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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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011

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

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) 309-2400

G Gross receipts $ 86,947,855

F Name and address of principal officer
JOHN L BROOKS III
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) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW JOSLIN ORG

K Form 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 net assets

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	11
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	696
6	Total number of volunteers (estimate if necessary)	**6**	118
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**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)	36,244,094	39,447,164
9	Program service revenue (Part VIII, line 2g)	39,664,322	40,533,855
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,985,342	3,246,561
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,317,258	2,348,879
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	81,211,016	85,576,459
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	4,795,503
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	48,921,883	46,819,852
16a	Professional fundraising fees (Part IX, column (A), line 11e)	296,085	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,244,819		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	47,138,966	33,840,583
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	96,356,934	85,455,938
19	Revenue less expenses Subtract line 18 from line 12	-15,145,918	120,521

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	136,074,590	127,648,830
21	Total liabilities (Part X, line 26)	35,594,552	33,330,931
22	Net assets or fund balances Subtract line 21 from line 20	100,480,038	94,317,899

Net Assets or Fund Balances

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.

Sign Here

****** | 2012-08-14
Signature of officer | Date

ROSS J MARKELLO CFO, TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
CRAIG KLEIN	CRAIG KLEIN			

Firm's name ▶ CBIZ TOFIAS — Firm's EIN ▶

Firm's address ▶ 500 BOYLSTON STREET
BOSTON, MA 02116 — 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**

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

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 501(c)(4) organizations and section 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 $ 35,985,831 including grants of $) (Revenue $ 39,262,416)

PATIENT CARE JOSLIN HAS TREATED THOUSANDS OF PATIENTS OVER ITS 100+ YEAR HISTORY PATIENTS ARE SEEN IN THE JOSLIN CLINIC FOR SERVICES THAT INCLUDE ENDOCRINOLOGY, OPHTHALMOLOGY, NEPHROLOGY, PSYCHOSOCIAL SERVICES, NUTRITION, EXERCISE PHYSIOLOGY AND OTHERS 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 $ 32,761,529 including grants of $) (Revenue $ 2,299,628)

RESEARCH MILLIONS OF PEOPLE WITH DIABETES THROUGHOUT THE WORLD BENEFIT DIRECTLY FROM BASIC AND CLINICAL RESEARCH CONDUCTED AT THE CENTER APPROXIMATELY 300 RESEARCHERS EMPLOYED AT THE JOSLIN DIABETES CENTER ARE WORKING ON VARIOUS ASPECTS OF DIABETES, SEARCHING FOR WAYS TO PREVENT AND TREAT DIABETES IN ALL ITS FORMS AND ULTIMATELY FIND A CURE FOR THE DISEASE SEE THE COMMUNITY BENEFIT STATEMENT ON SCHEDULE O

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 68,747,360

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 (see instruction)?	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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or 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, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	Yes	
13	Is the organization a school 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 United States?	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 United States? *If "Yes," complete Schedule F, Parts I and IV*	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 U S ? *If "Yes," complete Schedule F, Parts II and IV*	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 U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions 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 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19	Yes	
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States 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, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *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 lines 24b–24d and complete Schedule K. If "No," go to line 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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *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 sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
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)?	**35**	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☑ **Yes** ☐ **No**			
36	**Section 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% 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
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	327		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	1		
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	696		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
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 instructions for 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 line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and 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 receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**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			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	11		
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 governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant 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	
9	Is there any officer, director, 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		9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		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?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
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	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
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 , GA , IL , KS , KY , ME , MD , MI , MS , NH , NJ , NM , NY , NC , OH , OK , OR , PA , RI , SC , TN , UT , WA , WV , VA , WI , CO , HI , MN , MO , ND

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) 309-5744

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

Check if Schedule O contains a response to any question in this Part VII . . . . . .☐

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- 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, and 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(1) ABRAHAMSON MARTIN J TRUSTEE/CHIEF MEDICAL OFFI	40 00	X		X				280,062	0	47,652
(2) BROOKS III JOHN L PRESIDENT AND CEO	40 00	X		X				0	0	0
(3) KING GEORGE L VICE PRESIDENT/CHIEF SCI OFFICER	40 00	X		X				280,127	0	41,644
(4) ALLEN WALTER RAY TRUSTEE	2 00	X						0	0	0
(5) COOK JR JOHN J TRUSTEE	2 00	X						0	0	0
(6) AMENTA PETER S MD PH D TRUSTEE	2 00	X						0	0	0
(7) GARDINER NATHANIEL S TRUSTEE	2 00	X						0	0	0
(8) GROSSMAN MORELLA M TRUSTEE	2 00	X						0	0	0
(9) LAGASSE ANNE M TRUSTEE	2 00	X						0	0	0
(10) JAMES RALPH M TRUSTEE	2 00	X						0	0	0
(11) MCCOLLOUGH W ALAN TRUSTEE	2 00	X						0	0	0
(12) PETERSON JAMES L TRUSTEE	2 00	X						0	0	0
(13) REHNERT GEOFFREY S TRUSTEE	2 00	X						0	0	0
(14) SMITH RICHARD A TRUSTEE	2 00	X						0	0	0
(15) QUICKEL KENNETH E FORMER PRESIDENT AND CEO	40 00			X				682,259	0	21,404
(16) ATTARIAN MARK A FORMER CFO, TREASURER	40 00			X				188,682	0	703

