

### 2014 ANNUAL REPORT

JDRF is committed to improving the lives of every person with T1D and to curing this disease.





JDRF is the global leader in the search for an end to type 1 diabetes (T1D).

More than

300K

Canadians living with T1D

50+
human clinical trials are currently funded by JDRF



\$1.9
billion (US) raised in research funding since 1970

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### Let's turn type one into type none.

JDRF is the only global organization with a strategic plan to end type 1 diabetes (T1D). Our plan ensures there will be an ongoing stream of life-changing therapies moving from development through to commercialization that lessen the impact of T1D. We want to keep people with T1D healthy and safe until we reach our ultimate goal of finding a cure and universal prevention of T1D.

JDRF is uniquely positioned to create a future without T1D. The path forward from type one to type none is a continuum of therapies that lead to a cure. As our research programs and therapies move through the pipeline, new treatments will progressively remove the daily burden, side effects and complications. To achieve our vision of a world without T1D, more funding is essential.

Together, let's turn type one into type none.



### LETTER FROM LEADERSHIP

It's been 40 historic years since JDRF Canada was created and we couldn't be more proud of where we are today. 2014 marked an exciting year for us with new discoveries and innovations in type 1 diabetes (T1D) research. We are grateful for your ongoing support which has been demonstrated in so many ways, and continues to inspire our volunteers, Board of Directors and JDRF staff. THANK YOU for your unrelenting commitment and dedication – each of you is making a difference.

During 2014, we had the opportunity to create a strategic and robust 5 year business strategy. Our ambitious plan reflects a rapidly changing environment in research, fundraising and advocacy and serves as the blueprint to guide our work and keep us focused on our commitment to fund the most critical T1D research in Canada. Over the course of the 5 years we will continue to enhance our team, fundraising efforts and leverage partnerships to continue to be the leader in T1D research. The 2015 - 2019 Strategic Plan is built upon a strong foundation which includes key national events, a global research strategy and the Canadian Clinical Trial Network (CCTN). We are committed to grow and generate more funding for research. Staff and volunteers will continue to work together to achieve these goals, leveraging the incredible grassroots strength of JDRF and move us closer to our goal of curing T1D.



Matt Varey
Chairman of the
Board of Directors

In Canada, we are critical players in the global research arena with the JDRF CCTN and many other JDRF funded projects in leading research hospitals. This is a very exciting time since we continue to build a strong, collaborative research network in Canada. With 12 current CCTN trials across the country, we are poised for success as we accelerate the development of new treatments and technologies for T1D and its complications.

None of this is possible without the thousands of passionate volunteers, donors, educators, health-care professionals, researchers and corporate partners who are contributing to finding a cure. While we are proud of the accomplishments highlighted in this year's annual report, we know even bigger achievements are on the horizon. Through this growing movement, we hear the voices of people affected by this disease every day. We respond with action through research, advocacy, outreach and education. We count on you to help us keep this momentum building, now more than ever.

While 2014 marked JDRF Canada's 40th anniversary — a testament to our longevity and commitment, 2015 may well go down in our organization's history as a year of transformational achievement. We are excited at the possibilities 2015 brings for JDRF Canada, the JDRF International network and T1D research. Thank you for your steadfast commitment and passion that continues to drive us forward.



Together, we can **turn type one into type none**.

# ABOUT JDRF (i)

JDRF is the largest charitable funder and advocate for type 1 diabetes (T1D) research. Our mission is to find a cure for T1D and its complications through the support of research. JDRF research focuses on key therapies that hold significant promise in **turning type one into type none**.

Driven by passionate grassroots volunteers, JDRF's goal is to progressively remove the impact of T1D from people's lives until we achieve a world without T1D. JDRF collaborates with a wide spectrum of partners and is the only organization with the scientific resources, regulatory influence, and a working plan to better treat, prevent and eventually cure T1D.

Since its founding in 1970 (1974 in Canada), JDRF has awarded more than \$1.9 billion (US) to diabetes research. At JDRF, we are focused on bringing life-changing therapies from the lab to the community by impacting every stage of the drug delivery pipeline.

For more information, or to make a donation, please visit jdrf.ca.

\$1.9 billion (US) raised in research funding since 1970

100 locations around the world



Back Row: Kristen, Siobhan, Jessie

Front Row: Victoria, Sheldon, Kenadie, Hayden

### Global Perspective - research in action



JDRF's diabetes research portfolio is among the most innovative in the world. It is focused on multiple paths to cure, treat and prevent T1D.

We fund science aimed at delivering cures, developing better treatments to serve as a "pathway to the cure", and stopping the disease before it takes hold in people with potential risk. Our strategic research plan has a mix of programs that will deliver a sustained stream of new life-changing therapies in the near term, midterm and long-term.

JDRF's strategic research approach continues to deliver on our mission and our goal of **turning type one into type none**.

