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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
joslin diabetes center inc

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
one joslin place

City or town, state or country, and ZIP + 4
boston, MA 022155306

D Employer identification number
04-2203836

E Telephone number
(617) 732-2400

G Gross receipts $ 294,854,697

F Name and address of Principal Officer
kenneth e quickel
one joslin place
boston, MA 022155306

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(c) Group Exemption Number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Web site: ▶ WWW JOSLIN ORG

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1950

M State of legal domicile MA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO IMPROVE THE LIVES OF PEOPLE WITH DIABETES AND ITS COMPLICATIONS THROUGH INNOVATIVE CARE, EDUCATION AND RESEARCH THAT WILL LEAD TO PREVENTION AND CURE OF THE DISEASE

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	28
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	23
5	Total number of employees (Part V, line 2a)	5	755
6	Total number of volunteers (estimate if necessary)	6	42
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	54,255,428	43,470,822
9	Program service revenue (Part VIII, line 2g)	37,622,399	38,250,866
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-1,348,565	44,290,674
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	787,819	452,243
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	91,317,081	126,464,605
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	47,476,545	48,628,518
16a	Professional fundraising fees (Part IX, column (A), line 11e)	126,948	441,741
b	(Total fundraising expenses, Part IX, column (D), line 25 4,073,051)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	45,687,056	48,728,308
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	93,290,549	97,798,567
19	Revenue less expenses Subtract line 18 from line 12	-1,973,468	28,666,038

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	181,374,111	143,822,029
21	Total liabilities (Part X, line 26)	105,181,999	32,015,257
22	Net assets or fund balances Subtract line 21 from line 20	76,192,112	111,806,772

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Please Sign Here

****** | 2010-08-13
Signature of officer | Date

ross j markello CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Craig Klein	Date	Check if self-empolyed ▶ ☐	Preparer's PTIN (See Gen Inst)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CBIZ Tofias 350 Massachusetts Avenue Cambridge, MA 02139			EIN ▶ Phone no ▶ (617) 761-0600

May the IRS discuss this return with the preparer shown above? (See instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments (See the instructions.)

1 Briefly describe the organization's mission

TO IMPROVE THE LIVES OF PEOPLE WITH DIABETES AND ITS COMPLICATIONS THROUGH INNOVATIVE CARE, EDUCATION AND RESEARCH THAT WILL LEAD TO PREVENTION AND CURE OF THE DISEASE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting or make significant changes in how it conducts any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 33,985,556 including grants of $) (Revenue $ 36,596,069)

Patient Care Joslin has treated thousands of patients over its 100+ year history Through a joint venture with Beth Israel Deaconess, patients are seen on an outpatient basis through Joslin Clinic, Inc for services regarding endocrinology, ophthalmology, nephrology, psychosocial services, nutrition, excerise physiology and other In addition, Joslin has a professional education program which educates physicians nationwide on Joslin treatment methods for patients with diabetes See the community benefit statement on schedule o

4b (Code) (Expenses $ 38,500,705 including grants of $) (Revenue $ 1,964,153)

Research Significant number of individuals directly benefit from general research conducted at the Center Approximately 300 researchers employed at the Joslin Diabetes Center are working on various aspects of the disease Most research revenue is categorized as grant/contribution income and is not reflected in research revenues listed above See the community benefit statement on schedule o

4c (Code) (Expenses $ 520,168 including grants of $) (Revenue $ 43,360)

Camp Approximately 300 boys between the ages of 6-16 attend a summer camp program operated by the Joslin Diabetes Center, through a management services contract with the Barton Center for Diabetes Education The principal objective of the program is education and management of the diabetes disease

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses $ 73,006,429 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17	Yes	
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19	Yes	
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		No
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV* .	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	338		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	3		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	755		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	*Organizations that may receive deductible contributions under section 170(c).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	*Section 501(c)(7) organizations.* Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 28		
b	Enter the number of voting members that are independent . .	1b 23		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . .	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed MA, AL, AK, AZ, AR, CA, CT, FL, GA, IL, KS, KY, ME, MD, MI, MS, NH, NJ, NM, NY, NC, OH, OK, OR, PA, RI, SC, TN, UT, WA, WV

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ own website ☑ another's website ☑ upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

timothy p garland
one joslin place
boston, MA 02215
(617) 226-5744

Part VII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations

* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations

* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	**(B)** Average hours per week	**(C)** Position (check all that apply)						**(D)** Reportable compensation from the organization (W-2/1099MISC)	**(E)** Reportable compensation from related organizations (W- 2/1099-MISC)	**(F)** Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Total ▶								5,575,463	0	563,256

