease in T2D and non-diabetes—show promise.

JDRF-funded investigators will leverage the ATTEMPT trial, supported by JDRF Canada. The trial will evaluate the use of dapagliflozin—an SGLT inhibitor approved for T2D and adult T1D in Europe and Japan—in adolescents with T1D.

To help accelerate clinical trials for T1D kidney disease, results will also validate biomarkers for the Biomarker Enterprise to Attack Diabetic Kidney Disease (BEAt-DKD), an international alliance that includes JDRF.



Behavioral Health Through JDRF's Psychosocial Health Program, we are aiming to increase the number of and provide access to psychologists trained in T1D; support research initiatives to improve psychosocial health and outcomes for people with T1D; and educate the T1D community about the psychosocial impact of this disease.

Our Work in T1D Well-Being

Through our community engagement programs, JDRF empowers the T1D community to live better.

In 1980, we established the Association of Insulin-Dependent Diabetics (AIDD) to connect people with T1D and their families and inform them about therapies and research.

AIDD evolved into our current resources, including our newly diagnosed JDRF Bag of Hope® (created by JDRF volunteers Mary Kaye and Liddy Huntsman in 1997) and JDRF No Limits® Teen and Adult care kits, and education including the TypeOneNation Summit events (in English and Spanish) and the No Limits Speaker Series. We also offer new programming that is more diverse and inclusive of all who live with T1D.



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Improving Quality of Life: How We Got Here

JDRF is proud to say we have funded complications research since we were established, awarding one-third of our grants to find the underlying causes of and treatments for heart, eye, kidney, and other T1D-related diseases. We have seen success in different areas of the pipeline for Improving Quality of Life therapies, and continue our important work in this area.

The Diabetes Control and Complications Trial (DCCT)—held from 1983 to 1993 and had almost 1,500 participants with T1D—showed that tight

blood-sugar control could significantly reduce the risk of diabetes complications.

In the 1990s, JDRF-funded researchers found that levels of VEGF (a protein in the body) were elevated in diabetic eye disease. The finding played a critical part in clinical studies that led to the FDA approval of ranibizumab (Lucentis®) in 2012 and aflibercept (Eylea®) in 2015. In the 2000s, treatments for heart disease and high cholesterol in T1D were already on the market, so JDRF started to focus exclusively on kidney and eye disorders.

Improving Quality of Life: Future Outlook



If the clinical trial results for fenofibrate are positive, translation to clinical use could be streamlined as it is already FDA approved for the treatment of high cholesterol.



Our research to predict who with T1D is likely at risk of developing diabetic kidney disease, and to accelerate the development of therapies for the devastating condition, could transform clinical care.



Psychosocial interventions that offer sustained health benefits, are scalable, and are supported by strong clinical data will become a part of the standard of care for people living with T1D.



IMPROVING LIVES

Community Engagement

By The Numbers

While the pandemic forced most of our events to be virtual, our community members and Chapters across the country remained dedicated to increasing T1D awareness, providing support for people living with T1D—including newly diagnosed families—and raising funds to advance our mission.



Walk

41,200+

Walkers

8,500+

Teams



Ride

2,100+

Riders

29

Chapter Teams



Gala

25,000*

Viewers

46

Events



Golf

1,300*

Golfers

24

Events (in-person)



