

JDRF



ANNUAL REPORT FY17

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WELCOME

As we reflect on the 2017 year I would like to take this opportunity to thank the type 1 diabetes (T1D) community, our board, staff, state leadership groups, volunteers, researchers and partners for their hard work and continued support. Together, we will create a world without T1D.

This goal may be easily articulated but our challenge is complex, involving navigating a vast landscape of science, an intricate network of medical professionals and institutions, a range of health professionals and a growing number of industry players on behalf of hundreds of thousands of Australians living with T1D. Yet we continue to erode the burden of T1D, aiming to make each day better than the last, every day.

We are closer than ever before to erasing this insidious disease forever and we do so by working with every necessary party, in every way, to make this possible.

At JDRF we mobilise a network of incredible people, including the most talented researchers in the world. The continued implementation of the T1D Clinical Research Network (CRN) increases our understanding of how to beat T1D. We now have over 65 institutes connected, 235 researchers and staff involved, thousands of patients and over \$20 million in leveraged funding generated.

We continue nurturing emerging research leaders through funding and mentoring to create the future of Australian T1D Research. Seven researchers participated this year in the inaugural JDRF/Macquarie Group Foundation Future Research Leaders Program.

We have an agenda for innovation including scanning the Australian research landscape for promising ideas and providing seed funding for private early stage initiatives.

Our collective advocacy to government and influence on policy is key to JDRF's impact and continues to



Mike Wilson
CEO JDRF AUSTRALIA

accelerate access to new treatments and technologies for those living with T1D. In April 2017, following the Coalition's 2016 election commitment of \$54m over four years, a program commenced that provides access to continuous glucose monitoring (CGM) technology for children and young people under 21 with T1D.

We have enjoyed another year of solid growth with total revenue reaching \$17.5M in 2017. This growth can largely be attributed to a 16% increase in fundraising results (\$8.5M in total fundraising), a 32% increase in government and partnership income (\$8.5M total government and partnerships)

In 2017 we invested \$11.7M in the fight against T1D making significant progress in pursuit of a cure. In the following report you will see highlights of this progress and of the other remarkable achievements of the JDRF community this year.

This year, thanks to the hard work of our community, we were recognised as a Winner for Outstanding Achievement in the Australian Charity Awards 2017 acknowledging the efforts of each and every one of you in our extended JDRF team. I would like to congratulate everyone on this wonderful result.

In my role I am lucky enough to meet many of the individuals and families living with the burden of T1D. Their strength and resilience is nothing short of awe-inspiring. It is the fuel that sustains all of us and ensures that we will ultimately succeed.

MESSAGE FROM CHAIRMAN

As we reflect on the year that has been, I am pleased with what we have achieved and excited for our future.

In 2017 we have achieved significant breakthroughs in our research efforts and we will take this momentum into 2018 and beyond.

Our JDRF community and its restless discontent with this relentless disease gives me confidence in our ability to defeat T1D and eradicate it from the world.

WE HOPE YOU ENJOY THE STORY OF JDRF AND THE T1D COMMUNITY IN 2017

We rigorously pursue partnering with government to facilitate co-funded research, effect policy and deliver new technologies and treatments. We thank all levels of Australian government for their continued support.

I would also like to thank my fellow Board Members and the Advisory Board members for their vision and discipline in 2017.

I would like to take this opportunity to extend my heartfelt thanks, not just as the Chairman of JDRF, but as a parent of a child living with T1D, for the role each and every one of you play in pursuit of a cure.

Ultimately, our success will be a world where T1D does not exist. Together, in the meantime, we will ensure that life with T1D is better, safer and easier every day.



**WE ARE AN INNOVATIVE TEAM, PART OF A STRONG
GLOBAL COLLABORATION WITH AN AGENDA FOR
CHANGE.**

We continue to evaluate the Australian and global research landscape and support the most promising programs from learning, to lab, to life-changing breakthroughs.



Richard Goyder
AO CHAIR JDRF AUSTRALIA

OUR HIGHLIGHTS IN 2017

BELOW ARE SOME OF OUR 2017 HIGHLIGHTS:

In 2017 JDRF Australia was recognised as a Winner for Outstanding Achievement in the Australian Charity Awards acknowledging the efforts of the entire T1D community and the meaningful role JDRF plays in the lives of those living with T1D, those who love them and the communities we are all a part of.



LEARNING TO LAB TO LIFE-CHANGING

OUR ATTACK ON T1D

JDRF is the leading not-for-profit supporter of T1D research globally, investing USD\$2B since 1970 with \$160M invested in Australia. At JDRF we evaluate the Australian and global research landscape and support the most promising programs from learning, to lab, to life-changing breakthroughs. We mobilise a vast network of people who work cohesively and relentlessly in pursuit of one dream, a world without T1D.



2017 RESEARCH UPDATE

JDRF HAS THREE PRIORITY AREAS FOR T1D RESEARCH

We are targeting all aspects and stages of the disease to improve as many lives as possible on the way to a cure.

JDRF has three priority areas for research, CURE || PREVENT || TREAT. There has been exciting progress across each field over the last 12 months.

WHY CURE?

A cure is the ultimate goal for anyone affected by T1D. Curing T1D will mean either regeneration of beta cells or replacement of insulin producing beta cells through a transplant. The cure portfolio includes any studies that are investigating ways to restore the glucose regulating function in the body in people who already have T1D.