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 99

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
tatum llc 1000 winter street suite 3710 waltham, MA 02451	accounting consultants	518,150
duane morris llp 470 atlantic ave suite 500 boston, MA 02210	legal	450,177
Hub Properties Trust HRPT Medical Bldgs Realty PO Box Boston, MA 02284	Rent	411,769
Deloitte & Touche LLP PO Box 7247-6446 PHILADELPHIA, PA 19170	Accounting	411,140
mintz levin cohn ferris glovsky 1 financial center boston, MA 02111	legal	361,863

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 11

Part VIII Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c 932,395				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 34,156,640				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 8,381,787				
	g	Noncash contributions included in lines 1a-1f $ 83,096					
	h	**Total (Add lines 1a-1f)**		43,470,822			
Program Service Revenue			Business Code				
	2a	services	900,099	21,637,013	21,637,013		
	b	ed prog /publications	900,099	15,587,027	15,587,027		
	c	research grants	900,099	1,026,826	1,026,826		
	d						
	e						
	f	All other program service revenue					
	g	**Total. Add lines 2a-2f** ▶ $ 38,250,866					
	3	Investment income (including dividends, interest other similar amounts)		2,747,778			2,747,778
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		94,781			94,781
			(i) Real	(ii) Personal			
	6a	Gross Rents	704,148				
	b	Less rental expenses	640,094				
	c	Rental income or (loss)	64,054				
	d	Net rental income or (loss)		64,054			64,054
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	208,594,331				
	b	Less cost or other basis and sales expenses	167,051,435				
	c	Gain or (loss)	41,542,896				
	d	Net gain or (loss)		41,542,896			41,542,896
Other Revenue	8a	Gross income from fundraising events (not including $ 427,231 of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000*	a 932,395				
	b	Less direct expenses	b 692,708				
	c	Net income or (loss) from fundraising events		-265,477			-265,477
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000*	a 17,100				
	b	Less direct expenses	b 5,855				
	c	Net income or (loss) from gaming activities		11,245			11,245
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	other	900,099	504,280	504,280		
	b	camp	900,099	43,360	43,360		
	c						
	d	All other revenue					
	e	**Total. Add lines 11a-11d**	$ 547,640				
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		126,464,605	38,798,506	0	44,195,277

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,269,253	3,371,745	1,239,275	658,233
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	35,144,066	27,491,978		1,293,157
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,332,110	1,017,830	250,303	63,977
9 Other employee benefits	4,378,517	3,325,812	855,083	197,622
10 Payroll taxes	2,504,572	1,913,678	470,608	120,286
11 Fees for services (non-employees)				
a Management				
b Legal	1,700,707	266,083	1,432,624	2,000
c Accounting	400,921	83,133	317,788	
d Lobbying				
e Professional fundraising *See Part IV, line 17*	441,741			441,741
f Investment management fees	94,572			94,572
g Other	9,186,090	5,484,773	3,679,347	21,970
12 Advertising and promotion	196,280	56,788	139,492	
13 Office expenses	3,825,460	2,837,146	659,703	328,611
14 Information technology	322,446	195,677	109,229	17,540
15 Royalties				
16 Occupancy	3,265,671	1,972,499	1,252,038	41,134
17 Travel	1,171,500	919,778	35,320	216,402
18 Payments of travel or entertainment expenses for any Federal, state or local public officials				
19 Conferences, conventions and meetings	4,345,575	4,265,525	58,496	21,554
20 Interest	208,252	123,189	82,072	2,991
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,142,335	2,342,686	1,746,460	53,189
23 Insurance	741,135	660,487	77,812	2,836
24 Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a medical, pt care, food	7,826,607	7,724,400	100,004	2,203
b deficit contribution an	3,619,067	3,619,067		
c Research Subcontracts	3,537,171	3,537,171		
d other	2,551,071	1,796,984	261,054	493,033
e impairment of assets	1,593,448		1,593,448	
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	97,798,567	73,006,429	20,719,087	4,073,051
26 **Joint Costs.** Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1	400
	2	Savings and temporary cash investments	5,650,212	2	3,835,249
	3	Pledges and grants receivable, net	13,550,091	3	6,668,741
	4	Accounts receivable, net		4	6,640,499
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	84,478	8	176,490
	9	Prepaid expenses and deferred charges	839,661	9	1,315,738
	10a	Land, buildings, and equipment cost basis — 10a: 77,557,952			
	b	Less accumulated depreciation *Complete Part VI of Schedule D* — 10b: 54,517,363	43,483,035	10c	23,040,589
	11	Investments—publicly traded securities	109,871,567	11	87,306,503
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*		12	9,268,657
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*	7,895,067	15	5,569,163
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*	181,374,111	16	143,822,029
Liabilities	17	Accounts payable and accrued expenses	9,959,842	17	9,245,499
	18	Grants payable		18	
	19	Deferred revenue	5,334,187	19	6,499,239
	20	Tax-exempt bond liabilities	13,300,000	20	12,100,000
	21	Escrow account liability *Complete Part IV of Schedule D*		21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		22	
	23	Secured mortgages and notes payable to unrelated third parties	1,843,189	23	4,278
	24	Unsecured notes and loans payable		24	1,750,585
	25	Other liabilities *Complete Part X of Schedule D*	74,744,781	25	2,415,656
	26	**Total liabilities.** *Add lines 17 through 25*	105,181,999	26	32,015,257
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	16,772,470	27	44,375,757
	28	Temporarily restricted net assets	18,549,247	28	24,461,217
	29	Permanently restricted net assets	40,870,395	29	42,969,798
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	76,192,112	33	111,806,772
	34	Total liabilities and net assets/fund balances	181,374,111	34	143,822,029