Your Way/Other

11,430+

Participants

760+

Teams

800

Other Participants



Bag of Hope and No Limits Care Kits

14,000*

Distributed



TypeOneNation Summits

8,600+

Registrants



Game2Give

180,000+

Streaming
Fundraiser Events

177,900+

Roblox visits to
JDRF One World™

**Approximations*

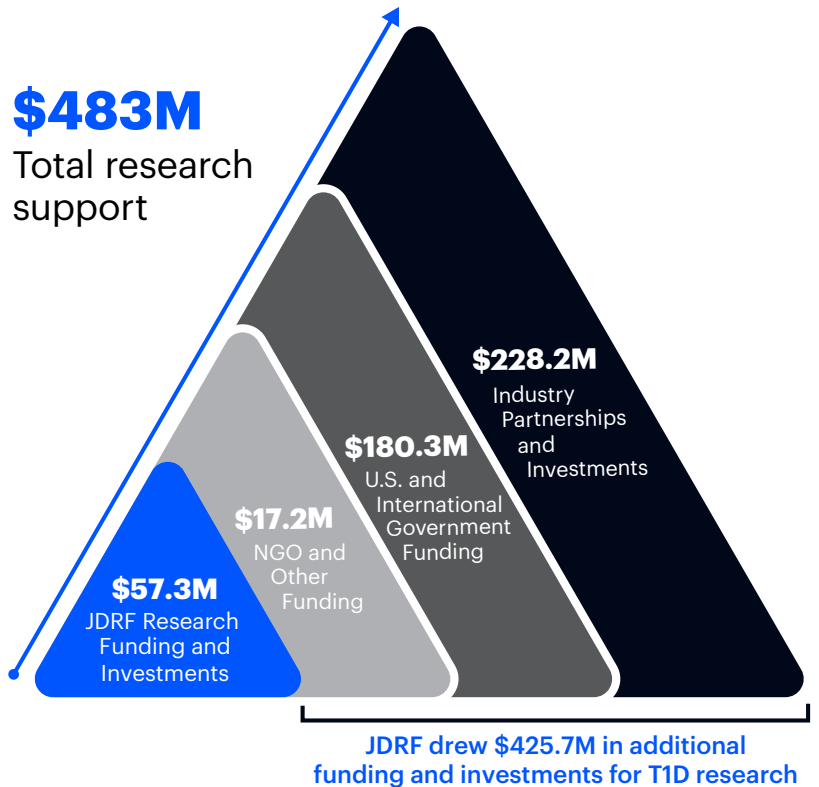
No Limits Speaker Series

JDRF's No Limits Speaker Series virtual event—a new offering for 2021 that drew hundreds of participants—is designed exclusively for newly diagnosed parents, caregivers, and individuals. Each quarter, leading T1D experts cover important topics from mental health and building a T1D care team to nutrition and exercise. JDRF volunteers also offer their personal perspective to help families and individuals adjust to life with T1D.

Our Impact

JDRF accelerates life-changing breakthroughs by raising funds and allocating them to T1D research and therapy development, as well as by leveraging our expertise and leadership to bring in additional funding and supporters.

In FY21, the JDRF T1D Fund catalyzed \$213M in private venture capital investment in novel companies developing innovative T1D therapies. This is included in the \$228.2M of Industry Partnerships and Investments leverage dollars for FY21.

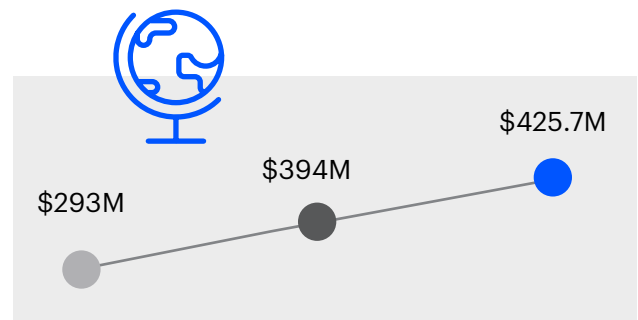


This leverage is a key part of JDRF's strategy to accelerate cures and life-improving therapies. It has empowered us to grow global support of and investment in T1D research, year-over-year—even during the coronavirus pandemic. It also directly engages sources of capital in the investment and pharmaceutical sectors, who are essential to the achievement of our ultimate goal of curing T1D.

● 2019 ● 2020 ● 2021

Global Support for T1D Research

We amplify our impact by collaborating with and influencing partners in the public and private sectors to invest in research and therapy development efforts around the world.



T1D Therapy Research and Development

We work across the entire expanse of the T1D therapy development and access pipeline, starting with the grants we award. JDRF researchers work with the world's leading scientists and institutions to advance the most promising T1D innovations. Last year, we saw:



19

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



275+

Active Projects



17

Early-Career Scientists
Received New and
Supplemental Funding



58

New Research Grants



53

Clinical Trials

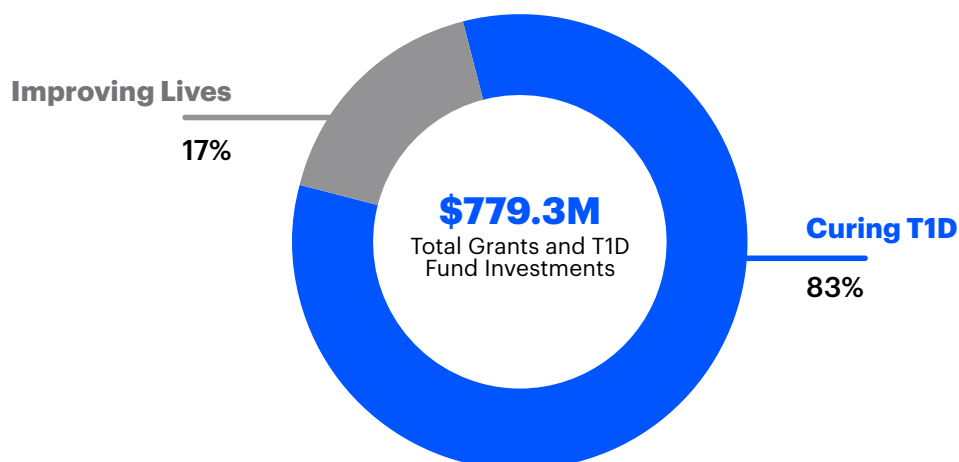


\$5M

To New Clinical Trials

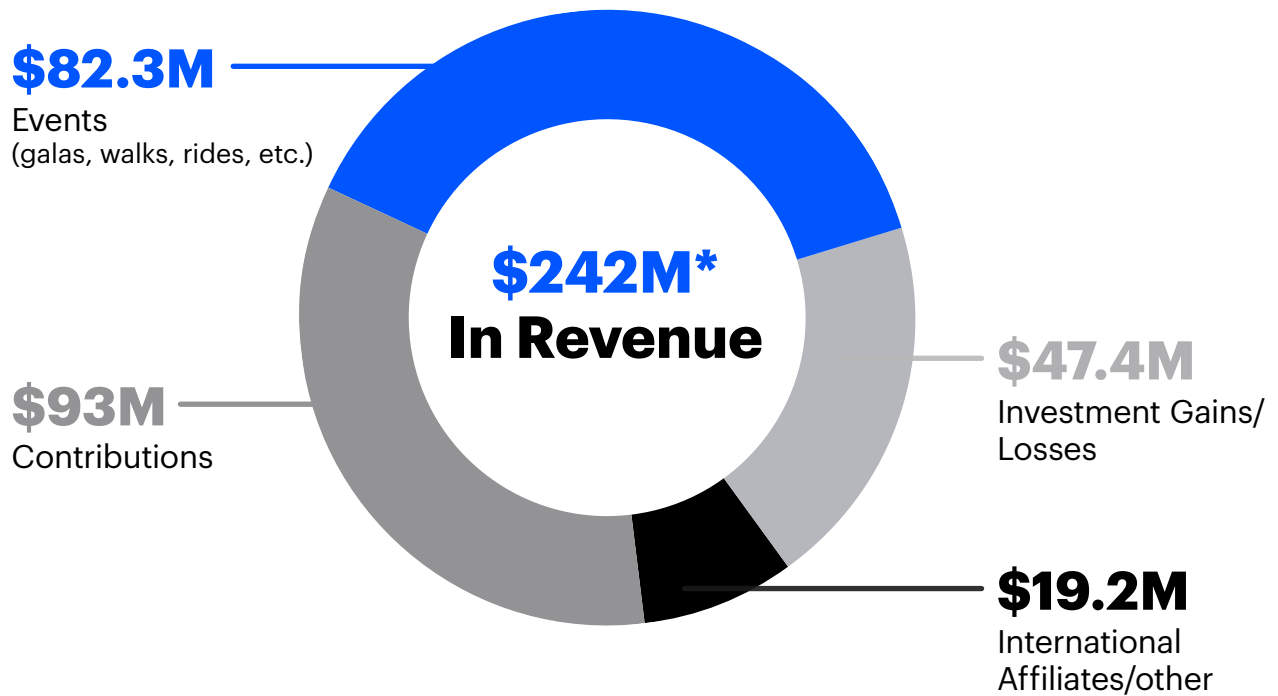
More Than Three-Quarters of a Billion Dollars to Cures and Improving Lives During the past four fiscal years, through JDRF's research grants and JDRF T1D Fund investments (those that we have made, as well as private, alongside investments), **\$779.3M** has been directed to cure T1D and improve lives—with most of it (approximately 83%) focused on cures.