REGENERATION & BETA CELL ENCAPSULATION

JDRF is funding many projects in Australia tackling regeneration and beta cell encapsulation. This includes a large T1D CRN clinical trial aiming to improve the technique of islet transplantation, an Innovation Award investigating regeneration of beta cells as well as several projects investigating alternative ways to protect beta cells, such as artificial skin.

REGENERATION:

Regeneration means finding a way to 'wake up' any remaining beta cells still in the body and finding a way to restore their function. Researchers are also investigating ways to transform

other cells in the body into insulin producing cells and in FY17, in early studies, they managed to transform alpha cells in the pancreas to start producing insulin. They did this using a chemical called GABA and a drug commonly used for malaria.

BETA CELL ENCAPSULATION:

Beta cell encapsulation means finding ways to protect implanted beta cells from an immune attack so they can freely produce insulin and control blood glucose levels. In FY17, scientists made an advance in reducing scarring that can happen with implanting devices that protect the cells (encapsulation devices) by discovering the immune response responsible for scarring. It is hoped that now researchers can find ways to prevent this immune process to block or reduce scarring.



WHY PREVENT?

If we can prevent T1D, then that would mean no one else in the future would ever have to live with it. In order to prevent T1D, we need to know exactly what causes the immune destruction of insulin producing beta cells and we need to have markers to predict who might get T1D and track

THE ENVIRONMENT, MICROBIOME & T1D

We know that the rates of T1D cannot be explained by genetics alone, which means that the environment must have a role. The environment covers many factors such as bacteria, viruses, diet, body growth and early life nutrition.

The microbiome refers to all micro-organisms in the gut such as gut bacteria. A team funded by JDRF at Monash University showed that a particular type of fibre which interacts with gut bacteria prevented the development of T1D in early studies in mice.

Researchers also made an important finding with screening of T1D. They found that participants in a study where they were screened for T1D and monitored over a period of time were prevented from developing DKA that is a potentially life-threatening condition.

The ENDIA (Environmental Determinants of Islet Autoimmunity) study is the world's largest study investigating environmental factors that might contribute to or protect against T1D development starting from pregnancy. The study team is collecting information such as exposure to bacteria and viruses, body growth and nutrition to determine if there are any links. The ENDIA study is funded by the CRN in partnership with the Leona M. and Harry B. Helmsley Charitable Trust.

WHY TREAT?

The discovery of insulin was one of the most important medical advances of the 20th century and insulin saves millions of lives each year. However, insulin is not a cure for T1D, and daily management of this disease remains a significant burden. There is an opportunity to improve the lives of those living with T1D through technology. Additionally, people with T1D are at increased risk of long term complications such as eye and kidney disease. Research to prevent or slow progression of these diseases is urgently needed.

OUR TREAT PORTFOLIO

Our Treat portfolio includes research in development of closed loop systems; discovery and development of glucose responsive insulins (GRIs); predictive markers of complications of T1D and research for therapies for kidney damage/eye damage; improvement in food and exercise guideline to improve glucose control.



CLOSED LOOP SYSTEM

A closed loop system, or 'Artificial Pancreas' is the ultimate tech treatment goal. The system consists of an insulin pump, CGM and a complex calculation that matches insulin dosing to blood glucose levels. The most advanced system so far, a hybrid closed loop system called the Medtronic Minimed 670G, was approved for use in the US for adults in FY17. A hybrid closed loop system automates about half of insulin delivery and is a step closer to a full closed loop system. The world's longest and largest at-home trial of a hybrid closed loop system began in FY17 in Australia. Taking place in 5 states, both adults and children can get involved in the trial.

SMART INSULIN (GRI)

Glucose responsive insulin (GRI) means insulin that is automatically activated when blood glucose levels rise and deactivated when blood glucose levels (BGLs) fall. GRI therapy would revolutionise T1D treatment by coordinating insulin delivery with BGLs, keeping glucose levels within the normal range and significantly reducing the daily burden of treatment, carb counting, dose calculations and fear. Here in Australia a group led by Monash University is investigating the use of nanoparticles in GRI therapy.

THESE PANELS ARE INVOLVED IN REVIEWING RESEARCH FOR JDRF – CHANGING



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Hardikar
A/Prof Stuart Mannering
Prof Trevor Biden
Prof Tim Jones
Dr Tom Brodnicki
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Ms Jo Crosby
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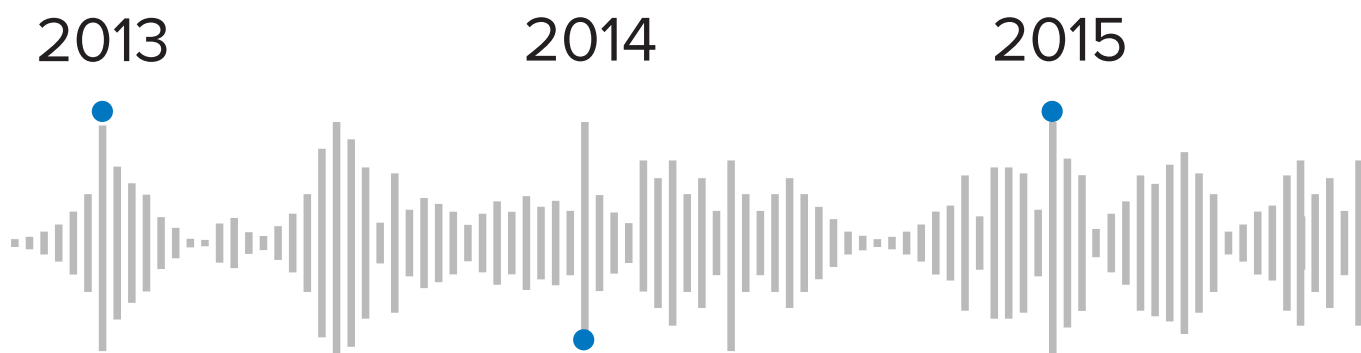
ALLIED HEALTH PROFESSIONAL ADVISORY PANEL