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990	☐ cash ☑ accrual ☐ other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits?		3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
joslin diabetes center inc

Employer identification number
04-2203836

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**

2 ☐ A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☑ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(See Instructions)**)	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of support?
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 **Public Support** subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total Support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f **15**

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

b **10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

18 **Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total** Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18

19a **33 1/3% Tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ☐

Part IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

Additional Data

Software ID:
Software Version:
EIN: 04-2203836
Name: joslin diabetes center inc

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
T Keith Blackwell MD , Sect head/Investigator	40 00	X						128,824	0	11,771
John L Brooks III , First Vice Chair	2 00	X						0	0	0
C Richard Carlson , Trustee	2 00	X						0	0	0
Donald Conlan , Trustee	2 00	X						0	0	0
Kevin Conley , Chairman of the Board	2 00	X						0	0	0
John J Cook Jr , Trustee	2 00	X						0	0	0
Nathaniel S Gardiner , Trustee	2 00	X						0	0	0
Phillip Gorden MD , Trustee	2 00	X						0	0	0
Morella M Grossman , Trustee	2 00	X						0	0	0
Ralph M James , Trustee	2 00	X						0	0	0
Steven N Kane , Trustee	2 00	X						0	0	0
Ann M Lagasse , Trustee	2 00	X						0	0	0
Gary W Loveman , Trustee	2 00	X						0	0	0
Peter H Mattoon , Trustee	2 00	X						0	0	0
W Alan McCollough , Trustee	2 00	X						0	0	0
Robert E Patterson , Trustee	2 00	X						0	0	0
James L Peterson , Trustee	2 00	X						0	0	0
Kenneth E Quickel MD , Trustee/president	40 00	X		X				0	0	0
Geoffrey S Rehnert , Trustee	2 00	X						0	0	0
Richard A Smith , Trustee	2 00	X						0	0	0
Christopher T Stix , Trustee	2 00	X						0	0	0
J Christine Wilson , Vice Chair	2 00	X						0	0	0
William T Young Jr , Trustee	2 00	X						0	0	0
Martin J Abrahamson MD , Chief Medical Officer	40 00	X		X				261,541	0	30,971
George F Cahill Jr MD , Trustee	2 00	X						0	0	0
Charles H Hood , Trustee	2 00	X						0	0	0
Patrick H O'Neill , Trustee	2 00	X						0	0	0
Frances Miller , Trustee	2 00	X						0	0	0
Jess E Sweely , Trustee	2 00	X						0	0	0
Dennis C Guittarr , Trustee	2 00	X						0	0	0

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Mark A Attarian , CFO/Treasurer	40 00			X				178,929	0	0
Ranch C Kimball , President and CEO	40 00			X				678,641	0	1,020
Richard Crater , CFO, Treasurer	40 00			X				0	0	0
John Chapman , clerk	40 00			X				0	0	0
C Ronald Kahn MD , Vice Chair	40 00				X			521,331	0	187,372
George L King MD , Research Director	40 00				X			285,090	0	28,634
Paul O'Brien , Sr Vice Pres Bus Dev	40 00				X			267,883	0	9,272
Michael P Sullivan , Sr Vice Pres Develop	40 00				X			295,032	0	12,385
Diane J Mathis , Sect Head/Investigator	40 00				X			212,927	0	16,788
Robert C Stanton , Chief of Nephrology	40 00				X			235,536	0	22,994
Lloyd P Aiello , V P Ophthalmology	40 00					X		254,427	0	30,920
Paul G Arrigg , Ophthalmologist	40 00					X		283,929	0	30,978
Alan M Jacobson , Section Head/Pysch Serv	40 00					X		286,156	0	27,172
Bruce Micley , Mgr of Longwood Eye	40 00					X		290,096	0	1,102
George S Sharuk , Ophthalmologist	40 00					X		265,692	0	30,978
Wesley A Benbow , Vice Pres Fin & Facilit	40 00						X	263,439	0	36,227
Howard R Hall , Principal Gift Officer	40 00						X	170,209	0	5,302
Lori M Laffel , Chief of Pediatrics	40 00						X	155,040	0	26,916
Dianne McCarthy , clerk	40 00						X	204,656	0	13,015
Rachel J Whitehouse , V P Communications	40 00						X	164,289	0	21,796
Howard A Wolpert , Clinic Physician	40 00						X	171,796	0	17,643