JDRF Grants and T1D Fund Investments: FY18 through FY21



FY21 Revenue and Mission Spend

JDRF has four main revenue streams: Events (Walk, Ride, Gala, etc.); Contributions (gifts, etc.); Investment Gains/Losses, and International Affiliates/other (funding raised by our five international affiliates, other sources).



Significant Pandemic Impact

For the entirety of FY21, the pandemic upended our events-based fundraising model. This is similar to the experiences of other voluntary health and welfare organizations.

As such, our Peer 2 Peer and signature fundraising events brought in about 25 percent less revenue compared to what they brought in for FY20.

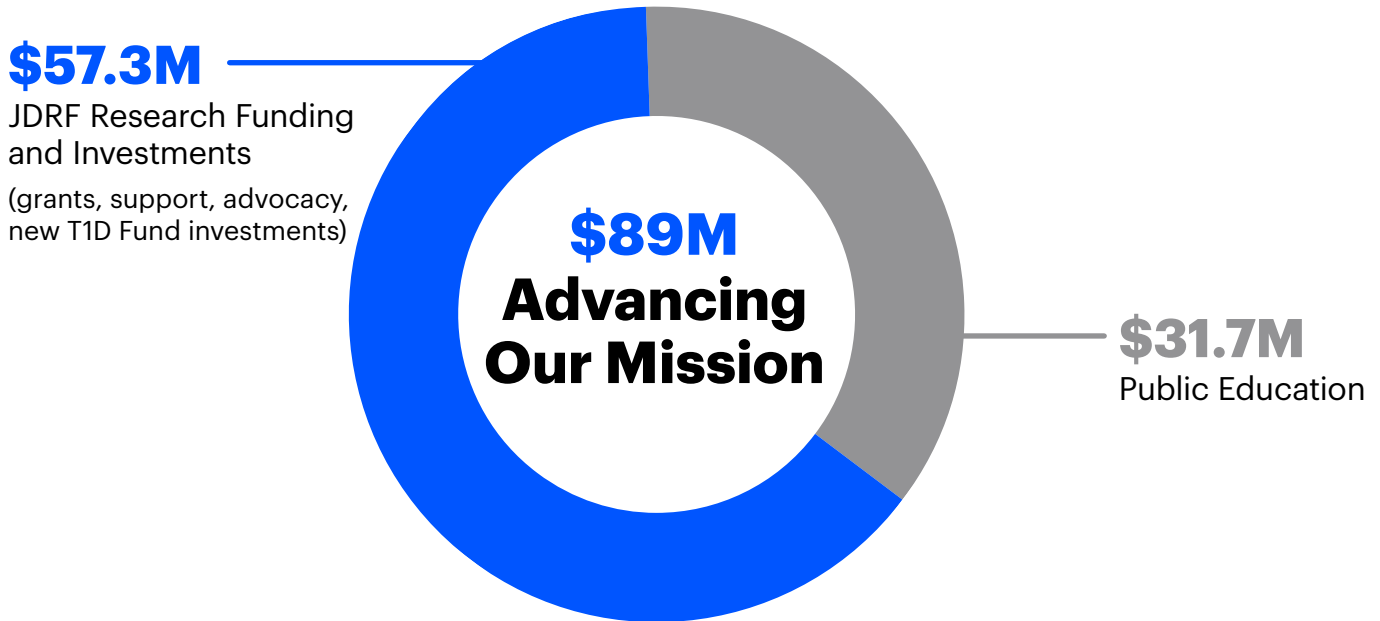
Since we raised fewer funds that could be directed to research grants, research support, advocacy, and public education/community engagement, we were forced to reduce our mission spend in those areas.

Even though our events revenue decreased, because of the generosity and dedication of our leadership giving donors, we saw growth in total revenue for FY21.

This revenue growth was reflected in the other three revenue streams (Contributions, Investment Gains/Losses, and International Affiliates/Other), and was driven in part by success of the T1D Fund's large capital campaign. The Fund has transformed the fight to cure T1D by successfully activating the T1D life sciences market.

**Of the \$93M contributions raised, \$30M was restricted to the T1D Fund, \$21M of which was in the form of multi-year pledges as of June 30, 2021. Of the \$47.4M in investment gains, \$27M was related to the T1D Fund. All Fund contributions and investment gains are generally deployed in future years as part of our strategic capital deployment schedule as governed by the Fund's investment committee.*

FY21 Revenue and Mission Spend



Why Did Revenue Increase, but Mission Spending Decrease?

