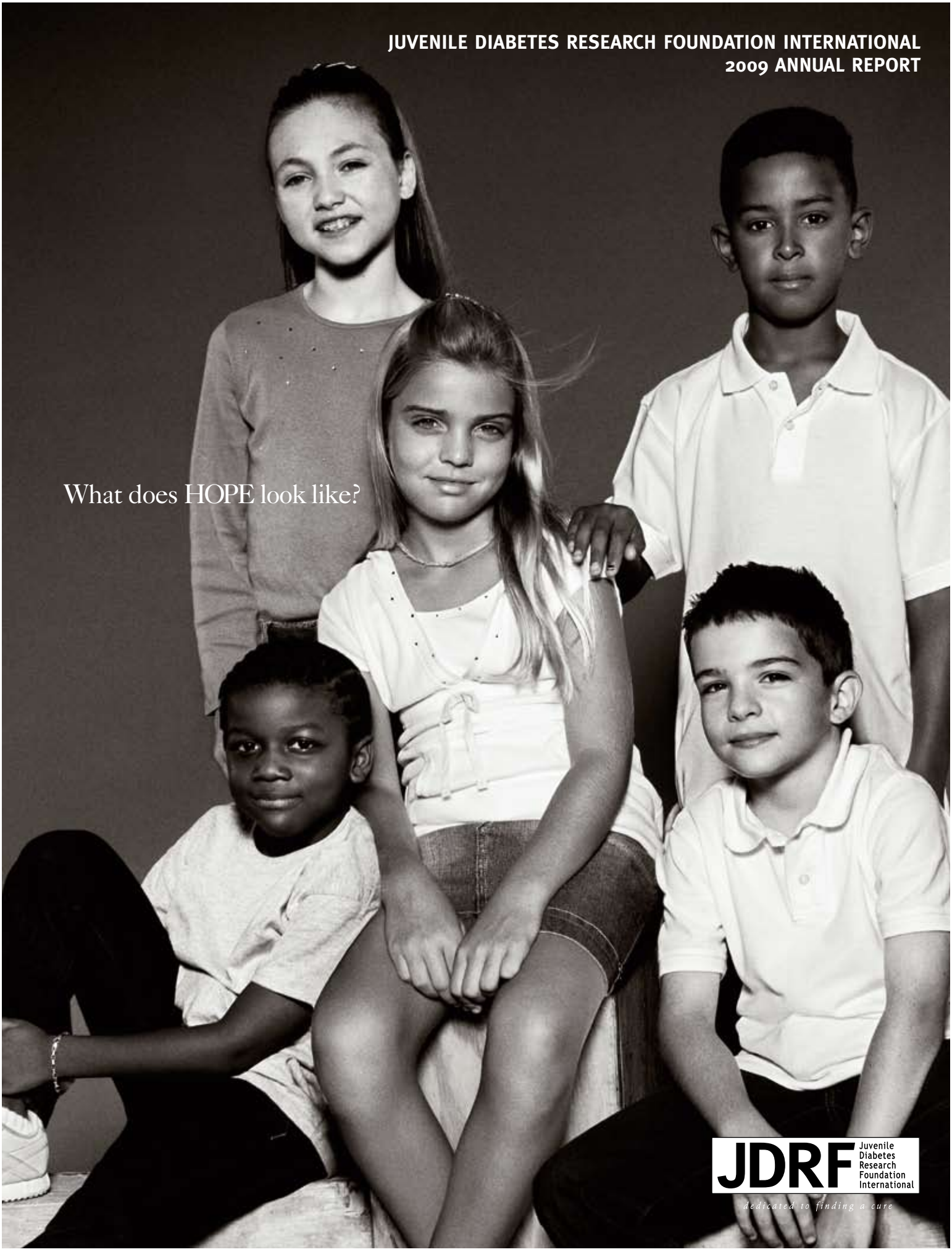
# JUVENILE DIABETES RESEARCH FOUNDATION INTERNATIONAL
# 2009 ANNUAL REPORT




JDRF Juvenile Diabetes Research Foundation International

*dedicated to finding a cure*

**JDRF is the global leader in funding research toward a cure for type 1 diabetes. It sets the agenda for diabetes research worldwide and is the largest charitable funder of and advocate for type 1 diabetes research.**

**JDRF was founded in 1970 by the parents of children with type 1 diabetes. JDRF volunteers have a personal connection to type 1 diabetes, which translates into an unrelenting commitment to finding a cure. These volunteers are the driving force behind more than 100 locations worldwide that raise money and advocate for government spending for type 1 diabetes research.**

**Since its founding, JDRF has funded more than $1.4 billion in research toward our mission: to find a cure for type 1 diabetes and its complications. In FY2009, JDRF funded more than $100 million in science in 22 countries worldwide, including more than 40 human clinical trials.**

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# Letter from Leadership

Something has changed.

Over the past year, studies revealed that the number of people with type 1 diabetes is growing faster than ever before. Some estimates say that new diagnoses are up a staggering 3 to 4 percent. The media have focused on an epidemic of type 2 diabetes—but the numbers are eye-opening for type 1 diabetes, as well.

So something has changed—maybe in what triggers diabetes, or perhaps we are better at diagnosing the disease earlier.

That makes the mission of the Juvenile Diabetes Research Foundation all the more critical. And it makes the dramatic progress we have made in translating scientific discoveries into better treatments and cures all the more heartening.

But something has changed in JDRF research, as well.

We funded more clinical trials in people than ever before—more than 44 last year. That means success in driving research through the product development pipeline, and eventually into the lives of people with diabetes. Plus, we launched the JDRF Clinical Trials Connection service—an online resource to match people with diabetes with human clinical trials of the latest drugs and treatments.

We spearheaded breakthrough science in pursuit of devices, technologies, and potential therapies that will help people control their diabetes, keeping them healthier and complications-free until we find a cure. Our groundbreaking continuous glucose monitor research—the first step in our journey to build an artificial pancreas—not only generated excitement in the scientific community (and was named one of the top research advances of the year by ABC News), but also led to increased insurance reimbursement for CGM devices by most every major insurer.

We catapulted the field of regenerative medicine to the forefront in diabetes research, creating momentum for more researchers to pursue this science with discovery after discovery of the regeneration and expansion capabilities of insulin-producing cells. We also showed that reprogramming other cells in the body to sense sugar and produce insulin can work, and may one day provide another important means to recreate missing beta cells in the body.

We saw success in our strategy of partnering to speed the translation of research from laboratories to better treatments and cures. Four of the companies we funded to show that their drugs, compounds, and treatments held significant promise for people with type 1 diabetes have now signed commercialization agreements with major pharmaceutical companies to take those products through the last phases of clinical testing. And we structured a unique partnership with the Genomics Institute of the Novartis Research Foundation to develop drug targets for regenerative treatments and cures.

Something has also changed in the world in which we operate.

Without question, the past year was a difficult one. World economic conditions were the worst in decades, unemployment and business failures were at all-time highs, and staggering sums of personal wealth were wiped out in market declines. Charitable organizations around the world felt the impact. So did JDRF.

But not to the extent others did—and that is all because of you. JDRF's supporters continued to understand the importance of maintaining the strong momentum we have created in diabetes research. As a result of your generosity—even in the face of tough economic times—JDRF was able to fund more than $100 million in research for only the sixth time in our 40-year history.

JDRF changed, to ensure we could continue to drive that momentum.

We have positioned the organization to be chapter-centric—recognizing that our

chapters, with their close connection to people with diabetes and their families, are the engine that drives JDRF.

And we changed how we do research.

Not because the research we funded was not successful—as noted, we saw some terrific advances last year in JDRF-supported diabetes science. But with far more research opportunities than we could fund, we had to make some difficult choices about where to commit our resources.

We created a list of strategic priorities—focusing on research that leads to products and treatments in the near term, and that benefits people at all stages of diabetes, from the newly diagnosed to those living with the disease for years, even decades. Our research focus is patient-centric. These criteria allow us to choose the most exciting and potentially impactful research—research that would not happen if not for JDRF's involvement.

The year 2010 will mark the 40th year of JDRF's existence, the first few as a small but passionate collection of parents under the banner of the Juvenile Diabetes Foundation, who remarkably pushed the scientific community to focus on a disease that had been ignored for more than half a century. Today, JDRF is a global leader in diabetes research, the go-to organization for the diabetes research community, and the best source of hope for better treatments and a cure for people with type 1 diabetes and its complications. The efforts of people impacted by the disease, as well as mothers, fathers, and families, of doctors and researchers, and of legislators and administrators around the world are certainly worth recognizing. We intend to reflect the many important changes that benefit the lives of people with type 1 diabetes. But we will not be celebrating—as we have yet to find the cure.

If the past year—and in fact the progress of the past four decades—are any indication, we can now move more and more quickly towards a cure. And ultimately, we will find a cure.

In that regard, our commitment and passion have not changed at all.

**Leo F. Mullin**
**Chairman, Board of Directors**

**Alan J. Lewis, Ph.D.**
**President and**
**Chief Executive Officer**

**Mary Tyler Moore**
**International Chairman**

**Robert Wood Johnson IV**
**Chairman of JDRF International**

JDRF's diabetes research portfolio is among the most innovative in the world.

It is the only portfolio focused on multiple paths to a cure, on better treatments to keep people with diabetes healthier, and on research for all stages of diabetes. That means JDRF research focuses on people who have been living with diabetes for years, sometimes decades; people who are newly diagnosed, both children and adults; people with complications; and people who are at risk of getting diabetes.

## Core Commitments

Our research is driven by four core commitments: patients, priorities, partnerships, and pipeline.

We are committed to keeping patients at the forefront of every decision we make—a true patient-centric focus. And we understand that type 1 diabetes can be different for each and every person. Products and treatments that benefit the newly diagnosed may be of less interest or no help to people who have been living with diabetes for 20 or 30 years. Drugs for complications can be life-changing for those suffering from eye disease or kidney disease. An artificial pancreas can benefit everyone with type 1—and many people with type 2 as well—but it is not a cure, per se.

So at JDRF, we fund research that has short-term objectives and looks to deliver treatments, as well as longer-term goals focused on definitive cures. We fund research that can impact each and every stage of the disease. We fund research that will lead to drugs, to compounds, and to devices and systems.

We are building cures and treatments based on what patients tell us they want and need.

We make choices about what research to fund based on a set of exacting strategic priorities. These priorities create a framework that ensures that the science we choose to fund is the best, the most attractive, or holds the greatest opportunity for success.

First, we judge the "patient benefit," the quality of improvement that research would deliver, and the percentage of people with type 1 diabetes who would benefit. Then we look at the "time to benefit," or how long it will take to deliver a drug or treatment. Next is the "scientific impact," or the potential of the research to advance science. Finally, we consider the "funding gap," so that we are only funding science that otherwise wouldn't be able to move forward.

We are creating partnerships to speed the pace of research—partnerships with academia, with businesses, with governments, and with other patient organizations. We have great ideas, and we fund more diabetes research than any other charitable organization in the world. But that is not enough.

We need to work with the best and brightest minds in academic laboratories to create a steady stream of innovative ideas for treatments and cures. We need to partner with small biotech and device companies, who have breakthrough products but need initial funding to prove the promise of those concepts. We need to work with other nonprofits, to drive funding and attention to diabetes research and specific projects. We need to partner with governments, who have the resources needed to create large-scale clinical programs. And we need to work with large pharmaceutical and diabetes companies, who know how to bring treatments and cures to market.

Finally, we are well along the path of expanding the pipeline of "development targets"—drugs, compounds, and therapies to treat and cure diabetes. JDRF's research progress of the past 40 years has brought us to the point where we now need to translate great ideas and scientific advances into tangible treatments and cures for diabetes. Moving candidates through clinical testing and regulatory approval is a lengthy and incredibly expensive undertaking—so the more products we move into the pipeline, the greater the chance people with diabetes will benefit from them in both the near term and longer term.

There has been exceptional progress to date in this area: JDRF is funding 44 human clinical trials today, more than ever before. And four are in Phase III trials—the final phase before regulatory approval.

## Cure, Treat, Prevent

JDRF's strategy is to approach research from a patient-centric perspective. We listen to people who have type 1 diabetes to understand their hopes and fears, what their daily routine is like, and what they would be willing and able to do to stay healthy. We ask them what a "cure" means to them. And we get as many answers as people we ask.

All people with type 1 diabetes want definitive cures—a pill or injection or procedure that restores their pancreas to a fully functional state. Some also define a cure as a simpler and safer alternative to insulin, perhaps a pill or multiple pills they take each day for the rest of their lives, but that enables them to manage diabetes better and more easily. Many focus on any regimen that lowers their risk of the life-altering complications of diabetes—something that ensures they will not go blind, or have kidney problems. For many, a device that manages their diabetes—like a pacemaker for those with heart disease—is a viable solution. And a significant percentage of people with diabetes also want to make sure not to pass diabetes along to their children and grandchildren.

That's why the focus of JDRF's research strategy is to cure, treat, and prevent type 1 diabetes.