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
joslin diabetes center inc

Employer identification number
04-2203836

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $

(ii) Assets included in Form 990, Part X ▶ $

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain why in Part XIV and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a	Beginning of year balance	44,833,831				
b	Contributions	2,106,784				
c	Investment earnings or losses	4,520,210				
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	51,460,825				

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 83 500 %
- c Term endowment ▶ 16 500 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)	Yes	
(ii) related organizations	3a(ii)	Yes	

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		1,072,684		1,072,684
b Buildings		57,937,631	41,373,769	16,563,862
c Leasehold improvements				
d Equipment		18,547,637	13,143,594	5,404,043
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				23,040,589

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other life insurance policies	190,978	F
Other adage limited partnership	9,077,679	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	9,268,657	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
obligations under charitable remainder trusts	1,158,693
accrued asset retirement obligation	251,758
due to affiliate	1,005,205
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	2,415,656

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	126,464,605
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	97,798,567
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	28,666,038
4	Net unrealized gains (losses) on investments	4	6,061,444
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	6,061,444
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	34,727,482

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	132,263,101
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	6,061,444		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	21,374,065		
e	Add lines **2a** through **2d**			2e	27,435,509
3	Subtract line **2e** from line **1**			3	104,827,592
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	21,637,013		
c	Add lines **4a** and **4b**			4c	21,637,013
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	126,464,605

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	99,137,224
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d	1,338,657		
e	Add lines **2a** through **2d**			2e	1,338,657
3	Subtract line **2e** from line **1**			3	97,798,567
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	97,798,567

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	The Center's endowment funds are used to support diabetes research, patient care and the Joslin camp The Board of Directors voted to spend the income earned on the endowment and no more than 4% of the appreciation on the endowment funds
Part XII, Line 2d - Other Adjustments		rental expenses 640094 fundraising expenses 692708 gaming expenses 5855 amounts related to Joslin Clinic 20035408
Part XII, Line 4b - Other Adjustments		service agreement 21637013
Part XIII, Line 2d - Other Adjustments		rental expenses 640094 fundraising expenses 692708 gaming expenses 5855

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
joslin diabetes center inc

Employer identification number
04-2203836

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance . . . . . ☐ Yes ☐ No

2 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
north america	0	0	program services	disease management, maintenance program	0
middle east	0	0	program services	disease management, maintenance program	0
south asia	0	0	program services	disease management, maintenance program	0
Totals . . . . . ▶					

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Schedule F-1 if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	ReturnReference	Explanation

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 04-2203836
Name: joslin diabetes center inc

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
joslin diabetes center inc

Employer identification number
04-2203836

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- a ☑ Mail solicitations
- b ☑ Email solicitations
- c ☑ Phone solicitations
- d ☑ In-person solicitations
- e ☑ Solicitation of non-government grants
- f ☑ Solicitation of government grants
- g ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☑ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
IDC	TELE-FUNDRAISING	Yes		257,798	130,242	127,556
Total			▶			

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

MA,AL,AK,AZ,AR,CA,CT,FL,GA,IL,KS,KY,ME,MD,MI,MS,NH,NJ,NM,NY,NC,OH,OK,OR,PA,RI,SC,TN,UT,WA,WV,WI

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 ROUNDTABLE (event type)	(b) Event #2 GALA (event type)	(c) Other Events 2 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	777,635	426,856	155,135	1,359,626
	2 Less Charitable contributions	537,975	269,572	124,848	932,395
	3 Gross revenue (line 1 minus line 2)	239,660	157,284	30,287	427,231
Direct Expenses	4 Cash Prizes				
	5 Non-cash Prizes				
	6 Rent/Facility costs	172,932	150,650		323,582
	7 Other direct expenses	147,982	146,986	74,158	369,126
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				692,708
	9 Net income summary Combine lines 3 and 8 in column (d) ▶				-265,477

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue			17,100	17,100
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes			5,280	5,280
	4 Rent/facility costs				
	5 Other direct expenses			575	575
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☑ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				5,855
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				11,245

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities MA			
a	Is the organization licensed to operate gaming activities in each of these states?	9a	Yes	
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		No
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11	Yes	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		No

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	**13a** 25 000 %		
b	An outside facility	**13b** 75 000 %		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶ Tim Garland			
	Address ▶ one joslin place boston, MA 022155306			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**		No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____			
c	If "Yes," enter name and address			
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶ michael p sullivan			
	Gaming manager compensation ▶ $ _____			
	Description of services provided ▶ Michael Sullivan serves as senior vice president of development As such, in addition to other duties, he oversees raffle activities			
	☐ Director/officer ☑ Employee ☐ Independent contractor			
17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	**17a**		No
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