Chair: Dr Jane Overland
Ms Deborah Foote
Ms Erica Wright

CLINICAL RESEARCH NETWORK

ONE NETWORK FIGHTING TOGETHER

The goal of the T1D Clinical Research Network (CRN) is to improve the lives of people living with T1D through the support and promotion of clinical research. Clinical research is the critical final step in making new technologies and treatments a reality for Australians. The establishment of the CRN has not only accelerated this process but encouraged collaboration and shared learning on an unprecedented scale.



- 100% of the \$5M in funding is committed to research projects, talent and building the case for the future.
- Three large clinical trials.
- The formation of a unique national diabetes data network, the Australasian Diabetes Data Network (ADDN).
- Nine Pilot and Feasibility projects awarded.
- Five Mentored Clinician Researcher Fellowships established, nurturing the next generation of researchers.

- The Federal Government commits a further \$35M over five years.
- 43 key opinion leaders develop the research strategy and implementation plan.
- Major international partnership with US based Leona M. and Harry B. Helmsley Charitable Trust
- The Trust provides \$4M towards the ENDIA study.

- \$14M in competitive grants allocated to five multi-state high impact clinical trials.
- 35 research institutions and universities connected to the network.
- More than 50 researchers supported in local jobs.
- ENDIA begins recruiting 1400 pregnant women and their infants.
- The Australasian Diabetes Data Network (ADDN) builds from 4000 children in the Network to 6000.
- 19 clinical centres joined four consortia in the areas of glucose control, prevention, complications and cure.

It started in 2010 when the Australian Government's Department of Health and Ageing awarded \$5M in funding to JDRF to establish the CRN, with \$35M allocated in 2014 through a Special Research Initiative of the Australian Research Council.

The CRN is connecting 1500 Australians to the latest treatments and technologies, 235+ researchers to each other, allowing 65+ institutions to share insights through 15 high impact studies. In addition, the program nurtures emerging research leaders through

funding and mentoring to secure the future of Australian T1D research.

The potential of this network to improve the lives of those living with T1D, both in Australia and globally, and to ultimately find a cure is remarkable. We are closer than ever before to a world without T1D.

These are the steps along the journey.

2016

2017



- \$4.5M committed to Innovation Awards
- New directions to cure, treat and prevent T1D.
- More than 215 researchers connected to the network.
- 63 institutes connected.
- \$26M funding committed to clinical research, innovation and collaboration.
- Next generation research leaders awarded almost \$2M

- More than 235 researchers now connected to the network.
- More than 65 institutes connected.
- \$28M+ funding committed to clinical research, innovation and collaboration to progress research.
- \$350K in seed funding for early research on innovative concepts.
- Launch of T1D Game Changer.
- Environmental Determinants of Islet Autoimmunity (ENDIA) recruitment reaches over 700 participants.



Australian Type 1 Diabetes
Clinical Research Network

GAME CHANGER PROGRAM



**DRIVING PARTICIPATION IN TRIALS TO HELP MAKE
NEW TREATMENTS A REALITY**



Clinical trials are the important final step before new therapies can be made available to those who need them.

One of the biggest barriers to running successful clinical trials is having the right participants. We have the funding, we have the researchers and we desperately need participants to complete clinical trials.

Recognising this gap, JDRF this year launched the T1D Game Changer campaign to build a community of like-minded people committed to doing their part to achieve the next T1D breakthrough. We have over 1140 Game Changers and counting.

JDRF is proactively finding volunteers and providing them with information about clinical research and upcoming trials. We are also engaging T1D health care professionals who play an important role in the recruitment of patients for trials. There are currently over 20 T1D clinical trials being run by Australian researchers and clinicians, including 7 CRN-funded trials and initiatives and there are more studies in the development and planning phase.



<https://www.jdrf.org.au/gamechanger>

INSULIN PRODUCING SKIN

A clever combination of expertise in healing burns and treating diabetes at the Royal Adelaide Hospital has led to ground breaking research that could lead to a new treatment for T1D.

Professor Toby Coates, Director of Kidney and Pancreatic Islet Transplantation and Associate Professor John Greenwood AM, Director of the Burns Unit, are leading research looking into the effectiveness of transplanting insulin producing islet cells into artificial skin made of a biodegradable polymer, which has been used globally to revolutionise burns treatment.

Islet transplantation is a treatment currently available for a small group of eligible adults. While this procedure is safe, minimally invasive and life-changing, there is a need for more research in the area of islet transplantation to improve the procedure and make it broadly available to people including children with T1D.

Professor Coates says, "Traditionally we transplant islet cells into the liver to help treat T1D patients, however



**ASSOCIATE PROFESSOR
JOHN GREENWOOD**

THE POWER OF COLLABORATION

the harsh and unforgiving environment of the liver means that a large number of islet cells die during the process. The key component of this research is to modify and optimise the artificial skin to create a new site to transplant islet cells in people with T1D."