The notion of "cure, treat, prevent" is a shorthand way of making certain that everyone with type 1 diabetes and their families understands that JDRF research is

focused on benefitting people at every stage of the disease. We fund science aimed at delivering cures, at developing better treatments to serve as "a bridge to the cure," and at stopping the disease before it takes hold in people at risk. Our research has a mix of programs that have short-term horizons—to provide benefits to people in the next five years or so—as well as longer-term opportunities.

Science in all those areas has always been a part of JDRF's research portfolio, and progress has been made in each. Opportunities abound to cure, treat, and prevent type 1 diabetes and its complications.

## Therapeutic Areas

JDRF's focus on curing, treating, and preventing type 1 diabetes does not require a new mission or overall strategy. Instead, we've narrowed our focus to four therapeutic areas. They are:

**BETA CELL THERAPIES**

**IMMUNE THERAPIES**

**GLUCOSE CONTROL**

**COMPLICATIONS THERAPIES**

Each of these areas incorporates the concepts of curing, treating, and preventing type 1 diabetes. And they build on the five cure therapeutics by which we have categorized our research for the past several years.

### Beta Cell Therapies

A key to curing diabetes is restoring or revitalizing cells that produce insulin, which are lost in the immune attack that causes type 1 diabetes. That would bring back a person's ability to make their own insulin again.

JDRF research focuses on two ways to restore that cell function: replacing or transplanting cells into someone with diabetes, or causing the body to regenerate cells that produce insulin.

Replacement therapies include donated islets, embryonic stem cells, adult stem cells, beta cell precursors, animal cells, or reprogrammed cells. Cell transplants for diabetes have had limited success to date, mostly because so few cells are donated and can be transplanted. For those people who receive transplants, the procedure can reverse the significant problem of hypoglycemia unawareness, in which people cannot sense that their blood sugar is dangerously low. Transplants also help people with very "brittle" diabetes to manage their disease better. But transplant recipients require a lifelong regimen of drugs to suppress the transplanted islets from being rejected by the immune system, which can cause a string of side effects and complications.

So JDRF is prioritizing beta cell regeneration.

JDRF is already a leader in regeneration research. We have been investigating and investing in regeneration for several years now and have made progress to the point where we can begin to translate science into drug targets. By understanding how beta cells expand in situations like pregnancy, obesity, and childhood growth, we can drive research to regenerate beta cells to restore insulin production in large numbers of people with diabetes, which isn't possible with current replacement therapies.

Last year, JDRF funded more than $39 million of research in Beta Cell Therapies, including regeneration, replacement, potential new sources of insulin-producing cells, and encapsulation.

#### PROGRESS IN BETA CELL THERAPIES

In a major development this year, JDRF created an innovative partnership with the Genomics Institute of the Novartis Research Foundation (GNF) to create a drug discovery and development platform for diabetes therapies. The JDRF-GNF partnership should jump-start the creation of a multi-product pipeline for beta cell regeneration, delivering a succession of regeneration drug candidates to the clinic over the next four years. Founded in 1999, GNF is a drug-discovery arm of the Novartis Foundation. JDRF will be working with this experienced and highly regarded scientific partner to quicken the pace of translating research discoveries into therapeutics—drugs, compounds, and treatments for people with type 1 diabetes. The program is one of the largest and most comprehensive collaborations in JDRF's 40-year history.

In another important development, JDRF researchers showed that short treatments with two drugs can increase insulin-producing beta cell numbers and slow their immune destruction, enough to restore normal blood sugar levels and reverse diabetes. Working in mice, researchers at the University of Alberta in Edmonton, Canada, found that a therapy combining the two drugs (gastrin and glucagon-like peptide 1) had positive effects on both the immune system and regeneration. Together, the drugs stop the immune mechanism that destroys beta cells in type 1 diabetes, and promote cell growth and survival. Combining the two drugs offers a promising strategy for reversing beta cell loss in people with the disease. The next step is a human clinical trial—and one of JDRF's industry partners, Transition Therapeutics, Inc., is teaming with Eli Lilly and Company to develop gastrin-based therapies and to further speed testing and development.

Also during the year, JDRF-funded researchers showed that cells in the pancreas that normally do not make insulin can be changed into cells that

do—boosting the prospect of regeneration as a treatment for type 1 diabetes. In a study in mice, scientists in Germany at the Max-Planck Institute for Biophysical Chemistry and the University of Göttingen discovered that by driving the expression of a gene in non–insulin-producing alpha cells, they could turn them into insulin-producing beta cells. The researchers targeted the gene because it is known to regulate growth, development, and other key cellular functions. The newly formed beta cells resulted in better glucose control and helped the mice survive. The scientists also discovered that the alpha cells that became new beta cells came from "progenitor" cells in the pancreas, and that the drop in the number of alpha cells triggered additional progenitor cells to replace them. The findings illustrate two potential cell targets for regeneration—progenitor cells and alpha cells—as well as a critical gene and a pathway that can be used to screen for drugs that target these cells.

## Immune Therapies

Along with restoring insulin production through beta cell therapies, a cure for type 1 diabetes will involve turning off the immune response that causes the disease—a step critical to the survival of regenerated or transplanted beta cells. Immune therapies would stop, reverse, and ultimately prevent the immune attack that causes type 1 diabetes.

Most current immune therapies target the overall immune system—they dampen all autoimmune reactions to get at the ones that cause diabetes. Such "non–antigen-specific" approaches are useful, but they have a greater risk of side effects, and they do not address the specific underlying immune issues that cause diabetes. Antigen-specific therapies directly focus on the immune system causes of diabetes, and only on them.

Antigen-specific therapies have the potential to generate safe, effective treatments. Scientists working in this area are investigating ways to create a more "tolerant" immune system. The main strategy is to eliminate those immune system cells that destroy insulin-producing beta cells (they are called "effector T cells") and to increase other types of cells that control and successfully regulate the immune system (called "regulatory T cells"). In diabetes, people have more of the cells that kill off beta cells than they do of cells that control the immune system; restoring a balance would conceivably stop the immune reaction underlying the disease.

A second research track within Immune Therapies is focused on developing preventive immune therapies and combination immune therapies. Here, scientists are assessing a range of possible interventions and approaches. Some will use anti-inflammatory drugs to control inflammation in people at risk of developing diabetes. Others will develop biomarkers that can help indicate the risk of getting diabetes, as well as a patient's response to treatments.

Last year, JDRF funded $33 million of Immune Therapies research—about one-third of all research it supported over the course of the year. There are more human clinical trials in Immune Therapies—16 projects are currently underway—than in any other area of JDRF's research portfolio.

### PROGRESS IN IMMUNE THERAPIES

JDRF-funded researchers worked throughout the year on developing an oral vaccine to control the autoimmune response that causes type 1 diabetes. This unique approach is being pioneered by the University of Massachusetts Medical School. Researchers there are using hollow "yeast shells" to carry proteins and other agents that alter the behavior of immune cells in the stomach. The vaccine is intended to interrupt the immune attack that causes diabetes and silence key genes that contribute to inflammation and autoimmunity. If effective, the vaccine will retrain the immune system to tolerate the insulin-producing beta cells that are mistakenly targeted and destroyed in type 1 diabetes. This novel strategy is based on a promising new approach for silencing inflammatory reactions in the immune system.

A team of JDRF-funded researchers in Australia completely prevented type 1 diabetes in mice with a therapy that targets immune B cells, rather than T cells. Most therapies to reverse the immune response that causes diabetes target T cells—the immune cells that destroy insulin-producing beta cells. But previous research has pointed to a key role for B cells. In the Australian research, mice that received a B cell therapy were completely protected from diabetes throughout the study's 50 weeks. But mice not given the therapy showed rising blood sugar levels and eventually developed diabetes. The researchers found that the B cell therapy prevents diabetes by reducing the total number of B cells in the body. With less interaction between B and T cells, the disease is not triggered. It also increases the number of regulatory T cells, allowing the immune system to "reign in" destructive activity from T cells. The findings advance our understanding of how diabetes develops and progresses—and point to a potential new treatment: depleting the B cells may be a powerful tool for preventing and treating type 1 diabetes in people.

This year, two of JDRF's industry partners entered into global alliances with pharmaceutical companies to develop and commercialize immune therapies for people who have been newly diagnosed with type 1 diabetes. During the past year, these collaborations moved the therapies to the final stage of clinical testing. In one partnership, between JDRF partner

MacroGenics and Eli Lilly and Company, a Phase III trial is testing an anti-CD3 antibody that has been effective in slowing the progress of diabetes if taken soon after diagnosis. The second JDRF partner, Tolerx, formed an alliance with GlaxoSmithKline to develop another anti-CD3 antibody in Phase III trials. These developments demonstrate the success of JDRF's strategy to fill gaps in the drug-development pipeline by funding proof-of-concept trials for promising cures and treatments, and by helping small companies move research through early clinical testing until bigger companies step in and fund the large trials needed for FDA approval.

## Glucose Control

Glucose Control research—formerly called Metabolic Control—aims to develop multiple approaches to restore tight blood glucose control for people at all stages of type 1 diabetes—from new-onset to those with long-established disease.

Research in this area is often seen as a "bridge to a cure." Better management of diabetes will improve people's quality of life, reduce their risk of developing complications, and help other therapies work more effectively. Our constituents, particularly adults, have consistently told us that this is an incredibly important part of what JDRF's research should be delivering. In addition, the good glucose control that these therapies can bring will be a key starting point for ensuring that biological cures and therapeutics are effective and long-lasting.

One of the key goals of the Glucose Control program is to develop a closed-loop artificial pancreas. This device would revolutionize diabetes care by enabling people to achieve tight blood sugar control while avoiding both highs and dangerous lows, significantly reducing the risk of the disease's devastating complications. By creating systems that use continuous glucose monitoring, insulin pumps, and sophisticated computer programs to tie the two together, we are looking to regulate glucose control in people with diabetes by replicating how a pancreas functions. Over the past year, JDRF's groundbreaking work with CGM devices and closed-loop systems through our Artificial Pancreas Project has become an important global branding tool for JDRF, underscoring our innovation, our ability to partner, and our focus on patients.

In addition to the artificial pancreas, JDRF is actively working to develop novel insulins that are faster-acting, glucose-responsive, and easier to use and manage than existing approaches.

Because both lines of research have such high potential to improve the lives of people with diabetes in the near term, JDRF has prioritized them—designating the Closed-Loop Artificial Pancreas and Novel Insulins as strategic programs that will receive prioritized focus and funding. Alongside these efforts, scientists will also direct their focus on identifying other drugs that might improve glucose control, minimize or prevent hypoglycemia, and restore hypoglycemia awareness.

During the past year, JDRF funded nearly $6 million of Glucose Control research.

### PROGRESS IN GLUCOSE CONTROL

A breakthrough clinical trial funded by JDRF last year found that people who use CGMs to help manage their diabetes experienced significant improvements in blood sugar control. Results from the study were first published in the prestigious *New England Journal of Medicine*, and then in additional scientific journals throughout the year. The researchers studied people from eight to 72 years old at 10 academic, community, and managed-care practices around the U.S. The results showed that people, particularly adults, who used CGM devices improved their diabetes care by most every measure—which translates into a dramatic lowering of the risk of complications. Patients in all age ranges who used the devices at least six days per week saw similar benefits. Most importantly, people were able to better control their diabetes without increasing the risk for low blood sugar emergencies, which can be dangerous, and even deadly. In large part because of the CGM trial's positive results, several major national health insurers have expanded their policies to include or broaden coverage of CGM. ABC News recognized the groundbreaking trial as one of the top 10 medical breakthroughs of the year. The trials showed that continuous glucose monitors are more than simply devices of convenience for people with diabetes—they are tools that can substantially improve blood sugar control in people of all ages when used regularly, without increasing the risk of dangerous low blood sugar. The growing evidence of the benefits of CGM underscores the importance of continued research into a closed-loop artificial pancreas.

Also during the past year, JDRF entered into a partnership with the company SmartCells, Inc., to advance the development of an insulin that is "self-regulating." Taken just once a day, this new insulin is only activated in response to the body's glucose levels. Unlike currently available insulins, this breakthrough product is designed to maintain continuous, tight control of blood sugar levels while reducing the risk of hypoglycemia—like the pancreas does automatically in people without type 1 diabetes. JDRF is providing funding to support clinical trials to show that the insulin is both safe and effective. But the potential is evident already: an insulin that needs to be injected only once per day and that

reacts to blood sugar only when needed could mark a significant improvement in treating diabetes, requiring fewer injections and less blood sugar monitoring while also reducing hypoglycemia.

## Complications Therapies

Lastly, JDRF continues to focus on developing therapies to prevent and treat the complications that can strike people with diabetes: diseases of the eyes, nerves, kidneys, and blood vessels. The aim is to stop complications from starting and from getting worse, and to repair any damage.

Research within Complications Therapies complements JDRF's efforts to restore or improve beta cell function, which also lowers the risks for complications. Complications prevention is a core focus of this area, because of its potential for transformative breakthroughs that could help people live longer, healthier lives.