Additional Data

Software ID:
Software Version:
EIN: 04-2203836
Name: joslin diabetes center inc

Form 990 Schedule G - Licensed States

Licensed States

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.
▶ Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
joslin diabetes center inc

Employer identification number
04-2203836

Part I Charity Care and Certain Other Community Benefits at Cost *(Optional for 2008)*

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a		
b	If "Yes," is it a written policy?	1b		
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☐ 200% ☐ Other _____%	3a		
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____%	3b		
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4		
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a		
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Does the organization prepare an annual community benefit report?	6a		
6b	If "Yes," does the organization make it available to the public?	6b		
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from *worksheets 1 and 2)*						
b Unreimbursed Medicaid (from *worksheet 3, column a)*						
c Unreimbursed costs—other means-tested government programs (from *Worksheet 3, column b)*						
d **Total** Charity Care and Means-Tested Government Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from (worksheet 4)						
f Health professions education (from worksheet 5)						
g Subsidized health services (from worksheet 6)						
h Research (from worksheet 7)						
i Cash and in-kind contributions to community groups (from worksheet 8)						
j **Total** Other Benefits						
k **Total** (line 7d and 7j)						

Part II Community Building Activities (Complete this table if the organization conducted any community building activities) *(Optional for 2008)*

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**						

Part III Bad Debt, Medicare, and Collection Practices *(Optional for 2008)*

Section A—Bad Debt Expense

			Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1		
2	Enter the amount of the organization's bad debt expense (at cost) 2			
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy 3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit			

Section B—Medicare

5	Enter total revenue received from Medicare (including DSH and IME) 5		
6	Enter Medicare allowable costs of care relating to payments on line 5 6		
7	Enter line 5 less line 6—surplus or (shortfall) 7		
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit, and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used		

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C—Collection Practices

9a	Does the organization have a written debt collection policy?	9a		
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b		

Part IV Management Companies and Joint Ventures *(Optional for 2008)*

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V **Facility Information** *(Required for 2008)*

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Joslin Diabetes Center Inc One joslin place boston, MA 022155306						X			Outpatient physician clinic

Part VI Supplemental Information *(Optional for 2008)*

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

2 **Needs Assessment.** Describe how the organization assesses the health care needs of the communities it serves

3 **Patient Education of Eligibility for Assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

4 **Community Information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Community Building Activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
joslin diabetes center inc

Employer identification number
04-2203836

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☑ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**		No
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
See Additional Data Table	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
	Part I, Line 1a	A health club membership was secured for the Vice President of Development to pursue fund-raising opportunities Membership fee and monthly fees are treated as taxable income to him
	Part I, Line 1b	There was not a written policy in place for this one time event
	Part I, Line 4a	Ranch C Kimball terminated employment with Joslin Diabetes Center, Inc on 8/31/09 After the termination of employment, he is entitled to receive severance pay of $572,195
	Part I, Line 7	Ranch C Kimball's bonus amount is based on a recommendation to the board of directors by the compensation committee
Supplemental Information	Part III	The center has entered into a split-dollar life insurance policy agreement with respect to c ronald kahn, md the policy agreement is intended to qualify as a life insurance employee benefit plan described in u s internal revenue service ruling 64-328, 1964-2, c b 11 the plan provides life insurance for dr kahn and is intended to be an unfunded or insured welfare benefit plan within the meaning of the employee retirement income security act of 1974 (ERISA), to the extent applicable the cash surrender value of this policy as of 9/30/2009 was $1,128,642 with an annual premium of $159,000

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 04-2203836
Name: joslin diabetes center inc