### **CURE**

### Encapsulation

JDRF-funded researchers in Canada were the first to show us that it is possible to end an individual's dependence on injected insulin and achieve normal blood-glucose control by transplanting pancreatic islet cells into people living with T1D. Despite this advancement, widespread use of islet transplantation is not possible because of two major obstacles—a lack of available islets for transplantation and the need for transplant recipients to take immunosuppressive drugs to prevent the immune system from attacking the transplanted cells.

With encapsulation techniques, islets or stem cell derived precursor cells, can be protected from immune attack when implanted in the body. Glucose and insulin can pass through the membrane but immune molecules will be stopped. The protective barrier will shield them from the destructive immune system responses associated with T1D, and the implanted cells will be effective for months at a time before replacement is needed.

In our efforts to reach our ultimate goal of a world without T1D, JDRF has been partnering with companies like ViaCyte to advance the development of products like ViaCyte's VC-O1™ encapsulated cell therapy product candidate.

### **TREAT**

### **Artificial Pancreas**

Over the past year, we have seen inspiring, tangible advances in artificial pancreas (AP) systems. In September 2013, the U.S. Food and Drug Administration (FDA) approved Medtronic's MiniMed 530G with Enlite system. Medtronic has received continuing support from JDRF and the Helmsley Charitable Trust Initiative to advance continuous glucose monitoring and increase accuracy and reliability in the next generation artificial pancreas systems.

In May 2014, a JDRF-funded study at the University of Cambridge demonstrated that unsupervised use of an overnight treat-to-range device led to improved blood-glucose control through the night—and even through the next day. The number of nights participants experienced hypoglycemia decreased by nearly 50 per cent. In addition to improved bloodglucose control, trial participants and their parents reported improvements in quality of life when using the system, which were outlined in a companion study. Among the benefits noted were greater peace of mind and better sleep without having to frequently monitor their blood-glucose, and more confidence in their diabetes control. The researchers concluded that unsupervised home use of the overnight AP system in adolescents with T1D is both safe and effective.

Longer and more comprehensive studies could help pave the way toward bringing the first automated AP systems to market for use overnight—when variables such as eating and exercise pose less of a challenge. The use of an AP system during sleep is important, because overnight hypoglycemia occurs frequently

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in people with T1D. The AP systems being developed prevents hypoglycemia by utilizing a "smart" computer program that links an insulin pump to a continuous glucose monitor to dispense insulin based on real-time changes in blood-sugar levels. Eventually, we envision a fully automated, multi-hormonal, dual-chamber artificial pancreas device that more closely mimics the body's process for controlling blood-sugar levels.

**PREVENT** 

### Prevention

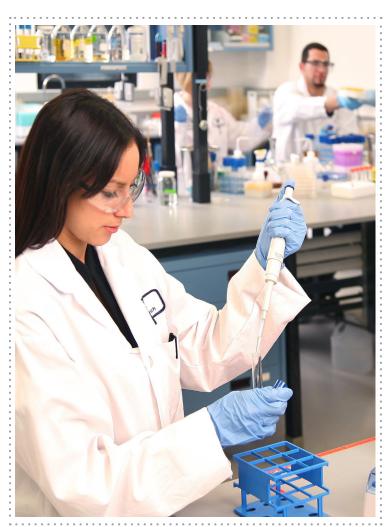
Knowing that the number of young children diagnosed with T1D is expected to double every 15–20 years and that the disease is occurring at an earlier age than ever before, JDRF, the NIH and other government agencies have made significant progress in the field of prevention.

The ultimate aim of the JDRF Prevention Program is to develop a childhood vaccine to immunize against the triggers that set off the autoimmune attack that causes T1D. While we work toward that goal, the program also supports research into other therapies that would stall the progression of T1D and prevent insulin dependence from occurring. We are funding efforts to map T1D onset so that we can gain a full understanding of its causes and early mechanisms, which will enhance our ability to identify and halt the disease at its earliest stages.

For years, scientists have been studying the progression of T1D before symptoms manifest in order to explore the possibilities of even earlier intervention, and now they know more than ever before. One breakthrough in understanding of the disease came from a decade-long JDRF-funded study, published in The Journal of the American Medical Association (JAMA), last summer. The study followed children from infancy to determine the presence of islet autoantibodies, an indication of the activation of the autoimmune attack on insulin-producing beta cells in the pancreas, which ultimately leads to T1D. The study revealed that the vast majority of children who had two or more islet autoantibodies invariably progressed to develop symptomatic T1D (requires insulin). Based on this JDRF-funded research and other information, JDRF is leading the discussion in the diabetes field about what defines a diagnosis of T1D.

Diagnosing a person with T1D during the asymptomatic phase of the disease would have a host of implications for research, development and

regulatory guidelines for clinical trials, as well as increased awareness of the disease. JDRF leadership is developing a scientific consensus around this concept to better inform the potential for prevention therapies research. Through consensus building among other organizations, it may be possible to include new criteria in clinical guidelines in the not-too-distant future. Such a change could increase the focus on developing potential prevention therapies to change the course of the disease before onset.