One of the keys to prevention is unlocking the secrets of the genes and gene modifiers that protect some people from diabetic complications, particularly kidney disease, regardless of how long they have the disease and how well they are in control. Through the study of "genetic resistance," researchers are looking to identify new gene targets and pathways that can be translated into therapies that block complications from ever developing. By identifying the genetic basis for resistance to the complications of diabetes, we can drive research that protects people from developing long-term complications.

A second research track within Complications Therapies focuses on delivering early treatments to slow or stop complications that have already developed, as well as developing treatments that can reverse them. This research will involve identifying pathways and targets that have been linked to diabetic eye, kidney, and nerve disease; developing biomarkers of risk and progression; and conducting clinical trials of promising drug candidates.

JDRF funding for Complications Therapies research totaled $22 million in FY2009.

### PROGRESS IN COMPLICATIONS THERAPIES

During the year, JDRF researchers discovered that two drugs—losartan or enalapril—used to treat high blood pressure can stop diabetic eye disease from progressing. In human clinical trials, scientists at the University of Minnesota showed that the already-available drugs were effective for people with diabetic retinopathy, a serious and common complication of type 1 diabetes that often leads to blindness. The study was a five-year multi-center trial involving people with type 1 diabetes who had normal blood pressure, no signs of kidney disease, and very mild eye disease. After being treated with either of the two drugs, the patients were at least two times less likely to have their diabetic retinopathy progress than study participants who didn't get them. The findings suggest a potential new therapy for retinopathy, and further studies are underway to establish how long the protection lasts and whether the benefits continue if the treatment is stopped. The treatment will also be tested in people with more advanced eye disease, high blood pressure, and kidney disease, since many people with diabetes often also have these characteristics.

In another study last year, JDRF researchers discovered a link between lipid levels and the development and progression of complications. A multi-center study in the U.K. led by the JDRF/Wellcome Trust Diabetes and Inflammation Laboratory in Cambridge showed that a significant number of children and teenagers with type 1 diabetes also have abnormal lipid levels. These include higher-than-recommended levels of cholesterol and triglycerides. And people in the study who had microalbuminuria—a sign of early kidney disease—had the highest cholesterol levels, suggesting that lipid levels play a role in developing this devastating complication. Although it is well-known that abnormal lipid levels, such as high LDL (or "bad") cholesterol, are a strong risk factor for cardiovascular disease, the discovery that they may play a role in the development of diabetes complications is new—pointing to a potential need for lipid monitoring and management in people with type 1 diabetes as a way to prevent complications beyond cardiovascular disease.

Finally, human clinical trials of a gene therapy showed promise in reversing and repairing diabetic nerve damage. In Phase II trials, JDRF industry partner Sangamo BioSciences reported that its gene therapy drug stimulated nerve regrowth in the legs, offering hope to people suffering from diabetic neuropathy. The trial evaluated Sangamo's therapy to treat mild to moderate nerve damage in the legs in people with diabetes. A common diabetic complication, "peripheral sensory neuropathy" is associated with the loss of small nerve fibers in the arms and legs, often leading to a loss of sensation and motor function as nerve damage progresses. The Sangamo study showed that the drug has a direct positive effect on nerve regrowth, and that it is safe. People with diabetic neuropathy who were given the therapy had a significant increase in the number of these small nerve fibers in the skin. The therapy promotes the production of a specific protein linked to nerve growth and function. An increase in these proteins may protect and repair nerve damage in people with diabetes—while current treatments only address the pain associated with neuropathy.

# JDRF Launches Online Clinical Trials Service

During the year, JDRF successfully launched Clinical Trials Connection (www.trials.jdrf.org), an innovative online service to help people with type 1 diabetes and their families easily find information about clinical trials of treatments and cures for type 1 diabetes and its complications.

With more diabetes trials than ever before, Clinical Trials Connection simplifies the process of finding studies in which people might want to take part. The website enables people to search the National Institutes of Health's database of diabetes trials, including JDRF-funded studies. The service offers users many benefits, including lists of all studies that match their preferences and characteristics; the direct contact information of the researchers conducting each trial; and automatic e-mail updates.

Over its 40-year history, JDRF has funded more than $1.4 billion toward a cure, accelerating science to the point where we are now funding more than 44 human clinical trials. For many people with type 1 diabetes, getting information about trials, and making a decision to enroll in one, is difficult, time-consuming, and often confusing. Scientists are also finding it harder and harder to enroll participants in clinical trials—making the development of better treatments and cures more costly and more time-consuming.

Clinical Trials Connection is one of JDRF's responses to this situation. To date, more than 10,000 people have registered with the service.

## Glossary

**Antigen-Specific Therapy:** Therapies that directly focus on the specific immune system causes of diabetes, and only on them, instead of damping the overall immune system (as non–antigen-specific therapy does).

**B Cells:** Cells involved in the immune system response that produce antibodies, rather than cell-mediated immune responses (those are T cells).

**Beta Cells:** Cells within the pancreas that produce insulin in response to glucose in the bloodstream. They are destroyed by the immune system in type 1 diabetes.

**Closed Loop:** A system that fully automates insulin delivery through a pump, based on continuous glucose monitoring of blood sugar levels. A fully automated artificial pancreas.

**Drug Development Pipeline:** The process in which basic research ideas become treatments and cures, advancing from proof-of-concept to animal studies to human clinical trials to regulatory approval and commercial distribution.

**IDDP:** JDRF's Industry Discovery and Development Partnership program, a novel research program that provides small biotech companies with funding to advance targets for cures and treatments through proof-of-concept and early stage clinical trials, until they can attract funding and commercialization agreements from large pharmaceutical and diabetes companies.

**Phase III Trials:** The last phase of human clinical trials of a drug, treatment, or device before regulatory approvals.

**Reprogramming:** Manipulating cells to change their function, such as converting non–insulin-producing alpha cells in the pancreas into insulin-producing beta cells.

**Self-regulating Insulin:** Insulin that only activates in response to glucose in the bloodstream. Taken once a day, it remains inert until needed, helping users avoid hypoglycemia and better manage blood glucose.

**Stages of Diabetes:** Diabetes as it progresses—from at-risk to newly diagnosed to established disease, often including complications.

**T Cells:** A type of immune cell. In diabetes, "effector T cells" destroy insulin-producing beta cells and "regulatory T cells" regulate the immune system.

# JDRF Profiles

**JDRF's donors and volunteers are special people. They give freely and generously of their time and treasure to make life better for their loved ones and the millions of others with type 1 diabetes. JDRF greatly appreciates their support.**

# Investing in Hope

## Mike and Bridget Bender

The way Mike and Bridget Bender see it, there are only two things standing in the way of getting to an artificial pancreas: time and money. The Benders are generous contributors of both, because they strongly believe that the device will be a godsend for their son, Carr, and the millions of others with type 1 diabetes.

The Benders have been deeply involved with JDRF since Carr, who is now 10, was diagnosed with type 1 diabetes in April 2008. They formed a walk team, "Carr's Cruisers," that has raised more than $31,000 in the Wilmington, N.C. Walk. They have also attended and enthusiastically supported two galas, making Fund A Cure gifts totaling $75,000.

Mike and Bridget wanted to do even more. So last year, after learning about JDRF's Artificial Pancreas Project (APP), they decided to make a significant investment in the initiative. The Benders gave $1 million to help achieve the APP's goal: a device that will automatically monitor blood glucose levels and provide the correct dose of insulin—just like the pancreas does in people without type 1 diabetes. Not content to just donate, they also give generously of their time to inform others in the community about the promise of the artificial pancreas—and to garner more support for the initiative. Mike and Bridget tend to downplay their generosity. Bridget says that given how fortunate they have been in life, "We'd be embarrassed not to make this gift that can make such a difference in the lives of those like Carr who live with type 1 diabetes." Adds Mike, "We firmly believe that if you have the means to do something as important as this, you should."

The Benders have found their local JDRF chapter—the Triangle/Eastern NC Chapter—to be a great support since Carr's diagnosis. The chapter helped connect them with another local family with a child who, like Carr, has both autism and type 1 diabetes. Mike and Bridget have also tapped into a network of other parents for advice, questions, and support. Bridget now serves on the chapter's board.

"JDRF has been a wonderful resource and a real solution provider," Mike says. "It's not just about the research. It's about what to tell the school, and how to weed through the multiple versions of information in the medical system. It's people to talk to. We've gotten tons of ideas on how to deal with diabetes issues."

Carr has adapted to the reality of diabetes well—gaining 20 pounds since his diagnosis and continuing to do the things he loves, like surfing and swimming. Diabetes has become just another part of his life, something Mike realized when he read a paper Carr wrote in the 5th grade. The title was "Things I Like/Don't Like." Mike noted that Carr had not included diabetes on the list of things he didn't like. When he pointed that out, Carr's response was simply, "Dad, I don't *not* like my diabetes."

What Mike and Bridget want most is a cure, and they see the artificial pancreas as a crucial step along the pathway to that goal. "The artificial pancreas would give us tons more time to develop a cure," Mike says, because it would enable tighter blood glucose management—thereby delaying the development of complications. "It would make any damage to Carr's body happen later rather than earlier."

Mike has no doubt that a cure is achievable. "I see an end to this disease," he says. "It is curable. We know what it will take to cure type 1 diabetes. We know the intermediate steps we need. We know the technology. It's not some theory. It's not like throwing money down a black hole."

And it is critically imperative to forge ahead. Says Mike, "Every day we delay, that's one more day of destruction on these kids' bodies."

# A Challenge Met

## Marc and Lisa Pryde

Marc and Lisa Pryde have been stellar supporters of JDRF for a decade now, ever since their youngest daughter, Ashley, was diagnosed with type 1 diabetes at age seven.

They have been involved in every type of activity and program offered by the JDRF Northwest Chapter in Seattle and the Seattle Guild. Each year, they participate in the Seattle Guild's highly successful Gala, and they raise thousands of dollars with their Walk team.

> "I appreciate that JDRF is taking a lot of different approaches to ultimately try to make life better for everybody who has the disease."

The Prydes have participated in Children's Congress and have also joined with other JDRF families to lobby Congress for type 1 diabetes research support. Marc served for seven years on the chapter's board, including as president, and now chairs its major donor committee. As a remarkable testament to their commitment to the JDRF mission, the Pryde family, including Marc's parents, Harry and Ann Pryde, previously made a $1 million gift to support research toward a cure.

On top of all that, the Prydes still find new ways to support JDRF's mission. Last year, they made another significant gift to JDRF—and did so in a way that also gave others in the broad-based area of the Northwest Chapter (which covers Washington state, Alaska and parts of Idaho and Montana) the opportunity to join together with them to make a powerful impact.

Marc and Lisa made a $100,000 gift, along with a challenge to other chapter members and donors to match it. The proof that it was a "perfect idea" was that their gift was matched within just a month of the date it was announced.

Needless to say, Marc and Lisa are happy with the strategy—and the results. "I wanted to help set a pattern about things we could do in the major gifts area," he says. "Making a challenge grant is a more effective way to raise money with the least cost to JDRF. It also offers an opportunity for a donor to participate in a way they may not get through a fundraising event."

Marc says he and Lisa draw inspiration from other chapter members—particularly those founding members who are still active more than two decades after the chapter was launched. "It's an inspiration to find people involved in something that long," Marc says. "It's good for our chapter to have them involved, because they have more perspective about how far things have come for people with type 1 diabetes." For example, they can remind the newer members that getting a blood sugar reading once required a trip to the doctor. "We take so much for granted now," Marc says.

The Prydes also draw inspiration from Ashley, who, at 17, is ably managing her diabetes independently of Mom and Dad. "She knows what she needs to do, and she really does a good job," Marc says.

Like all parents of children with type 1 diabetes, Marc and Lisa want—more than anything—a cure for the disease. They believe JDRF-funded research is their best hope for getting there. "I've listened to enough folks talk about the research to understand that a cure is not going to happen overnight," Marc says. "But in the meantime, I appreciate that JDRF is taking a lot of different approaches to ultimately try to make life better for everybody who has the disease."

Marc also likes the "integrity" he sees at JDRF—its vetting process for making grants, its efficiency rating, and its continual evaluation of its goals and processes to ensure that progress toward a cure is moving as quickly as possible. "I know the money is not just being thrown into a black hole," Marc says. "JDRF makes me feel very confident that I'm getting the biggest bang for the buck."

# Honoring a Father and a Sister

## Tim and Lisa Fleet

M.B. "Bub" Fleet was diagnosed with type 1 diabetes at the age of 33 in 1959, the same year his son, Tim, was born. His daughter, Jennifer, was seven at the time.

Bub struggled with diabetes for the next two decades. He had a heart attack and kidney failure, and he eventually lost some of his sight. Bub died in 1979 at the age of 53. Tim and Jennifer recall that there was "standing-room only" at his funeral. "Everybody loved him," says Tim.

Just over a decade later, the family was devastated when Jennifer was also diagnosed with the disease at age 38. Jennifer has now lived with diabetes for two decades. But thanks to advances in diabetes management, she is suffering none of the complications that made her father's final years so difficult.