"Transplanting islets into the artificial skin instead of the liver is potentially a much safer procedure which will reduce the total number of islets needed to transplant for diabetes and allow more people access to this life-changing transplant procedure."

This research is a fantastic example of the importance of cross-discipline collaboration. The artificial skin has already been developed and is safe for human use. By combining this expertise we save time and accelerate research towards a breakthrough for everyone living with T1D. The research team hope to bring this therapy out of the lab and into human trials in a few years time.

JDRF has proudly contributed nearly \$1M to develop the new transplant procedure.



**PROFESSOR TOBY
COATES**

OUR ARMY

At the heart of our community are the 120,000 children and adults in Australia who have been diagnosed with T1D and counting, with 2400 newly diagnosed each year.

Our community extends to the families, carers, teachers and friends of those with T1D and to all those who fight on their behalf: the JDRF team, scientists, researchers, nurses, pharmaceutical companies, parliamentarians, volunteers, corporate partners and donors.

**IF IT TAKES A
VILLAGE TO RAISE
A CHILD IT TAKES
AN ARMY TO
DEFEAT T1D**



LIFE WITH T1D

**MEET HAYLEY, JAMES AND
THEIR FAMILIES**

MPS DISCUSS JDRF & ADVOCACY



SHAPING POLICY AND HELPING NEW TREATMENTS REACH THE COMMUNITY

Our advocates have a vital role in building links between people affected by T1D and Australia's politicians. Collaboration with all levels of government is essential to bringing new treatment and technologies into the community, quickly, safely and affordably.



<https://www.jdrf.org.au/get-involved/government-advocacy>

A DAD'S DIARY: MY DAUGHTER WITH T1D ~ BY ANVIJ SAXENA (JASMINE'S DAD)

I manage to just open my eyes by the tenth loud piercing “peeeep” of my phone alarm. I’ll change that annoying alarm tone one day. It’s 3am on a Wednesday morning. It’s pitch black. The air in the bedroom is crisp and cold. There isn’t a sound. Not a bird, not a barking dog, not a car, not a siren in the distance. It’s just me.

I know I have to get up, and force myself out of bed, stumbling and tripping on a fallen cushion on the floor. I’m not waking up to catch an early flight out of Sydney. I’m not following a strict fitness regimen and going for an early run. I’m not a new parent waking for a night feed for bub.

Today at 3am, like every single day for the past year, I am checking whether my daughter is still breathing. But today is a ‘special’ Wednesday – and not in a good way. Today is exactly one year since my elder daughter, Jasmine, was diagnosed with type 1 diabetes. She was just 5 years old at the time.

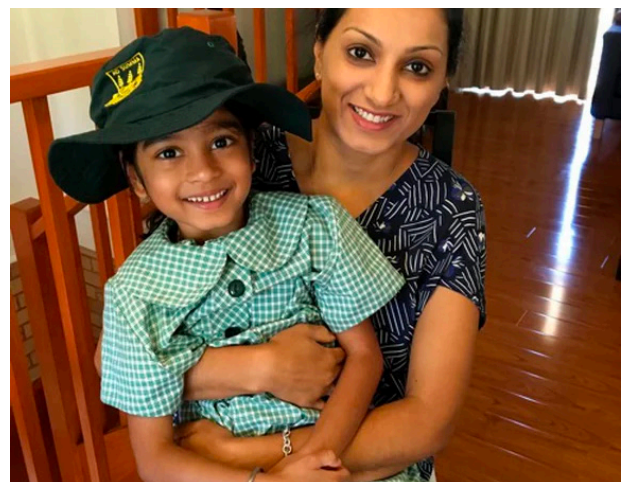
Thankfully, Jasmine is breathing deeply. She’s slid down her bed and looks peaceful in her deep sleep. She looks innocent. So innocent. My sleepiness is quickly replaced with a heavy feeling in my chest and gut.

It becomes hard to swallow and my eyes well up just looking at her. Doing my best not to wake her, I fumble around for the finger pricker and the blood glucose monitor. I prick her tiny soft finger. No flinch this time....(it must be a good night).....and squeeze out a droplet of blood. I place the glucose meter against her bleeding finger and wait the dreaded 10 seconds for the meter to display Jasmine’s blood sugar reading. A double beep... oh no...it’s 3.2.

Jasmine is having a “hypo” (which means her blood sugar has dropped well below the expected range of 4-6). I head straight for the kitchen and tear open a juice popper from the plastic wrapper. I carefully measure out 80mL of juice in a glass and head back to Jasmine. I’ll have to wake her. I shake her gently. “Jasmine, honey, you are low darling... time for juice quickly!” She smiles at me with her eyes closed. She calmly whispers, “not again Daddy...”, and sits up slowly. She drinks the juice and falls back down on her bed. I now have to wait 15 minutes. At 3.11am, it’s the slowest 15 minutes of my life. I lie next to her, stroking her hair and just staring at her as she falls back into a light sleep. I finally get to 3:26am. I re-test her blood sugar by pricking a different finger. Phew. Her blood sugar levels are now up to 4.7. Enough for me to go back to bed and know that Jasmine will be okay until her breakfast check at 7am. I whisper in her ear, “you are back to normal J...you can sleep now”. She smiles with her eyes closed. I clamber into bed at 3:35am, knowing I’ll be getting up to get ready for work in two hours.