Total revenue growth was driven largely by the success of the JDRF T1D Fund's large capital campaign as well as T1D Fund investment gains. Donations to the T1D Fund and gains/losses on the Fund's investments are exclusively for investment in early-stage life science companies with goals aligned to JDRF's mission.

Funds raised for the T1D Fund cannot be spent on research grants, research support, public education (community engagement), advocacy, fundraising, and general organizational expenses.

Funds spent from the T1D Fund are reported in our financial statements as programmatic investments on our statement of position (balance sheet) and are therefore not represented as core research and mission expenses within our statement of activities (profits and losses).

Because fundraising decreased for our core research and mission spend, we reported a total increase in revenue while also reporting a decrease in our core research and mission spend.



Local and Global Reach

29 Chapters
Supporting more than
1 million people

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

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



Australia



Canada



Israel



Netherlands



United Kingdom

Built for Speed and Global Collaboration

JDRF Centers of Excellence in Michigan, New England, Northern California, Canada, and Australia accelerate specific research goals and build on multidisciplinary collaboration within and across world-class diabetes research and clinical institutions. The Centers advance key areas of research and expertise while nurturing new talent to enter the T1D research field.



Corporate and Nonprofit Partners

Industry Partners, Governments, Organizations

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



The U.S. government and international governments



Other nonprofit organizations and foundations



Industry partners—including pharmaceutical and technology companies

Corporate Partners

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

Diamond Partners

Contributing more than \$2,500,000 annually



Marshalls

Platinum Partners Contributing between \$1,000,000 & \$2,499,999 annually



Gold Partners Contributing between \$500,000 & \$999,999 annually



Medtronic



Silver Partners

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

Anthem Foundation

Livongo
now part of Teladoc Health

Dexcom

Nordstrom

Floyd's 99 Barbershop

Xeris Pharmaceuticals

Harris Teeter

Tops Friendly Markets

Insulet

Bronze Partners

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

AmazonSmile

Land O' Frost

Ascensia Diabetes Care

Tandem Diabetes Care

Bluegreen Vacations

Vertex

CARS

Genentech

Leadership Boards

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Chair

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

Grant Beard

Timothy Clark

Jay Eastman

Karen Jordan

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

Ellen Leake



JDRF FY21 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

Timothy Clark

Toni Clark

Matthew Cohn

Jennie Costner

Marvin Daitch

Nanette DeTurk

Pam Edmonds

Cynthia Ford

Michelle Griffin

Mike Lee

Mike Norona

Dayton Ogden

Margery Perry

Derek Rapp

Lisa Reed

Lorne Schiff

Michael Soper

Jerry 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.

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JDRF IMPROVING
LIVES.
CURING
TYPE 1
DIABETES.



FY21 Financial Statement Summary

Total Public Support and Revenue for the year ended June 30, 2021 were as follows (in \$thousands):

Public Support

Contributions	92,987
Events revenue, net	82,325
Contributions from international affiliates	<u>5,868</u>
Total Public Support	181,180
Investment return, net	47,392
Other	<u>13,345</u>
Total Public Support and Revenue	241,917

Allocation of Expenses

Mission program services:

Research ¹	42,086
Public education and advocacy	<u>31,745</u>
Total mission program services	<u>73,831</u>

Mission support services:

Management and general	17,952
Fundraising	<u>23,281</u>
Total mission support services	<u>41,233</u>
Total mission program services and support services	115,064

¹Does not include T1D Fund investments of \$15.2 million; total research expenditures in FY21 were \$57.3 million



Statement of Financial Position

June 30, 2021 (in \$thousands)

Assets

Cash, cash equivalents and restricted cash	43,385
Investments:	
Operating investments	78,297
Long-term investments	96,463
Programmatic investments	63,339
Contributions and other receivable, net	55,108
Programmatic notes receivable	3,450
Prepaid expenses and other assets	6,455
Fixed assets, net	11,818

Total assets **361,315**

Liabilities and Net Assets

Liabilities:

Accounts payable and accrued expenses	18,190
Loans payable	5,000
Research grants payable	61,750
Deferred revenue	13,237
Liabilities related to split-interest agreements	2,584

Total liabilities **100,761**

Commitments and contingencies

Net assets:

Without donor restrictions	193,001
With donor restrictions	67,553

Total net assets **260,554**

Total liabilities and net assets **361,315**