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(17) MARKELLO ROSS CFO, TREASURER	40 00			X				224,526	0	13,029
(18) CHAPMAN JOHN C CLERK	40 00			X				243,202	0	1,426
(19) KAHN C RONALD SECTION CHIEF, OBESITY	40 00				X			1,211,423	0	48,852
(20) SHARUK GEORGE S OPHTHALMOLOGIST	40 00					X		326,135	0	48,005
(21) SULLIVAN MICHAEL P SENIOR VICE PRES , DEV	40 00					X		332,296	0	44,858
(22) SCHLOSSMAN DEBORAH K OPHTHALMOLOGIST	40 00					X		325,437	0	28,974
(23) ARRIGG PAUL G CHIEF VITREORETINAL SURGERY	40 00					X		279,086	0	53,059
(24) AIELLO LLOYD PAUL DIRECTOR, BEI/INVESTIGATOR	40 00					X		239,884	0	54,722
(25) KIMBALL RANCH C FORMER PRESIDENT	0 00						X	388,041	0	76
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								5,001,160	0	404,404

2 Total number of individuals (including but not limited to those listed above) 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 on line 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 or individual 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
MARK D CRAWFORD PO BOX 554 BILLERICA, MA 01865	GENERAL CONTRACTOR	504,864
DELOITTE & TOUCHE LLP 200 BERKELEY STREET BOSTON, MA 02116	PUBLIC ACCOUNTANTS	373,595
LIFE TECHNOLOGIES 12088 COLLECTION CENTER DRIVE CHICAGO, IL 60693	BIOTECHNOLOGY TOOLS	324,924
ATTAIN LLC C/O PO BOX 221374 CHANTILLY, VA 20151	PROFESSIONAL SERVICES	310,081
HARRIS CONNECT LLC 1511 ROUTE 22 SUITE C-25 BREWSTER, NY 10509	PROFESSIONAL SERVICES	297,528

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 16

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . . 1a					
	b Membership dues 1b					
	c Fundraising events 1c	810,342				
	d Related organizations . . . 1d					
	e Government grants (contributions) 1e	30,510,821				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	8,126,001				
	g Noncash contributions included in lines 1a-1f $	522,411				
	h **Total.** Add lines 1a-1f . . . . . ▶		39,447,164			
Program Service Revenue		Business Code				
	2a SERVICE AGREEMENT	900099	22,885,856	22,885,856		
	b ED PROG /PUBLICATIONS	900099	15,328,681	15,328,681		
	c RESEARCH GRANTS	900099	2,299,628	2,299,628		
	d CLINIC PATIENT SVCS RE	900099	19,690	19,690		
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . . ▶		40,533,855			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		1,638,067			1,638,067
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties . . . . . ▶		67,005			67,005
		(i) Real	(ii) Personal			
	6a Gross Rents	807,562				
	b Less rental expenses	447,190				
	c Rental income or (loss)	360,372				
	d Net rental income or (loss) . . . . . ▶		360,372			360,372
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	1,608,494				
	b Less cost or other basis and sales expenses					
	c Gain or (loss)	1,608,494				
	d Net gain or (loss) . . . . . ▶		1,608,494			1,608,494
Other Revenue	8a Gross income from fundraising events (not including $ 810,342 of contributions reported on line 1c) See Part IV, line 18 . . . a	1,648,319				
	b Less direct expenses . . . b	846,304				
	c Net income or (loss) from fundraising events . . ▶		802,015			802,015
	9a Gross income from gaming activities See Part IV, line 19 . a	169,200				
	b Less direct expenses . . . . . b	77,902				
	c Net income or (loss) from gaming activities . . . ▶		91,298			91,298
	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 REVENUE	900099	1,028,189	1,028,189		
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d . . . . . ▶		1,028,189			
	12 **Total revenue.** See Instructions . . . ▶		85,576,459	41,562,044	0	4,567,251

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	4,795,503	4,795,503		
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	5,077,263	2,733,838	1,726,709	616,716
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	32,420,066	28,395,610	3,242,410	782,046
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,561,643	1,296,560	206,855	58,228
9 Other employee benefits	5,402,854	4,485,030	716,216	201,608
10 Payroll taxes	2,358,026	1,957,760	312,344	87,922
a Fees for services (non-employees) Management				
b Legal	1,244,741	1,871	1,242,150	720
c Accounting	192,780	39,600	153,180	
d Lobbying				
e Professional fundraising services *See Part IV, line 17* . .				
f Investment management fees	388,972		388,972	
g Other	10,567,721	8,782,077	1,664,573	121,071
12 Advertising and promotion	320,897	168,004	152,893	
13 Office expenses				
14 Information technology	277,134	123,979	140,215	12,940
15 Royalties . .				
16 Occupancy	2,605,290	1,541,123	1,026,746	37,421
17 Travel	1,002,594	874,031	49,639	78,924
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	248,781	172,734	65,955	10,092
20 Interest	153,622		153,622	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,057,765	1,808,779	1,205,066	43,920
23 Insurance	711,546	434,617	276,929	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a SUPPLIES	7,676,746	7,427,551	222,274	26,921
b EQUIP RENTAL/MAINT	1,820,517	657,681	1,148,091	14,745
c PATIENT SUBJECT COSTS	1,145,122	1,145,122		
d PRINTING & PUBLICATIONS	506,673	426,156	38	80,479
e PERM RESEARCH EQUIP	409,825	409,825		
f All other expenses	1,509,857	1,069,909	368,882	71,066
25 **Total functional expenses.** Add lines 1 through 24f	85,455,938	68,747,360	14,463,759	2,244,819
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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	
	2	Savings and temporary cash investments		3,748,035	2	5,720,387
	3	Pledges and grants receivable, net		4,286,331	3	7,509,712
	4	Accounts receivable, net		5,979,868	4	4,588,201
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		219,276	8	108,625
	9	Prepaid expenses and deferred charges		1,229,715	9	1,314,771
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 78,992,498			
	b	Less accumulated depreciation	10b 59,144,635	19,899,649	10c	19,847,863
	11	Investments—publicly traded securities		84,955,135	11	70,904,983
	12	Investments—other securities See Part IV, line 11		10,326,518	12	13,540,672
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		5,430,063	15	4,113,616
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		136,074,590	16	127,648,830
Liabilities	17	Accounts payable and accrued expenses		11,890,973	17	10,254,869
	18	Grants payable			18	
	19	Deferred revenue		8,034,449	19	9,153,916
	20	Tax-exempt bond liabilities		10,800,000	20	9,500,000
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables 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			23	
	24	Unsecured notes and loans payable to unrelated third parties		610,979	24	609,261
	25	Other liabilities Complete Part X of Schedule D		4,258,151	25	3,812,885
	26	**Total liabilities.** Add lines 17 through 25		35,594,552	26	33,330,931
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		35,317,900	27	32,351,137
	28	Temporarily restricted net assets		23,536,525	28	19,952,547
	29	Permanently restricted net assets		41,625,613	29	42,014,215
		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		100,480,038	33	94,317,899
	34	Total liabilities and net assets/fund balances		136,074,590	34	127,648,830