As I lie back into my bed, I can’t help but wonder what I, my wife, or my darling Jasmine did for her to deserve this cruel condition. How did we survive the last 12 months? My mind wanders right back to the day she was diagnosed... and like many days since then, all the fear, sadness, anger and grief came rushing back to punch me right in the gut. I won’t be sleeping ’til morning. I just know it.

There is no known cause of T1D. There is no cure for type



1 diabetes. There are 120,000 people affected by T1D in Australia.

One thing, however, is well known – that relentless and meticulous management of the condition is needed to give sufferers a chance at as normal a life as possible.

We were lucky a year ago. We picked up Jasmine's signs of weight loss, excessive thirst and increased urination. We saw a GP "just to make sure everything was OK". We, including our GP, got the shock of our lives when a finger prick test revealed a blood sugar of 31. Jasmine was rushed to the hospital and wired up within minutes. The next 48 hours were a blur for us. Between the lack of sleep, the tears, the disbelief, the anger, the loneliness and trying to be a positive support for Jasmine, we struggled to cope. But the crew at Royal North Shore Hospital in Sydney were stellar. With JDRF's support, they had the tools and mechanisms to ensure both Jasmine and us received the best care possible. We somehow rode out those horrific first few days.

Life quickly changed for us. My wife, Kamel, closed down her successful business to care for Jasmine full time (a super mum and absolute star in all this). We went into training-overdrive learning everything we needed to know about diabetes (did you know that passionfruit and strawberries are one of the few fruits that are carb-free?). We spent hours with Jasmine's new school getting them ready (yep, to make things more fun for us, Jasmine was transitioning to Kindergarten when diagnosed). We haven't had a holiday as a family since Jasmine was diagnosed. We've stopped using nannies and babysitters (most are too afraid to take on the responsibility now). Life, in almost every single way, has changed. Jasmine's current management means we count every single gram of carbohydrate she eats to ensure that we administer the exact amount of insulin to match. We take our "hypo medi-kit" with us everywhere we go (along with digital scales when we go out for a meal). We test Jasmine's blood sugar 10-12 times a day (including that great 3am check!). We ensure we consider



all other relevant factors when managing her levels – the weather, Jasmine's emotions and Jasmine's physical activity. All have an impact in some way. And even then, there's still only a 70% chance we'll get it right. It can often feel completely futile trying to work out what her levels will be – but we refuse to give up.

We need to solve the mystery surrounding T1D. We need to ensure that no child has to suffer with this cruel condition. We need a cure, and we need it now. Jasmine's story is not unique. There are thousands of kids across Australia suffering in the same way. And even more parents, carers and extended family members impacted by it.

That's why we are supporting JDRF. I truly believe there is a real possibility that when she is 25, Jasmine will look back on these days and recall that she once had T1D.

But for now...we wait.....we support research....and we manage as best we can. As much as I despise this condition with all the hate I can muster, and as much as I don't want to admit it, there is always a silver lining. For all its evil, T1D has brought our family closer together. And I have a new hero in my life.

It's kinda cool and very special that a dad can call his daughter his inspiration. Jasmine has taught me to see life in a different way. Despite her diagnosis, I've never met a happier and more positive human being. Being more like her will make me a better person.

THANK YOU

FOR CHANGING THE LIVES OF PEOPLE LIVING WITH T1D

To each and every one of our supporters, we thank you for the contribution you have made to JDRF Australia in 2017. Through your generosity and kindness, we have been able to improve the lives of people living with T1D, those who love them and the communities we all live in.

MAJOR SUPPORTERS

Kate Aitken
Peter Alliot
Will Alliot
Peter & Rosemary
Appleton
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Gavin Bird
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Marianne, Peter &
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Elspeth Westwood
Brian White
Mike and Louise
Wilson
Peter & Glenda Wilson
Rod & Sylvia Wilson
Tom Wiley
Sally Worth
Hans Wrang
Robert J Wyllie
Rhonda Wyllie
Mandy & Edward
Yencken
Curt Zuber

BEQUESTS

The Estate of the Late Natalie Bearup
The Estate of the Late Sue Anne Carver
The Estate of the Late George Lister