# JDRF Canadian Clinical Trial Network

JDRF is uniquely positioned to create a future without type 1 diabetes (T1D), and our JDRF Canadian Clinical Trial Network (JDRF CCTN) is funding ground breaking and innovative research focused on key therapies that hold significant promise of **turning type one into type none**.

Now in the fifth year of our partnership with the Government of Canada, JDRF CCTN continues to drive progress, from advances in the lab to therapies that positively impact everyone living with T1D. Born of a \$20 million commitment from the Federal Government, a \$13.9 million commitment from JDRF, and a \$3 million contribution from the WB Family Foundation, this \$36.9 million investment is bringing ground-breaking therapies to life.

In 2014, studies continue to progress that focus on improved management and prevention of complications of kidney and vascular disease; enhanced use of closed loop (artificial pancreas program) approaches to avoiding hypoglycemia and hyperglycemia; and improving the approach to treatment of adolescents and young adults during the "transition period" of their disease by means of a transition coordinator. At 18, when pediatric care transitions to adult care many young people are neglectful with regards to maintaining "tight control" of their diabetes resulting in potential short term and long-term consequences. Studies are about to launch using ustekinumab (an approved treatment for psoriasis) in new onset T1D in hopes of halting progression of beta cell destruction. In addition, clinical trials are in the planning stages to test stem cell derived pancreatic progenitor cells placed in encapsulation devices as a means of replacing absent or low insulin secreting function. These are a few examples of the incredible research currently underway, thanks to the JDRF CCTN.



Over the course of the coming years, we will continue enrolling patients and providing information about the trials as they open to the public and continue to identify opportunities to expand our studies within the JDRF CCTN. Our plan ensures there will be an ongoing stream of life-changing therapies moving from development through to commercialization that ease the impact of T1D. We want to keep people with T1D healthy and safe today until we reach our ultimate goal of a cure and universal prevention of T1D. Together, we will **turn type one into type none**.

\$36.9 million investment in ground - breaking therapies



## JDRF CCTN TRIALS



Researcher	Trials	Province					
Trials Involving Artificial Pancreas Project							
Bruce Perkins, M.D.	Computerized overnight basal rate assessment protocol to reduce nocturnal hypoglycemia - Mount Sinai	ON					
Irene Hramiak, M.D.	Nocturnal hypoglycemia pump shut-off - Western University	ON					
Margaret Lawson, M.D.	Timing of initiation of CGM in established pediatric diabetes (TIME) - Children's Hospital of Eastern Ontario	ON					
Denice Feig, M.D.	CGM in T1D pregnancy (CONCEPTT) – pre pregnancy and pregnancy - Mount Sinai	ON					
Trials in Clinical Care							
Farid Mahmud, M.D.	CD - DIET: Evaluate safety and efficacy of gluten free diet in patients with asymptomatic celiac disease and T1D - Hospital for Sick Children	ON					
Cheril Clarson, M.D.	Transition: Structured transition from pediatric care to adult care - Western University	ON					
Stewart Harris, M.D.	First Nations pregnant women with diabetes (Healthy Moms Healthy Babies) - Western University	ON					
Trials in Complications							
Farid Mahmud, M.D.	AdDIT: Adolescent T1D cardio-renal Intervention (statins and/or ace inhibitors) - Hospital for Sick Children	ON					
Irene Hramiak, M.D.	Removal: Reducing with metformin vascular adverse lesions in T1D - Western University	ON					
Extension to UBC and Alberta - Cure							
Jan Dutz, M.D.	Ustekinumab in new Onset T1D to prevent/delay beta cell destruction (repositioning of drug approved for psoriasis) - University of British Columbia	ВС					
Tim Kieffer, M.D.	Stem Cell derived islet/beta cells for treatment of T1D (pre-clinical) - University of British Columbia	ВС					
James Shapiro, M.D.	Stem cell derived pancreatic progenitor cells (encapsulated) (proof of concept clinical trial) - University of Alberta	AB					
Technology Development (Not Clinical Trial)							
Joe Cafazzo, P.h.D	Artificial Pancreas Project glucose assay standards among various devices - University Health Network	ON					

### Canadian Highlights

### February 13, 2014

JDRF Canadian Clinical Trial Network (JDRF CCTN) expands to western Canada. Three new research projects are being funded through the \$3 million WB Family Foundation donation to support clinical trials focused specifically on the "cure" therapeutic area for T1D.

### March 5, 2014

JDRF applauds the Government of British Columbia for extending coverage of the insulin pump program for eligible British Columbians aged 19 to 25 years old. Currently, British Columbia covers the costs of insulin pumps to anyone 18 years and younger who are living with T1D.

### September 11, 2014

Dr. Tim Keiffer and his colleagues from the University of British Columbia, in collaboration with BetaLogics Venture, published a study highlighting a protocol to convert human embryonic stem cells into pancreatic progenitor cells. After the transplant, these stem cells turn into glucose responsive insulin secreting beta cells in as little as 4 to 6 weeks. An important next step for UBC researchers and their industry collaborators is to determine how to prevent the insulin-producing cells' from being rejected by the body.