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	85,576,459
2	Total expenses (must equal Part IX, column (A), line 25)	2	85,455,938
3	Revenue less expenses Subtract line 2 from line 1	3	120,521
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	100,480,038
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-6,282,660
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	94,317,899

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
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 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
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? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such 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

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
JOSLIN DIABETES CENTER INC

Employer identification number
04-2203836

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

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).**

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 33 1/3% 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 33 1/3% 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).**

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 supported organization(s)

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
Total									

Part II **Support Schedule for Organizations Described in Sections 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2010.** 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% support test—2009.** 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—2010.** 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—2009.** 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 a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(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 through 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 $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(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 June 30, 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 section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	**15**	
16	Public support percentage from 2009 Schedule A, Part III, line 15	**16**	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	**17**	
18	Investment income percentage from **2009** Schedule A, Part III, line 17	**18**	

19a **33 1/3% support tests—2010.** 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% support tests—2009.** 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.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

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 for any other purpose conferring 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 a 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 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 the arrangement 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	51,791,767	51,460,825	44,833,831		
b Contributions	441,237	175,943	2,106,784		
c Investment earnings or losses	-1,739,266	3,347,980	4,520,210		
d Grants or scholarships					
e Other expenditures for facilities and programs	1,498,304	3,192,981			
f Administrative expenses					
g End of year balance	48,995,434	51,791,767	51,460,825		

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

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 85 800 %
- c Term endowment ▶ 14 200 %

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)		No
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) Accumulated depreciation	(d) Book value
1a Land		1,072,684		1,072,684
b Buildings		56,099,655	43,312,806	12,786,849
c Leasehold improvements				
d Equipment		21,809,379	15,831,829	5,977,550
e Other		10,780		10,780
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				19,847,863

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) LIFE INSURANCE POLICIES	133,504	F
(B) ADAGE LIMITED PARTNERSHIP	10,365,173	F
(C) EQUITY MUTUAL FUNDS	3,041,995	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	13,540,672	

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.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
OBLIGATIONS UNDER CHARITABLE REMAINDER TRUSTS	1,206,006
ACCRUED ASSET RETIREMENT OBLIGATION	815,699
DUE TO AFFILIATE	159,758
AMOUNTS HELD AS AGENT	1,631,422
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	3,812,885

2. Fin 48 (ASC 740) Footnote 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 (ASC740)

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	85,576,459
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	85,455,938
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	120,521
4	Net unrealized gains (losses) on investments	4	-4,316,396
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	-4,316,396
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-4,195,875

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	81,502,916
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-4,316,396		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	1,371,396		
e	Add lines **2a** through **2d**			2e	-2,945,000
3	Subtract line **2e** from line **1**			3	84,447,916
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	1,128,543		
c	Add lines **4a** and **4b**			4c	1,128,543
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	85,576,459

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

1	Total expenses and losses per audited financial statements			1	85,698,791
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	Other losses	2c			
d	Other (Describe in Part XIV)	2d	1,371,396		
e	Add lines **2a** through **2d**			2e	1,371,396
3	Subtract line **2e** from line **1**			3	84,327,395
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	1,128,543		
c	Add lines **4a** and **4b**			4c	1,128,543
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	85,455,938

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 IV, 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 Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE CENTER'S ENDOWMENT FUNDS ARE USED TO SUPPORT DIABETES RESEARCH AND PATIENT CARE 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
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	JOSLIN HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE (IRS) AS AN ORGANIZATION DESCRIBED IN INTERNAL REVENUE CODE (THE "CODE") SECTION 501(C)(3) AND, THEREFORE, IS EXEMPT FROM TAXATION ON RELATED INCOME UNDER SECTION 501(A) OF THE CODE THE IRS HAS ALSO PREVIOUSLY DETERMINED THAT THE ENTITY IS NOT A PRIVATE FOUNDATION PURSUANT TO SECTION 509(A) OF THE CODE ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS
PART XII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES 447,190 FUNDRAISING EXPENSES 846,304 GAMING EXPENSES 77,902
PART XII, LINE 4B - OTHER ADJUSTMENTS		NET ASSETS RELEASED DESIGNATED FOR CLINIC SPENDING 1,128,543
PART XIII, LINE 2D - OTHER ADJUSTMENTS		RENTAL EXPENSES 447,190 FUNDRAISING EXPENSES 846,304 GAMING EXPENSES 77,902
PART XIII, LINE 4B - OTHER ADJUSTMENTS		NET ASSETS RELEASED DESIGNATED FOR CLINIC SPENDING 1,128,543