COMPANIES, FOUNDATIONS & TRUSTS

1666 Foundation	Cooper Energy	Foundation	PHVH Pty Ltd	Harry B. Helmsley
3AW	Coronada	Levantine Hill	Philyn Property Unit	Charitable Trust
A1 Blinds	Development	Liberty International	Trust	The Kenyon
AON Risk Solutions	Solutions	Underwriters	Portfolio Housing	Foundation
Abbott Diabetes	Count Charitable	Lillianfels Resort and	Group	The Kettle
Care	Foundation	Spa	Posh Designs	Foundation
All Souls Opportunity	DC Bathrooms	Lions Club of Leeuwin	Premiair Aviation	The Marian & E.H
Shop	Delicious Magazine	Link Financial Services	Price Waterhouse	Flack Trust
Alto Recruitment	Deloitte	Lornbi Pty Ltd	Coopers	The Moore Family
AMSL Diabetes	Diana Ferrari	Lotterywest	Qantas	Philanthropic
Ainslie Football Club	Direct Connect	Luscombe Family	Ray White Kingston	Foundation
Artificial Studios	Australia Pty Ltd	Foundation	Resource Mining	The Pace Foundation
AUDI	Dream Drives	Macquarie Group	Limited	The Phillip Bushell
Australian Capital	Edwin Pireh	Foundation	Resource Water Group	Foundation
Equity	Emorgo Foundation	Macquarie Media	Resources WA	The Ray Macdonald
Australian	Ernst & Young	Limited	Rhonda Wyllie	Family Trust
Communities	Euroz	Maple-Brown Family	Foundation	The Shirley
Foundation	Fairfax Media	Charitable Foundation	Ritchies Stores Pty LTD	W Greathead
Australian Radio	Far Data Solutions	Matrix Composites &	Roche Diagnostics	Foundation
Network	Fitzpatrick Family	Engineering	Australia	The Tom Efkarpidis
Australian Executor	Charitable Trust	Media Partners	Roger David	Foundation
Trustees	Ford Motor Company	Medtronic Australasia	Sandpit Innovation	Thermo Fisher
Australian	of Australia	Microsoft Australia	SEN	Scientific
Philanthropic	Fremantle Football	Motorola	Shaw and Partners Ltd	Thrifty Bathrooms
Services Foundation	Club GB Landfill	Natal	Jack and Marleen	Triangle Energy
Bank of Sydney	Gresham Advisory	National Australia	Sheedy Foundation	UBS Australasia
Bankwest	Partners	Bank	Sheehan-Birrell	USG Boral
Bell Charitable Fund	Grosvenor Hotel	Network Ten	Foundation	uHealth
Benneelong	H V McKay Charitable	Neutral Grounds	Sokol Furniture	Viatek
Foundation	Trust	New Age Caravans	Southern Cross	Watts McCray
Benz Industries	Hacket Foundation	News Corp	Austereo	Lawyers
Berkowitz Furniture	Harvey Norman	Nine Entertainment	Specsavers Pty Ltd	WCA People &
Beyond Bank	Hawaiian	Nova Entertainment	Spices Group	Culture Solutions
Boral	Herbert Smith Freehills	One Wish One Cure	Steinepreis Paganin	Webb & Brown-
Bowen Foundation	iFLY Indoor Skydiving	Paul Family	Studio 24 Music	Neaves Home
Bunnings	Inge Jabara	Foundation	Svea Pty Ltd	Builders
Canberra Labor Club	Landscapes	People's Choice Credit	Target	Westfarmers Limited
Canberra Weekly	Indigo Retreat, Murrah	Union	Telstra	Westpac
Capitol Construction	Beach	Perth Diabetes Care	The G W Vowell	Woodend Foundation
Carter Family	Inline Engineering	Perth Wildcats	Foundation	Woodside
Foundation	Services	Perpetual Charitable	The Green Family	Wyllie
Chain Reaction	Injury Prevention Plus	Fund	Charitable Foundation	Wynnum Golf Club
Challenge	IOOF Foundation		The Leona M. and	Zen Building
Foundation	IPSHA			
Chamberlains Law	Janssen-Cilag Pty Ltd			
Firm	J P Stratton Trust			
Channel Seven	JVA Financial Services			
Channel Nine	Kemp Strang			
Cicero	Kyerin Holding			
City Beach Australia	Kmart			
Clayton UTZ	JJ Richards and Sons			
Coles Pty Ltd	La Chance			
Commonwealth Bank	Lacetree			
of Australia	Lester Blades			
Conquest Finance	Lettisier Foundation as			
Solutions	Trustees for the Evans			

OUR FUNDRAISING IN 2017

**WE HAVE RAISED A
COMBINED TOTAL OF 8.5\$M
FROM FUNDRAISING IN 2017**

Whether it was at OneRide, OneWalk, a gala ball or a community activity, thousands of Australians participated and contributed to the \$5.8M in funds raised through JDRF events in 2017. An additional \$2.7M from major donors has resulted in \$8.5M in total fundraising for the year.





OUR BOARD OF DIRECTORS

Richard Goyder AO

Chair

Co-Chair of the Advisory Board

Appointed 2016

B.Com., F.A.I.C.D.

Managing Director, Wesfarmers
Chair, Australian Football League
Commission Director and Chairman-elect,
Woodside Director, Gresham Partners
Holdings Director, Business Council of
Australia. Father of a son with T1D

Paul Health

Vice-Chair

**Member of the Board and Investment
Committee. JDRFI Appointed 2012**

B.com., SFFin.

CEO, Koda Capital Member, Endowment
Investment Committee of the Benevolent
Society Former CEO, JBWere Pty Ltd.
Father of a daughter with T1D

Stuart Green

Treasure

**Chair of the Finance & Audit Committee
Appointed 2010 B.A (Hons.), M.B.A.,**

F.C.A., A.C.M.T.