Jennifer calls herself "living proof" of how research has helped to improve the lives of people with type 1 diabetes by giving them better tools to manage the disease.

"We've come so far because of the research—it's amazing," she says.

Tim and his wife, Lisa, wanted to do something significant to honor his sister and the memory of his father. So they came to JDRF's Greater Fort Worth-Arlington Chapter and offered to make the lead Gala gift and to help plan the event as a tribute to Jennifer and Bub. They kept it all a secret from Jennifer until the invitations went out six weeks before the Gala. Tim made sure to be at Jennifer's house when she opened her invitation and learned that she was the evening's honoree.

"I almost croaked," Jennifer recalls. "I was blown away and very touched. I never tell people I have type 1 diabetes unless it comes up in conversation. I've never brought my disease to the forefront. And then Tim goes and makes me queen for a day."

Thanks to Tim and Lisa's hard work and donation, and to the generosity of friends, colleagues, and the greater Fort Worth/Arlington community, the Gala was a huge success. It raised $870,000 for research toward a cure, including Tim and Lisa's own generous gift of $250,000.

The Gala was a wonderful evening. "It brought back a lot of memories of Dad," says Jennifer. One of the highlights was a moving video that told the stories of both father and daughter. "A lot of people were so touched," Jennifer says. "So many people have diabetes in their family, and so many came up to say they had lost someone due to the disease."

Jennifer says Tim and Lisa's generosity is nothing new. Two years ago, they "adopted" an elementary school in a poor neighborhood. For Christmas, each child at the school got a brand new bicycle, courtesy of Tim and Lisa.

Tim, a real estate developer, says he is happy to be able to support JDRF because he's "sold on how much progress has been made in the care of diabetes." He points to the difference in the experiences of his sister and his dad, who had no easy way to regularly monitor his blood sugar at home and no HbA1c test to track his blood sugar management over time. He took just one insulin shot a day, standard practice back then.

"Type 1 diabetes just wore him out," Tim says. "He died a young man."

Jennifer, who owns a business in Fort Worth, feels fortunate that she has the tools to carefully manage her diabetes. "I feel that it's a great gift," she says. "It's so easy for me to test my blood sugar. Dad never had a chance. The only dietetic foods he had were ketchup, ice cream, and candy. I have everything under the sun."

# Advancing a Cure

## Advance Auto Parts

In addition to helping customers keep their vehicles running smoothly, Advance Auto Parts, a leading aftermarket automotive retailer, has been working tirelessly to advance the search for a cure for type 1 diabetes. For more than 15 years, the Fortune 500 company has become a remarkable partner to JDRF, raising more than $16 million to fund research toward a cure. In the process, Advance has become JDRF's No. 1 retail fundraising partner.

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It all started back in 1994, when then-CEO Garnett Smith, a committed and enthusiastic JDRF supporter, led Advance Auto Parts to becoming a JDRF corporate sponsor. That first year the company, based in Roanoke, Va., raised $30,000 by forming a Walk team and by selling JDRF sneakers in 10 of its home-state stores. From those beginnings, the partnership skyrocketed. Just two years after joining forces with JDRF, Advance had become JDRF's top national sponsor, taking the sneaker campaign to all of its stores nationwide. That year, it hit $800,000 in fundraising for JDRF—and has never looked back.

Advance has achieved impressive fundraising gains year after year by bringing fresh thinking—and unwavering commitment—to its approach. For example, in 2006, the company strengthened and refreshed its nationwide sneaker sales campaign by adding a new employee recognition and incentive program, awarding attractive prizes to top sneaker sales performers. In just its first year, this program boosted total fundraising by $500,000 to more than $1.5 million.

In 2007, Advance did it again, creating a "Buy a Day Off" employee payroll deduction program with proceeds going to JDRF. The program raised more than $60,000 in its first year, $100,000 in its second, and more than $200,000 in 2009.

In 2008, CEO Darren Jackson initiated an executive fundraising challenge by making a personal gift to JDRF. This generous contribution led to more than $75,000 in additional donations and helped push overall Advance Auto Parts fundraising last year to more than $2.2 million—a new company record.

In 2009, the company enhanced its JDRF campaign even further by adding a new $5 sneaker purchase option (along with the existing $1, $25, and $50 options) and colorful new window signage and floor graphics to promote the program. Advance also hosted its 1st annual Vendor Golf Tournament, which featured a golf clinic from PGA Tour pro golfer Paul Azinger and professional golf instructor Matt Killen. The tournament was an incredible success, raising over $1 million for JDRF in 2009.

Also key to Advance's success in raising funds for a cure: strong executive support, a dynamic campaign leadership team that draws members from across the company's operations, and more than 49,000 enthusiastic team members in 3,400 store locations nationwide. Current leadership team members include CEO Darren Jackson; Keith Oreson, Senior Vice President of Human Resources and JDRF Campaign Chair; Mike Norona, Chief Financial Officer and Minnesota Walk Chair; and Lisa Sphar, Manager, Event Marketing and JDRF Campaign Manager. Their commitment is mirrored at the grassroots level: local Advance retail stores spearhead their own fundraising drives each year in support of JDRF.

Underlining all of what Advance Auto Parts does for JDRF are the company's core values—"inspire, serve, and grow." JDRF is immensely grateful that Advance has chosen to put those values into action on behalf of the search for a cure for type 1 diabetes.

# A Giving Habit

## David and Rosalind Ingber

David and Rosalind Ingber know a good thing when they see it. For example, they know that giving to JDRF via a gift annuity is a good thing for both the JDRF mission and themselves. So over the past decade or so, David and Rosalind have given JDRF a total of eight gift annuities, together worth more than $100,000—and David says they're not done yet.

"Unlike a lot of charities, most of the money JDRF collects goes right into working for a cure as well as to making life easier for these kids."

"It just seems like a good way to give," says David, president of United Metal Traders Company in Philadelphia. The gift annuity enables David and Rosalind to invest in research toward a cure while also receiving an income stream for life and tax benefits.

They began giving to JDRF more than a decade ago when their grandson, Andrew, was diagnosed with type 1 diabetes at the age of two. Andrew is now a 13-year-old middle-school student who lives with his family in Minneapolis and loves sports, especially tennis. He uses an insulin pump and a continuous glucose monitor, two of the most important recent developments in helping people with type 1 diabetes tightly manage their disease. Diabetes doesn't stop Andrew from playing tennis or from doing anything that he loves.

"When I see Andrew perform on the tennis court as well as he does, despite the challenges he has with diabetes, I am always so proud," David says.

Beyond the gift annuities, David and Rosalind support JDRF and the Eastern Pennsylvania/Delaware Chapter in a whole host of other ways. They participate in their local Walk to Cure Diabetes every year under the banner of "Team Andrew," along with their children and grandchildren who live in the area. They have also participated in their chapter's Gala, and they have made outright gifts to JDRF, including $25,000 to support research at the University of Minnesota.

"I would do anything I could for a cure for Andrew," David says.

David and Rosalind have become particularly interested in JDRF's efforts to develop an artificial pancreas, which would automatically manage a person's type 1 diabetes by joining an insulin pump with a continuous glucose monitor via a sophisticated computer program. "I don't know whether I'll see a cure in my lifetime," says David, who is now 77. But the artificial pancreas would be a great step along the path to a cure, since it promises to make life easier for Andrew and others with the disease and help them avoid the threat of long-term complications. "I'm all for whatever it takes to make it easier for these kids," David says.

As a businessman, David is happy to support JDRF because of its focus and efficiency: more than 80% of the funds JDRF raises goes to support research. "Unlike a lot of charities, most of the money JDRF collects goes right into working for a cure as well as to making life easier for these kids," David says. "There's not a lot of red tape or overhead. Most of the money goes right to where we want it to go—toward a cure."

It's just another reason David and Rosalind have given so generously to JDRF, through their many gift annuities and in so many other ways.

# Teaching Type 1

## Harold Wolff

Harold Wolff knows a whole lot about both schools and type 1 diabetes. He spent his professional career in education—first as a teacher, and then as a middle school principal—and has two sons with the disease.

In retirement, Harold has tapped into this knowledge to help parents of school-age children with type 1 diabetes nationwide. His vision and writings led to the creation of the first-ever JDRF School Advisory Toolkit, a publication that provides a plethora of practical information and advice. The toolkit helps families and schools work together to create a safe, caring, and positive learning environment for children with type 1 diabetes. The goal: to ensure the child's school experience is the best it can be.

The toolkit has already been a runaway success—more than 7,000 people have downloaded it from the JDRF website, and JDRF chapters have distributed more than 20,000 print versions.

One reason for its success is that the toolkit achieves a unique balance, addressing the needs and concerns of both parents and schools. That balance comes thanks to Harold's own unique background.

"I understand the parents' point of view; they want the school to provide services for their children to succeed emotionally and academically," Harold says. "But I also understand the schools' point of view. They're trying to meet the needs of hundreds of different students. If a teacher misses some signs of type 1 diabetes control, the parents need to understand that they're not just watching one child—they're watching 30 in a classroom."

Harold wishes that 26 years ago he'd had ready access to such information when his son, Michael, was diagnosed with type 1 diabetes. Through the years, Michael's schools did a good job overall, but there were some dicey moments—like the time when Michael, feeling ill, set out from his classroom to visit the school nurse and ended up passing out on the bathroom floor en route. (The toolkit advises schools to ensure that a type 1 child never walks alone to the school nurse). As a teacher and then a principal, Harold worked to ensure his schools served type 1 students well. For example, he made sure that substitute teachers were fully briefed on how to care for type 1 students in their classrooms. (The toolkit outlines the steps that schools should take to prepare substitute teachers for handling the needs of type 1 students.)

For Harold, creating the toolkit is just another in a long line of ways he has worked to support the JDRF mission. He became a JDRF volunteer four years ago when he retired and relocated from Illinois to southern California. Seeing an ad for JDRF's Inland Empire Chapter in a local newspaper, he called to offer his services. Since then, he has become a photographer for the chapter, a board member, and chapter president. He also serves as a lead volunteer for school-related questions for JDRF's Online Diabetes Support Team, helping to answer the queries that come in from people across the nation. What Harold enjoys most about his volunteer work is "hearing that something I was involved in really helped someone," he said.

Since becoming a volunteer, Harold has gained even more reason to work on behalf of a cure for type 1 diabetes. Another of his sons, Brian, was diagnosed with the disease at the age of 26.

Harold is hopeful that both of his sons will one day be free of the disease, thanks to the research JDRF is funding.

"When I first joined JDRF, the future seemed bleak," he says. "Now, within the last couple of years, I don't feel like success is so far away. We have human clinical trials, and real people are being helped. There are potentially real cures, even for people who have had the disease for a long time. I'm more impatient now to see a cure, but I'm also encouraged by the real research progress being made."


JDRF's Walk to Cure Diabetes program was launched in 1992, and since then, it has raised more than $925 million toward a cure.

# Walk to Cure Diabetes

JDRF's Walk to Cure Diabetes program was launched in 1992, and since then, it has raised more than $925 million toward a cure. This stellar achievement has been made possible by the countless numbers of people who support the program—and particularly by the family teams who are the pillars of the Walk's success.

JDRF has a new way of recognizing these families, thanks to LifeScan, a leading maker of blood glucose monitoring products. LifeScan's support has made it possible for JDRF to initiate the Circle of Excellence program, which honors family Walk teams who raise $10,000 or more.

The Circle of Excellence recognizes achievements in four categories: Sapphire Level ($10,000-$24,999), Emerald Level ($25,000-$49,999), Ruby Level ($50,000-$74,999), and Diamond Level ($75,000 and above).

LifeScan challenges families to "Step Toward the Circle of Excellence" through an annual recognition program that includes jewelry pins, acknowledgement at the JDRF Annual Conference, and an elite "Circle of Champions" VIP Reception for Diamond Level achievers. The program also supports family teams through the National Family Team Committee, the Family Team newsletter, and sales and merchandising materials.

The Circle of Excellence program helps raise the bar for successful fundraising by engaging and energizing more families, and recognizing their achievements in support of JDRF.

## Diamond Level Teams

**Team Jake (Rivers Family)**
Tampa Bay Chapter

**Harmelin Family Team**
Eastern Pennsylvania/
Delaware Chapter

**Joe's Impatient Walkers (Silvestri Family)**
Greater Bay Area Chapter

**Adams Family Team**
Triangle/Eastern NC Chapter

**Cone Family**
Houston Gulf Coast Chapter

**Adam's Army (Braunstein Family)**
Long Island Chapter

**Punkin's Peeps (Eastman Family)**
New York City Chapter

**Team Sudbury**
New England Chapter

**Mimi's Marchers (Benincasa Family)**
Long Island Chapter

**Michael's Legal Eagles/Kiwanis (Mure Family)**
New York City Chapter

**Tessa's Troopers (Fisher-Wick Family)**
Los Angeles Chapter

**Team Cure**
New England Chapter

**Mackenzie's Miracle Makers & Sydney's SuperStars (Cohn Family)**
Eastern Pennsylvania/
Delaware Chapter

Here are some examples of the great accomplishments at each of our Circle of Excellence levels.