### October 20, 2014

Lilly Canada provided JDRF with \$220,000 in 2013-2014 in support of the creation of a national clinical training program to enable young investigators to further engage in medical research associated with T1D which will operate through JDRF CCTN.

### December 11, 2014

JDRF and the Centre for Global eHealth Innovation at the University Health Network (UHN) in Toronto announce publication of interoperability standards for diabetes devices. The work is the result of JDRF CCTN funding to Dr. Joseph Cafazzo at UHN to pilot the development of standard communication protocols that define how diabetes devices, such as insulin pumps, blood glucose meters, and continuous glucose monitors, communicate with one another and their linked managers, such as personal smartphones and computers. The goal is to enable interoperability by establishing consistent data protocols and universal understanding of device data.

### 2014 Recipients of the Eli Lilly Canada Research Grants:

### Investigator:

Alexandra Paun, PhD; Hospital for Sick Children, Toronto, ON Canada

### Project:

Immune responses to gut microbiome during progression of islet autoimmunity

### Description:

There is growing evidence that variation in the human community of the gut microbiome contributes to metabolic and inflammatory diseases, and is associated with risk for development of T1D. Ultimately, it is hoped that this research will help guide preventive therapies targeting the gut microbiome compositing in individuals at risk.

### Investigator:

Andrew Pepper, PhD; University of Alberta, Edmonton, AB Canada

### Project:

Synergizing novel cell death inhibitors to promote indefinite insulin independence post-single donor islet transplantation

### Description:

This work aims to improve the safety and efficiency of clinical islet transplantation, provide a unique opportunity to develop minimal immunosuppressive approaches, and open up an accelerated avenue for future clinical evaluation of catalytic antioxidants to abrogate disease progression in early onset T1D.

### Investigator:

Alanna Weisman, MD; Mount Sinai Hospital, Toronto, ON, Canada

### Project:

Canadian study of longevity in diabetes: Discovering factors for success after 50 years of type 1 diabetes

### Description:

This study observes a collection of people with T1D who have had the disease for 50 years or more without significant complications. Understanding how these people differ from those who get significant complications in the same time span will help to define protective factors or types of treatment that lead to protection from complications.

### International Highlights:

### January 7, 2014

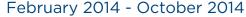
JDRF announce the funding of an approximately \$1 million collaboration with the University of Michigan's Brehm Center and the Brehm Coalition to evaluate a new hypothesis on why beta cells lose their ability to produce insulin, resulting in a diagnosis of T1D. In this proposed model of T1D, the loss of beta cell function may not be driven by beta cell death, as is widely believed, but rather by the regression of beta cells into a less mature state in which they are no longer able to produce insulin effectively, or at all. Proof of this model could open an entirely new therapeutic strategy, both to prevent T1D and to restore insulin production in individuals with the disease.

February 2014: JDRF CCTN expands to Western Canada



October 2014: JDRF-funded partner ViaCyte Inc., implants a person with an encapsulated cell therapy.





JDRF announces \$7 million of additional funding being developed by ViaCyte. After the U.S. Food and Drug Administration approval of the investigational therapy, ViaCyte immediately initiated the first ever clinical evaluation. The milestone came full circle in October when ViaCyte Inc., for the first time ever, implanted a person with T1D with the experimental encapsulated cell therapy product candidate called VC-01<sup>TM</sup>.

### July 14, 2014

JDRF and the Innovative Medicines Initiative (IMI) partner on a new precompetitive type 1 diabetes research consortium entitled "TRANSLATIONAL APPROACHES TO DISEASE MODIFYING THERAPY OF TYPE 1 DIABETES MELLITUS (T1DM)". This public-private consortium, with participation from industry, academia, government, and JDRF, focuses on addressing critical knowledge gaps and the lack of tools and technologies to detect the risk of developing T1D and to predict disease progression.

### July 14, 2014

To address the need for education on how patients with T1D can pursue physical activity safely, Novo Nordisk has committed to a three-year, \$5 million grant in support of a new JDRF Outreach initiative titled "T1D Performance in Exercise and Knowledge (PEAK)". PEAK will address the statistically proven need for additional education for patients, parents, and caregivers on how to participate in physical activity while managing T1D.



JDRF is privileged to have many passionate and generous corporate partners whose valuable support helps us keep people with T1D healthy and safe today until we reach our ultimate goal of finding a cure and universal prevention of T1D. This year, we would like to recognize the following dedicated companies for their ongoing support.



Medtronic Canada has been a committed partner of JDRF for over 10 years. Through their participation in the TELUS Walk to Cure Diabetes and JDRF Ride for Diabetes Research, Medtronic's employees have demonstrated tremendous fundraising efforts, and team spirit. In 2014, Medtronic graciously provided sponsorship for JDRF's T1D Insider newsletter, Galas, and Diabetes Research Infosium events and booths at TELUS Walk to Cure Diabetes locations across the country. Medtronic has also been involved in JDRF's CCTN trials as a technology partner. To date, Medtronic has provided almost \$1 million to JDRF. For more information please visit medtronic.ca.