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Martin J Abrahamson MD	(I) (II)	252,624	980	7,937	17,900	13,071	292,512	205,958
Mark A Attarian	(I) (II)	178,506		423			178,929	96,118
Ranch C Kimball	(I) (II)	576,031	100,000	2,610		1,020	679,661	446,011
C Ronald Kahn MD	(I) (II)	503,659		17,672	17,900	169,472	708,703	396,471
George L King MD	(I) (II)	272,749		12,341	17,900	10,734	313,724	219,988
Paul O'Brien	(I) (II)	265,086		2,797		9,272	277,155	212,368
Michael P Sullivan	(I) (II)	291,803		3,229		12,385	307,417	231,079
Diane J Mathis	(I) (II)	210,747		2,180	15,975	813	229,715	157,562
Robert C Stanton	(I) (II)	184,539	13,435	37,562	13,957	9,037	258,530	182,614
Lloyd P Aiello	(I) (II)	230,386	20,511	3,530	17,900	13,020	285,347	214,046
Paul G Arrigg	(I) (II)	282,156		1,773	17,900	13,078	314,907	225,933
Alan M Jacobson	(I) (II)	273,399		12,757	17,900	9,272	313,328	228,476
Bruce Micley	(I) (II)	286,839		3,257		1,102	291,198	220,883
George S Sharuk	(I) (II)	239,786	23,229	2,677	17,900	13,078	296,670	217,277
Wesley A Benbow	(I) (II)	218,694	43,956	789	22,465	13,762	299,666	175,805
Howard R Hall	(I) (II)	163,051		7,158	4,954	348	175,511	157,663
Lori M Laffel	(I) (II)	153,321		1,719	13,403	13,513	181,956	126,513
Dianne McCarthy	(I) (II)	202,518		2,138	10,437	2,578	217,671	160,907
Rachel J Whitehouse	(I) (II)	163,631		658	11,486	10,310	186,085	132,820
Howard A Wolpert	(I) (II)	157,441	3,551	10,804	12,597	5,046	189,439	134,683

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
joslin diabetes center inc

Employer identification number
04-2203836

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		750	fair market value
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	18	76,506	book value at receipt date
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution (historic structures)				
14	Qualified conservation contribution (other)				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (describe sporting tickets)	X	2	840	fair market value
26	Other (describe sports package)	X	1	5,000	fair market value
27	Other (describe)				
28	Other (describe)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, *Part IV, Donee Acknowledgement* **29** 0

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes", describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a	Yes	
b	If "Yes", describe in Part II			
33	If the organization did not report revenues in Column (c) for a type of property for which Column (a) is checked, describe in Part II			

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	ReturnReference	Explanation
Third Party Use	Part I, Line 32b	Volunteer committees for events that solicit other parties to obtain auction items

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
joslin diabetes center inc

Employer identification number
04-2203836

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		a draft OF THE FORM is REVIEWED BY THE CHIEF FINANCIAL OFFICER AND BY THE CONTROLLER AFTER THEIR REVIEW, THE FORM is E-MAILED TO THE ENTIRE BOARD OF DIRECTORS BEFORE IT IS FILED

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		The general counsel's office distributes an annual disclosure form to all officers, trustees and employees annually The information disclosed is reviewed by the general counsel and, if a potential conflict exists, by the committee as defined below The disclosure forms of the vice presidents will be reviewed by the general counsel and the president, the disclosure form of the president will be be reviewed by the general counsel and the chair of the board If a potential conflict is found to exist, the individual shall refrain from active participation in any decisions concerning the matter

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		Executive compensation includes the CEO and the Senior leadership team Pay for the CEO is determined by the Board the human resource department provides survey data as requested Senior Leadership Team pay is determined by the CEO with survey data provided by HR There were no pay increases for the CEO or Senior Leadership Team this year The last increase was in January of 2009 and was in the form of a straight 4 percent increase There is no written executive compensation policy Executive compensation is reviewed annually by the Compensation Committee of the Board In all cases, compensation is determined by independent persons Individuals are prohibited from active participation in any decisions regarding their own compensation

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		The Form 990 and the audited financial statements are available for review at the Fiscal Services Office, the massachusetts attorney general's website and www guidestar org They are also available in an electronic format upon request The governing documents, conflict of interest policy and the whistleblower policy are available for review at the Office of the General Counsel or in an electronic format upon request