## Sapphire Level

The Zynda family has been active with JDRF in both their current hometown of Nashville and in their former home state of New Mexico. Eight-year-old Jazmyn, who was diagnosed when she was three, is the impetus for the Zyndas to contribute their time and talents to raising money for type 1 diabetes research. From volunteering in JDRF offices to appearing in their local Gala's Fund A Cure video, the family is dedicated to finding a cure. Their Walk team had previously raised up to $8,500 in a single year, but this year, they stepped into the Circle of Excellence by raising over $4,000 with their Walk team as well as $8,000 through a Kids Walk they organized at Jazmyn's school. Their total support of more than $12,000 in FY09 is proof that steadily successful teams can reach new heights.

## Emerald Level

In their children— Sarah, Emily, and Matthew— the Coffeys from Peoria, Ill. have a triple stake in finding a cure. Each year, they triple their efforts to be a successful Walk team by writing powerful letters, recruiting a large team, helping the team members set goals and fundraise, and working tirelessly to raise awareness throughout the community. Their hard work has even resulted in the formation of a new Walk in Peoria. With this year's total of $26,578 raised, the Coffey family can be triply proud of their achievements.

## Ruby Level

The Walk fundraising dynamo that is the NYC Young Leadership Committee has taken family team best practices and put them to work among a group of friends, family, and business associates. As a committee with a membership upwards of 250 people—roughly 25% of whom are young adults with type 1 diabetes—this team has achieved success in textbook fashion: recruit lots of team captains; have the team captains aggressively recruit 10 walkers each; and write letters, utilize online fundraising tools, and work connections to bring in the dollars. Last year, this dynamic group raised $67,500.

## Diamond Level

What began as a single family team 15 years ago in the small town of Sudbury, Mass. is now a community-wide power-house with over a dozen families and 100-plus high school students. Proving that there's strength in numbers, this extended "family" is also one of the top family teams nationally, year after year. Team Sudbury members work year-round to help newly diagnosed families, and around Walk time, they schedule organized letter-writing sessions. Thanks to their focus and dedication, this team raised nearly $120,000 in FY09.

# Ride to Cure Diabetes

The JDRF Ride to Cure Diabetes challenges bicycle riders from around the world to achieve two goals: raise funds needed to advance research toward a cure, and set and meet a personal training goal to accomplish their cycling experience. JDRF supports riders in each challenge, connecting them with both a USA Cycling certified coach and a JDRF fundraising coach. The program has raised more than $10 million since its founding in 1998.

Last year's program attracted 900 participants from all over the world to rides in four spots: Sonoma and Death Valley in California; Whitefish, Mt; and Asheville, N.C.

More than 60% of participants in the Ride return each year, proving that the experience is rewarding. And then there are people like Monica Maliskas, who regularly goes above and beyond the call of duty to make sure the Ride raises as much money as possible for research toward a cure.

Monica is the Ride's single highest fundraiser to date. Her first year, she raised $75,000, and last year, she raised more than $195,000, participating in two rides. Each year, she has organized a "spin-a-thon" to raise money for the Ride, enlisting the support of 300 members of the fitness club where she is a spin instructor, along with other community members. Her son Ethan, who is 10, was diagnosed with type 1 diabetes when he was 21 months old.

More than 60% of participants in the Ride return each year, proving that the experience is rewarding.

# Donor Support

**JDRF thanks the individuals, families, foundations, and businesses listed on the pages that follow for their support of JDRF and research leading to a cure.**

# Corporate Donors

The corporations listed below have given generously to support research toward a cure during FY2009. We deeply value their partnership and commitment and are pleased to recognize them here.

## $4,000,000 and above

Advance Auto Parts
Ford Motor Company

## $2,000,000 - $3,999,999

Cartoon Network and
Turner Network Sales

## $1,000,000 - $1,999,999

Hy-Vee, Inc.
Marshalls
Roche Diagnostics Corporation
Walgreens

## $500,000 - $999,999

Abbott Diabetes Care
Bloomingdale's Inc.
Delta Air Lines
Discover Financial Services
LifeScan, Inc.
Novo Nordisk
Tops Markets, LLC

## $250,000-$499,999

Bain Capital Children's Charity
Bayer Health Care
Boston Marriott/Copley Place
BP
Cash America International, Inc.
The Fresh Market
Harman Management
Medtronic Diabetes
Silpada Designs, Inc.
Wawa

## $100,000 - $249,999

Abbott Laboratories
Affordable Living Choices
Albertsons, LLC
Becton Dickinson
The Benaroya Company
BP Corporation
Clear Channel
Coca-Cola Enterprises
Coca-Cola Foundation
Ericsson
Ford Kentucky Truck Plant
Fox25/WFXT
GoDaddy.com®
Gordmans, Inc.
Insulet Corp.
Mazda North American Operations
Brett Michaels/Fox Broadcasting Company
Nationwide Foundation
QUALCOMM Incorporated
Russell Stover Candies
Save Mart Supermarkets
Sonora Quest Laboratories
Texas Instruments
Texas Western Hospitality
Turner Broadcasting System, Inc.
UBS Financial Services

## $75,000-$99,999

Coughlin Stoia Geller Rudman & Robbins LLP
Detroit Street Rods
Ford Louisville Assembly Plant
McDonald Automotive Group
Medtronic Foundation
Old Orchard Brands, LLC
Starwood Hotels & Resorts Worldwide
Texans Credit Union
Wachovia

## $50,000-$74,999

AAR Corp.
Aimbridge Hospitality
Aldridge Electric
Amylin Pharmaceuticals, Inc.
BAE Systems
Bank of America
Bimbo Bakeries/Oroweat
CA, Inc.
Carol Stillwell, Stillwell-Hansen, Inc.
Clark Construction Group, LLC
Dr. Pepper Snapple Group
Ed Miniat, Inc.
Eli Lilly and Company
Franklin Covey
Granite Properties
Harris Associates
LIUNA
Pearle Vision
The Reynolds Company
The Ron Santo Golf Experience
Sage Hospitality Resources
USA Drug Stores
Virginia Mason Medical Center
Wells Fargo
Williams Trading, LLC
WPP/Team Detroit

## $25,000-$49,999

Abby's Friends
Abercrombie & Fitch
Aetna
Allstate Insurance
Anheuser-Busch Corporation
Aon Corporation
Bayer Diabetes Care
Beckman Research Institute of the City of Hope
Benchmark Capital
Bensonhurst Bay Ridge Kiwanis Foundation, Inc.
Beverly Hilton Hotel
Blackbird Technologies, Inc.
Blue Cross Blue Shield of Arizona
Blue Cross Blue Shield of Mississippi
Bluegreen Corporation
Bombardier Aerospace Corporation
Bon Secours Richmond Health System
Boston's Pizza
BTIG, LLC
Build-a-Bear Workshops
Capital One
Casey's General Stores
Casino Arizona
Catholic Healthcare West
Centerpoint Energy
Centric Group
Chevron
Chubb Group of Insurance Companies
CIGNA
Cisco
Colorado Trust
CoStar Group, Inc.
Costco Wholesale
DexCom
Dobbs Tire and Auto Centers
Edward Jones Company
Entergy Nuclear Northeast
Entertaining at Home
Exelon - ComEd
Federal Home Loan Bank
Festival of Trees Foundation
Fifty 50 Pharmacy
First Tower Corporation
Franklin Templeton Investments
Gateway Appliance Distributing/ Viking
Genentech, Inc.
Good Times Burgers & Frozen Custard
Halliburton
Harris Teeter, Inc.
Hartford Casualty Insurance Company for DeRose Corporation & Flexicorps
HealthONE
Hoffman Car Wash and Jiffy Lube
Howard Industries
Jim Click Automotive Group
Johnson & Johnson
Kroger
Lakeside Industries
Londen Companies
MacroGenics, Inc.
McKinney-Geib Foundation
MedAssets
Melvin S. Roos
Merge Technologies, Inc.
Mesirow Financial
Metavante Banking Solutions
Moe's Southwest Grill
National City
NBC Universal
Nebraska Heart Institute and Heart Hospital
New Hanover Regional Medical Center
The Nielsen Company
Omaha Steaks International, Inc.
Peyton Manning Children's Hospital at St. Vincent
Piccadilly Restaurants
Populous
PPD
Praxair
Republic Finance
Saipem America
Sangamo BioSciences, Inc.
Sequent Energy Management
Siemens
Suburban Asset Management
Sun Products
Sysco Corporation
TD Bank
TransAm Trucking, Inc.
UnitedHealthcare
Universal Weather & Aviation
USS-POSCO Industries
Variety Children's Charity of New England

Visa
Walmart/Sam's Club
Weil, Gotshall & Manges
Wendy's
Western Refining

## $10,000-$24,999

#1 Cochran
Absolute Pharmacy Inc./Avalon Foodservice Inc.
Advance Stores Company, Inc.
AE Petsche Company
AECOM
Aerial Access
Akin Gump Strauss Hauer & Feld LLP
Alberto Culver
Allscripts
Alro Steel Foundation
Alston + Bird LLP
Altec Industries
Amedisys' Christen Foundation
Amerco U-Haul
American Airlines
American Commercial Lines
American Community Builders
American Pacific Corporation
Ametek Corporation
Anthem Blue Cross and Blue Shield
Apache Corporation
Appian Construction/Appian Way Sales Inc.
Arizona Diamondbacks
Arkansas Blue Cross and Blue Shield
Arrow Finance Company
Associated Foods
Assured Relocation
At Home Hospital Equipment
Baggett Transportation
Baltimore Orioles
Banner Health
Barnhill Contracting Company
Baylor Health Care
BB&T
BC International Group, Inc.
Beers + Cutler, LLC
Berkot's Super Foods
Bernstein Management Corporation
Big Hen Group I, LLC
Big River Industries
Blackmon Auctions
Blood Systems
Blue Cross Blue Shield of Alabama
Blue Cross Blue Shield of Louisiana
Blue Cross Blue Shield of South Carolina
Blue Slate Solutions, LLC
Boston Scientific
BP Foundation, Inc.
Broad and Cassel, P.A.
Brother's Air, Heat & Plumbing
Brown McCarroll & Oaks Hartline
Cablevision Systems Corporation
Cambridge BioMarketing
Car Pool
CareFirst BlueCross BlueShield
Carol, The Care Marketplace
Caroselli Beachler McTiernan & Conboy
Carr, Daley, Sullivan & Weir
Castle Pines Capital
Caterpillar Financial
CB Richard Ellis
Centennial Wireless
Central Mississippi Medical Center
Cereal Food Processors, Inc.
Chadbourne & Parke, LLC
Charles Schwab
Chicago Cubs
Chicago Partners
Chicago Title Insurance Company
Children's Hospital of Pittsburgh of UPMC
Circle Of Service Foundation
City National Bank
Clabber Girl
Coca Cola of Baton Rouge
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# New BETA Society Members

The BETA Society recognizes individuals who have included JDRF as a beneficiary in their estate plans. The listing below includes supporters who became new members during FY2009.

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Mary and Dick Allen
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Margy Wood
Naomi Ben-Attar Yablong
Patricia and Paul Zupec

# Stem Cell Research Fund

CO-CHAIRS: MARY TYLER MOORE AND S. ROBERT LEVINE, M.D.

The Juvenile Diabetes Research Foundation International expresses its gratitude to the following members of the JDRF family for their generous donations of $10,000 or more to the JDRF Stem Cell Research Fund. Together, these donors have provided JDRF with over $18 million since the Fund's inception in FY2002. Their vision and leadership ensures that JDRF can continue to vigorously pursue stem cell research, which holds such promise for a cure for type 1 diabetes and its complications.

Anonymous (3)
The Judith and Jean Pape Adams Charitable Foundation
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Robert Zemeckis—Image Movers

* Gifts Made during Fiscal Year 2009

* Donor to the Nucleus Fund

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# Named Grants Program

The Juvenile Diabetes Research Foundation International is pleased to recognize the following donors for their generous investments in specific JDRF-funded research studies. By helping to fund JDRF's research priority areas, these donors play a critical role in aiding our efforts to improve the lives of—and find a cure for—people with type 1 diabetes.

**Estate of Helene Alley in Memory of Theodore Whitlock and Theodore Whitlock Jr.**

*Pancreatic Stem Cells*

Derek Van der Kooy, Ph.D.

University of Toronto, Toronto, CAN

**In Honor of Jonathan P. Altman Research Grant Award**

*TXNIP, A Novel Therapeutic Target for Type 1 Diabetes*

Anath Shalev, M.D.

University of Wisconsin-Madison, Madison, WI, USA

**Triad Foundation**
**Penny and Bob Barnhill**

*Beta Cell Consortium, Production of Functioning Beta Cells from Human Amniotic Fluid Stem Cells*

Anthony Atala, M.D.

The Wake Forest Institute for Regenerative Medicine, Winston-Salem, NC, USA

**Angela and Gregg Bartlett in Honor of Alexa and Carys Bartlett Postdoctoral Fellowship Award**

*A Dynamic Approach to Investigate Beta Cell Formation and Function*

Sapna Puri, Ph.D.