In 2014, Sun Life Financial supported JDRF through the incredibly successful Kick Diabetes Program raising \$100,000 for diabetes research. 2014 also marked Sun Life Financial's inaugural year as National Sponsor for the TELUS Walk to Cure Diabetes. JDRF is very fortunate to have Andrew Wilkin of Sun Life Financial as a member of the National Board of Directors, in addition to a number of employees who sit on TELUS Walk to Cure Diabetes and JDRF Ride for Diabetes Research Committees across the country. For more information please visit sunlife.ca.



British Columbia based grocery chain Thrifty Foods had a fantastic year of engaging community support for JDRF. Their mission is to be Canada's better food destination by helping Canadians eat better, feel better, and do better. They certainly challenged their community to do better for those with T1D with a fundraising contest, community events and a stationary bike-a-thon at six Thrifty Foods locations. In all, the Thrifty Foods bike-a-thon raised an incredible \$6,800. Meanwhile, Thrifty Foods matched donations resulting from online code registrations to raise over \$50,000. That, with donations at the till, translated to \$64,000 raised for JDRF. For more information please visit thriftyfoods.com.



With the dedication and support of our national partners, JDRF can continue to move forward and aggressively work towards **turning type one into type none** faster. Your contributions help accelerate progress down the path to improving lives. We are proud to partner with the following organizations and want to thank you for commitment and dedication to JDRF.























































### JDRF Ride for Diabetes Research

More than 18,000 riders across Canada



\$5.8 million raised in 2014



\$7.3 million raised in 2014

Over 45,000

TELUS WALK

Canadians took part in the TFLUS Walk

to Cure Diabetes





FI USwalk

5 stages Songer

In 2014, more than 18,000 people participated at 22 sites across the country. Uniting corporate Canada, this high-energy stationary ride encourages a friendly competition to see who can show the most team spirit and raise the most funds for T1D research.

JDRF is happy to share that the 2014 JDRF Ride program raised \$5.8 million. Each year, the success of the JDRF Ride is a direct result of the hard work and enthusiasm of JDRF volunteers and staff.

We would like to thank our corporate leaders, participants and volunteers across Canada whose dedicated efforts contributed to the success of the 2014 JDRF Ride campaign. As we move ahead to the 2015 Ride season, we are focused on taking the JDRF Ride to new heights and look forward to your continued support. For more information please visit jdrf.ca/ride.

It's been 20 years since we started walking at JDRF and we haven't slowed down yet! Over the last two decades, the TELUS Walk to Cure Diabetes has raised over \$100 million. The TELUS Walk is a staple in the JDRF fundraising portfolio. We still walk with a purpose, to raise awareness about T1D and the need to fund vital research to cure, better treat and prevent T1D.

The TELUS Walk to Cure Diabetes unites over 45,000 Canadians in 70 locations across Canada. Their fundraising efforts, combined with our enthusiastic and dedicated volunteers created a wave of impact across the country. In 2014 the TELUS Walk to Cure Diabetes raised nearly \$7.3 million.

The TELUS Walk would like to acknowledge our national partners who share the commitment to find a cure for T1D: the employees of TELUS, Sun Life Financial, LifeScan, SunRype Products Ltd. and UPS Canada, along with their friends and families continue to show their support of the Walk each year.

Be part of the 2015 TELUS Walk to Cure Diabetes and help us continue to fund incredible research advancements. For more information, visit jdrf.ca/walk.

### **EVENTS**



### JDRF Galas

### 2,800 people across Canada participated in our Galas



## Over \$2.9 million raised in 2014





JDRF Galas represent a core fundraising program for the Foundation. In 2014, more than 2,800 people attended Galas in ten cities nationwide raising over \$2.9 million.

Each Gala across the country has a unique theme for their celebration where guests enjoy an elegant evening of fine cuisine, entertainment, dancing, silent and live auctions and JDRF's signature Fund A Cure.

JDRF's Fund A Cure is always a highlight providing guests with the opportunity to donate the gift level of their choice and receive a Fund A Cure Bear, in addition to a tax receipt for their contribution.

Thank you to the many volunteers and supporters for your valuable time, generosity, and for making these exceptional fundraising evenings possible. For more information visit jdrf.ca/galas.

### Outreach

JDRF Canada supports the T1D Community at all stages of life through tool kit programs

### Adult Toolkits



After receiving many requests, JDRF began producing a toolkit that would provide useful information to adults living with T1D - both newly diagnosed or those that have been living with T1D for a number of years. Since the introduction in 2012, the reaction to this resource has been very well received. Download the Adult Type 1 Toolkit.