Executive Director, Macquarie Group
Limited, Group Treasurer, Macquarie Group
Limited

Jeffery Browne

Director

**Member of the Advisory Board,
Appointed 2015, B.A., L.L.B.**

Chairman and Non-Executive Director,
carsales.com Ltd, Moelis Australia Ltd,
Premoso Pty Ltd (HSV), Former Director,
Sky News Limited, Former Managing
Director and Director, Nine, Network
Australia Pty Ltd, Father of daughter and
son with T1D

Phil Chronican

Director

**Member of the Advisory Board
Appointed 2015, B.Com, (Hons), M.B.A.,
G.A.I.C.D.**

Chairman, NSW Treasury Corporation
(TCorp), Non-Executive Director, NAB
Non-Executive Director, Banking & Finance
Oath, Non-Executive Director, Bank of
New Zealand, Former CEO, ANZ Australia,
Former CEO, Westpac Institutional Bank,
Former CFO, Westpac Group. Husband of
late wife with T1D

Mike Chuter

Director

**Chairman of Victorian Corporate
Committee, Appointed 2013 (resigned
2016)**

Founding Partner, CUBED
Communications, Co-Founder, thankful
Former Board Director, Association of
Data-Driven Marketing and Advertising
Former Board Director, Comic Relief
Australia, Father of a daughter and son of
a father both with T1D

Mike Wilson

Director

Company Secretary and CEO

**Appointed 2011, B.Sc., B.EC. (Hons),
G.A.I.C.D.**

CEO of JD RF Australia since 2004
Director, Somark Innovations

Kate Aitken

Director

Chair of the Talent Committee

**Member of the Finance & Audit
Committee, Appointed 2015**

Managing Director, Chief of staff and Co-
COO. Goldman Sachs Australia and New
Zealand, Advisory Member of Pride in
Diversity's Strategic, Executive Women and
Scholarship Committee Member,
Trustee of Goldman Sachs JBWere
Superannuation Fund

Professor James Best

Director

Member of the Research Committee

**Appointed 2014, M.B>B>S., M.D. (Melb.),
HON. M>D. (St Andrews),, F.R.A.C.P.,
F.R.C.Path, F.R.C.P(Edin.)**

Dean, Lee Kong Chian School of Medicine,
Singapore, Former Professor of Medicine
and Head of the School of Medicine,
University of Melbourne Former Chair
Research Committee, National, Health and
Medical Research Council

Rebecca Davies

Director. Member Advisory

Board, Chancellor, JD RFI

**Nominating & Governance & Long Range
Planning. Appointed 1997. L.L.B (Hons.),
B.EC., F.A.I.C.D**

Company Director of major law firm.
Director & chair of companies in the arts,
hospitals, medical research & health
sectors Member of the Medical Innovations
& Aust. Health Ethics Committees of
the National Health & Medical Research
Council. Mother of a daughter with T1D

Selina Lightfoot

Director

Member of the Talent Committee

Appointed 2016. B.A., L.L.B.

Non-Executive Director, Queen Elizabeth
Centre. Non-Executive Director, DWS
Limited. Non-Executive Director, Victorian
Opera . Non-Executive Director, Nuche
v Pty Ltd Advisory. Board Member, TLC Aged
Care

Jonathan Salmon

Director

**Chair of the Funding Committee Member
of the Research Committee. Appointed
2012. M.A.I.C.D.**

Technology Director, Adscensio
Former Managing Director, Viatak
Technology. Director, Unlisted
Marketplace. Founder, DNS IT and Hosted
IT Father of a son with T1D

ADVISORY BOARD

Richard Goyder AO

Co-Chair of the Advisory Board

Managing Director, Wesfarmers
Chairman JD RF.

Ian narev

Co-Chair of the Advisory Board

CEO, Commonwealth Bank.

Professor ian Frazer AC

Member of the Advisory Board

CEO and Director of Research
of the Translational Research
Institute (Australia).

Steve Higgs OAM

Member of the Advisory Board

Chair, GI Foundation.

Andy Penn

Member of the Advisory Board

CEO, Telstra.

Sir Ralph Norris KNZM

Member of the Advisory Board

Chair, Contract Energy.

Paul Health

Member of the Advisory Board

CEO, Koda Capital. Vice-Chair,
JD RF.

Phil Chronican

Member of the Advisory Board

Chair, NSW Treasury Corporation
(TCorp) Director, JD RF.

Jeffrey Browne

Member of the Advisory Board

Chairman and Non-Executive
Director, carsales.com Ltd,
Moelis Australia Ltd, Director,
JD RF.



Member of the Advisory Board
Chancellor, University of Sydney.

Member of the Advisory Board

Former Partner, Freehills
Director, JDRF.

Member of the Advisory Board

Chancellor, Monash University

Member of the Advisory

Board CEO, Macquarie Group.

Member of the Advisory Board

Chair, UBS APAC.

Member of the Advisory Board

Chair, AusNet Services.

Shine AC

Member of the Advisory
Board Chair, CSL.

Member of the Advisory Board

Managing Director, Compass
Group APAC.

Member of the Advisory Board

CEO, Goldman Sachs.



STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2017

JDRF AUSTRALIA
ABN: 553 286 002 40

	2017	2016
	\$	\$
ASSETS		
Current assets		
Cash and cash equivalents	24,266,391	22,181,005
Trade and other receivables	960,389	717,269
Total current assets	25,226,780	22,898,274
Noncurrent assets		
Property, plant and equipment	73,817	124,189
Intangible assets	7,811	21,098
Total non-current assets	25,226,780	145,287
TOTAL ASSETS	25,308,408	23,043,561
LIABILITIES		
Current liability		
Trade and other payables	24,266,391	22,181,005
Provisions	960,389	717,269
Total current liabilities	11,345,428	7,969,715
Noncurrent liabilities		
Trade and other payables	8,549,496	10,795,713
Provisions	71,649	97,692
Total non-current liabilities	8,621,145	10,893,405
TOTAL LIABILITIES	19,966,573	18,863,120
NET ASSETS	5,341,835	4,180,441
FUNDS	71,649	97,692
Accumulated funds	5,341,835	4,180,441
TOTAL FUNDS	5,341,835	4,180,441