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

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 V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, 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 for region/investments in region
NORTH AMERICA	0	0	PROGRAM SERVICES	DISEASE MANAGEMENT, MAINTENANCE PROGRAM	0
MIDDLE EAST AND NORTH AFRICA	0	0	PROGRAM SERVICES	DISEASE MANAGEMENT, MAINTENANCE PROGRAM	0
SOUTH ASIA	0	0	PROGRAM SERVICES	DISEASE MANAGEMENT, MAINTENANCE PROGRAM	0
3a Sub-total	0	0			0
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	0	0			0

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 Part V 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 recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, 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 Part V 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 Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☑ Yes	☐ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☑ No

Additional Data

Software ID:
Software Version:
EIN: 04-2203836
Name: JOSLIN DIABETES CENTER INC

Part V **Supplemental Information**

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

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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

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2010

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** ☐ Internet and e-mail 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 services? ☐ **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 and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	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
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

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 HIGH HOPES GALA (event type)	(b) Event #2 JDC ROUNDTABLE (event type)	(c) Other Events 2 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	1,785,805	306,000	366,856	2,458,661
	2 Less Charitable contributions	306,845	281,000	222,497	810,342
	3 Gross income (line 1 minus line 2)	1,478,960	25,000	144,359	1,648,319
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs			36,504	36,504
	7 Food and beverages		38,086		38,086
	8 Entertainment	543,159		1,348	544,507
	9 Other direct expenses	67,299	57,978	101,930	227,207
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				846,304
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				802,015

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			169,200	169,200
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes			69,442	69,442
	4 Rent/facility costs				
	5 Other direct expenses			8,460	8,460
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☑ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				77,902
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				91,298

9 Enter the state(s) in which the organization operates gaming activities See Additional Data TableMA

a Is the organization licensed to operate gaming activities in each of these states? ☑ Yes ☐ No

b If "No," Explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☑ No

b If "Yes," Explain

11 Does the organization operate gaming activities with nonmembers? . . . . . ☑ Yes ☐ No

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? . . . . . ☐ Yes ☑ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	**13a**	0 %
b	An outside facility	**13b**	100 000 %

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? . . . . . ☐ Yes ☑ 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 ▶ HELAINE AHERN

Gaming manager compensation ▶ $

Description of services provided ▶ HELAINE AHERN SERVES AS VICE PRESIDENT OF DEVELOPMENT AS SUCH, IN ADDITION TO OTHER DUTIES, SHE 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? . . . . . ☐ Yes ☑ 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 ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
JOSLIN DIABETES CENTER INC

Employer identification number
04-2203836

Part I General Information on Grants and Assistance

1 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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) JOSLIN CLINIC INC ONE JOSLIN PLACE BOSTON, MA 02115	22-2984590	501(C)(3)	4,795,503				DEFICIT CONTRIBUTION AND DESIGNATED SPENDING

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 1

3 Enter total number of other organizations . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

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

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

Identifier	Return Reference	Explanation

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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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

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 any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
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**		
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 with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	**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			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
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**		No
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
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is 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) Retirement and other 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 reportable compensation				
(1) ABRAHAMSON MARTIN J	(i)	275,410	4,652	0	19,160	28,492	327,714	0
	(ii)	0	0	0	0	0	0	0
(2) KING GEORGE L	(i)	280,127	0	0	19,160	22,484	321,771	0
	(ii)	0	0	0	0	0	0	0
(3) QUICKEL KENNETH E	(i)	682,259	0	0	19,921	1,483	703,663	0
	(ii)	0	0	0	0	0	0	0
(4) ATTARIAN MARK A	(i)	188,682	0	0	0	703	189,385	0
	(ii)	0	0	0	0	0	0	0
(5) MARKELLO ROSS	(i)	149,526	75,000	0	0	13,029	237,555	0
	(ii)	0	0	0	0	0	0	0
(6) CHAPMAN JOHN C	(i)	243,202	0	0	0	1,426	244,628	0
	(ii)	0	0	0	0	0	0	0
(7) KAHN C RONALD	(i)	511,633	0	699,790	19,160	29,692	1,260,275	0
	(ii)	0	0	0	0	0	0	0
(8) SHARUK GEORGE S	(i)	267,020	59,115	0	19,160	28,845	374,140	0
	(ii)	0	0	0	0	0	0	0
(9) SULLIVAN MICHAEL P	(i)	329,271	0	3,025	19,160	25,698	377,154	0
	(ii)	0	0	0	0	0	0	0
(10) SCHLOSSMAN DEBORAH K	(i)	244,610	80,827	0	19,160	9,814	354,411	0
	(ii)	0	0	0	0	0	0	0
(11) ARRIGG PAUL G	(i)	279,086	0	0	19,160	33,899	332,145	0
	(ii)	0	0	0	0	0	0	0
(12) AIELLO LLOYD PAUL	(i)	237,138	2,746	0	19,160	35,562	294,606	0
	(ii)	0	0	0	0	0	0	0
(13) KIMBALL RANCH C	(i)	0	0	388,041	0	76	388,117	0
	(ii)	0	0	0	0	0	0	0
(14)								
(15)								
(16)								