### Pregnancy Toolkit



Throughout this toolkit, we have included personal stories from women who are living with T1D and are in the various stages of pregnancy - planning, pregnant, and caring for their children. Specific topics covered include: making the decision, conception, your medical team, what to expect in each trimester, the birth, coming home, planning for the future, and resources. Download the Pregnancy Toolkit.

### School Advisory Toolkit



The School Advisory Toolkit, generously supported by LifeScan Canada (OneTouch), provides information for parents to assist them in communicating and educating their child's school about T1D. Download the School Advisory Toolkit.



### Grassroots Advocacy Program

JDRF's Advocacy Network is over 3,300 voices strong!



Advocacy efforts helped secure over \$20 million in federal funding to date





The Grassroots Advocacy program is a platform that brings together people who are dedicated to making a difference is the lives of all individuals touched by T1D. Across Canada, more than 3,300 JDRF advocates are working together to make their voices heard in the federal, provincial and territorial governments. Advocates develop long-lasting relationships with their Members of Parliament, participate in grassroots advocacy campaigns and raise invaluable awareness for T1D.

Federal investment is essential to achieving our efforts to cure, better treat, and prevent T1D. JDRF is working diligently to secure funds from the Government of Canada to invest in T1D research and the expansion of JDRF's CCTN to continue conducting advanced clinical trials of cuttingedge treatments and technologies that provide Canadians with the latest diabetes breakthroughs.

### Kids for a Cure Awareness Day 2014

40 kids from across
Canada went to
Parliament Hill



The kids interacted with over 60 MPs and Senators





On November 25, 2014 JDRF Canada took 40 inspiring kids to Ottawa to mix, mingle and tell their story to Members of Parliament and Senators about the impact of living with T1D at our Kids for a Cure Awareness Day. They had the chance to demonstrate how diabetes research has changed their lives and how investing in future research can place a cure within reach.

During the event the kids had the opportunity to interact with over 60 Members of Parliament and Senators, share a personalized scrapbook during their meetings and ask Members of Parliament to "Step Up to Cure Type 1 Diabetes" by increasing funding for T1D research and the expansion of JDRF's CCTN.

JDRF is very proud of all our Champions and thanks them for their hard work and dedication.

Make a difference and join our **Advocacy Network** today!

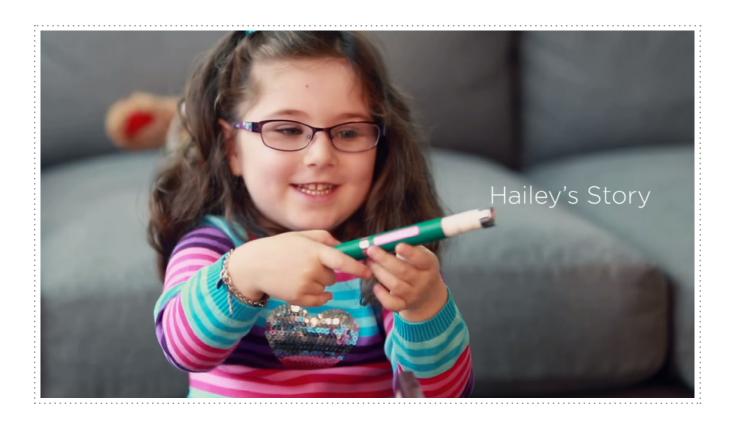


### National Diabetes Awareness Month 2014

Each November, JDRF recognizes National Diabetes Awareness Month and on November 14 celebrates World Diabetes Day. This November, JDRF developed a series of videos of revealing what people don't know about living with T1D.

The highly successful campaign showcased eight individuals and families affected by T1D. The participants were open, candid and helped to spark conversation and raise awareness throughout the month.

Watch the impactful You Don't Know the Half of It campaign videos on JDRF Canada's YouTube Channel: youtube.com/JDRFCanada



November 14 is World Diabetes Day



Eight candid stories of people living with T1D



JDRF is the largest global funder of T1D research. It is because of our treasured supporters that we are able to fund work that will continue to impact the lives of everyone living with this disease for generations to come. Their passion, determination, energy and generosity push us to do more. Together, we will achieve our vision of a world without T1D.

### **Major Donors**

A very special thank you to all of our Major Donors, your dedication and commitment to funding research is making a profound difference in the lives of those affected by T1D. We thank you for your generosity and determination to help us **turn type one into type none**.

### **Foundations**

We thank family, corporate, and community foundation supporters for their tremendous contributions to helping Canadians affected by T1D, and for sharing our vision that a world without T1D is possible.

### **JDRF Beta Society**

The JDRF Beta Society members are those who have made lasting commitment to T1D research by naming JDRF as a beneficiary in their estate plans or by making a life income gift. We thank you for your planned giving commitment to JDRF.