Identifier	Return Reference	Explanation
Form 990, part III	community benefit statement	The Global Epidemic Of Diabetes According to the Centers for Disease Control and Prevention, diabetes affects approximately 24 million Americans Diabetes is associated with an increased risk for a number of devastating complications including heart disease and stroke, kidney disease, blindness and amputations Overall, the risk for death among people with diabetes is about twice that of people without diabetes of similar age Increases in types 1 and 2 diabetes, as well as obesity, are also being observed in children and adolescents presenting future challenges to the healthcare system Meanwhile, the financial burden associated with diabetes is staggering Between healthcare costs and lost productivity, diabetes costs the nation $174 billion annually The ADA estimates that one out of every five healthcare dollars is spent caring for someone with diabetes Joslin Is Meeting The Challenge Of The Global Epidemic Of Diabetes Joslin Diabetes Center is the world's largest diabetes research center, diabetes clinic and provider of diabetes education Among the Harvard Medical School Affiliated institutions, Joslin is one of the most research-intensive academic medical centers and is unique in its sole focus on diabetes This concentrated focus on a single disease allows it to rapidly discover, create and distribute new knowledge about diabetes prevention, treatment options and research toward a cure Founded in 1898 by Elliott P Joslin, M D , Joslin today has almost 700 employees working in three major divisions -Joslin Research, a highly collaborative team of more than 300 people with more than 40 faculty level investigators undertaking the largest research program aimed at preventing and curing type 1 and type 2 diabetes and their long-term complications -Joslin Clinic, Inc , the world's first and most respected diabetes care facility, which cares for 23,000 adult and pediatric patients a year -Joslin Strategic Initiatives, which develops and markets innovative programs, products and services that expand the availability of Joslin knowledge and expertise to people with diabetes and the clinicians who care for them Joslin is one of the most significant assets to the patient and medical community in Boston, a city regarded as the country's preeminent medical center Joslin's invaluable educational programs and care resources benefit patients in the surrounding neighborhood, the City of Boston and the New England region Pathways of Discovery Ultimate Impact is Through Research Joslin's research team represents the most comprehensive and dynamic research program dedicated exclusively to diabetes anywhere in the world There is no institution quite like Joslin, where research is directly coupled to patient care and education, which facilitates improving the lives of people with diabetes Joslin investigators, who engage in both basic and clinical research across the sections into which the Research Division is organized, are advancing science at an unusually fast pace due to Joslin's unique environment From understanding the interface between diabetes and genetics, to the role of inflammation in diabetes, the more than 300 scientists at Joslin are dedicated to pursuing innovative pathways of discovery to prevent, treat and cure type 1 and type 2 diabetes and their complications, with the ultimate goal of a world without diabetes Some of the most important historical discoveries and improvements in diabetes care worldwide - recognition that tight blood glucose control can slow or prevent diabetes complications, creation of treatment protocols to enable women with diabetes to have healthy babies, the identification of markers for pre-diabetes, and pioneering laser surgery for diabetic eye disease - were developed at Joslin Our research has an impact on people with diabetes locally, nationally and internationally - in the areas of type 1 diabetes, type 2 diabetes and diabetes complications For example, investigators in several Joslin research sections are exploring the complexity of diabetes complications, such as cardiovascular, kidney and eye disease Where else could you find a database of biological and psychological data from patients with diabetes, stretching back decades? Joslin Clinic records have been invaluable in studying how complications develop and progress over time Genetics researchers at Joslin are studying what changes in the genes make people with diabetes susceptible to these complications Other investigators focus on the impact of insulin on blood vessels And still others specialize in the molecular mechanisms that lead to long-term complications Included in the many areas of scientific exploration is pediatric research At a basic research level, we are working on untangling the complex combination of genes and environment that results in the destruction of insulin-making cells in the pancreas, the cause of type 1 diabetes We are also exploring the potential of stem cells and islet cell transplantation We want to understand type 2 diabetes better as well, as it is increasing in alarming numbers among children and teens Therapies for type 2 diabetes are geared to adults, as this was formerly considered just a disease of adulthood Joslin is a principal site for a national study that seeks to identify the most effective therapy for the early stages of type 2 diabetes in youngsters Complementing our basic research work is our clinical research Approximately 30 to 40 percent of all research at Joslin is clinical research More than 200 clinical trials and human subject studies are under way at any given time, ranging from studies of promising new drugs to those evaluating the impact of lifestyle changes such as weight loss and increased physical activity Joslin Knowledge Across the Globe Joslin scientists know that a research breakthrough can affect the health and lives of millions of people And so can education Since 1987, Joslin has combined its clinical, research and education initiatives with the goal of developing health solutions that generate large-scale benefits for organizations that serve diabetes patients, providers and consumers around the world Through Joslin's educational programs, we seek to improve the public health at large This is achieved through a variety of educational outlets Joslin has one of the largest diabetes training programs in the world, educating 150 M D and Ph D researchers annually Joslin's Professional Education activities reach nearly 50,000 primary care physicians and allied health professionals annually Through this audience, Joslin has achieved national visibility and a reputation for excellence in producing activities that have measurable impact on physician performance and patient outcomes These programs empower healthcare providers to more effectively set the standards of diabetes care for their communities, provide optimal management of all diabetes patients, improve healthcare outcomes and enhance patient quality of life Education is provided in a variety of formats including live weekend and evening didactic symposia, interactive patient encounter simulations, both live and continuing online, web-based self-studies, mobile applications and performance improvement programs Since 2002, Joslin professional education has reached more than 500,000 healthcare providers We know that 80 percent of people with diabetes see their primary care providers for their diabetes care Through our Professional Education programs, we are reaching these providers, with the goal of ensuring that all patients with diabetes get the best care possible And it is allied health professionals in particular who are now the primary provider of diabetes education for people with diabetes They provide continuing support and advice on blood glucose and A1C monitoring, medication management, acute complication management, chronic complication prevention and management, psychosocial assessment and issues, meal planning, nutrition management and physical activity We provide a practical focus on systems improvement in the primary care setting as opposed to just imparting individual knowledge As a result, the allied health professional is an integral team member in promoting optimal diabetes care Through all activities we focus on education, support, tools and resources to enable the allied health professional to be a part of a more efficient and effective system of care, regardless of the care delivery environment