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 4A	RANCH C KIMBALL TERMINATED EMPLOYMENT WITH JOSLIN DIABETES CENTER, INC ON 8/31/09 HE RECEIVED $388,117 OF SEVERANCE PAY INCLUDING BENEFITS IN 2010
SUPPLEMENTAL INFORMATION	PART III	THE CENTER HAD ENTERED INTO A SPLIT-DOLLAR LIFE INSURANCE POLICY AGREEMENT WITH RESPECT TO C RONALD KAHN, MD THE POLICY AGREEMENT WAS INTENDED TO QUALIFY AS A LIFE INSURANCE EMPLOYEE BENEFIT PLAN DESCRIBED IN U S IRS RULING 64-328, 1964-2, C B 11 THE PLAN PROVIDED LIFE INSURANCE FOR DR KAHN AND WAS 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 DURING CALENDAR 2010, THE CENTER AND THE EMPLOYEE AGREED TO DISSOLVE THE POLICY AND GENERATE A NEW AGREEMENT THIS NEW AGREEMENT ESTABLISHED A VESTING SCHEDULE FOR THE PROCEEDS OF THE DISSOLVED POLICY WHICH WOULD BE PAID OUT IN THIRDS DR KAHN RECEIVED $699,790 DURING CALENDAR 2010 WHICH REPRESENTS TWO THIRDS OF HIS INTENDED PAYOUT THIS AMOUNT IS REFLECTED IN FORM 990, PART VII, COLUMN D AND SCHEDULE J, PART II, COLUMN B(III)

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2010

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	26	135,694	BOOK VALUE AT RECEIPT
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 ▶ (AUCTION ITEMS)	X	1	386,717	DONOR STATED VALUE
26 Other ▶( )				
27 Other ▶( )				
28 Other ▶ ( )				

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

		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?		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?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	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	Return Reference	Explanation
THIRD PARTY USE	PART I, LINE 32B	THE ORGANIZATION USES VOLUNTEER COMMITTEES FOR EVENTS THAT SOLICIT OTHER PARTIES TO OBTAIN AUCTION ITEMS

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization	Employer identification number
JOSLIN DIABETES CENTER INC	04-2203836

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT	FORM 990, PART III, LINE 4A & B	JOSLIN DIABETES CENTER THE GLOBAL EPIDEMIC OF DIABETES DATA PUBLISHED IN JANUARY 2011 BY T HE CENTERS FOR DISEASE CONTROL (CDC), 25 8 MILLION AMERICANS NOW HAVE DIABETES 95% OF THI S IS TYPE 2 DIABETES IN ADDITION, AN ESTIMATED 79 MILLION U S ADULTS HAVE PRE-TYPE 2 DIA BETES, WHICH ALSO RAISES A PERSON'S RISK OF HEART DISEASE AND STROKE IN TOTAL, DIABETES A FFECTS 8 3 PERCENT OF AMERICANS OF ALL AGES, AND 11 3 PERCENT OF ADULTS AGED 20 AND OLDER, ACCORDING TO THE NATIONAL DIABETES FACT SHEET FOR 2011 ABOUT 27 PERCENT OF THOSE WITH DI ABETES - 7 MILLION AMERICANS - DO NOT KNOW THEY HAVE THE DISEASE PREDIABETES AFFECTS 35 P ERCENT OF ADULTS AGED 20 AND OLDER COMPARE THESE NUMBERS TO THE PREVIOUS NUMBERS FROM 200 8 WHEN THE CDC ESTIMATED THAT 23 6 MILLION AMERICANS HAD DIABETES AND ANOTHER 57 MILLION A DULTS HAD PREDIABETES SOME OTHER FRIGHTENING STATISTICS IN THE PAST YEAR ALONE, AN ESTIM ATED 1 9 MILLION AMERICANS WERE DIAGNOSED WITH DIABETES FURTHERMORE, HALF OF AMERICANS AG ED 65 AND OLDER HAVE PREDIABETES, AND NEARLY 27 PERCENT HAVE DIABETES IN ADDITION, ABOUT 215,000 AMERICANS YOUNGER THAN AGE 20 HAVE DIABETES WHILE MOST OF THIS IS TYPE 1 DIABETES , IN THE 10-19 AGE GROUP, ALMOST 30% IS CONSIDERED TYPE 2 DIABETES 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 P EOPLE WITH DIABETES IS ABOUT TWICE THAT OF PEOPLE WITHOUT DIABETES OF SIMILAR AGE INCREAS ES 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 IN ADDITION TO THE HUMA N TOLL, THE FINANCIAL BURDEN ASSOCIATED WITH DIABETES IS STAGGERING BETWEEN HEALTHCARE CO STS AND LOST PRODUCTIVITY, DIABETES IS ESTIMATED TO COST THE NATIONAL ECONOMY $218 BILLION ANNUALLY THE ADA HAS ESTIMATED THAT ONE OUT OF EVERY FIVE HEALTHCARE DOLLARS IS SPENT CA RING 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 INS TITUTIONS, JOSLIN IS ONE OF THE MOST RESEARCH-INTENSIVE ACADEMIC MEDICAL CENTERS AND IS UN IQUE 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, TREATM ENT 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 HIG HLY COLLABORATIVE TEAM OF MORE THAN 300 PEOPLE WITH MORE THAN 46 FACULTY LEVEL INVESTIGATO RS 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 AN D MOST RESPECTED DIABETES CARE FACILITY, WHICH CARES FOR 22,000 ADULT AND PEDIATRIC PATIEN TS A YEAR - JOSLIN STRATEGIC INITIATIVES, WHICH DEVELOPS AND MARKETS INNOVATIVE PROGRAMS, PRODUCTS AND SERVICES THAT EXPAND THE AVAILABILITY OF JOSLIN KNOWLEDGE AND EXPERTISE TO P EOPLE WITH DIABETES AND THE CLINICIANS WHO CARE FOR THEM JOSLIN IS ONE OF THE MOST SIGNIF ICANT ASSETS TO THE PATIENT AND MEDICAL COMMUNITY IN BOSTON, A CITY REGARDED AS THE COUNTR Y'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 THE JOSLIN RESEARCH TEA M 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 O F PEOPLE WITH DIABETES JOSLIN INVESTIGATORS, WHO ENGAGE IN BOTH BASIC AND CLINICAL RESEAR CH ACROSS THE SECTIONS INTO WHICH THE RESEARCH DIVISION IS ORGANIZED, ARE ADVANCING SCIENC E AT AN UNUSUALLY FAST PACE DUE TO JOSLIN'S UNIQUE ENVIRONMENT AT ANY GIVE TIME THERE ARE FIVE COLLABORATIONS - ON AVERAGE - BETWEEN PRINCIPAL INVESTIGATORS, RESULTING IN LONGITUD INAL RESEARCH ADVANCEMENTS AND PROGRESSION TOWARDS IMPROVING CARE AND FINDING A CURE 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 PAT HWAYS OF DISCOVERY TO PREVENT, TREAT AND CURE TYPE 1 AND TYPE 2 DIABETES AND THEIR COMPLIC ATIONS, WITH THE ULTIMATE GOAL OF A WORLD WITHOUT DIABETES SOME OF THE MOST IMPORTANT HIS TORICAL DISCOVERIES AND IMPROVEMENTS IN DIABETES CARE WORLDWIDE-RECOGNITION THAT TIGHT BLO OD GLUCOSE CONTROL CAN SLOW OR PREVENT DIABETES COMPLICATIONS, CREATION OF TREATMENT PROTO COLS TO ENABLE WOMEN WITH DIABETES TO HAVE HEALTHY