The Regents of the University of California, CA, USA

**In Honor of David L. Boren**

*Role of Pericytes in Diabetic Retinopathy*

James Tomasek, Ph.D.

University of Oklahoma Health Sciences Center, Oklahoma City, OK, USA

**In Honor of Lillian Branka**

*Continuous Glucose Monitoring in Youth*

Lori Laffel, M.D., M.P.H.

Joslin Diabetes Center, Boston, MA, USA

**The Pamela A. Castel Pre-Clinical Therapeutic Grant**

*Therapeutic Effect of Angiostatin in Diabetic Nephropathy*

Sarah Zhang, M.D.

University of Oklahoma Health Sciences Center, Oklahoma City, OK, USA

**In Memory of Paul M. Cournoyer**

*ACE2 in Diabetic Nephropathy*

David Leehey, M.D.

Hines VA Hospital, Hines, IL, USA

**The Mortimer and Donald Furtsch Memorial Research Grant**

*Tipping the Balance Toward B-Cell Protection and Regeneration to Cure IDDM*

Xin Xiao Zheng, M.D., M.P.H.

Beth Israel Deaconess Medical Center, Harvard Medical School, Boston, MA, USA

**Diane Gay, Mike & Tamra Gay**
**In Honor of Parker Gay & in Memory of His Grandfather, Francis V. Gay**

*nPod Coordinating Center*

Mark Atkinson, Ph.D.

University of Florida, Gainesville, FL, USA

**H-E-B Research Grant**

*Preventing Beta Cell Destruction*

Roger Unger, M.D.

University of Texas Southwestern Medical Center, Dallas, TX, USA

**Estate of Bernard Jaffee**

*Involvement of Heparanase in Diabetic Nephropathy*

Israel Vlodavsky, Ph.D.

Technion-Israel Institute of Technology, Haifa, ISR

**Donald and Nancy Jones**

*A Dynamic Cellular Microenvironment for Embryonic Stem Cell Differentiation*

Debra Auguste, Ph.D.

President and Fellows of Harvard College, MA, USA

**Kogan Family Foundation Academic R&D Award**

*Genetically Modified huES Cells: Differentiation to Insulin-Producing Cells*

Joseph Itskovitz-Eldor, M.D.

Technion-Israel Institute of Technology, Haifa, ISR

**In Honor of Ahmed Mahfooz Latif**

*Regulation of CD4 T Cell Islet Entry*

Dario Vignali, Ph.D.

St. Jude Children's Research Hospital, Memphis, TN, USA

**Lewis-Sebring Family Foundation**

*In Support of Dr. Alexander Chervonsky*

University of Chicago, Chicago, IL, USA

**Vickie & Robert Mercer**

*Novel Pathways to Expansion of Functional Beta Cell Mass*

Christopher B. Newgard, Ph.D.

Duke University Medical Center, Durham, NC, USA

**The Lee Michael and Brenda Berg Postdoctoral Fellowship Award**

*Role of mTOR in Diabetic Nephropathy*

Meenalakshmi Mariappan, Ph.D.

University of Texas Health Science Center, San Antonio, TX, USA

**In Honor of Steven G. Mihaylo Career Development Award**

*Promoting Endodermal and Pancreatic Differentiation of ES Cells*

James Wells, Ph.D.

Children's Hospital Medical Center, Cincinnati, OH, USA

**The Proctor & Gamble Company Career Development Award**

*Regulatory T Cells, Immune Privilege and Islet Allograft Tolerance*

Zhenhua Dai, M.D., Ph.D.

University of Texas Health Center, Tyler, TX, USA

**Rancho Santa Fe Women's Fund**

*Drug Development for Beta Cell Regeneration*

Fred Levine, M.D.

University of California San Diego, San Diego, CA, USA

**The Sagan Family Program Project**

*Basilximab and Oral FTY720 and RAD 001 in Islet Transplantation*

Bernard Hering, M.D.

University of Minnesota, Minneapolis, MN, USA

**The Barry and Mimi Sternlicht Pediatric Endocrinology Research Fellowship**

*Pediatric Endocrinology Research Fellowship*

Nicole Sherry, M.D.

Columbia University College of Physicians and Surgeons, New York, NY, USA

**Laura and Todd Templeton**

*A High Throughput Exploration Platform for Beta Cell Replenishment*

Douglas Melton, Ph.D.

Harvard Stem Cell Institute, Cambridge, MA, USA

**In Honor of Tops Markets, LLC A Future Without Diabetes Career Development Award**

*Molecular Profile of the Human Diabetic Kidney Disease*

Katalin Susztak, M.D., Ph.D.

Albert Einstein College of Medicine, Yeshiva University, Bronx, NY, USA

**The Louis Vance Family in Honor of Kathryn Vance Research Grant**

*Beta Cell Consortium, Recognizing the Work of Anthony Atala, M.D.*

The Wake Forest Institute for Regenerative Medicine, Winston-Salem, NC, USA

**The Louis Vance Family In Honor of Kathryn Vance Research Grant**

*Targeted Expression of Insulin to Intestinal Endocrine Cells*

Timothy Kieffer, Ph.D.

University of British Columbia, Vancouver, BC, CAN

**The Wattles Family Foundation in Honor of Conner Wattles**

*Cell Fate Potential of Putative Progenitor Cells from Telomerase Tg Mice*

David Breault, M.D., Ph.D.

Children's Hospital, Boston, MA, USA

**Joe and Linda White**

*Beta Cell Consortium, Recognizing the Work of Anthony Atala, M.D.*

The Wake Forest Institute for Regenerative Medicine, Winston-Salem, NC, USA

**The Sybil and David Yurman Postdoctoral Fellowship Award**

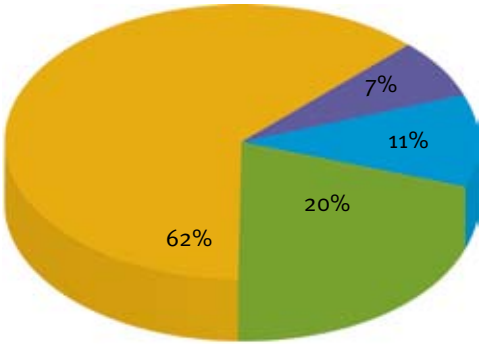
*Identifying Urinary Biomarkers of Diabetic Nephropathy*

Maryam Afkarian, M.D., Ph.D.

Massachusetts General Hospital (The General Hospital Corp.), Boston, MA, USA

# Financial Report

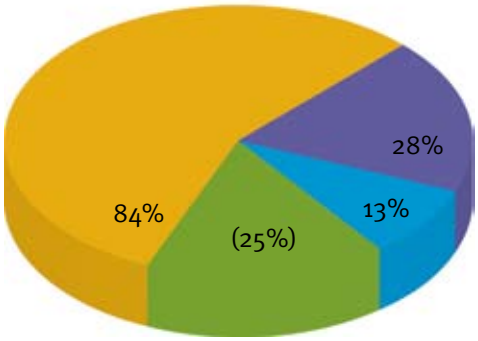
# Financial Information




## FUNCTIONAL EXPENSES $177.6M
for the year 2009

- Management & General $11.9M
- Fundraising $19.7M
- Research & Education Programs $146M
  - Public Education $36.1M
  - Research Administration $109.9M

82%




## PUBLIC SUPPORT AND REVENUE $143.5M
for the year 2009

- Contributions $40.6M
- International Affiliate Transfers $18.6M
- Revenue $(35.7)M
- Special Events (Including Walk) (net) $120M

### INDEPENDENT AUDITORS' REPORT

The Board of Directors
The Juvenile Diabetes Research Foundation International

We have audited the accompanying statements of financial position of The Juvenile Diabetes Research Foundation International (the Foundation) as of June 30, 2009 and 2008, and the related statements of activities, functional expenses and cash flows for the years then ended. These financial statements are the responsibility of the Foundation's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Foundation's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of The Juvenile Diabetes Research Foundation International as of June 30, 2009 and 2008, and the changes in its net assets and its cash flows for the years then ended in conformity with U.S. generally accepted accounting principles.

As discussed in note 2 to the financial statements, the Foundation adopted the provisions of Statement of Financial Accounting Standards No. 157, Fair Value Measurements, as amended, effective July 2008.

KPMG LLP

New York, New York
October 14, 2009

# Statements of Financial Position

The Juvenile Diabetes Research Foundation International
June 30, 2009 and 2008

| (in thousands) | | 2009 | 2008 |
|---|---|---|---|
| **ASSETS** | | | |
| Cash and cash equivalents | $ | 42,311 | 20,601 |
| Investments (note 3) | | 134,535 | 212,745 |
| Accrued income | | 3,770 | 5,378 |
| Contributions receivable, net (note 6) | | 23,467 | 26,576 |
| Prepaid expenses and other assets | | 3,568 | 2,994 |
| Fixed assets, net (note 7) | | 2,230 | 1,809 |
| Total assets | $ | 209,881 | 270,103 |
| **LIABILITIES AND NET ASSETS** | | | |
| Liabilities | | | |
| Accounts payable and accrued expenses | $ | 7,323 | 11,966 |
| Liabilities related to split-interest agreements | | 2,598 | 2,880 |
| Deferred special events revenue | | 4,346 | 4,606 |
| Research grants payable (note 9) | | 180,152 | 201,155 |
| Total liabilities | | 194,419 | 220,607 |
| Commitments and contingencies (note 10) | | | |
| Net assets (accumulated deficit): | | | |
| Unrestricted | | (20,868) | 9,115 |
| Temporarily restricted (note 11) | | 31,122 | 35,224 |
| Permanently restricted (note 11) | | 5,208 | 5,157 |
| Total net assets | | 15,462 | 49,496 |
| Total liabilities and net assets | $ | 209,881 | 270,103 |

See accompanying notes to financial statements.

# Statements of Activities

The Juvenile Diabetes Research Foundation International
Years ended June 30, 2009 and 2008

| (in thousands) | 2009 | | | | 2008 | | | |
|---|---|---|---|---|---|---|---|---|
| | Unrestricted | Temporarily Restricted | Permanently Restricted | Total | Unrestricted | Temporarily Restricted | Permanently Restricted | Total |
| **PUBLIC SUPPORT AND REVENUE:** | | | | | | | | |
| Public support: | | | | | | | | |
| Contributions | $ 32,509 | 8,136 | - | 40,645 | 37,322 | 19,603 | - | 56,925 |
| Special events: | | | | | | | | |
| Proceeds | 147,140 | - | - | 147,140 | 175,974 | - | - | 175,974 |
| Direct donor benefits | (27,095) | - | - | (27,095) | (28,258) | - | - | (28,258) |
| Contributions from affiliates (note 8) | 18,567 | - | - | 18,567 | 20,115 | - | - | 20,115 |
| Total public support | 171,121 | 8,136 | - | 179,257 | 205,153 | 19,603 | - | 224,756 |
| Revenue | | | | | | | | |
| Investment return (loss) (note 3) | (36,390) | 5 | 51 | (36,334) | 5,746 | 5 | 117 | 5,868 |
| Other | 622 | - | - | 622 | 1,333 | - | - | 1,333 |
| Total revenue (loss) | (35,768) | 5 | 51 | (35,712) | 7,079 | 5 | 117 | 7,201 |
| Net assets released from restrictions | 12,243 | (12,243) | - | - | 10,483 | (10,483) | - | - |
| Total public support and revenue | 147,596 | (4,102) | 51 | 143,545 | 222,715 | 9,125 | 117 | 231,957 |
| **EXPENSES:** | | | | | | | | |
| Program services: | | | | | | | | |
| Research support, net (note 9) | 109,912 | - | - | 109,912 | 166,072 | - | - | 166,072 |
| Public education | 36,072 | - | - | 36,072 | 36,201 | - | - | 36,201 |
| | 145,984 | - | - | 145,984 | 202,273 | - | - | 202,273 |
| Supporting services: | | | | | | | | |
| Management and general | 11,930 | - | - | 11,930 | 13,324 | - | - | 13,324 |
| Fundraising | 19,665 | - | - | 19,665 | 21,172 | - | - | 21,172 |
| | 31,595 | - | - | 31,595 | 34,496 | - | - | 34,496 |
| Total expenses | 177,579 | - | - | 177,579 | 236,769 | - | - | 236,769 |
| (Decrease) increase in net assets | (29,983) | (4,102) | 51 | (34,034) | (14,054) | 9,125 | 117 | (4,812) |
| Net assets at beginning of year | 9,115 | 35,224 | 5,157 | 49,496 | 23,169 | 26,099 | 5,040 | 54,308 |
| Net assets (accumulated deficit) at end of year | $(20,868) | 31,122 | 5,208 | 15,462 | 9,115 | 35,224 | 5,157 | 49,496 |

See accompanying notes to financial statements.