Identifier	Return Reference	Explanation
		Joslin has developed a number of Clinical Guidelines to help healthcare providers, both at Joslin and in the community, improve the treatment and care of individuals with diabetes Experts from Joslin developed these Guidelines, which are recommendations for clinical practice and treatment, and they are unique in that they are clear, concise and easy to use They are also free and easily accessed via the Joslin Web site The primary objective of Joslin Diabetes Center's Clinical Guidelines is to support clinical practice and influence clinical behaviors of providers so that outcomes are improved and patient expectations are informed and reasonable They serve as the basis for all of Joslin's clinical programs, care pathways, professional and patient education programs and self-management enduring materials at Joslin in Boston, at our Affiliates across the country and in our outreach programs worldwide Joslin's Publications offer a wide range of books, cookbooks, videotapes, online services and other educational materials for people with both type 1 diabetes and type 2 diabetes and the physicians and allied health providers who care for them Books are authored by Joslin Diabetes Center staff, thus providing the Joslin expertise, reputation and experience Joslin's publications are available in a range of literacy levels from fourth grade to high school level, and a full list of our publications can be found on www joslin org/store Joslin's Affiliated Center Program consists of some 30 hospital-based Affiliates and satellites in the United States, which provide more than 100,000 annual patient visits Joslin also has an international Affiliate in Dubai and another in Canada Working with domestic and international hospitals and healthcare systems, these centers provide a continuum of care based on Joslin standards of practice and quality - that is, expert diabetes education management that can prevent complications To provide broad access for individuals seeking information and education about diabetes, Joslin Diabetes Center provides many resources via its Web site We offer interactive online classes about diabetes, professional education symposium, discussion boards and a bookstore through our Web site The areas of educational content on Joslin's Web site cover the complete spectrum of information needed for a person to manage diabetes Information is available in both English and Spanish and new articles are added on a regular schedule The Center is also employing social media outlets, such as Facebook and email newsletters, to distribute our online educational content

Identifier	Return Reference	Explanation
form 990, part iv, line 12		joslin diabetes center, inc prepares consolidated financial statements which include the accounts of affiliated entities the consolidated financial statements for joslin diabetes center, inc and related entities are audited by an independent accounting firm stand-alone financial statements for joslin diabetes center, inc are not issued

Identifier	Return Reference	Explanation
form 990, part xi, line 2b		joslin diabetes center, inc prepares consolidated financial statements which include the accounts of affiliated entities the consolidated financial statements for joslin diabetes, inc and related entities are audited by an independent accounting firm stand-alone financial statements for joslin diabetes center, inc are not issued

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

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Name of the organization
joslin diabetes center inc

Employer identification number
04-2203836

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
longwood brookline realty llc one joslin place boston, MA 022155306 26-1342905	real estate	MA	43,662,311	43,290,387	N/A

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
joslin clinic inc one joslin place boston, MA022155306 22-2984590	diabetes clinic	MA	501(c)(3)	11-I	N/A

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations? Yes	(H) No	(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
veraxa health inc 1209 orange street wilmington, DE19801 20-5171691	medical imaging	DE	N/A	C			100 000 %
JOSLIN PROFESSIONAL SERVICES INC one joslin place boston, MA022155306 20-5024879	MEDICAL SERVICES	MA	N/A	C			100 000 %
Charitable Remainder Trust one joslin place boston, MA022155306 04-3418528	Trust	MA	N/A	T	59,876	485,669	66 250 %
Charitable Remainder Trust one joslin place boston, MA022155306 77-6174823	trust	MA	N/A	T	2,162	24,545	58 350 %
pooled income fund one joslin place boston, ME022155306 04-6431421	trust	MA	N/A	T	22,103	322,429	57 470 %

Part V Transactions with Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III or IV

			Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b	Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c	Gift, grant, or capital contribution from other organization(s)	1c		No
d	Loans or loan guarantees to or for other organization(s)	1d		No
e	Loans or loan guarantees by other organization(s)	1e		No
f	Sale of assets to other organization(s)	1f		No
g	Purchase of assets from other organization(s)	1g		No
h	Exchange of assets	1h		No
i	Lease of facilities, equipment, or other assets to other organization(s)	1i	Yes	
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l		No
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n	Sharing of paid employees	1n		No
o	Reimbursement paid to other organization for expenses	1o		No
p	Reimbursement paid by other organization for expenses	1p		No
q	Other transfer of cash or property to other organization(s)	1q		No
r	Other transfer of cash or property from other organization(s)	1r		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)	Joslin Clinic inc	B	1,113,950
(2)	Joslin Clinic inc	I	4,470,772
(3)	joslin Clinic inc	K	17,166,241
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No