Identifier	Return Reference	Explanation
COMMUNITY BENEFIT STATEMENT	FORM 990, PART III, LINE 4A & B	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 D IABETES LOCALLY, NATIONALLY AND INTERNATIONALLY-IN THE AREAS OF TYPE 1 DIABETES, TYPE 2 DI ABETES AND DIABETES COMPLICATIONS FOR EXAMPLE, INVESTIGATORS IN SEVERAL JOSLIN RESEARCH S ECTIONS ARE EXPLORING THE COMPLEXITY OF DIABETES COMPLICATIONS, SUCH AS CARDIOVASCULAR, KI DNEY 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 BEE N INVALUABLE IN STUDYING HOW COMPLICATIONS DEVELOP AND PROGRESS OVER TIME. GENETICS RESEAR CHERS AT JOSLIN ARE STUDYING WHAT CHANGES IN THE GENES MAKE PEOPLE WITH DIABETES SUSCEPTIB LE TO THESE COMPLICATIONS OTHER INVESTIGATORS FOCUS ON THE IMPACT OF INSULIN ON BLOOD VES SELS AND STILL OTHERS SPECIALIZE IN THE MOLECULAR MECHANISMS THAT LEAD TO LONG-TERM COMPL ICATIONS 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 E NVIRONMENT THAT RESULTS IN THE DESTRUCTION OF INSULIN-MAKING CELLS IN THE PANCREAS, THE CA USE OF TYPE 1 DIABETES WE ARE ALSO EXPLORING THE POTENTIAL OF STEM CELLS AND ISLET CELL T RANSPLANTATION 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 CLI NICAL RESEARCH APPROXIMATELY 30 TO 40 PERCENT OF ALL RESEARCH AT JOSLIN IS CLINICAL RESEA RCH MORE THAN 150 CLINICAL TRIALS AND HUMAN SUBJECT STUDIES ARE UNDER WAY AT ANY GIVEN TI ME, RANGING FROM STUDIES OF PROMISING NEW DRUGS TO THOSE EVALUATING THE IMPACT OF LIFESTYL E 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 GEN ERATE LARGE-SCALE BENEFITS FOR ORGANIZATIONS THAT SERVE DIABETES PATIENTS, PROVIDERS AND C ONSUMERS AROUND THE WORLD THROUGH JOSLIN'S EDUCATIONAL PROGRAMS, WE SEEK TO IMPROVE THE P UBLIC HEALTH AT LARGE. THIS IS ACHIEVED THROUGH A VARIETY OF EDUCATIONAL OUTLETS JOSLIN H AS ONE OF THE LARGEST DIABETES TRAINING PROGRAMS IN THE WORLD, EDUCATING 150 M D AND PH D RESEARCHERS ANNUALLY THERE ARE MORE THAN 1,500 JOSLIN M D ALUMNI WORKING AROUND THE WO RLD JOSLIN'S PROFESSIONAL EDUCATION ACTIVITIES REACH NEARLY 50,000 PRIMARY CARE PHYSICIAN S AND ALLIED HEALTH PROFESSIONALS ANNUALLY THROUGH THIS AUDIENCE, JOSLIN HAS ACHIEVED NAT IONAL VISIBILITY AND A REPUTATION FOR EXCELLENCE IN PRODUCING ACTIVITIES THAT HAVE MEASURA BLE IMPACT ON PHYSICIAN PERFORMANCE AND PATIENT OUTCOMES THESE PROGRAMS EMPOWER HEALTHCAR E PROVIDERS TO MORE EFFECTIVELY SET THE STANDARDS OF DIABETES CARE FOR THEIR COMMUNITIES, PROVIDE OPTIMAL MANAGEMENT OF ALL DIABETES PATIENTS, IMPROVE HEALTHCARE OUTCOMES AND ENHAN CE PATIENT QUALITY OF LIFE. EDUCATION IS PROVIDED IN A VARIETY OF FORMATS INCLUDING LIVE W EEKEND AND EVENING DIDACTIC SYMPOSIA, INTERACTIVE PATIENT ENCOUNTER SIMULATIONS, BOTH LIVE AND CONTINUING ONLINE, WEB-BASED SELF-STUDIES, MOBILE APPLICATIONS AND PERFORMANCE IMPROV EMENT PROGRAMS SINCE 2002, JOSLIN PROFESSIONAL EDUCATION HAS REACHED MORE THAN 500,000 HE ALTHCARE PROVIDERS