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2017

	2017 \$	2016 \$
REVENUE		
Fundraising revenue	8,459,960	7,262,931
Government grants	8,452,221	6,408,096
Other revenue	640,751	639,906
	17,552,932	14,310,933
EXPENSES		
Administration expenses	345,686	301,546
Advertising, promotion and printing expenses	208,658	230,372
Communication and technology expenses	208,435	187,279
Depreciation and amortisation	95,967	112,080
Employee benefit expenses	3,403,753	3,174,499
Education and support expenses	157,270	143,192
Fundraising expenses	1,453,376	1,239,206
Occupancy expenses	314,817	303,357
Research and other grant expenses	10,203,576	8,557,742
	16,391,538	14,249,273
SURPLUS BEFORE INCOME TAX	1,161,394	61,660
INCOME TAX EXPENSE	-	-
Surplus for the year	1,161,394	61,660
Other comprehensive income	-	-
TOTAL COMPREHENSIVE INCOME FOR THE YEAR	1,161,394	61,660

STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30 JUNE 2017

	2017 \$	2016 \$
CASH FLOWS FROM OPERATING ACTIVITIES		
Receipts from fundraising activities	8,152,583	6,878,347
Government and partnership grants received	10,251,649	10,956,329
Interest received	534,148	587,186
Other revenue	46,970	41,801
Payments to suppliers and employees	(6,506,810)	(6,208,126)
Grants and travel awards paid	(10,360,846)	(8,700,934)
Net cash inflows from operating activities	2,117,694	3,554,603
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of property, plant and equipment	(27,308)	(88,388)
Purchase of intangible assets	(5,000)	
Net cash (outflows) from investing activities	(32,308)	(88,388)
Net increase in cash and cash equivalents	1,161,394	61,660
Cash and cash equivalents at the beginning of the financial year	22,181,005	18,714,790
Cash and cash equivalents at the end of the financial year	24,266,391	22,181,005

INDEPENDENT AUDITOR'S REPORT

TO THE MEMBERS OF JDRF AUSTRALIA

OUR OPINION

IN OUR OPINION:

The accompanying financial report of JDRF Australia (the Company) is in accordance with Division 60 of the Australian Charities and Not-for-profits Commission (ACNC) Act 2012, the Charitable Fundraising Act 1991 (NSW) and the Charitable Fundraising Regulations 2008 (NSW), including:

- (a) Giving a true and fair view of the Company's financial position as at 30 June 2017 and of its financial performance for the year then ended
- (b) Complying with Australian Accounting Standards - Reduced Disclosure Requirements and Division 60 of the Australian Charities and Not-for-profits Commission Regulation 2013.
- (c) presenting a true and fair view as required by the Charitable Fundraising Act 1991(NSW) of the financial result of fundraising appeals for the financial year ended 30 June 2017; and
- (d) Its associated records have been properly kept, in all material respects, in accordance with the Charitable Fundraising Regulations 2008 (NSW) for the financial year ended 30 June 2017;
- (e) Money received as a result of fundraising appeals conducted by the company during the year ended 30 June 2017 has been properly accounted for and applied, in all material respects, in accordance with the Charitable Fundraising Act 1991 (NSW) and the Charitable Fundraising Regulations 2008 (NSW); and
- (f) There are reasonable grounds to believe that the company will be able to pay its debts as and when they fall due.

WHAT WE HAVE AUDITED

THE FINANCIAL REPORT COMPRISES:

- the statement of financial position as at 30 June 2017
- the statement of changes in equity for the year then ended
- the statement of cash flows for the year then ended
- the statement of profit or loss and other comprehensive income for the year then ended
- the notes to the financial statements, which include a summary of significant accounting policies
- the directors' declaration.

BASIS FOR OPINION

THE FINANCIAL REPORT COMPRISES:

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial report section of our report.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

PricewaterhouseCoopers, ABN 52 780 433 757

One International Towers Sydney, Watermans Quay, Barangaroo, GPO BOX 2650, SYDNEY NSW 2001

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Liability limited by a scheme approved under Professional Standards Legislation.

INDEPENDENCE

We are independent of the Company in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 Code of Ethics for Professional Accountants (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

RESPONSIBILITIES OF THE DIRECTORS FOR THE FINANCIAL REPORT

The directors of the Company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards - Reduced Disclosure Requirements and Australian Charities and Not-for-profits Commission (ACNC) Act 2012, the Charitable Fundraising Act 1991 (NSW) and the Charitable Fundraising Regulations 2008 (NSW) and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error. In preparing the financial report, the directors are responsible for assessing the ability of the Company to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the directors either intend to liquidate the Company or to cease operations, or have no realistic alternative but to do so.

AUDITOR'S RESPONSIBILITIES FOR THE AUDIT OF THE FINANCIAL REPORT

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial report.

A further description of our responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website at:

http://www.auasb.gov.au/auditors_responsibilities/ar4.pdf. This description forms part of our auditor's report.



PricewaterhouseCoopers



SJ Bourke

Partner

Sydney

9 October 2017

HELP DESTROY **T1D**

Whether you have T1D, or are a family member or friend, or a clinician or researcher, or you work in the pharmaceutical industry, government or corporate sector, there are several ways you can get involved and help us create a world without T1D.

THERE ARE MANY WAYS TO GET INVOLVED AND MAKE A DIFFERENCE



Visit : jdrf.org.au