# Statements of Functional Expenses

The Juvenile Diabetes Research Foundation International
Years ended June 30, 2009 and 2008

(in thousands) **2009**

| | PROGRAM SERVICES | | | SUPPORTING SERVICES | | | |
|---|---|---|---|---|---|---|---|
| | Research Support | Public Education | Total | Management and General | Fund-Raising | Total | Total Expenses |
| Research grants, net (note 9) | $ 100,870 | - | 100,870 | - | - | - | 100,870 |
| Payroll and related expenses | 6,045 | 22,965 | 29,010 | 7,798 | 12,543 | 20,341 | 49,351 |
| Printing and promotional expenses | 242 | 2,560 | 2,802 | 523 | 1,936 | 2,459 | 5,261 |
| Office rent and related expenses, including depreciation and amortization | 1,190 | 5,776 | 6,966 | 2,173 | 2,822 | 4,995 | 11,961 |
| Meetings and conferences | 722 | 1,665 | 2,387 | 451 | 1,122 | 1,573 | 3,960 |
| Professional services | 776 | 1,648 | 2,424 | 509 | 634 | 1,143 | 3,567 |
| Miscellaneous | 67 | 1,458 | 1,525 | 476 | 608 | 1,084 | 2,609 |
| Total functional expenses | $ 109,912 | 36,072 | 145,984 | 11,930 | 19,665 | 31,595 | 177,579 |
| Percentage of total functional expenses | 61.90% | 20.31% | 82.21% | 6.72% | 11.07% | 17.79% | |
| Costs of direct benefit to donors | | | | | | | 27,095 |
| Total expenses and costs of direct benefits to donor | | | | | | | $204,674 |

(in thousands) 2008

| | PROGRAM SERVICES | | | SUPPORTING SERVICES | | | |
|---|---|---|---|---|---|---|---|
| | Research Support | Public Education | Total | Management and General | Fund-Raising | Total | Total Expenses |
| Research grants, net (note 9) | $ 156,385 | - | $ 156,385 | - | - | - | 156,385 |
| Payroll and related expenses | 6,345 | 21,804 | 28,149 | 8,546 | 13,411 | 21,957 | 50,106 |
| Printing and promotional expenses | 305 | 2,543 | 2,848 | 621 | 2,203 | 2,824 | 5,672 |
| Office rent and related expenses, including depreciation and amortization | 1,323 | 5,277 | 6,600 | 2,242 | 2,953 | 5,195 | 11,795 |
| Meetings and conferences | 1,338 | 2,816 | 4,154 | 511 | 1,201 | 1,712 | 5,866 |
| Professional services | 274 | 1,973 | 2,247 | 718 | 475 | 1,193 | 3,440 |
| Miscellaneous | 102 | 1,788 | 1,890 | 686 | 929 | 1,615 | 3,505 |
| Total functional expenses | $ 166,072 | 36,201 | 202,273 | 13,324 | 21,172 | 34,496 | 236,769 |
| Percentage of total functional expenses | 70.14% | 15.29% | 85.43% | 5.63% | 8.94% | 14.57% | |
| Costs of direct benefit to donors | | | | | | | 28,258 |
| Total expenses and costs of direct benefits to donor | | | | | | | $265,027 |

See accompanying notes to financial statements.

# Statements of Cash Flows

The Juvenile Diabetes Research Foundation International
Years ended June 30, 2009 and 2008

| (in thousands) | 2009 | 2008 |
|---|---|---|
| **CASH FLOWS FROM OPERATING ACTIVITIES:** | | |
| Decrease in net assets | $ (34,034) | (4,812) |
| Adjustments to reconcile decrease in net assets to net cash (used in) provided by operating activities: | | |
| Net depreciation (appreciation) in fair value of investments | 40,027 | (1,180) |
| Depreciation and amortization | 960 | 929 |
| Changes in operating assets and liabilities: | | |
| Accrued income | 1,608 | (763) |
| Contributions receivable | 3,109 | (4,659) |
| Prepaid expenses and other assets | (574) | (934) |
| Accounts payable and accrued expenses | (4,643) | 1,215 |
| Split-interest agreements | (282) | (230) |
| Deferred special events revenue | (260) | (41) |
| Research grants payable | (21,003) | 30,061 |
| Net cash (used in) provided by operating activities | (15,092) | 19,586 |
| **CASH FLOWS FROM INVESTING ACTIVITIES:** | | |
| Purchase of fixed assets | (1,381) | (697) |
| Purchase of investments | (14,863) | (55,255) |
| Proceeds from sale of investments | 53,046 | 7,383 |
| Net cash provided by (used in) investing activities | 36,802 | (48,569) |
| Net increase (decrease) in cash and cash equivalents | 21,710 | (28,983) |
| Cash and cash equivalents at beginning of year | 20,601 | 49,584 |
| Cash and cash equivalents at end of year | $ 42,311 | 20,601 |

See accompanying notes to financial statements.

June 30, 2009 and 2008 (Amounts in thousands)

## 1. ORGANIZATION

The mission of The Juvenile Diabetes Research Foundation International (the Foundation) is to find a cure for diabetes and its complications through the support of research.

The Foundation solicits contributions from the public and engages in various fund raising activities. Funds raised are used to support Type 1 diabetes research. In addition, the Foundation engages in advocacy efforts aimed at increasing federal funding of Type 1 diabetes research.

The financial statements of the Foundation include the accounts of the Foundation and its Chapters located throughout the United States. The Foundation has international affiliates located in Canada, Australia, the United Kingdom and a number of other countries. The financial statements of those organizations are not included in the accompanying financial statements since the Foundation does not exercise control over the management and operations of the international affiliates.

The Foundation is a not for profit organization exempt from Federal income taxes under Section 501(c)(3) of the Internal Revenue Code, organized under the laws of the Commonwealth of Pennsylvania.

## 2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

### (A) BASIS OF PRESENTATION

The Foundation's financial statements are prepared on the accrual basis of accounting in accordance with standards established by the Financial Accounting Standards Board (FASB) for external financial reporting by not for profit organizations. Accordingly, net assets of the Foundation and changes therein are classified and reported as follows:

*Unrestricted Net Assets*—Net assets that are not subject to donor imposed restrictions.

*Temporarily Restricted Net Assets*—Net assets subject to donor imposed restrictions that will be met either by actions of the Foundation or the passage of time.

*Permanently Restricted Net Assets*—Net assets subject to donor imposed restrictions, which stipulate that the principal be maintained permanently by the Foundation, but permit the Foundation to expend part or all of the income and gains derived therefrom.

Revenues and gains and losses on investments and other assets are reported as changes in unrestricted net assets unless limited by explicit donor-imposed restrictions or by law. Expenses are reported as decreases in unrestricted net assets.

When a time restriction ends or a purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

### (B) CONTRIBUTIONS

Contributions, including unconditional promises to give (pledges), are reported as revenues in the period received or pledged. Contributions with purpose or time restrictions that are not met in the same reporting period as received are reported as increases in temporarily restricted net assets and are reclassified to unrestricted net assets when the purpose or time restrictions are met. Contributions subject to donor-imposed stipulations that the corpus be maintained permanently are recognized as increases in permanently restricted net assets.

Conditional promises to give are not recognized until they become unconditional, that is, when the conditions on which they depend are substantially met. Contributions of assets other than cash are recorded at their estimated fair value. Contributions expected to be received after one year are discounted at a risk-adjusted rate of return. Amortization of the discount is recorded as additional contribution revenue in accordance with the donor imposed restrictions, if any, on the contribution.

Contributions received for future special events, primarily walk events, are recorded as deferred revenue and are recognized as revenue in the fiscal year the event takes place, which is generally within one year.

The Foundation administers two types of split interest agreements—Charitable Gift Annuities and Charitable Remainder Trusts. With Charitable Gift Annuities, the Foundation receives cash or marketable securities from a donor in exchange for an annuity to be distributed for a fixed amount over the lifetime or lifetimes of the donor or other beneficiaries. Upon the death of the annuitant or survivor of the annuitants, the Foundation is entitled to full use of the remainder. With Charitable Remainder Trusts administered by the Foundation, the Foundation receives donated assets as Trustee under a trust agreement established by the donor in exchange for an income stream to be distributed to the donor and/or other beneficiaries over a specified period of time. The distribution to the donor or other beneficiaries may be a fixed dollar amount (an annuity trust) or percentage of the fair market value of the trust as determined annually (unitrust). Upon the termination of the trust, the Foundation is entitled to full use of the remainder. For both Charitable Gift Annuities and Charitable Remainder Trusts, a related liability is recorded for the actuarially determined present value of the obligation to the annuitant or annuitants. The discount rates used to calculate the liability range between 2.8% and 8.2% at June 30, 2009. For Charitable Gift Annuities, the assets received are held as general assets of the Foundation, and the annuity liability is a general obligation of the Foundation.

### (C) CASH AND CASH EQUIVALENTS

Cash equivalents consist of money market accounts, demand notes, savings accounts, and certificates of deposit purchased with original maturities of three months or less, except for such instruments purchased by the Foundation's investment managers as part of their investment strategies.

### (D) INVESTMENTS

The Foundation's investments, including assets related to split interest agreements, are reported at fair value based upon quoted market prices or, with respect to alternative investments, at estimated values provided by the general partners of limited partnerships or other external investment managers. These estimated values are reviewed and evaluated by the Foundation. Due to the inherent uncertainties of these estimates, these values may differ from the values that would have been used had a ready market existed for such investments.

### (E) FIXED ASSETS

Fixed assets, which consist of furniture, equipment and leasehold improvements, are recorded at cost. Depreciation is provided on a straight-line basis over the estimated useful lives of the assets, which approximate three to ten years for furniture and equipment. Leasehold improvements are amortized on a straight-line basis over the shorter of the life of the asset or the lease term.

### (F) FAIR VALUE OF FINANCIAL INSTRUMENTS

Financial instruments are defined to include: cash and cash equivalents, investments, receivables, assets related to split interest agreements, accounts payable and liabilities related to split interest agreements. The fair value of investments is discussed in note 3. The carrying amount of the Foundation's remaining financial instruments approximates fair value.

### (G) ALLOCATION OF JOINT COSTS

The Foundation allocates joint costs between fund raising and program services or management and general in accordance with the American Institute of Certified Public Accountants Statement of Position (SOP) 98-2, *Accounting for Costs of Activities of Not-for-Profit Organizations and State and Local Governmental Entities That Include Fund Raising.*

### (H) USE OF ESTIMATES

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingencies at the date of the financial statements and the reported amounts of revenues and expenses during the year. Actual results could differ from those estimates.

### (I) FUNCTIONAL ALLOCATION OF EXPENSES

The costs of providing the various programs and other activities have been summarized on a functional basis. Accordingly, certain costs have been allocated among the programs and supporting services areas that were benefited.

### (J) NEW ACCOUNTING STANDARDS

In August 2008, FASB Staff Position FAS 117-1, *Endowments of Not for Profit Organizations: Net Asset Classification of Funds Subject to an Enacted Version of the Uniform Prudent Management of Institutional Funds Act [UPMIFA] and Enhanced Disclosures for All Endowment Funds* (the FSP), was issued, and its guidance is effective for fiscal years ending after December 15, 2008.

The FSP provides guidance with respect to the accounting for donor restricted endowment funds subject to UPMIFA, which the Commonwealth of Pennsylvania has not yet enacted. In addition, the FSP requires expanded disclosures for all endowment funds. The Foundation's endowment consists of four individual donor-restricted endowment funds established for a variety of purposes. The Foundation classifies as permanently restricted net assets (a) the original value of gifts donated to the endowment and (b) accumulations to the endowment made in accordance with the direction of the applicable donor gift instrument. The four endowment funds are invested in fixed income mutual funds. At June 30, 2009, no portion of these donor-restricted endowments are classified as either unrestricted or temporarily restricted net assets.

Effective July 1, 2008, the Foundation adopted Statement of Financial Accounting Standards (SFAS) No. 157, *Fair Value Measurements* (SFAS 157). SFAS 157 defines fair value and establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. Fair value is defined as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. The three levels of the fair value hierarchy are as follows:

- Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that a reporting entity has the ability to access at the measurement date.
- Level 2 inputs are inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly.
- Level 3 inputs are unobservable inputs for the asset or liability.

The level in the fair value hierarchy within which a fair value measurement in its entirety falls is based on the lowest level input that is significant to the fair value measurement.

In conjunction with the adoption of SFAS 157, the Foundation elected to early adopt the measurement provisions of Accounting Standards Update No. 2009-12, *Fair Value Measurements and Disclosures—Investments in Certain Entities That Calculate Net Asset Value per Share (or its Equivalent)* to investments in funds that do not have readily determinable fair values including hedge funds and convertible preferred stock. This guidance amends SFAS 157 and allows for the estimation of the fair value of investments in investment companies for which the investment does not have a readily determinable fair value using net asset value per share or its equivalent. Net asset value, in many instances, may not equal fair value that would be calculated pursuant to SFAS 157.

Effective June 30, 2009, the Foundation adopted FASB Statement No. 165, *Subsequent Events* (Statement 165). Statement 165 establishes principles and requirements for subsequent events and applies to accounting for and disclosure of subsequent events not addressed in other applicable generally accepted accounting principles. The adoption of Statement 165 had no impact on the Foundation's financial statements.