### **TELUS Walk to Cure Diabetes**

JDRF thanks all of our dedicated families, volunteers and local businesses who supported the Walk Program throughout 2014. Your support is essential to JDRF's fundraising strength and global growth

We also express our deepest gratitude to our many corporate partners for their commitment and support of the TELUS Walk, both nationally and locally. We extend a special thank you to our 2014 National Title Sponsor TELUS and our National Sponsors Sun Life Financial and OneTouch.

### JDRF Ride for Diabetes Research

Thank you to the thousands of riders who took part in the 22 JDRF Ride's across Canada. With over \$5.8 million raised in 2014, the JDRF Ride continues to be one of JDRF's signature fundraising events that touch all who take part.

### JDRF Gala

Thank you to all the guests, supporters, and volunteers who make each JDRF Gala successful and inspirational.

### **JDRF Corporate Partners**

With the support of our corporate partners, JDRF is able to increase the amount of research we fund and reach more people to raise awareness of our mission. Our corporate partners encourage their employees to volunteer their time and engage their customers and vendors on our behalf. We thank each of our partners and their communities for their generosity and commitment.

### CANADIAN RESEARCH FUNDED BY JDRF



#### Asztalos, Elizabeth

CONCEPTT - International Studies The Centre for Mother, Infant, and Child Research (CMICR), Toronto, ON

#### Bruin, Jennifer, PhD

Generation of Mature Beta Cells from Human Embryonic Stem Cells The University of British Columbia, Vancouver, BC

### Cafazzo, Joseph, PhD, PEng

Accelerating Industry Implementation of Diabetes Device Interoperability Standards University Health Network, Toronto, ON

### Danska, Jayne, PhD

Humoral Immune Response against the Gut Microbiome Distinguishes Healthy Individuals from Subjects at Risk for Type 1 Diabetes The Hospital for Sick Children, Toronto, ON

#### Danska, Jayne, PhD

Mechanisms of Type 1 Diabetes Protection by Manipulation of Gut Microflora The Hospital for Sick Children, Toronto, ON

#### Denroche, Heather, PhD

The role of islet amyloid polypeptide in islet transplant failure The University of British Columbia, Vancouver, BC

#### Erener, Suheda, PhD

Targeting miRNA pathways to improve differentiation of hESCs to beta cells The University of British Columbia, Vancouver, BC

### Hoesli, Corinne, PhD

A 3D printed artificial pancreas to study encapsulated pancreatic progenitor cell fate McGill University, Montreal, QC

### Hosseini-Tabatabaei, Azadeh, PhD, PharmD

Prevention of islet autoimmunity by manipulating beta cell lactate production University of British Columbia, Vancouver, BC

#### JDRF Canadian Clinical Trial Network

International Government Grant/Transportfolio JDRF Canadian Clinical Trial Network (CCTN)

#### Johnson, James, PhD

High-throughput comparison of betacell preservation by biologic factors The University of British Columbia, Vancouver, BC

#### Johnson, James, PhD

Targeting the Raf1 signaling node for beta-cell survival and function The University of British Columbia, Vancouver, BC

### Kopp, Janel, PhD, BSc

Regulation of endogenous endocrine progenitors The University of British Columbia, Vancouver, BC

#### Korbutt, Gregory, PhD

Encapsulation of Neonatal Porcine Islets for Clinical Transplantation The University of Alberta, Edmonton, AB

### Lim, Gareth, BSc

Role of the 14-3-3 proteins in type 1 diabetes The University of British Columbia, Vancouver, BC

### Luciani, Dan, PhD

Identifying and targeting novel cell death pathways in islet graft failure The University of British Columbia, Vancouver, BC

### Lynn, Francis, PhD

The role of Sox4 in beta cell genesis and proliferation The University of British Columbia, Vancouver, BC

#### Paterson, Andrew, MB, ChB

Genetics of the decline in Glomerular Filtration Rate in Type 1 Diabetes The Hospital for Sick Children, Toronto, ON

### Perkins, Bruce, MD

Creation of the 'Canadian 50-Year Medalist Cohort' University Health Network, Toronto, ON

### Pesenacker, Anne, PhD

Mechanisms driving the failure of regulatory T cells to control type 1 diabetes The University of British Columbia, Vancouver, BC

### Rabasa-Lhoret, Remi, PhD, MD

Automated closed-loop control of overnight glucose levels in type 1 diabetes patients with hypoglycemia unawareness and documented nocturnal hypoglycemia Institut de Recherches Cliniques de Montreal, Montreal, QC

#### Riddell, Michael, PhD, BSc

Preclinical drug development of somatostatin receptor 2 antagonists for the prevention of recurrent hypoglycemia in type 1 diabetes. York University, Toronto, ON

#### Verchere, C. Bruce, PhD

Alternatively processed forms of beta cell prohormones as biomarkers of T1D. The University of British Columbia, Vancouver, BC

### Verchere, C. Bruce, PhD

CCL22-Mediated Protection of Islet Transplants The University of British Columbia, Vancouver, BC

### Verchere, C. Bruce, PhD

Exploiting beta cell metabolism to impact islet autoimmunity
The University of British Columbia,
Vancouver, BC