Identifier	Return Reference	Explanation
		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 PROVIDE RS, 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 DI ABETES EDUCATION FOR PEOPLE WITH DIABETES. THEY PROVIDE CONTINUING SUPPORT AND ADVICE ON B LOOD GLUCOSE AND A1C MONITORING, MEDICATION MANAGEMENT, ACUTE COMPLICATION MANAGEMENT, CHR ONIC COMPLICATION PREVENTION AND MANAGEMENT, PSY CHOSOCIAL ASSESSMENT AND ISSUES, MEAL PLAN NING, NUTRITION MANAGEMENT AND PHY SICAL ACTIVITY. WE PROVIDE A PRACTICAL FOCUS ON 'SY STEMS IMPROVEMENT IN THE PRIMARY CARE SETTING' AS OPPOSED TO JUST IMPARTING INDIVIDUAL KNOWLEDG E. AS A RESULT, THE ALLIED HEALTH PROFESSIONAL IS AN INTEGRAL TEAM MEMBER IN PROMOTING OPT IMAL DIABETES CARE. THROUGH ALL ACTIVITIES WE FOCUS ON EDUCATION, SUPPORT, TOOLS AND RESOU RCES TO ENABLE THE ALLIED HEALTH PROFESSIONAL TO BE A PART OF A MORE EFFICIENT AND EFFECTI VE SY STEM OF CARE, REGARDLESS OF THE CARE DELIVERY ENVIRONMENT. JOSLIN HAS DEVELOPED A NUM BER OF CLINICAL GUIDELINES TO HELP HEALTHCARE PROVIDERS, BOTH AT JOSLIN AND IN THE COMMUNI TY, IMPROVE THE TREATMENT AND CARE OF INDIVIDUALS WITH DIABETES. EXPERTS FROM JOSLIN DEVEL OPED 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 EA SILY ACCESSED VIA THE JOSLIN WEB SITE. THE PRIMARY OBJECTIVE OF JOSLIN DIABETES CENTER'S C LINICAL GUIDELINES IS TO SUPPORT CLINICAL PRACTICE AND INFLUENCE CLINICAL BEHAVIORS OF PRO VIDERS 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, PROFESSIONA L AND PATIENT EDUCATION PROGRAMS AND SELF-MANAGEMENT ENDURING MATERIALS AT JOSLIN IN BOSTO N, AT OUR AFFILIATES ACROSS THE COUNTRY AND IN OUR OUTREACH PROGRAMS WORLDWIDE. JOSLIN'S P UBLICATIONS 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 PHY SICIANS AND ALLIED HEALTH PROVIDERS WHO CARE FOR THEM. BOOKS ARE AUTHORED BY JOSLIN DIABET ES 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 42 HOSPITAL-BASED AFFILIATES AND SATELLITES IN THE U NITED STATES, WHICH PROVIDE MORE THAN 176,000 ANNUAL ADULT PATIENT VISITS AND 9,000 PEDIAT RIC VISITS. JOSLIN ALSO HAS AN INTERNATIONAL AFFILIATE IN KUWAIT AND ANOTHER IN CANADA. WO RKING WITH DOMESTIC AND INTERNATIONAL HOSPITALS AND HEALTHCARE SY STEMS, THESE CENTERS PROV IDE A CONTINUUM OF CARE BASED ON JOSLIN STANDARDS OF PRACTICE AND QUALITY-THAT IS, EXPERT DIABETES EDUCATION MANAGEMENT THAT CAN PREVENT COMPLICATIONS. THROUGH OUR AFFILIATED CENTE R PROGRAM, WE REACH THE COUNTLESS NUMBER OF PATIENTS WHO ARE TOUCHED BY DIABETES. A TY PICA L JOSLIN AFFILIATED PROGRAM INCLUDES - MEDICAL DIRECTOR AND PHY SICIANS WHO ARE BOARD CERT IFIED IN INTERNAL MEDICINE, OR INTERNAL MEDICINE AND ENDOCRINOLOGY - NURSING STAFF WHO AR E CERTIFIED DIABETES EDUCATORS - DIETITIANS WHO ARE CERTIFIED DIABETES EDUCATORS - ACCES S TO STAFF IN THE FOLLOWING AREAS (EITHER AS PART OF THE JOSLIN PROGRAM OR THROUGH REFERRA L TO THE HOSPITAL) EXERCISE SPECIALIST, MENTAL HEALTH SPECIALIST, PODIATRIST, EY E SPECIAL IST, OTHER SPECIALISTS, SUCH AS NEPHROLOGY, CARDIOLOGY, VASCULAR MEDICINE, ETC - A WIDE R ANGE OF PROGRAMS AND EDUCATIONAL MATERIALS FOR USE WITH PATIENTS - A COMPREHENSIVE TRAINI NG AND EDUCATION PROGRAM FOR STAFF. TO PROVIDE BROAD ACCESS FOR INDIVIDUALS SEEKING INFORM ATION AND EDUCATION ABOUT DIABETES, JOSLIN DIABETES CENTER PROVIDES MANY RESOURCES VIA OUR WEB SITE. WE OFFER INTERACTIVE ONLINE CLASSES ABOUT DIABETES, PROFESSIONAL EDUCATION SY MP OSIUM, DISCUSSION BOARDS, AN DIABETES SELF-MANAGEMENT BLOG AND A BOOKSTORE THROUGH OUR WEB SITE. THE AREAS OF EDUCATIONAL CONTENT ON JOSLIN'S WEB SITE INCLUDE THE FOLLOWING - WORD S AND PHRASES - DIABETES-RELATED WORDS AND PHRASES - BEGINNER'S GUIDE - A SERIES OF ARTIC LES ON TOPICS THAT ARE USEFUL TO THOSE NEWLY DIAGNOSED WITH DIABETES AND WHO NEED TO QUICK LY LEARN THE BASIC INFORMATION AND ACQUIRE THE BASIC SELF-MANAGEMENT SKILLS THESE ARTICLE S INCLUDE - GENERAL DIABETES FACTS AND INFORMATION - HOW IS DIABETES DIAGNOSED? - WHAT IS PRE-DIABETES? - WILL DIABETES GO AWAY? - HOW DO I PREVENT COMPLICATIONS? - ARE COMPLICATI ONS INEVITABLE? - CAN I TREAT DIABETES WITHOUT DRUGS? - HOW CAN I AVOID HAVING TO INJECT I NSULIN? - DIABETES CHECKLIST - QUESTIONS TO ASK Y OUR DOCTOR - DIABETES CHECKLIST - WHAT YO U NEED TO KNOW - MANAGING Y OUR DIABETES - A WIDE-R