In June 2006, FASB issued FASB Interpretation No. 48, *Accounting for Uncertainty in Income Taxes—An Interpretation of FASB Statement No. 109* (FIN 48). FIN 48 clarifies the accounting for uncertainty in income taxes recognized in an entity's financial statements. FIN 48 requires entities to determine whether it is more likely than not that a tax position will be sustained upon examination by the appropriate taxing authorities before any part of the benefit can be recorded in the financial statements. FIN 48 is effective for the Foundation's June 30, 2010 financial statements. The adoption of FIN 48 is not expected to have a significant impact on the Foundation's financial statements.

## 3. INVESTMENTS

Investments at June 30, 2009 and 2008 consisted of the following:

| | 2009 | 2008 |
|---|---|---|
| Equity mutual funds | $ 19,372 | 58,088 |
| Convertible preferred stock | 4,934 | 4,934 |
| Fixed income | 35,763 | 47,937 |
| Hedge funds | 74,466 | 101,786 |
| Total investments | $ 134,535 | 212,745 |

Included in investments are amounts related to Charitable Gift Annuities and Charitable Remainder Trusts totaling $1,928 and $2,040, respectively, at June 30, 2009 and $2,406 and $2,878, respectively, at June 30, 2008.

The Foundation's investments are exposed to various risks, such as market and credit risks. Because of the risk associated with such investments, it is possible that change in their values will occur and that such changes could materially affect the Foundation's financial statements.

The Foundation is exposed to credit risk in the event of nonperformance by the issuers of the fixed income securities. However, the Foundation does not anticipate such nonperformance.

The following table presents the fair value hierarchy of investments as of June 30, 2009:

| | Total | Level 1 | Level 2 | Level 3 |
|---|---|---|---|---|
| Equity mutual funds | $ 19,372 | 19,372 | — | — |
| Convertible preferred stock | 4,934 | — | — | 4,934 |
| Fixed income | 35,763 | 35,612 | 151 | — |
| Hedge funds | 74,466 | — | 61,598 | 12,868 |
| Total investments | $ 134,535 | 54,984 | 61,749 | 17,802 |

The limitations and restrictions on the Foundation's ability to redeem or sell these investments vary by investment. Based upon the terms and conditions in effect at June 30, 2009, the Foundation's hedge funds and convertible preferred stock assets can be redeemed or sold as follows:

| Fiscal year: | Amounts |
|---|---|
| 2010 | $70,306 |
| 2011 | 2,080 |
| 2012 | 7,014 |

The following table presents a reconciliation for all Level 3 assets measured at fair value for the year ended June 30, 2009:

| | |
|---|---|
| Beginning balance July 1, 2008 | $11,274 |
| Net realized/unrealized gains | 528 |
| Puchases | 6,000 |
| Ending balance June 30, 2009 | $17,802 |

The components of investment return and its classification in the statements of activities for the years ended June 30, 2009 and 2008 were as follows:

| 2009 | Unrestricted | Temporarily restricted | Permantly restricted | Total |
|---|---|---|---|---|
| Interest and dividends | $ 3,644 | 5 | 44 | 3,693 |
| Net (depreciation) appreciation | (40,034) | — | 7 | (40,027) |
| | $ (36,390) | 5 | 51 | (36,334) |

| 2008 | Unrestricted | Temporarily restricted | Permantly restricted | Total |
|---|---|---|---|---|
| Interest and dividends | $ 4,657 | 3 | 28 | 4,688 |
| Net appreciation | 1,089 | 2 | 89 | 1,180 |
| | $ 5,746 | 5 | 117 | 5,868 |

Investment expenses relating to investment advisors, managers and custodians and other bank charges are recorded as reductions to interest and dividend income. Investment expenses totaled $556 and $946 for the years ended June 30, 2009 and 2008, respectively.

## 4. RETIREMENT PLAN

The Foundation has a defined contribution pension plan, which covers substantially all employees. The Foundation's expense for the years ended June 30, 2009 and 2008 was $508 and $2,194, respectively. The reduction in contributions is in response to the economic environment during the 2009 fiscal year.

## 5. ALLOCATION OF JOINT COSTS

In 2009 and 2008, the Foundation conducted activities, principally direct mail, that included fund raising appeals as well as program components. The joint costs incurred were allocated as follows:

| | 2009 | 2008 |
|---|---|---|
| Public education | $ 1,595 | 1,752 |
| Management and general | 314 | 344 |
| Fund-raising | 2,363 | 2,599 |
| Total | $ 4,272 | 4,695 |

## 6. CONTRIBUTIONS RECEIVABLE

Contributions receivable at June 30, 2009 and 2008 consisted of:

| | 2009 | 2008 |
|---|---|---|
| Gross contributions receivable, due in: | | |
| Less than one year | $10,957 | 13,993 |
| One to five years | 14,579 | 14,585 |
| Thereafter | 372 | 803 |
| | 25,908 | 29,381 |
| Less: | | |
| Allowance for doubtful accounts | (1,324) | (1,502) |
| Unamortized discount to present value, at rates ranging from 1.71% to 5.50% | (1,117) | (1,303) |
| | $ 23,467 | 26,576 |

Contributions receivable have been discounted to their present value at the rate at the time the original unconditional promise to give was made.

## 7. FIXED ASSETS

Fixed assets at June 30, 2009 and 2008 consisted of:

| | 2009 | 2008 |
|---|---|---|
| Furniture and equipment | $ 6,010 | 4,640 |
| Leasehold improvements | 2,054 | 2,043 |
| | 8,064 | 6,683 |
| Less accumulated depreciation and amortization | (5,834) | (4,874) |
| Fixed assets, net | $ 2,230 | 1,809 |

## 8. CONTRIBUTIONS FROM AFFILIATES

During the years ended June 30, 2009 and 2008, the Foundation received contributions from affiliates as follows:

| | 2009 | 2008 |
|---|---|---|
| JDRF - Canada | $ 7,908 | 8,615 |
| JDRF - Australia | 9,306 | 9,678 |
| JDRF - United Kingdom | 1,183 | 1,615 |
| JDRF - Greece | 65 | 65 |
| JDRF - Others | 105 | 142 |
| | $18,567 | 20,115 |

JDRF Australia's 2009 and 2008 contributions include $6,116 and $5,780, respectively, funded by the Australian Government as part of the JDRF Islet Transplantation Program (ITP) in Australia. The program, which began in 2007, funds JDRF approved grants at Australian medical and research institutions to address the basic science surrounding preclinical approaches to improve islet transplantation techniques.

## 9. RESEARCH GRANTS PAYABLE

Research grants payable at June 30, 2009 and 2008 consisted of:

| | 2009 | 2008 |
|---|---|---|
| Amounts expected to be paid in: | | |
| Less than one year | $ 168,837 | 190,035 |
| One to five years | 11,585 | 11,646 |
| Subtotal | 180,422 | 201,681 |
| Less discount to present value, at rates ranging from 1.71% to 4.91% | (270) | (526) |
| Total | $ 180,152 | 201,155 |

Research grant expense is net of any grant refunds, reductions or terminations. These adjustments were $52,928 and $14,630 for the years ended June 30, 2009 and 2008, respectively.

## 10. COMMITMENTS AND CONTINGENCIES

### (A) RESEARCH GRANTS

As of June 30, 2009, there were conditional research grant commitments of $112,661, which will be recognized in the Foundation's financial statements when the conditions have been substantially met, and are currently estimated to be payable as follows:

| | |
|---|---|
| 2010 | $ 71,098 |
| 2011 | 27,481 |
| 2012 | 13,522 |
| 2013 | 560 |
| | $112,661 |

### (B) LEASES

Effective January 1, 1995, the Foundation entered into a 15-year lease agreement for executive office space in New York City. In 2001, the Foundation leased additional office space in the same building. Rent expense for the executive office was $1,369 and $1,239 for the years ended June 30, 2009 and 2008, respectively. The Foundation was also reimbursed for certain construction costs associated with leasehold improvements. The leasehold improvements and a corresponding deferred credit were recorded in 1995, both of which are being amortized on a straight-line basis over the term of the lease.

The Foundation is also obligated under various leases for space occupied by certain U.S. Chapters. Rent expense including maintenance costs for the U.S. Chapters was $3,744 and $3,513 for the years ended June 30, 2009 and 2008, respectively.

Rental commitments for all leases are as follows:

| | |
|---|---|
| 2010 | $ 5,165 |
| 2011 | 4,296 |
| 2012 | 3,148 |
| 2013 | 2,699 |
| 2014 | 1,593 |
| Thereafter | 1,216 |
| | $ 18,117 |

### (C) LINE OF CREDIT

On January 23, 2009, the Foundation entered into an agreement with JP Morgan Chase for an unsecured line of credit in the aggregate amount of $15 million. The term of the agreement expires December 31, 2010. The line of credit was unused as of June 30, 2009.

## 11. RESTRICTED NET ASSETS

### (A) TEMPORARILY RESTRICTED NET ASSETS

At June 30, 2009 and 2008, temporarily restricted net assets were available for the following purposes:

| | 2009 | 2008 |
|---|---|---|
| Future periods, principally contributions receivable and split-interest agreements | $ 29,733 | 30,177 |
| Diabetes Care Coalition program (know your A1C) | 1,014 | 2,446 |
| Various research projects | 375 | 2,601 |
| | $ 31,122 | 35,224 |

### (B) PERMANENTLY RESTRICTED NET ASSETS

At June 30, 2009 and 2008, the investment return derived from permanently restricted net assets was expendable to support:

| | 2009 | 2008 |
|---|---|---|
| General activities | $ 1,576 | 1,576 |
| Research projects: | | |
| Artificial Pancreas Project | 2,000 | 2,000 |
| Virginia Mason Research Center | 1,632 | 1,581 |
| | $ 5,208 | 5,157 |

## 12. SUBSEQUENT EVENTS

The Foundation's lease for its National Headquarters located at 120 Wall Street, New York, NY will expire on December 31, 2009 and the Foundation has decided not to renew its lease. On August 3, 2009, the Foundation entered into a new lease agreement and will be relocating its National Headquarters to 26 Broadway, New York, NY during December 2009. The new lease commences on September 1, 2009 for a 10 year term. Annual rent will be $1,268,730, increasing to $1,353,312 after the fifth year.

In connection with the preparation of the financial statements, the Foundation evaluated subsequent events through October 14, 2009, which was the date the financial statements were available for issuance, and concluded that no additional disclosures are required.

# JDRF Chapters & Affiliates

### ALABAMA
Alabama Chapter, Birmingham

### ARIZONA
Desert Southwest Chapter, Phoenix
Southern Arizona Branch, Tucson

### ARKANSAS
Greater Arkansas Chapter, Little Rock
Northwest Arkansas Branch, Fayetteville

### CALIFORNIA
Inland Empire Chapter, Riverside
Los Angeles Chapter, Los Angeles
Orange County Chapter, Irvine
Northern CA Inland Chapter, Sacramento
San Diego Chapter, San Diego
Greater Bay Area Chapter, San Francisco
Bakersfield Council, Bakersfield

### COLORADO
Rocky Mountain Chapter, Denver
Colorado Springs Branch, Colorado Springs

### CONNECTICUT
North Central Conn./Western Mass. Chapter, Farmington
Greater New Haven Chapter, Hamden
Fairfield County Chapter, Norwalk

### DELAWARE
Delaware Branch, Wilmington

### DISTRICT OF COLUMBIA
Capitol Chapter, Washington, DC

### FLORIDA
South Florida Chapter, Ft. Lauderdale
Florida Suncoast Chapter, Sarasota
Central Florida Chapter, Altamonte Springs
North Florida Chapter, Jacksonville
Greater Palm Beach County Chapter, West Palm Beach
Tampa Bay Chapter, St. Petersburg

### GEORGIA
Georgia Chapter, Atlanta

### HAWAII
Hawaii Chapter, Honolulu

### ILLINOIS
Illinois Chapter, Chicago

### INDIANA
Indiana State Chapter, Indianapolis
Northern Indiana Branch, South Bend

### IOWA
Greater Iowa/South Dakota Chapter, Johnston
Eastern Iowa Branch, Cedar Rapids

### KENTUCKY
Kentuckiana Chapter, Louisville

### LOUISIANA
Louisiana Chapter, Baton Rouge
New Orleans Branch, New Orleans

### MARYLAND
Maryland Chapter, Linthicum

### MASSACHUSETTS
New England Chapter, Wellesley

### MICHIGAN
Metro-Detroit/Southeast MI Chapter, Southfield
Michigan Great Lakes West Chapter, Grand Rapids

### MINNESOTA
Minnesota/North Dakota Chapter, Bloomington

### MISSISSIPPI
Mississippi Chapter, Jackson

### MISSOURI
Kansas City Chapter, Kansas City
Metro St. Louis/Greater Missouri Chapter, St. Louis

### MONTANA
Montana Council, Missoula

### NEBRASKA
Lincoln Chapter, Lincoln
Omaha Council Bluffs Chapter, Omaha

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