### Wu, Jiangping, MD, PhD

Drak2: a novel therapeutic target of type 1 diabetes CHUM Research Center, Montreal, QC Consolidated Balance Sheet as at December 31, 2014

Consolidated Statement of Public Support, Other Revenues, and Expenses for the year ended December 31, 2014

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	2014 (\$)	2013 (\$)		2014 (\$)	2013 (\$)
Assets			Revenues		
<b>Current Assets</b>			Campaigns	20,202,971	23,064,417
Cash	6,355,986	9,777,529	Direct response	426,526	427,663
Restricted cash	2,002,158	1,100,000	JDRF CCTN grant revenue	705,000	_
Short-term investments	119,589	284,158		21,334,497	23,492,080
Accounts receivable	854,385	742,885	Other Revenues		
Prepaid expenses and other assets	461,925	298,432	Investment income	151,565	112,650
	9,794043	12,203,004	Total Revenues	21,486,062	23,604,730
Long-term investments	1,977,551	1,556,919	Expenses		
Capital Assets	257,380	224,037	Charitable activities:		
Intangible Assets	118,840	87,571	Research support	8,709,567	6,408,972
	12,147,814	14,071,531	Public education and advocacy	276,259	369,090
Net Assets				8,985,826	6,778,062
<b>Current Liabilities</b>			Supporting services:		
Accounts payable, accrued and deferred support	609,992	1,151,437	Management and administration	3,253,233	3,438,485
Deferred leasehold	215,551	250,039	Fundraising	11,384,427	12,095,738
Deferred contributions	2,002,158	1,100,000	Political activities	196,336	130,120
	2,827,701	2,501,476		14,833,996	15,664,343
Net Assets				23,819,822	22,442,405
Unrestricted	9,234,613	11,484,555	(Deficiency) excess of revenues over expenses before undernoted	(2,333,760)	1,162,325
Restricted for endowment purposes	85,500	85,500	Fair value change in investments	83,818	(83,090)
	9,320,113 12,147,814	11,570,055 14,071,531	(Deficiency) excess of revenues over expenses for the	(2,249,942)	1,079,235
			year		

### Report of Management

Management is responsible for the preparation of JDRF's financial statements and other financial information in this report. This responsibility includes maintaining the integrity and objectivity of the financial records. JDRF maintains a system of internal controls designed to provide assurance that its records include the transactions of its operations.

The financial statements have been reported on by JDRF's auditors, PricewaterhouseCoopers LLP, Chartered Accountants. The Board of Directors, through its Finance Committee, is responsible for determining that management fulfills its responsibilities in the preparation of the financial statements, and ensures the financial and operational controls of JDRF are adequate.

The Audit Committee reviews the financial statements and meets with the auditors. The auditors have full and free access to management, the Finance Committee, and the Audit Committee in carrying out their work.

The data on this page has been extracted and summarized from the audited financial statements. A complete set of financial statements is available on our website at **jdrf.ca** or upon request at 1.877.287.3533. Charitable business number: 11897 6604 RR0001.

# JDRF Canada

### Board of Directors 2014/2015

Matt Varey, Chair of the Board

Alex S. Davidson, Treasurer

Dr. David Kozloff, Secretary

Aubrey Baillie, Past Chair

Darrin Davis

Mary Jane Devine

Sheldon Finkelstein, MD

Bryan C. Haynes

Judy M. Hunt

Garth Lancaster

Mollie Miller

Ron Miller

Sean Murray

Maarika Paul

Ryan Shay

Lorne Shiff

Andrew Wilkin

Bruce Williams

Scott Williams

### Senior Leadership Team

Dave Prowten, President & CEO

Marianne Chant, CFO & Vice President, Support Services

Jennifer McEvoy, Vice President, Marketing and Communications

Nancy Roper, Vice President Donor Relations

### Chapters and Locations

#### National Office

2550 Victoria Park Avenue, Suite 800 Toronto, ON M2J 5A9 Toll Free: 1.877.287.3533

#### **Toronto Region**

Toronto

### **South Central Ontario Region**

Peel

Barrie

**Hamilton** 

### **North Eastern Ontario Region**

Ottawa

### **South Western Ontario Region**

Waterloo

London

Windsor

### **BC & Yukon Region**

Vancouver

<u>Kamloops</u>

Kelowna

<u>Nanaimo</u>

<u>Victoria</u>

#### **Southern Alberta Region**

<u>Calgary</u>

### North Central Alberta & NWT Region

Edmonton

Central Alberta

### **Prairie Region**

Winnipeg

Regina

Saskatoon

### **Quebec Region**

Montreal

Québec City

### **Atlantic Region**

<u>Halifax</u>

Moncton

Saint John, NB

St. John's, NL



JDRF Advocacy Delegates



Dave Prowten, JDRF President & CEO Rona Ambrose, Minister of Health Dylan, JDRF Ambassador Patrick Brown, Member of Parliament

## Let's turn type one into type none