Identifier	Return Reference	Explanation
		ANGING SERIES OF ARTICLES COVERING VARIOUS ASPECTS OF DIABETES SELF-MANAGEMENT ON INSULIN, ORAL MEDICATIONS, NUTRITION, PHYSICAL ACTIVITY, DIABETES COMPLICATIONS AND FEELINGS ABOUT DIABETES TAKEN ALL TOGETHER, JOSLIN'S HANDS-ON CARE, EDUCATION AND OUTREACH PROGRAMS IMP ROVE QUALITY OF CARE FOR MORE THAN TWO MILLION PATIENTS AROUND THE WORLD

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE FORM 990 IS REVIEWED BY MEMBERS OF THE FISCAL SERVICES DEPARTMENT FOR COMPLETENESS AND ACCURACY ONCE REVIEWED AND APPROVED BY FINANCE, A COPY OF THE FORM AS IT WILL BE FILED WITH THE INTERNAL REVENUE SERVICE WILL BE E-MAILED TO THE BOARD OF DIRECTORS PRIOR TO FILING

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 THE INDIVIDUAL SHALL REFRAIN FROM ACTIVE PARTICIPATION IN ANY DECISIONS CONCERNING THE MATTER REVIEWS ARE CONDUCTED 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 REVIEWED BY THE GENERAL COUNSEL AND THE CHAIR OF THE BOARD

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 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 AND THE MASSACHUSETTS ATTORNEY GENERAL'S WEBSITE. THEY ARE ALSO AVAILABLE IN AN ELECTRONIC FORMAT UPON REQUEST. THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND THE WHISTLEBLOWER POLCIY ARE AVAILABLE FOR REVIEW AT THE OFFICE OF THE GENERAL COUNSEL OR IN AN ELECTRONIC FORMAT UPON REQUEST

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -4,316,396 ACCUMULATED CRICO DIVIDEND REMOVED FOR TAX PURPOSES AND NOT ON BOOKS -1,966,264 TOTAL TO FORM 990, PART XI, LINE 5 -6,282,660

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
JOSLIN DIABETES CENTER INC

Employer identification number
04-2203836

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(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

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(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	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) JOSLIN CLINIC INC ONE JOSLIN PLACE BOSTON, MA 022155306 22-2984590	DIABETES CLINIC	MA	501(C)(3)	LINE 11A, I	N/A	Yes	
(2) JOSLIN TECHNOLOGIES LLC ONE JOSLIN PLACE BOSTON, MA 022155306 36-4695829	MEDICAL RESEARCH	MA	501(C)(3)	LINE 4	N/A	Yes	

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(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, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(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
(1) CHARITABLE REMAINDER TRUST ONE JOSLIN PLACE BOSTON, MA022155306 04-3418528	TRUST	MA	N/A	T	74,962	459,931	69 470 %
(2) CHARITABLE REMAINDER TRUST ONE JOSLIN PLACE BOSTON, MA022155306 77-6174823	TRUST	MA	N/A	T	3,023	25,270	63 070 %
(3) POOLED INCOME FUND ONE JOSLIN PLACE BOSTON, MA022155306 04-6431421	TRUST	MA	N/A	T	993	360,681	60 730 %
(4) CHARITABLE REMAINDER TRUST ONE JOSLIN PLACE BOSTON, MA022155306 04-6797045	TRUST	MA	N/A	T		43,275	53 060 %

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

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	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) JOSLIN CLINIC INC	B	4,795,503	BOOK VALUE
(2) JOSLIN CLINIC INC	I	5,024,287	BOOK VALUE
(3) JOSLIN CLINIC INC	K	17,861,569	BOOK VALUE
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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 in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
	PART IV	ACTUAL TRUST NAMES HAVE BEEN OMITTED TO PROTECT THE PRIVACY OF THE CONTRIBUTORS SUCH INFORMATION IS AVAILABLE TO THE IRS UPON REQUEST